

# Addaction Wigan and Leigh







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

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

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

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

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

# Summary of findings

## Overall summary

### **We rated Addaction Wigan and Leigh as good because:**

- The service provided safe care. The premises where clients were seen were safe and clean. The service did not have waiting lists and clients who required urgent support were given priority and seen promptly. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- Staff levels and skill mix were planned, implemented and reviewed to keep clients safe at all times. Any staff shortages had been responded to quickly and adequately. There were daily flash meetings, effective risk management and multidisciplinary team meetings held to ensure staff could manage risks to clients.
- Clients' care and treatment was planned and delivered in line with current evidence-based guidance and outcome measures were in place to check consistency of practice. Clients' individual needs and preferences were central to the planning and delivery of tailored services. Clients had comprehensive assessments of their care needs which considered physical, mental and emotional health.

- Staff treated clients with compassion and kindness and understood the individual needs of clients. They actively involved clients and families and carers in care decisions. Clients were supported to take responsibility for their own recovery and staff supported them in a non-judgemental way to achieve this.
- There was a proactive approach to understanding the needs of diverse groups of clients and to deliver care in a way that met their needs and promoted equality. The service had a community based approach ensuring clients could receive care within their community.
- The service was well led and the governance processes ensured that procedures relating to the work of the service ran smoothly.

However:

- We found the standard of entries into care records varied between members of staff with some staff recording insufficient detail. However; audits had identified this and managers were addressing these issues with the individual staff members.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services	Good 	

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# Summary of findings

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Good



# Addaction Wigan and Leigh

**Services we looked at**

Substance misuse services;

# Summary of this inspection

## Background to Addaction Wigan and Leigh

Addaction are a national charity who provide a range of services. They currently deliver services across England and Scotland. They work with adults and young people in community settings, prisons and residential rehabilitation.

Addaction Wigan and Leigh was registered with the Care Quality Commission on 1 April 2018 and is registered for the regulated activity: treatment of disease, disorder or injury. The new service was an amalgamation of three previous services as the result of a new commissioning structure.

Addaction Wigan and Leigh provided community based substance misuse services including substitute prescribing for adults as well as a young person's service for those aged 10 to 18. Engagement with the young person's service could be extended to the age of 25 if appropriate.

Addaction Wigan and Leigh has two clinical settings Coops Business Centre Wigan and Kennedy House Leigh.

There is a registered manager in place and the service has not been previously inspected.

## Our inspection team

The team that inspected the service included two CQC inspectors and a specialist advisor with experience of working in substance misuse services and an assistant inspector.

## Why we carried out this inspection

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

## How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about the location including the provider information return that the registered manager had submitted.

During the inspection visit, the inspection team:

- visited both prescribing centres Coops Business Centre and Kennedy House, looked at the quality of the environment and observed how staff interacted with clients;
- spoke with five clients who were using the service;
- spoke with the registered manager and operational managers for the service;
- spoke with 11 other staff members; including a doctor, nurses and recovery co-ordinators, and a volunteer;
- attended and observed two flash meetings (These are daily team meetings);
- looked at 12 care and treatment records of clients, and 8 records for prescribing;
- looked at a range of policies, procedures and other documents relating to the running of the service.

# Summary of this inspection

## What people who use the service say

Clients we spoke with said that staff treated them with kindness and respect. They stated that staff understood

their needs and always had time for them. They felt inspired, supported and motivated to recover and had progressed through their treatment. Clients described the service as life-changing.

# Summary of this inspection

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

We always ask the following five questions of services.

### Are services safe?

#### We rated safe as good because:

- All premises where clients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- The staff knew the clients, and received training to keep people safe from avoidable harm. Where there were vacancies these were covered by team leaders and managers or by moving staff around bases to ensure there was no impact to client care.
- Staff developed risk management plans and responded promptly to sudden deterioration in a client's health.
- There were emergency medicines in stock at the service. These were all stored securely and safely and were in date. Staff had received training on how to administer emergency medicines.
- Staff understood how to protect clients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave clients honest information and suitable support.

However:

- We found the standard of entries into care records varied between members of staff with some staff recording insufficient detail. However; audits had identified this and managers were addressing these issues with the individual staff members.

Good



### Are services effective?

#### We rated effective as good because:

- Staff provided a range of care and treatment interventions suitable for the patient group. They ensured that clients had good access to physical healthcare and supported clients to live healthier lives.
- The teams included or had access to the full range of specialists required to meet the needs of clients under their care.
- Managers made sure they had staff with a range of skills need to provide high quality care. They supported staff with supervision and opportunities to update and further develop their skill.

