EDP Drug & Alcohol Services - Newton Abbott hub

Quality Report

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

Ratings

Overall rating for this location	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Requires improvement

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

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

Summary of findings

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

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

Overall summary

We rated EDP – Newton Abbott hub as **requires improvement** overall because:

- Staff were not always managing risk to clients. Clients who had been using the service prior to April 2018 did not always have a disengagement plan that was accessible in place. A disengagement plan details what the client expects from staff when they disengage from the service or do not attend appointments, for example by contacting their next of kin, other professionals or support networks. This meant that if a client disengaged with the service staff might not know who to contact including relatives, carers or health professionals and others involved in the clients care to make them aware this had happened. The clinical staff did not have access to a 'Did Not Attend' (DNA) policy specific to people who failed to attend prescribing reviews as it was in draft form. Three out of six records reviewed contained a risk management plan. Staff were not always developing detailed recovery plans which included client's goals and what treatment they were receiving. The recent care plan audit carried out at team level was of a small number of files and as such insufficient to identify these issues.
- Staff did not ensure that clients received a comprehensive assessment of physical health needs and concerns from the client's GP or other relevant health professional. Our specialist advisor observed clinical sessions and noted that physical health checks were not undertaken. The provider did not have a physical health monitoring policy and staff were concerned that physical health monitoring was not comprehensive. Only clients who were prescribed medication by their service or undergoing home detoxification had their physical health checked.
- The provider did not have a robust recruitment process to ensure staff had an up-to-date Disclosure and Barring Service (DBS) certificate in place. The human resources (HR) department was responsible for ensuring staff had a valid DBS certificate and had not realised when a number of staff DBS certificates had expired.
- Staff were not recording informal complaints. This meant that managers could not be assured that complaints were actioned fully, and complaints could not be analysed to determine themes or trends.
- However:
- The clinical assessment service staff assessed risk at the point of assessment. When clients were allocated a recovery navigator, they would then complete a comprehensive assessment. The comprehensive assessment included completing a risk assessment and incorporated information received from the client's GP at the point of referral. Clients requiring a prescription received a face to face assessment with the service's doctors or non-medical prescribing nurses.
- The assessment team were completing initial assessments with clients within two weeks of receiving a referral. Urgent client referrals were seen promptly. High risk clients were prioritised, for example pregnant women and opiate-users. Staff monitored clients on the waiting list to detect increase in level of risk or need.
- Staff treated clients with compassion and kindness. They understood the individual needs of clients and supported clients to understand and manage their care, treatment or condition.
- Staff felt respected, supported and valued by management. Staff and clients described a change in culture in the last six months and felt optimistic and positive about the future direction of the organisation. Managers had introduced initiatives to improve morale such as arranging team away days.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Community-based substance misuse services	Requires improvement 	EDP – Newton Abbott hub is a substance misuse service providing support to clients in the community.

Summary of findings

Contents

Requires improvement

EDP Drug & Alcohol Services Newton Abbot hub

Services we looked at
Community-based substance misuse services

Summary of this inspection

Background to EDP Drug & Alcohol Services - Newton Abbott hub

EDP Drug & Alcohol Services are a charity that provide a range of substance misuse services to adults over 18 in Devon and Dorset.

In April 2018, EDP Drug & Alcohol Services took over the contract to provide community substance misuse services in Devon. EDP and other organisations such as Devon Doctors and Devon Partnership NHS trust formed a partnership to provide these services. This partnership is known as the Together Drug & Alcohol Service. As of 1st April 2019 Devon Doctors ceased to be part of the partnership with EDP taking over the provision of clinical activities.

Devon County Council commission the Together Drug & Alcohol Service to provide services across Devon. There are three registered locations across the county:

- Bideford hub
- Newton Abbott hub
- Exeter hub

In addition to the three registered locations, there are of satellite locations clients can access.

Newton Abbott hub is a community substance misuse service providing support to clients aged 18 and above across South Devon. At the time of the inspection the service had a registered manager in place. The service had a dedicated team to response to referrals and complete initial assessments. The clinical assessment team (CAS) covered all areas of the county and had a team leader managing this team.

Newton Abbott hub is registered as a location under EDP Drug & Alcohol Services to provide the regulated activity for treatment of disease, injury or disorder. This was the first comprehensive inspection since registering with the Care Quality Commission in October 2018.

During the inspection period of Newton Abbott hub, inspections took place at Bideford hub and Exeter hub. These reports are published separately.

Our inspection team

The team that inspected the service comprised of two inspectors and a specialist advisor who has professional experience of 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 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.

