

# Swanswell Worcester

## Quality Report

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

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

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

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

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

### Overall summary

We do not currently rate independent stand alone substance misuse services.

- The service had enough staff to deliver assessment and treatment to the number of clients on their caseload and respond to their level of need. The service did not use bank or agency staff. Sickness absence and staff turnover was low. Staff and volunteers had the required checks to work with young people and vulnerable adults.
- The service was well maintained, visibly clean and had the required health and safety procedures in place to keep staff and clients safe.

- The service had procedures in place for incident reporting and disseminating lessons learnt at a local and national level.
- Staff carried out a holistic assessment with clients at the start of treatment, using appropriate assessment and monitoring tools. Risk assessments were completed and managed through risk management plans and recovery plans.
- Staff understood mental capacity and described they supported clients who needed help to make decisions.
- The service had mechanisms in place to raise and refer safeguarding concerns to the relevant agencies.

# Summary of findings

- The service saw, assessed and started treatment for clients in a timely manner. There were no waiting lists. The skills mix was appropriate to deliver the interventions identified at assessment.

- The service offered one to one psychosocial intervention, group work, including mutual aid programmes, blood borne virus testing and immunisation, basic health checks and substitute prescribing.

- It worked with other agencies to provide additional care and support such as mental health services and youth offending services.

- Clients who used the service were positive about staff and the support provided. Clients described staff as caring, supportive, respectful, and good listeners.

- The staff were passionate about their work with clients and worked together in a positive and supportive manner.

- A thorough role induction process was in place and staff had opportunities to develop their career and pursue special interests. Staff received regular supervision, annual appraisals, mandatory and role specific training.

- Staff knew how to raise concerns and were confident they could do so without recrimination.

- Clients using the service reflected the ethnic and cultural backgrounds in the local population and the service had access to interpretation services, when required.

- Internal governance structures were in place to manage quality and performance. The service reported to the local authority on a quarterly basis on performance against the contract deliverables including payment by results targets. Performance was improving against local and national key performance indicators.

- Audits were completed and actions set to improve standards.

- The service responded to complaints appropriately.

We found the following issues that the service provider could improve:

- The provider must ensure risk assessments and recovery plans are updated in line with case note records.

- The provider must ensure plans are in place for clients if they disengage with treatment.

- The provider must ensure that staff complete and record identified mandatory training.

- The provider should ensure the confidentiality of clients is maintained by using adequately soundproofed rooms.

- The provider should ensure boiler room signage is sufficient to reduce risk and old office equipment is stored appropriately.

- The provider should ensure a consistent approach in the use of screening tools.

- The provider should ensure case notes record evidence the psychosocial interventions delivered.

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

- The service had enough staff to deliver assessment and treatment to the number of clients on their caseload and respond to their level of need. The service did not use bank or agency staff. Sickness absence and staff turnover was low. Staff and volunteers had the required checks to work with young people and vulnerable adults.

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# Summary of findings

## Our judgements about each of the main services

### Service

### Rating

### Summary of each main service

**Substance  
misuse  
services**

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# Summary of findings

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# Swanswell Worcester

## Services we looked at

Substance misuse services

# Summary of this inspection

## Our inspection team

The team that inspected the service comprised CQC inspector Julie Bains (inspection lead), an inspection

manager, one inspector, one assistant inspector, and an expert by experience. An expert by experience is a person who has personal experience of using, or supporting someone using, substance misuse services.

## Why we carried out this inspection

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

## How we carried out this inspection

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

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

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

During the inspection visit, the inspection team:

- visited the service at Worcester, looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with seven clients
- spoke with the registered manager, a director and the assistant manager

- spoke with 14 other staff members employed by the service provider, including a nurse, clinical lead, team leaders, criminal justice workers, young person workers, family team, peer mentor and volunteer coordinator, senior practitioners, substance misuse workers and administrators
- observed staff, a peer mentor and clients during a drop in session
- received feedback about the service from seven stakeholders and the commissioners
- observed the duty worker and the receptionist
- collected feedback using comment cards from six clients
- looked at 10 care and treatment records, including risk assessments and care plans for clients
- looked at six supervision notes and four case management audits
- looked at 11 staff personnel files
- looked at policies, procedures and other documents relating to the running of the service.

## Information about Swanswell Worcester

Swanswell Charitable Trust is a specialist treatment provider for substance misuse. They have five individual

contracts in England registered with the CQC. Swanswell Worcester provides one such individual contract. The

# Summary of this inspection

service is part of the overall contract commissioned and funded by the local authority for Public Health England and the Police and Crime Commissioner to provide drug and alcohol services for the whole of Worcestershire.

Swanswell Worcester shares a registered manager with the three other Swanswell services in Worcestershire. Swanswell senior managers are responsible for the delivery of services in fixed bases and countywide specialist roles delivered in a range of settings by family workers, nurses, young person workers, peer mentor and volunteer coordinator, non-medical prescriber, doctors, criminal justice workers and an assertive outreach team.