Good





# Summary of this inspection

- Staff collected and checked information about clients' care, treatment, and outcomes.
- Staff from different disciplines worked together as a team to benefit clients. They supported each other to make sure that clients had no gaps in their care. The teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.
- There was a robust discharge policy in place. Staff planned discharges well. They offered each client a recovery care package.
- The service had a partnership with a working farm which offered therapeutic, volunteer and educational opportunities to clients.

## **Are services caring?** **We rated caring as good because:**

**Good**



- Staff treated clients with compassion and kindness. They respected clients' privacy and dignity, and supported their individual needs. Staff involved patients and those close to them in decisions about their care and treatment. The provider included clients when they made changes to the service.
- Staff communicated well with clients so they understood their care and treatment. They involved clients in care planning and risk assessment and actively sought their feedback on the quality of care provided.

## **Are services responsive?** **We rated responsive as good because:**

**Good**



- Clients' individual needs and preferences were central to the planning and delivery of tailored services. The services were flexible, provided choice and ensured continuity of care. Clients could access the service closest to their home when they needed it. Waiting times from referral to treatment and arrangements to assess, treat and discharge patients were in line with good practice.
- The service was co-located with other organisations providing the easy transfer of information about clients with complex needs. This ensured all organisations had a role in ensuring clients' needs were met.

# Summary of this inspection

- There was a proactive approach to understand the needs of diverse groups of people and to deliver care in a way that met those needs and promoted equality. This included people who were vulnerable and/or had complex needs.
- The provider encouraged clients to access community services such as Alcoholics Anonymous and Narcotics Anonymous, education and work opportunities.
- There was an active review of complaints and how they were managed and responded to. Improvements were made as a result across the service.

## Are services well-led?

### We rated well-led as good because:

- Managers had the skills, knowledge and experience to perform their roles, they had a good understanding of the services they managed and were visible in the service and approachable for clients and staff.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- The service had an effective governance structure. Governance policies, procedures and protocols were regularly reviewed, improved and were all up to date. The management of risk, issues and staff performance was effective.
- Engagement between staff, clients, carers, managers and senior leaders was central to the way the provider operated with evidence that all groups were consulted on the way the provider delivered its service.
- Managers worked closely with other organisations (schools, public health, local authority, criminal justice, voluntary, public health and independent sector) to ensure that there was an integrated local system that met the needs of young people living in the area.
- Staff morale was good across the service. Staff felt listened to and respected.

Good



# Detailed findings from this inspection

## Mental Capacity Act and Deprivation of Liberty Safeguards

The service had a policy on the Mental Capacity Act which staff were aware of and could refer to.

Mental Capacity Act training was included in the mandatory training package. The completion for training

was 93% within the service. Staff ensured clients consented to care and treatment and this was assessed, recorded and reviewed on time. This was seen in all care records we reviewed on inspection.

Clients were supported to make decisions where appropriate and staff knew how to access further support if they had concerns around capacity.

## Overview of ratings

Our ratings for this location are:

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

# Substance misuse services

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

## Are substance misuse services safe?

Good 

### Safe and clean environment

The service had two prescribing centres Coops Business Centre in Wigan and Kennedy House in Leigh. Both buildings were owned and operated by the local authority who had responsibility for all maintenance services as the landlord. Coops Business Centre was a large Victorian mill in the centre of town, while Kennedy House was a more modern office building.

There was disabled access to both buildings with accessible rooms and toilet facilities. At Wigan there was a lift for disabled access to all floors. The buildings were well maintained with Wigan having recently redeveloped the reception area waiting room. All areas, were visibly clean and tidy and records showed that cleaning took place on a regular basis.

Access to other floors was granted through staff using a security pass linked to the security system. If clients needed access to another floor a staff member escorted them.

The local authority kept records of all general areas, including, cleaning, kitchen, toilets and other health and safety issues such as legionnaires testing. The service recorded daily environmental checks in clinic rooms. Cleaning materials and equipment were stored separately from other equipment.

The service had an up to date health and safety and fire risk assessment in place. There was an up to date fire evacuation plan with fire warden information displayed throughout the buildings. There was evidence of weekly fire alarms testing, and full fire evacuation drills taking place.

Staff had completed training in and understand their responsibilities in relation to the Mental Capacity Act 2005 and Mental Health Act 1983 and could give examples around capacity and clients attending under the influence of drink or drugs.

However, some staff told us they felt there was an uneven workload between the centres with some long-term absences clustered in one location. However, we examined caseloads at both sites and found there was an equitable split.

Clinical staff also told us they felt they needed an extra non-medical prescriber.

### Assessing and managing risk to patients and staff

We reviewed 12 sets of care records. We found that the amount of detail in patient records varied and this had been highlighted in an audit carried out by Addaction. The service manager had declared this to the inspection team disclosing that three staff had been identified and performance improvement processes had been initiated to improve the quality of their care records.