Summary of this inspection

During the inspection visit, the inspection team:

- Visited the service in Newton Abbot, looked at the quality of the environment and observed how staff were caring for clients
- spoke with two clients who were using the service
- spoke with the registered manager for the service
- spoke with 11 other staff members; including recovery navigators, nurses, specialist doctor, one community services manager, one clinical director, a team leader and a hospital liaison worker
- spoke with two volunteers
- attended and observed two clinical sessions
- attended and observed one morning handover meeting
- looked at six care and treatment records of clients
- looked at three staff personnel files and
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

The clients we spoke with felt very confident about the treatment and well supported. They told us that staff were respectful and polite and felt that they had a good assessment.

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?

Requires improvement 

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

- Staff were not always managing risk to clients. The clinical assessment service (CAS) were completing disengagement plans for all newly referred clients, however staff were not routinely updating or developing plans with current clients. This meant that if a client disengaged from the service staff might not know who to contact including relatives, carers or health professionals and others involved in the clients care to make them aware this had happened. The clinical staff did not have access to a 'Did Not Attend' (DNA) policy specific to people who failed to attend prescribing reviews as it was in draft form.
- Clients did not always have a detailed risk management plan in place. Client's risks were identified but ways to mitigate the risk were not always included. Only three of the records reviewed contained a risk management plan. Staff did not ensure that clients received a comprehensive assessment of physical health needs and concerns from the client's GP or other relevant health professional. Our specialist advisor observed clinical sessions and noted that physical health checks were not undertaken. The provider did not have a physical health monitoring policy and staff were concerned that physical health monitoring was not comprehensive. Only clients who were prescribed medication by their service or undergoing home detoxification had their physical health checked.
- Out of 19 staff, five did not have an active Disclosure and Barring Service (DBS) certificate. These staff had completed applications for new DBS certificates prior to the date of inspection.

However:

- The clinical assessment service staff assessed risk at the point of assessment. When clients were allocated a recovery navigator, they would then complete a comprehensive assessment. The comprehensive assessment included completing a risk assessment and incorporated information received from the client's GP at the point of referral. Clients requiring a prescription received a face to face assessment with the service's doctors or non-medical prescribing nurses.

Summary of this inspection

- Staff had policies, procedures and training related to medication and medicines management including prescribing, detoxification, assessing people's tolerance to medication and take-home medication such as naloxone.
- Staff understood local authority safeguarding processes. Staff worked effectively within teams, across services and with other agencies to promote safety including systems and practices in information sharing. The service had a safeguarding lead and staff could contact them for advice and guidance.
- Serious incidents were investigated, and any lessons learned shared with staff. Staff were offered debrief sessions following incidents, and we were provided details of changes to practice following investigation of incidents.

Are services effective?

Requires improvement

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

- Staff did not always develop recovery plans that met clients' needs identified during assessment. Three out of five care records did not contain recovery plans. Recovery plans that had been developed contained client's identified needs but did not contain details on how clients would meet their goals or what treatment they were receiving.
- Staff did not develop recovery plans in response to known or identified physical health concerns. Prescribing staff relied on GP assessment of physical health but the service did not have a comprehensive process in place to ensure this was taking place and physical health needs were being met.

However:

- Clients undergoing an alcohol home detoxification were receiving adequate physical health monitoring.
- All staff received regular supervision and were supported to further develop their skills through personal development plans. Volunteers and peer mentors were recruited, trained and supported by a manager.
- Staff provided a range of treatment and care for clients based on national guidance and best practice. Staff used nationally recognised tools to monitor withdrawal symptoms for clients undergoing detoxification.

Are services caring?

Good

We rated caring as **good** because:

Summary of this inspection

- Staff treated clients with compassion and kindness. They understood the individual needs of clients and supported clients to understand and manage their care, treatment or condition.
- Staff adhered to and understood clear confidentiality policies and maintained the confidentiality of information about clients.
- Staff directed clients to other services when appropriate and, if required, supported them to access those services.

Are services responsive?

Good

We rated responsive as **good** because:

- Clients could access services easily. Referral criteria did not exclude people who would have benefitted from care.
- The service employed a hospital liaison worker who worked with clients who presented at the local hospital. They supported and encouraged engagement with the service and liaise with other relevant agencies such as police and mental health teams.
- The assessment team completed initial assessments with clients within two weeks of receiving a referral. Urgent client referrals were seen promptly. High risk clients were prioritised for example pregnant women and clients who misused opiates.
- Staff demonstrated an understanding of the potential issues facing vulnerable groups such as those experiencing domestic abuse or sex workers.

However:

- Staff were not recording informal, verbal complaints raised by clients. This meant that managers could not be assured that complaints were actioned fully, and complaints could not be analysed to determine themes or trends.

Are services well-led?