While most risk assessments were personalised, comprehensive and understood by all the staff on admittance, we looked at four records completed by the identified staff and saw they had short one-word answers

# Substance misuse services

or were limited in detail. Two had no plan for unexpected treatment exit and a less than comprehensive risk management plan. In the four records there were recovery plans in place but they were brief in detail.

Staff recorded actions to mitigate or reduce risks in the records we reviewed. These actions included evidence of harm minimisation advice. We saw evidence of staff recognising and responding to warning signs and deterioration in clients physical and mental health. They discussed individual risks and how to manage them during daily staff meetings and through emails to ensure staff were aware of any imminent concerns.

Staff gave clients information about the risks of continued substance misuse and harm minimisation. Safety planning was an integral part of the care received within the service.

Individual client risks were discussed in the daily flash meetings and if needed, necessary arrangements were made to see clients at home, on site or at the GP clinic together with a colleague as per the lone working policy.

Management of risk included unexpected exit from treatment as well as protocols for dealing with this issue. Risk management plans detailed the risk of unexpected exit from treatment.

The service had processes in place for what to do when there were suspicions or evidence that clients had passed on their medication to a third-party for illicit purposes (an act known as diversion). The onsite clinician reviewed decisions about continued treatment. The provider also had an exclusion policy which said exclusion from the service would be the last resort.

Staff ensured that clients understood that the buildings were smoke free and that this policy was followed.

## Safeguarding

Staff received training in safeguarding adults and children and the staff we spoke with were knowledgeable about recognising signs of abuse and knowing when and how to refer to social care services. Staff were trained in safeguarding and knew how to make a safeguarding referral.

It was mandatory for all staff to attend training in safeguarding adults and children. Compliance for both

units was at 95%. There was evidence in care records of staff working closely with other agencies to promote safety and good evidence of information sharing where appropriate.

Staff understood how to protect clients from harassment and discrimination including those with protected characteristics under the Equality Act 2010 such as gender, disability, race and religion. They worked in a way that was non-judgemental and showed respect for the people they supported.

Staff worked effectively within teams, across services and with other agencies to promote safety including systems and practices in information sharing. For example, local authorities, probation services and the Multi-Agency Risk Assessment Conference; a meeting where agencies talk about the risk of future harm to people experiencing domestic abuse, and draw up an action plan to help manage that risk.

Staff implemented statutory guidance around vulnerable adults, children and young people.

There was a designated safeguarding lead for the service who acted as a point of contact for advice. Safeguarding was included in supervision for staff and all management. Addaction's director of nursing led on safeguarding.

Staff assessed the home environments of clients with children and gave clients advice on safe storage of medication and medication boxes if prescribed a controlled medicine. In addition, the service could give clients sharps boxes from the needle exchange service.

There was a robust policy in place for safeguarding and local pathways were available for staff and volunteers to help them in making appropriate referrals. Staff attended safeguarding meetings with external agencies. The service had reported 20 safeguarding incidents to the local authority since April 2018.

## Staff access to essential information

Staff had access to an electronic system for client records as the service was paper light, which provided them with prompt access to care records that were correct and up to date.

# Substance misuse services

Staff used the electronic records for current recording. Staff understood the systems and did not report an issue with this. Staff had the equipment required to access records as they needed to.

## Medicines management

The service followed Addaction's policies and procedures in relation to the management of medication. We looked at prescribing in detail over a range of eight records. Staff had effective policies, procedures and training related to medicines management including prescribing, detoxification, assessing people's tolerance to medication and take-home emergency medication such as naloxone.

Staff followed good practice in medicines management and did this in line with National Institute of Health and Care Excellence and the orange book Drug Misuse and dependence: UK guidelines on clinical management. Client records showed that there had been multi-disciplinary input into decisions taken about prescribing. Only emergency drugs were kept on site and these were stored securely and in date. The service stored prescriptions securely.

Staff ensured monitoring of physical health took place. The service offered blood borne virus testing and vaccinations for hepatitis. All staff were trained in the use of naloxone. The early use of naloxone a non-addictive, life-saving drug, can reverse the effects of an opioid overdose.

Clients had access to naloxone and training on how to use this. Naloxone was monitored and staff completed paperwork to say when it had been given out. Both naloxone and vaccinations were stored at appropriate temperatures which were recorded daily.