Requires improvement

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

- The provider had some gaps in the governance process. Managers had not ensured that staff were completing disengagement plans for all clients. Managers had not ensured that staff were completing risk management plans for all clients and recovery plans were developed that met clients' needs identified during assessment. Managers had not embedded a local care planning audit.
- Managers had not ensured that staff were completing disengagement plans for all clients.
- The provider did not have a robust process to ensure staff had an up-to-date Disclosure and Barring Service (DBS) certificate in

Summary of this inspection

place. The human resources (HR) department was responsible for ensuring staff had a valid DBS certificate and had not realised when a number of staff DBS certificates had expired. Managers did not have oversight of this process.

- The provider was in the process of updating their clinical policies. For example, the prescribing 'Did Not Attend' (DNA) policy was still in draft form. The provider was in the process of updating all policies due to the recent change in contract. Some staff were unaware that there were updated clinical policies.

However:

- Staff felt respected, supported and valued by management. Staff and clients described a change in culture in the last six months and felt optimistic and positive about the future direction of the organisation.
- Leaders had the skills, knowledge and expertise to perform their roles. The registered manager had a good understanding of the service they managed and could explain how the team were working to provide high quality care.
- Leaders were visible in the service and approachable for staff. Staff knew by name who the clinical leads, service manager and CEO were and how to contact them directly.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff understood and discharged their roles and responsibilities under the Mental Capacity Act 2005. Staff received training and knew where to go to seek advice and guidance if they needed it. Staff gave examples of supporting clients during mental capacity assessments and how to support a client who lacked capacity to make decisions about their treatment.

Requires improvement

Community-based substance misuse services

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

Are community-based substance misuse services safe?

Requires improvement

Safe and clean environment

- The service based in Newton Abbot was clean and well maintained. There was a welcoming reception area which contained a café for the use of service users.
- There were rooms for one to one meetings, group rooms, clinic room and a needle exchange room.
- The building was equipped with fire and panic alarm systems which were checked regularly as part of the daily, weekly and monthly building audits.
- The chairs in the waiting area and other rooms were in good order. Staff adhered to infection control principles, including the disposal of clinical waste
- Fridge and room temperatures were monitored regularly, and concerns raised as incidents. The service did not keep medication on site other than naloxone which were stored appropriately at the correct temperature.

Safe staffing

- Five staff of the 19 employed did not have valid disclosure and barring service (DBS) checks in place. They had been asked to sign a disclosure form stating that they had not committed any offence since their last DBS check, and on the basis of this were continuing to work unsupervised.
- The service had enough staff to meet the needs of clients. The service provided a range of staff including team leaders, nurses, recovery navigators including those for and the criminal justice system, a doctor and non-medical prescriber. Staff and managers told us that a cap on caseloads had recently been introduced which had reduced caseload sizes to 50. Staff felt that this had reduced the levels of stress being experienced. Managers monitored caseloads in supervision.
- The service had one recovery navigator vacancy and sickness rates were 5.24%
- Staff received mandatory training in a range of formats including e learning and face to face training. At the time of the inspection 77% of staff had completed their mandatory training.
- Staff followed good lone-working procedures. The manager and staff told us that typically clients were not seen in their own homes.

Assessing and managing risk to patients and staff

- The clinical assessment service staff assessed risk at the point of assessment. When clients were allocated a recovery navigator, they would then complete a comprehensive assessment. The comprehensive assessment included completing a risk assessment and incorporated information received from the client's GP at the point of referral. Clients requiring a prescription received a face to face assessment with the service's doctors or non-medical prescribing nurses.
- The clinical assessment team (CAS) monitored people on the waiting lists to detect changes in level of risk. The CAS team managed referrals to the service and completed a brief assessment within 24 hours. A

member of the CAS team contacted clients over the telephone within two weeks of the brief assessment to complete a comprehensive needs and risk assessment. Clients who preferred a face to face meeting were invited to one of the service sites for their assessment.