Addaction Wigan and Leigh had inherited some patients who were prescribed diamorphine hydrochloride. This required a Home Office licence. Diamorphine hydrochloride is a schedule 2 drug. The Misuse of Drugs (Supply to Addicts) Regulations 1997 require that only medical practitioners who hold a special licence issued by the Home Secretary may prescribe, administer, or supply diamorphine hydrochloride. Since taking on this client group, the service had reduced the number of patients requiring this treatment and had action plans in place to remove use of the medication entirely. Addaction had identified a doctor who had the appropriate authorities who held specialist monthly clinics.

## Track record on safety

There was one serious incident reported to the Care Quality Commission in the period April 2018 to February 2019.

The service reported deaths to the Care Quality Commission and provided thorough internal investigations when requested. Managers fed back information from death reviews including lessons learnt to staff through team meeting.

## Reporting incidents and learning from when things go wrong

The service used an electronic recording system for incidents and staff knew how to use this and understood what they should be reporting. From April 2018 to February 2019 staff had reported 137 incidents. These included safeguarding, prescribing error, and records management. Incidents were investigated and discussed at local and national governance meetings within Addaction so that themes could be identified and actions taken. Managers shared the outcome of any investigation including patterns and themes with staff in team meetings.

All staff read the incident policy as part of their induction. Staff had a good knowledge and understanding of when and how to report an incident. Managers received training in reporting and investigating of incidents and root cause analysis investigation.

A duty of candour policy was in place which reflected the provider's duty to the regulation. The duty of candour is a legal duty on hospital, community and mental health services to inform and apologise to clients if there have been mistakes made in their care that have or could have potentially led to significant harm. Staff had access to the duty of candour policy, which was not part of the provider's mandatory training requirement. Staff we spoke with were aware of how to report incidents, including being open and honest with clients when things go wrong. Staff said they understood the provider had to investigate all incidents and apologise to clients if the provider was at fault.

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

Good 

## Assessment of needs and planning of care

# Substance misuse services

Staff completed a comprehensive assessment in a timely manner. The assessment considered the client's substance misuse, physical health, mental health, social factors, criminal history, previous treatment episodes and family situation. Clients were allocated key workers as part of the assessment process. Key workers worked with the client to develop recovery plans based on the goals identified during the assessment process. New referrals were invited to a recovery choice group which was held twice weekly. This outlined the treatment options available to the client.

We reviewed 12 records and found each record had a completed assessment and recovery plan which had been regularly reviewed.

Clients felt that staff had considered their needs during the assessment process and that this was regularly discussed in key work sessions and groupwork.

Systems were also in place to allocate staff who provided post discharge support and recovery check-ups were in place to maximise recovery and respond where necessary.

## Best practice in treatment and care

Staff provided a range of care and treatment interventions which were evidence based. The interventions were those recommended by, and were delivered in line with, guidance from the National Institute for Health and Care Excellence. These included medicines and psychological therapies, activities, training and work opportunities intended to help clients.

The service had an Active Case Management team who did community targeting of high risk alcohol users. This team had low caseloads and provided intensive support, for those who due to the high volumes of alcohol consumption, were not safe to enter community rehabilitation interventions. They did this through home visits encouraging the reduction of alcohol consumption until they could be discharged into community rehabilitation interventions provided by the service.

The provider identified and embedded relevant and current evidence-based best practice, for example Public Health England guidance, to provide quality care.

Outcomes were monitored through a three-monthly review process called Treatment Outcome Profile. This assessed more social outcomes in relation to physical health, social connectedness, and housing.

Staff undertook health and well-being assessments along with medically assisted treatment and community detoxification. Non-medical prescribers referred to the 'orange book' (guidelines on

clinical management of drug misuse and dependence) as being key to their practice. Staff used the treatment outcome profile, a validated tool for checking the changes that occur during treatment for clients so that their needs were identified and addressed in the care plan.

Staff provided groups and key work sessions underpinned by recommended interventions including cognitive behavioural therapy, motivational interviewing and solution-focused brief therapy. This was in line with the Department of Health's guidance that treatment for drug misuse should always involve a psychosocial component.

Staff supported clients by using evidence based best practice methodologies such as mutual aid groups in the community. There was information available throughout the locations of available groups in the area and clients were also able to attend groups delivered by Addaction staff in local settings such as libraries, health centres and community centres.

Staff supported clients to live healthier lives. For example, through participation in smoking cessation schemes, healthy eating advice, exercise and dealing with issues relating to substance misuse. Staff assessed a client's status for blood borne viruses at the point of entry into the service and during medical reviews.

In addition, the service had a suite of computers and was running sessions on information technology to support clients to access paid or voluntary employment. This provided clients with advice on applications for employment and preparing for interviews.

The service had developed a partnership with a community venture working farm and built a straw bale building which consisted of a café, shop and meeting room. The service ran community rehabilitation programs at the farm utilising the meeting room for therapeutic activities and training in the morning and volunteering opportunities for participants in the afternoon in the café, shop, working on the farm and supporting the learners in their care packages. The service also delivered NVQ Mental Health, and Health & Social Care courses for those accessing the community programs.