- All six client care and treatment records reviewed across the service contained a risk assessment. Risk assessments were updated following an incident or a change in circumstances, for example if a client disclosed further substance misuse. However, staff did not consistently complete risk management plans relevant to the needs of the client. Those records which did contain risk management plans did not have them stored in the same place. Some staff were using the risk management plan in the records whereas others were writing it at the end of the risk assessment or in the clinical notes.
- The clinical assessment service team had completed disengagement plans for clients who had been referred to the service since the new contract. However, clients that had been on caseload prior to this team coming into place did not consistently have plans in place. This meant that if a client disengaged with the service staff might not know who to contact including relatives, carers or health professionals and others involved in the clients care to make them aware this had happened. All clients who had disengaged from treatment were discussed with the team leader, who would review the case before a decision was made to discharge the person. The clinical staff did not have access to a 'Did Not Attend' (DNA) policy specific to people who failed to attend prescribing reviews as it was in draft form.
- Staff told us that they were trained in the detection of blood borne viruses and the service carried out 132 tests during the past 12 months.
- Harm minimisation was discussed at all appointments and clients were offered naloxone and training on how to use this. Harm minimisation aims to address alcohol and other drug issues by reducing the harmful effects of alcohol and other drugs on individuals.
- Staff ensured prescriptions were sent to local pharmacies or collected by the client from the service and had arrangements in place to ensure clients received medication on weekends and bank holidays. Staff had formed close working relationships with the pharmacies so that they would be informed if the client did not collect their prescription as normal or if they had a specific concern about a client. However, recovery plans did not always reflect this.
- The service had a process in place for staff to follow if a client gave their medication to a third party. Keyworkers assessed risks through one to one sessions and discussed outcomes with prescribers.

Safeguarding

- Staff gave examples of how they could protect clients from harassment and discrimination, for example working with women's services to protect victims of domestic abuse and working with the local community to reduce stigma through participation I local events. This included for those characteristics protected under the Equality Act 2010 such as age, disability, sexuality, gender, gender identity, race, and religion or belief. Staff demonstrated that they were non-judgemental in the support they provided and clients we spoke with confirmed this was the case. Staff worked effectively across the teams and with external providers to ensure information about vulnerable clients was shared appropriately. This included the safeguarding team at the local authority and the multi-agency safeguarding hub for children.
- Staff knew what safeguarding was and how to report this in the correct way. Training in adult and children's safeguarding had been completed by 94% of staff. Staff regularly attended the local multi-agency risk assessment conference which involved a range of professionals including the police and safeguarding. The role of this meeting was to discuss those individuals at high risk from domestic violence. Staff recorded safeguarding concerns appropriately in clients records and ensured that this was updated regularly. Staff discussed safeguarding concerns at the daily team meeting to ensure all staff had been updated. Staff had taken appropriate action to ensure that safeguarding referrals were being made to the local authority and clients were supported through the process.
- Staff worked effectively within teams, across services and with other agencies to promote safety including systems and practices in information sharing

Staff access to essential information

Requires improvement

Community-based substance misuse services

- Staff used a secure electronic system for client's care and treatment records. All relevant staff had a log-in and accessed the system when required. Staff were using the system to record recovery plans in multiple formats. Managers confirmed they were aware of the concern and had been working to try and reduce the number of forms used.

Medicines management

- Prior to 1 April 2019 the contract for the clinical prescribing practice was held by Devon Doctors. During the inspection this responsibility had been taken over by Together Drug & Alcohol services Staff had relevant policies, procedures and training related to medication and medicines management including prescribing, detoxification, assessing people's tolerance to medication and take-home medication such as naloxone. The clinical policies relating to medicines management had recently been distributed to staff and not all staff had read the updated policies. However, all staff were aware of relevant guidelines 'Drug misuse and dependence: UK guidelines on clinical management' (2017), known as the orange book.
- Staff followed good practice in medicines management including transport, storage, dispensing, administration, medicines reconciliation, recording and disposal. Medication was prescribed in line with National Institute for Health and Care Excellence, including methadone for the management of opioid dependence.
- Staff were storing naloxone in the clinic room which was locked naloxone is an opioid blocker administered in the event of overdose. Naloxone was not readily available in all areas of the service.
- The doctors and non-medical prescribers had responsibility for prescribing and monitoring client's physical health in relation to the treatment they received including community detoxification. However, we did not see evidence of physical health checks being undertaken at prescribing appointments, and the equipment for monitoring health was not functioning. Consequently, people are at risk of not having developing physical health condition s or side effects identified.
- Recovery navigators told us that they would book clients in to see GPs for health checks if they felt it was necessary. Clients told us that they were escorted by their recovery navigator if required. The Nursing staff we spoke with told us that they used to offer physical health monitoring clinics but that these had stopped. They told us that they planned to reintroduce these in the future.
- All treatment was reviewed and prescribed following guidance from the National Institute for Health and Care Excellence with prescribing rationale recorded in client records. They used this alongside the Orange Book Drug Misuse and Dependence: UK guidelines on clinical management. Medication other than naloxone was not kept or dispensed from the service.
- Naloxone was available to clients who received training on how to use this.

Track record on safety

- The service reported 12 serious incidents in the past 12 months. These incidents were unexpected client deaths for example due to a substance overdose.
- All client deaths were reviewed at a serious incident review panel. Staff also attend the local authority's 'drug related and avoidable death' review meetings.

Reporting incidents and learning from when things go wrong

- All staff knew which incidents to report and how to do this on the electronic system. Learning from incidents was shared across the service locally through supervision and team meetings.
- Staff described examples of recent learning from incidents and how their practice had changed as a result. This included a recent example of risk assessment training being introduced.

Are community-based substance misuse services effective?

(for example, treatment is effective)

Requires improvement

Assessment of needs and planning of care

- The inspection team examined six sets of client care and treatment record and found that the recovery plans were not always holistic or detailed. They did not include a risk management plan or did not reference

harm reduction or risk. No recovery plan identified physical health as a need despite some clients having a known illness such as chronic obstructive pulmonary disease (COPD). All recovery plans had an identified need such as pharmacological intervention or psychosocial intervention but did not contain details on the treatment, support being offered or goals the client wanted to achieve.

Best practice in treatment and care

- Clinical staff used nationally recognised tools to assess the acuity of client's withdrawal symptoms. The service used the Clinical Institute Withdrawal Assessment for alcohol scale (CIWA), Alcohol Use Disorders Identification Tool (AUDIT) and Severity of Alcohol Dependence Questionnaire (SADQ) appropriately when supporting clients during a community alcohol detoxification.
- Clients were offered a range of care and treatment for example medication support, detoxification treatment, groups and one to one session. These included mutual aid partnership approaches (such as Alcoholics Anonymous), relapse prevention techniques, harm minimisation and a range of psychosocial intervention groups. These interventions were in line with guidelines from the National Institute for Health and Care Excellence. Clients said that the groups were helpful and that it provides a safe and supportive environment for them.
- Staff arranged for clients to have tests that they would need such as an electrocardiogram to monitor their heart if prescribed over 100ml of methadone. This would monitor their heart for any abnormalities and was in line with Department of Health, 2007; Guidance for the use of substitute prescribing in the treatment of opioid dependence in primary care, Royal College of General Practitioners, 2011. Clients undergoing alcohol detoxication treatment at home had their physical health monitored by a nurse and staff recognised signs of deterioration.

  •Staff supported clients to live healthier lifestyles with guidance and information forming part of each appointment and group work. The waiting room had leaflets to ensure clients had the information they needed, and staff could refer to other services as they needed to.
- Staff recorded outcomes for clients using the treatment outcome profile (TOP) at regular intervals at the start, during and at discharge of treatment.
- Staff provided information to Public Health England through the national drug monitoring system. This helped staff to compare progress with other areas in the country with a similar demographic and to look at areas for improvement.
- Blood borne virus testing was being offered to clients, the service carried our 132 tests in the past 12 months. Clients were asked when they were last tested and were sign posted to primary care if they needed further testing, for example for hepatitis B and C. The service had a nominated member of staff audited records to determine if clients had refused testing or a vaccination and whether the recovery navigator could do more to encourage them to change their mind. This would be in line with best practice guidance (Department of Health, 2007).

Skilled staff to deliver care

- Managers provided staff with a range of learning to meet their needs. The service provided all staff with an induction and expected staff to complete mandatory training as part of this. Following this, one to one sessions were used to support staff to identify training relevant to their current post. The service had recently introduced a new competency based induction program.
- Personnel files containing evidence of the recruitment process were stored centrally and unable to be viewed on the day of the inspection.
- Managers gave examples of poor staff performance and how this had been managed locally with support from the human resources team.
- The service had one nominated member of staff to recruit and train volunteers. Volunteers were trained and supported by relevant staff to take on roles such as supporting groups and meeting and greeting clients when they came in to reception.
- Regular supervisions took place which included management, caseload and clinical group supervision.

Requires improvement

Community-based substance misuse services

- We reviewed three personnel files which contained supervision, probation and absence management forms. Personnel files were stored centrally by the HR department and were unable to be viewed on the day of the inspection.

Multi-disciplinary and inter-agency team work

- The staff team had the right skills and qualifications to support clients using the service. This included doctors, non-medical prescribers who were nurses, team leaders, recovery navigator and healthcare assistants. The service also provided support to clients within the criminal justice. We saw from the client records that a multi-disciplinary approach had been taken to support clients and this was recorded appropriately.
- Staff had regular team meetings and minutes were available for staff unable to attend. Agenda items included staffing, safeguarding, policy and procedure updates and client feedback.
- Staff discharged clients when care and treatment was no longer required and we saw evidence in supervision records of managers supporting these decisions. Clients could drop in to the service when they needed to even if they had been discharged so that they always had somewhere to go at difficult times.
- The service had shared care agreements in place with local GPs and pharmacies. This ensured that clients could access support from each service and utilise the different skills of staff at each service.