# Substance misuse services

## Skilled staff to deliver care

All staff, including volunteers, received a comprehensive induction to the service. The induction process included the completion of mandatory training as set out by Addaction. Managers identified the learning needs of staff through supervision and annual appraisals. Staff received regular supervision. This took place every four to six weeks and was at 91% of staff including those on long term absence. We reviewed five personnel files and saw that supervision notes were detailed and included actions which were followed up. Clinical staff received clinical supervision from the clinical nurse lead and the medical lead. Staff received an annual appraisal and currently 94% of staff had been appraised.

Staff were provided with opportunities to develop their skills and knowledge. For example, registered nurses had developed a new health and wellbeing assessment form and key or project workers had specialised in different aspects of addiction such as stimulants.

There was a range of staff including a doctor, nurses, recovery co-ordinators, volunteers and a midwife to support client's needs. Other agencies worked in the same shared office providing quick effective support.

The service also had a full-time specialist midwife who was jointly funded by a local NHS trust. The specialist midwife provided midwifery leadership and co-ordinated maternity care for pregnant women who had recently used or currently used illicit substances and/or alcohol or are under the care of the recovery service in Wigan or Leigh. This was a dedicated service provision for women who misused substances in or immediately prior to pregnancy.

Managers addressed poor staff performance through supervision and if necessary using the formal process set out in Addaction's policies and procedures. Performance improvement processes had been initiated against some staff members at the time of the inspection. Managers had access to a policy and the Addaction human resources team to support this if needed.

Recruitment of staff was in line with Addaction's national policy. The service recruited volunteers who went through the same robust recruitment process as permanent members of staff. Volunteers received the same induction programme, completed the same mandatory training and had access to the same support available to all staff.

## Multi-disciplinary and inter-agency team work

The service shared office space with a range of other organisations such as criminal justice and probation, which ensured a quick and effective sharing of information about clients especially those at risk. For example, the police could refer those they encountered with a chaotic lifestyle immediately, arranging appointment times directly with the service.

A range of disciplines attended regular and effective multi-disciplinary meetings to discuss clients which staff felt would benefit from a detailed multi-disciplinary approach. These included for example, community mental health teams, children and family services, social workers and criminal justice services.

All disciplines appropriately contributed to well-balanced discussions which included consideration of prescribing needs, current drug or alcohol use, safeguarding, physical health, mental health, client preferences, engagement, risks and social factors. Key workers were clearly identified with agreed actions and plans recorded in minutes and into the client's records. The provider had effective protocols in place for the shared care of clients.

Recovery plans included clear care pathways to other supporting services. The service worked with health, social care and other agencies to plan integrated and coordinated pathways of care to meet the diverse needs of client groups. For example, there were clear pathways for hepatitis C and blood borne viruses.

The provider had introduced daily flash meetings. Staff attended the meetings that lasted approximately 15 minutes each morning. The meetings discussed staff issues, the day's activities, incidents from the previous day, and any key concerns about clients. Staff spoke positively saying the introduction of the meetings had brought a new focus and clarity for the objectives for that day.

The provider discharged clients when specialist care was no longer necessary and worked with relevant supporting services to ensure the timely transfer of information.

## Good practice in applying the MCA

The service had a policy on the Mental Capacity Act. Staff were aware of this and understood how the act would be used with their client group.



# Substance misuse services

Mental Capacity Act training was included in the mandatory training package and 93% of staff had completed training on the Mental Capacity Act.

Where appropriate staff supported clients to make decisions about their treatment. If staff had concerns about a client's ability to make the decision for themselves they would seek guidance and support from managers or qualified staff to ensure that decisions would be taken in the best interests of the client, recognising the importance of the person's wishes, feelings, culture and history.

In the 12 records we reviewed all showed that consent to treatment and sharing of information had been recorded. We saw that this was reviewed on a regular basis.

## Are substance misuse services caring?

Good 

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

The five clients we spoke with said staff treated them with dignity and respect. They stated that staff showed them understanding and were kind to them. During our inspection we saw interactions between clients and staff. These were consistently positive, with staff always being polite and respectful.

Staff stated they could raise concerns about disrespectful, discriminatory or abusive behaviour towards clients and would be listened to by managers.

Staff spent time explaining things to clients and ensuring they had the information they needed to understand the treatment offered and remain safe and well. Clients told us they were always given options about their treatment and that all aspects of their care were explained. Clients told us staff directed them to use Addaction self-help groups. Clients said they could also access other support services such as other agencies supporting addictions to drugs, alcohol, gambling and local counselling services.