Good practice in applying the Mental Capacity Act

- Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and gave examples of when a client's capacity may fluctuate, for example when they were under the influence of alcohol. All staff were required to complete training in the Mental Capacity Act 2005. However, staff commented that the training was not tailored to the client group for example substances affecting capacity. At the time of the inspection 100% of staff had completed training in the Mental Capacity Act.

Are community-based substance misuse services caring?

Good

Kindness, privacy, dignity, respect, compassion and support

- Staff treated clients with dignity and respect and took a non-judgemental approach to the support they provided. Clients we spoke with all mentioned this and the fact that staff were caring, kind and supportive. Staff stated they could raise concerns about disrespectful, discriminatory or abusive behaviour towards clients and would feel listened to and taken seriously.
- All clients we spoke with said they were supported to understand their care and treatment and manage their condition. Clients and volunteers who had previously been clients of the service told us that staff went above and beyond to support them, such as accompanying them to GP appointments, court and other important meetings.
- Staff adhered to and understood clear confidentiality policies and maintained the confidentiality of information about clients. Client electronic records showed prompts on the main screen if a client had stated not to share information with an individual such as a member of their family or partner. Client records also showed a consent to share information document, showing which agencies, the client had given permission for EDP to share their information with.

Involvement in care

- All clients we spoke with said they were supported to understand their care and treatment and manage their condition.
- Clients could access independent advocacy services and information about this was available on the noticeboards. Staff signposted clients to other service user organisations locally for support.
- The service had recently developed a role for a community development lead and part of the responsibilities of the role was to create a client forum to involve clients in development of the service. However, the meetings had not yet taken place.
- Not all clients had a recovery plan that demonstrated the client's preferences, recovery capital and goals.

Requires improvement

Community-based substance misuse services

- Staff actively engaged clients using the service and their families, when appropriate, in planning their care and treatment. For example, one client was supported by their father and we saw appropriate communication with him, keeping him up to date with the support from EDP.
- Families and carers were encouraged to come to the service for support and could give feedback through staff and by completing surveys. Carers were provided with information regarding the care of their family member if the client had given permission. The service ran an 'affected others' support group, which carers, family and any other relevant individual involved in supporting the client attended. The service employed family workers who met with the client and relevant family members such as their partner or parents, and completed an action plan.

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

Good

Access and discharge

- The service actively engaged with commissioners, social care, the voluntary sector and other relevant stakeholders to ensure services were planned, developed and delivered to meet the needs of the local population.
- The assessment team used a red, amber, green rating system, based on risk, to prioritise allocation of clients to recovery navigator's caseloads. Clients on the waitlist were sent a letter containing harm reduction advice, and an offer of access to a weekly drop in and the needle exchange service. The letter also included information on mutual aid groups and a card with access to an online tool for psychosocial interventions.
- The service was accessible to all who needed it and took account of clients' individual needs. The assessment team referred to an exception list for those who could not be assessed via the telephone, such as homeless people. Clients who met the criteria for this list were allocated to a caseload and offered a face to face assessment. The service utilised a worker who was part funded by the street homeless team to facilitate outreach work with clients. Homeless clients could access services via the Exeter site or satellite hubs located in the city centre.
- The service had clear pathways for clients which were explained during the first appointment. However, staff could be flexible to meet the individual needs of clients to ensure they received treatment promptly. This could include a home visit or an appointment within another setting in the community.
- The service told us they used a 'no wrong front door approach' and accepted referrals from any source and completed an assessment or signposted individuals as necessary. The service employed a hospital liaison worker who worked with clients who presented at the local hospital. They supported and encouraged engagement with the service and liaise with other relevant agencies such as police and mental health teams.
- Staff referred clients for additional support to mental health services as required, ensuring that they received appropriate care and treatment and worked in partnership with those agencies. Team leaders from the service attended regular dual diagnosis meetings with the local mental health team.
- The service had a process for staff to follow if clients did not attend their appointments. This included contacting the pharmacy the client used, using emergency contact details and if more than two appointments were missed the client's prescription would be suspended.
- All discharges were signed off by the management team to ensure that discharge was appropriate and that there was a clear aftercare plan in place. The service was monitored through the National Drug Treatment Monitoring System which reports on representations following discharge from treatment.

The facilities promote recovery, comfort, dignity and confidentiality

- The main site in Newton Abbot had a good level of accessibility for people with mobility issues.
- The reception areas across the sites were welcoming for clients. The service provided leaflets and displayed

posters which showed details of the treatment pathway, contact details for other services such as alcoholics anonymous, advocacy, narcotics anonymous and the timetable for groups.

- There was a flexible approach to meeting with clients with staff working from a number of smaller offices shared with other agencies, staff work in GP practices, children's' centres and in the local emergency department.
- All rooms had adequate soundproofing and clients were seen in private.