Staff displayed a range of information for clients around the service about other organisations and supported clients to access other support such as housing and benefits when needed.

Addaction had clear policies on confidentiality and staff knew what these were and used them to protect the information about their clients safe. Information was shared with clients consent or in circumstances when significant concerns about a client's safety had been raised.

This was explained to clients during their initial assessment and at other times during their support. We saw consent forms in all records.

### Involvement in care

Staff communicated well with clients so they understood their care and treatment. This included finding effective ways to communicate with clients with communication difficulties. For example, providing information in accessible formats, access to an interpreter service and allowing longer appointment times for people with learning difficulties or disabilities.

Each client had a recovery plan and risk management plan in place that demonstrated their preferences, for recovery goals. Recovery plans demonstrated client involvement.

Staff actively engaged clients, and their families/carers in planning their care and treatment. They encouraged clients to engage with their families and carers in that planning process. There was a support group for carers and family of clients.

Clients feedback was gathered through a variety of mediums including surveys, meetings and discharge interviews. Responses and changes to services was acknowledged through a 'you said, we did' approach. We saw displays around client's feedback and how these had influenced service change.

There was client involvement in recruitment processes and attendance at team meetings. Feedback was gathered by clients' representative groups offering advice, opinions, and ideas on the provider.

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

Good 

### Access and discharge

# Substance misuse services

The service had clearly documented admission criterion. Referrals into the service were received from clients as a self-referral, client relatives, GPs, other health professionals and other external agencies including criminal justice, housing and social care services.

Clients were seen within the locally agreed response time set with commissioners. The maximum waiting time between initial assessment and a comprehensive assessment for structured treatment was five days. The service could see urgent referrals on the same day for priority groups or those who may present as being at immediate risk of harm.

The provider had a set a target for time from referral to triage to comprehensive assessment and from assessment to treatment/care. The service met these targets and there was also a process for urgent referrals.

There were alternative robust care pathways and referral systems in place for clients whose needs could not be met by the provider. There was evidence that staff had discussed alternative treatment options with clients if the provider was not able to meet with specific treatment requirements.

The two clinic locations in Wigan and Leigh were open Monday to Friday 9am to 5pm with Wigan open on Thursday until 7pm and Leigh open on Wednesday until 7pm. The service was also open on Saturday mornings for appointments and these were in community settings. The service also provided drop in sessions in various community settings throughout the week. The involvement of other organisations and the community were integral to how services were planned and ensured that clients' needs were met, particularly with multiple and complex needs. The service used 32 community sites and had seen appointments in the community grow from 72 in June 2018 to 260 in September 2018.

The provider had processes in place for when clients arrived late or failed to attend their appointments which were fair and reasonable and did not place the clients at risk.

Recovery and risk management plans reflected the diverse/complex needs of clients. These included clear care pathways to other supporting services, for example maternity, social, housing or other mental health providers.

The provider was discharge-oriented with evidence staff planned for clients discharge on entry, which included good liaison with GPs. Staff supported clients during referrals and transfers between services. When clients were discharged they were encouraged to attend any groups or attend development opportunities at the farm.

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

All locations had sufficient rooms and equipment to support treatment and see clients. Rooms were mostly quiet and private. Both the buildings at Coops Business Centre and Kennedy House had facilities for clients with disabilities including lift access where appropriate.

Clients could access drinks at all locations and breakfast clubs were utilised to encourage engagement. Staff delivered a range of groups for clients. These varied depending on the stage of a client's treatment and depending on the client's substance of misuse. There was information available or displayed by posters relating to support groups, local services, health based information, medications and current drug warnings.

The reception area at Coops business centre had been refurbished and offered a welcoming modern area. The needle exchange was newly designed offering privacy and dignity to those who used this service.

Several clients told us this had made the experience of visiting the service more welcoming. They also told us the reception staff were friendly and welcoming.

## **Patients' engagement with the wider community**

Staff encouraged clients to access positive and meaningful opportunities in the community with social, recreational and educational activities. Staff worked on this throughout their involvement with clients so that they could have the networks and meaningful activity to support their recovery in the longer term.

Staff encouraged clients to develop and maintain relationships with people that mattered to them, both within the services and the wider community.

When appropriate, staff ensured that clients had access to education and work opportunities. There were staff

# Substance misuse services

available to help clients search for employment, they assisted with applications. The time spent at the service looking for employment was accredited to their job seekers eligibility.

As well as the community engagement opportunities at the farm the service had developed a partnership with a cycling organisation which encouraged client participation in physical fitness as well as opportunities to repair bicycles.

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

There was a proactive approach to understand the needs of diverse groups of people and to deliver care in a way that met those needs and promoted equality. This included people who were vulnerable and/or had complex needs.

Clients' individual needs and preferences were central to the planning and delivery of tailored services. The services were flexible, provided choice and ensured continuity of care.

The provider demonstrated an understanding of the potential issues facing vulnerable groups, (for example, lesbian gay bisexual transgender, black minority and ethnic groups, older people, people experiencing domestic abuse and sex workers) and offered appropriate support. They supported these groups by holding drop in sessions or support sessions in locations these groups already utilised.

The service did not have waiting lists but monitored clients between initial contact and their assessment to ensure increased levels of risk were monitored. On receipt of a referral clients would be offered an initial recovery choice group meeting which occurred every Tuesday and Thursday. At this meeting clients would be given an appointment within five days for a full assessment.

The service also checked the percentage of clients waiting two weeks or more between referral date and date first appointment offered for pharmacological intervention.

Clients told us appointments were never cancelled. The service provided a telephone reminder service for clients.

Staff had access to interpreters and signers for people with hearing loss. The Addaction website had the facility so that people could automatically translate information into a language of their choice.

## Listening to and learning from concerns and complaints

Staff protected patients who raised concerns or complaints from discrimination and harassment.

The provider had a clear complaints system to show how complaints were managed and lessons were learnt and were acted upon to improve the quality of the service.

All complaints had been logged and dealt with by the manager of the service. They were discussed locally and there was a target to resolve any complaints within 40 days. Complainants were also invited to attend a meeting with staff to discuss the outcome of the complaint. All complaints were monitored and were a standing item on the senior management team meeting.

Staff received feedback on the outcome of any complaints which had been made through team meetings and supervision. In the period April 2018 to February 2019 the service had received 24 complaints and seven compliments.

While there had been 24 complaints there was no identifiable theme. Records demonstrated that these had been responded to in accordance with the providers complaint policy, one had been upheld, with two partially upheld, and three had been withdrawn.

## Are substance misuse services well-led?

Good 

### Leadership

Managers at the service provided clinical leadership. They had the skills, knowledge and experience to perform their roles. They demonstrated a good understanding of the client group and the impact supporting clients with complex issues could have on staff. They ensured staff delivered high quality care and this was demonstrated in the way we saw staff working with clients.

Addaction nationally had a clear definition of recovery and how clients can achieve this. The staff team understood how this was delivered through their service. They worked to the principle that with the right support anyone can recover.

# Substance misuse services

Leaders within the service were visible and approachable for clients and staff. On inspection we saw leaders welcoming clients on first name terms. Staff told us on inspection that regional leaders were on site every week and were approachable and respectful.

We saw leadership shown by management during a flash meeting where a previous client was discussed. They had been harassing a member of staff through social media. Managers reminded staff that should the individual concerned attend to gain entry to treatment they would meet with the individual concerned rather than the staff member.

## Vision and strategy

The organisations values were 'compassionate', 'determined' and 'professional'. The staff we spoke with were familiar with these and could give us examples of how they were embedded in their day to day work.

All staff had a job description including volunteers in the service.

Staff had the opportunity to contribute to discussions about the strategy for their service, especially where the service was changing. Staff contributed to improvement for the service through team meetings and service delivery projects. For example, how did staff see the service evolving, finding gaps in provision and how the changes could be made.

## Culture

Staff felt respected and valued. Staff we spoke with felt supported by the service and contracts manager in their roles and felt they worked within a very caring and supportive staff group. Examples of support during long term absence were given.

Staff appraisals included discussions about professional development and we saw in the personnel files that these were detailed with actions to be undertaken by managers and the staff member.

Managers responded quickly to concerns about bullying and harassment and had developed an open culture where staff could speak out. They followed the policy set out by Addaction nationally for staff employed by Addaction.

Managers acted promptly to difficulties within the team and this enabled the teams to work well together and we saw this during the inspection as staff provided informal

support and guidance to each other when discussing clients. Staff told us that managers had responded to concerns over workload by redesigning delivery and an example of an action day was provided where managers conducted appointments allowing those staff who felt under pressure to prioritise their workload for that day.

Addaction provided additional support for staff who needed it through their welfare service and staff could access this as they needed it.

Managers encouraged and supported staff to be responsible for their own work loads and to make decisions within the remit of their roles. Managers promoted equality and diversity through providing career opportunities for any staff who were interested in developing. They gave opportunities to ex-clients of the service who could come back as volunteers and apply for roles within the service.

## Governance

The service had an effective governance structure. Governance policies, procedures and protocols were regularly reviewed and improved and were all up to date. The service had introduced the provider case management toolkit, to check performance and compliance with the assessment, planning and evaluation of clients care and treatment.