Patients' engagement with the wider community

- The service had good links with local rehabilitation and detoxification units.
- Clients were offered volunteer opportunities to become recovery navigators, following treatment and a set period of abstinence from substances.

Meeting the needs of all people who use the service

- Staff provided information in a number of eastern European languages for the large community who lived in the area. Staff had access to interpreters through the provider and signers for deaf people. The provider's website offered a translation service so that clients could access information in a range of languages. A member of staff was trying to actively engage the large traveller community living within the catchment area
- Staff showed a good understanding of issues relating to living in a rural county. An example was due to the limited amount of public transport staff worked flexibly to make sure the locations they used were centrally located for clients. Staff had developed links with organisations who provided additional support for issues, such as domestic violence so that they could easily refer clients to these services.
- The staff we spoke with demonstrated an understanding of the needs of clients identifying as lesbian, gay, bisexual or transgender (LGBT). The service had previously run a monthly drop in, however this had been stopped due to lack of attendance.
- The service demonstrated a flexible approach to meeting client's needs.

Listening to and learning from concerns and complaints

- Staff ensured that clients knew how to complain and reassured them that this would not affect their treatment or use of the service. Complaints were logged through the service incident reporting system; however, this was only the case for formal complaints. Informal complaints were not logged routinely.
- The service used a policy and procedure for managing complaints and these were investigated by managers in the service. A complaints report was submitted to the clinical governance group monthly and the minutes from this would be reviewed at board level.
- Managers shared learning from complaints in team meetings and staff could describe learning. If a complaint concerned an individual member of staff this would be reviewed in one to one meetings.
- Clients could easily access information on how to complain as this was available throughout the service via posters, leaflets and staff. We were aware of one complaint about the service where the complainant felt they did not receive an outcome.

Are community-based substance misuse services well-led?

Requires improvement

Leadership

- Managers had the skills, knowledge and experience to perform their roles. All managers and team leaders were in the process of completing management training. They demonstrated a good understanding of the clients the service supported and the difficulties that staff sometimes faced. They talked with confidence about the service and the standards expected in the level of care staff were delivering.
- The manager and team leaders had a visible presence in the service and staff could approach them at any time for advice, guidance and emotional support if they needed it.
- The organisation had a clear definition of recovery and this was shared and understood by all staff

Requires improvement

Community-based substance misuse services

Vision and strategy

- Staff strove to empower clients to be successful, to make positive changes and to take back control over their lives. Staff demonstrated this through the care and support they provided to clients. All staff knew what their role was within the organisation and the boundaries of that role when working with clients.
- The senior management team had revised the organisations mission statement, values and vision following the new contract, and this had been disseminated to all staff.
- Managers understood the budgets they needed to work to while still meeting the key performance indicators that had been set by commissioners.
- The senior management team gave staff the opportunity to contribute to discussions about the strategy of the service for example nursing staff had been approached to write operational policies such as the blood borne testing policy.

Culture

- All staff we spoke with felt respected, supported and valued by management. Staff and clients described a change in culture in the last six months and felt optimistic and positive about the future direction of the organisation. Managers had introduced initiatives to improve morale such as arranging team away days.
- The staff group felt positive and satisfied in their roles. Staff members felt they could approach colleagues for support and that they worked well as a team and could challenge each other professionally during case discussions.

Governance

- The provider had some gaps in the governance process. Managers had not ensured that staff were completing disengagement plans for all clients. Managers had not ensured that staff were completing risk management plans for all clients and that recovery plans were developed that met clients' needs identified during assessment.
- The provider did not have a robust and comprehensive local audit programme. Managers received a report stating the number of open care plans. A local care planning audit had not been embedded to ensure managers had oversight of the quality and detail in care plans.
- The provider was in the process of updating their clinical policies. For example, the prescribing 'Did Not Attend' policy was in draft form and the needle exchange policy was not in place. The provider was in the process of updating clinical policies following a change in contract. Some staff were unaware that there were updated clinical policies but were using the 'Drug misuse and dependence: UK guidelines on clinical management' (2017) in line with national guidance.
- A nurse's forum and prescribers' meetings were in place to ensure oversight of medicines management across the services.
- There was a clear framework of what must be discussed at a team and provider level in team meetings to ensure that essential information such as learning from incidents and complaints, was shared and discussed.
- Staff had implemented recommendations from reviews of incidents and complaints. For example, following an incident in one of the services the provider implemented a new risk assessment training.
- Staff understood the arrangements for working with other teams, both within the provider and external, to meet the needs of the clients. For example, team leaders from the service attended regular dual diagnosis meetings with the local mental health team and attended multi-agency case working for pregnant women which recovery navigators attended.
- Staff were aware of the organisation's whistleblowing policy and how to access it.