Managers had effective ways of monitoring the service and for raising concerns. They ensured all staff received the appropriate training and regular supervision. Staff had a good understanding of safeguarding and the Mental Capacity Act, they used these to ensure clients received safe care.

There was a clear framework of what had to be discussed at team and management level team meetings that ensured essential information such as learning from incidents and complaints was shared and discussed.

The provider introduced a case management tool with key performance indicators linked to this for completion of care and treatment records and to monitor risk. We saw evidence in management and staff meetings that key performance indicators were being checked. A data manager was in place to monitor and report.

Staff had implemented recommendations from reviews of deaths, incidents, complaints and safeguarding alerts at service level.

# Substance misuse services

Staff took part in local clinical audits. The audits were enough to provide assurance and staff acted on the results when needed.

Data and notifications were given to external bodies and internal departments as required including notifications to the CQC. For example, Addaction provided commissioners with their internal reporting process document and any incidents were notified to commissioners and discussed in quarterly contract meetings. They also used treatment outcome profile data as a national comparator.

With the service delivery area of Wigan and Leigh Addaction also took part in a strategic role within local partnerships. They were on the local safeguarding board, Youth Offending Team board as well as local service delivery groups called “Huddles” which shaped local authority delivery in neighbourhoods.

Learning from drug related deaths and other lessons learnt were shared through management and team meetings.

Staff understood the arrangements for working with other teams, both within the provider and external, to meet the needs of the clients.

The service had a whistle blowing policy in place and staff felt confident to use this if needed and felt any concerns would be actioned.

## Management of risk, issues and performance

Managers had a clear quality assurance and performance frameworks in place. This included a local risk plan and actions relating to this and how they would be achieved. Staff could raise concerns around risk for the service with managers who had these added to Addaction’s national risk register through governance meetings.

The service had plans for emergencies such as adverse weather. They were clear about how cover would be provided and gave information to clients by phone and through the website about how they could access support if they needed to.

Managers had a dashboard which helped them to monitor absence and sickness rates and we saw that managers had acted to resolve issues around absence.

## Information management

Staff had access to the current information and equipment required to complete their roles and to provide client care. They used electronic systems to maintain client records. Staff felt confident in using the systems and could demonstrate an awareness of information governance.

Team managers had access to information to support them with their management role. This included information on the performance of the service, staffing and client care.

Information was in an accessible format, and was prompt, accurate and identified areas for improvement.

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

The service had developed information sharing processes and joint working arrangements with other services where appropriate to do so.

The service ensured confidentiality agreements were explained including in relation to sharing of information and data.

## Engagement

Staff, clients and carers had access to up to date information about the work of the service through the internet, notice boards, leaflets and social media platforms.

Clients and carers had opportunities to give feedback on the service they received in a manner that reflected their individual needs. Client, staff and stakeholder consultations were completed as well as joint events held when the service model was changed.

Clients and staff could meet with members of the senior leadership team to give feedback through the service user forum held monthly.

Managers engaged with external organisations such as the commissioners for the service and the local Healthwatch groups to gain their feedback and used this for service development. They also had effective partnerships with the police, maternity services, probation service and a community farm.

## Learning, continuous improvement and innovation

The service, while relatively new was an amalgamation of three different organisations. Managers had encouraged creativity and innovation to ensure up to date evidence

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based practice was implemented and imbedded. Staff had suggested a different appointment frequency risk assessed approach in which high risk patients would be seen more often than those not at high risk.

The service continually assessed quality and sustainability and the impact of changes to the budget they received

from local commissioners. They adapted the service they offered while maintaining the quality of the service using group work and volunteers as well as one to one appointments.

The service and staff objectives reflected the organisations values and objectives focussed on improvement and learning.



# Outstanding practice and areas for improvement

## Outstanding practice

Addaction in partnership with a community venture working farm funded a project to build a straw bale building which consisted of a café, shop and meeting room. Addaction staff used their allotted volunteer days with service users gifting time and skills to complete the building. The service delivered community rehabilitation at the farm utilising the meeting room for therapeutic activities and training in the morning. There were also volunteering opportunities for participants in the afternoon working in the café, shop, or on the farm.

Volunteers also supported the learners with their care packages. The service also delivers NVQ Mental Health, and Health & Social Care courses for those accessing the rehabilitation.

The service had a specialist midwife who provided midwifery leadership and co-ordinated maternity care for pregnant women who had either recently used or were currently using illicit substances and/or alcohol or were under the care of the recovery service in Wigan or Leigh. This was a dedicated service provision for women who misused substances in or immediately prior to pregnancy.

## Areas for improvement

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

- The provider should ensure staff understand the quality required of entries onto care records.