Management of risk, issues and performance

- The provider did not have a robust process to ensure all staff had an up-to-date Disclosure and Barring Service (DBS) certificate in place. Staff who worked for the previous provider did not have their DBS status checked when the contract changed. This meant that at the time of the inspection 10 out of 39 staff did not have an up to date DBS certificate. Local managers did not have oversight of this at a local level and relied on the human resources (HR) department. We raised this at the time of

inspection and HR advised that staff that did not have an in-date DBS certificate work unsupervised if they signed a disclaimer stating that had not committed an offence since the previous checks.

- Managers did not have full access to staff personnel files as these were held centrally with the HR department. Managers had limited access to electronic and paper records which showed supervision, appraisal and sickness records. In Bideford, we reviewed five staff records, one did not contain an appraisal record.
- The provider did not ensure that all clients had robust risk management plans and disengagement plans. Risk management plans were found to be missing or were completed in an incorrect form. Managers did not ensure that staff were adhering to the risk management policy.
- Managers maintained and had access to the risk register for all services. However, not all identified risks were detailed. For example, the lack of oversight on some staff DBS certificate status and that the service had not offered or referred clients for BBV testing in the past 12 months.

Information management

- Staff had access to equipment and technology they needed to do their work. Computer systems worked well, and staff had access to laptops. The service had a lead administrator and data officer who supported staff with IT issues.
- The service collected data for both their own use to develop the service and to add to the national recording for substance misuse services. The use of data was explained to clients on entry to the service and all details were anonymised. Managers understood the importance of confidentiality agreements when sharing information and data. Policies were in place to ensure clients information remained confidential and this was stored securely on an electronic system.
- Managers had a dashboard which gave them an overview of the performance of the service and the staff. Information was easy to access in a timely manner and accurate which helped managers to identify areas for improvement and discuss them at regular managers meetings.
- The service had developed information sharing protocols with external organisations including the local authority, probation and mental health services.

Engagement

- Staff, clients and carers had access to up-to-date information about the work of the service. This could be accessed through the organisation's website, social media and via leaflets and posters.
- Clients and carers could give feedback on the service they received. Feedback forms and boxes were available in reception/waiting rooms areas and they could speak to managers on request.
- Managers engaged with other organisations such as commissioners, local GPs, pharmacists and the probation service.
- Staff told us they could meet with members of the provider's senior leadership team to give feedback and attend meetings.

Learning, continuous improvement and innovation

- Each service had a flourish co-ordinator. They supported clients in the community for example by arranging activities such as rock climbing. There was also a flourish café which volunteers and peer mentors ran at set times during the day. These cafes were 'front of house' and clients first contact with the service.
- Each service had recently appointed a community engagement worker whose role was to involve clients in the development of the service.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure that all clients have a disengagement plan that is regularly reviewed, and that staff have access to the service's DNA policy. (Regulation 12)
- The provider must ensure that all clients have a risk management plan in place. (Regulation 12)
- The provider must ensure that staff complete clear, detailed recovery plans with clients that include goals and details of the treatment being offered to the client. (Regulation 9)
- The provider must ensure that there are robust governance processes in place to identity areas for improvement. The provider must ensure there is oversight over the expiration of disclosure and barring service certificates. The provider must ensure that the care plan audit is fit for purpose and assesses the quality and content of care plans. (Regulation 17)

Action the provider SHOULD take to improve

- The provider should ensure that staff consider client's physical health needs when developing recovery plans.
- The provider should ensure that managers record all complaints so that trends can be analysed and to ensure all complaints have been actioned appropriately.
- The provider should ensure that naloxone is readily available in the service.
- The provider should ensure that all safeguarding concerns are notified to the Care Quality Commission.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider was not doing all that is reasonably practical to mitigate any such risks. Staff were not completing disengagement plans with clients who joined the service prior to April 2018. The provider's DNA policy was still in draft form. Staff were not always completing risk management plans as part of the risk assessment and clients did not have a risk management recovery plan. This was a breach of Regulation 12 2(b)

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care The provider was not ensuring that staff completed a clear care and/or treatment plan, which includes agreed goals. Staff were not always detailing clear, agreed treatment and recovery goals in client's recovery plans. Staff were identifying a client's needs but not detailing how the service would support the client to meet this need. This was a breach of Regulation 9 3(a)(b)

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider had not ensured all gaps in the governance processes had been identified.

The provider did not have a robust recruitment process to ensure all staff had an up-to-date Disclosure and Barring Service (DBS) certificate in place.

This was a breach of Regulation 17 2(a)(b)