Swanswell Worcester provides community based substance misuse services to young people and adults who have drug and alcohol related problems. They provide group work and one to one interventions, substitute prescribing for opiate dependence, community detoxification from opiates and alcohol, needle exchange programme, harm reduction information, blood borne virus testing and administer hepatitis B immunisations, issue the emergency opioid overdose medication kits. A family service provides support to individuals who have been affected by others drug and alcohol use. Staff

delivered training and learning events for other organisations working with clients who have substance misuse issues. Figures for August 2016 indicated the service was supporting 684 clients, in total.

Swanswell Worcester service has disabled access, is close to the city centre and easily accessed by public transport and public car parking is within a two minutes' walk. Swanswell Worcester offers a service from 9am – 5pm Monday to Friday, with extended opening hours every Tuesday until 7pm. They offer a satellite service for clients living in Droitwich and surrounding areas. This service is open every Wednesday between 9am – 7pm.

The service recruits ex-clients to become peer mentors to promote recovery to clients by offering support at drop-in sessions, a welcome in the reception area and to facilitate mutual aid groups. The service has a number of volunteers, from a wide range of backgrounds, who undertake tasks including helping with administration and supporting clients to attend appointments.

The service has not previously been inspected and is registered with the Care Quality Commission to provide:

1. Diagnostic and screening procedures
2. Treatment of disease, disorder or injury

## What people who use the service say

The service received very positive comments about the service, staff and the treatment and support delivered. Clients had filled in comments six cards, we spoke with other clients individually, who reported the staff were supportive, respectful, polite, and they felt listened

to. Clients accessing the drop in facility were grateful that they could have a hot drink and something to eat and have a member of staff or peer mentor to listen and offer support; however, two clients said the facility was not always open due to staff shortages.

# Summary of this inspection

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

We always ask the following five questions of services.

### **Are services safe?**

We do not currently rate standalone substance misuse services.

We found the following issues that the service provider could improve:

- Staff did not always fully complete and update risk assessments and risk management plans.
- Staff did not always complete a plan for dealing with the possibility a client may disengage from the service, either temporarily or permanently.
- The staff did not complete and record identified mandatory training.
- The signage on the boiler room door was small and the potential hazard could be missed. The car park and steps to the boiler room was full of litter and could become a hazard. Old office equipment was not always stored in appropriate areas.

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

- The service had minimised risk on the premises. Up to date health and safety assessments, fire risk assessments plus equipment and facilities were properly maintained and kept secure.
- The service used external contractors to clean the premises. Rooms were visibly clean and tidy.
- Non-alcoholic hand gels were available throughout the service and hand washing posters were on display above hand washing facilities.
- Suitable staffing levels and skill mix were in place and supported by staff from the countywide team including the family, assertive outreach and clinical teams.
- The service had rigorous recruitment procedures that included a thorough induction and vetting of staff and volunteers. Staff had continuing vetting checks throughout their employment and checks were carried out to ensure the revalidation of clinicians' professional practice.
- Staff received training on safeguarding children and young people provided by the Local Safeguarding Board and they were confident in making referrals.

# Summary of this inspection

- The provider had a number of policies on safe working practices the staff followed, including the lone working policy. Staff carried personal alarms when in the building to alert other staff if they required assistance.
- Staff knew about the duty of candour and demonstrated this in being open and honest with clients when things went wrong.

## Are services effective?

We do not currently rate standalone substance misuse services.

We found the following issues that the service provider could improve:

- Staff did not receive training in psychosocial interventions such as brief intervention, motivational interviewing and solution focused therapy. This would have improved support offered to clients.
- The case notes did not detail what evidence based psychosocial interventions were being delivered.
- The service was inconsistent in the use of screening tools, such as the Alcohol Use Disorders Identification Test that measures behaviour, consumption and alcohol problems.

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

- Staff carried out thorough comprehensive assessments with clients, prior to treatment starting and offered follow up appointments in a timely manner.
- Client information was stored securely on a web based electronic system. To access the system staff entered their login and password details, which ensured the protection of client information. Any paper files were kept in locked filing cabinets in a secure area only accessible to staff.
- The service offered both community and inpatient detoxification options and a budget was available for clients to access residential rehabilitation.
- The service undertook basic health checks screening such as blood pressure checks and staff referred the client to their GP for full health screening, if required.
- Staff secured all prescriptions in a locked safe; a spreadsheet logged the prescriptions numbers and a tracking system was in place to track each prescription through to dispensation of medication at the pharmacy.
- The service had developed a blood borne virus strategy to increase the number of clients tested for blood borne viruses and immunised for Hepatitis B resulting in over 400 clients tested since May 2016.

# Summary of this inspection

- The service used volunteers, peer mentors and mutual aid groups to support clients in their recovery journey.
- The service had a good mix of skilled staff, with support from the countywide teams to meet the needs of the clients.
- The staff received regular supervision, case management reviews and annual appraisals. Staff had access to team leaders, complex case meetings and team meetings to discuss concerns about clients.
- The service had developed links with other services to provide multi agency working to support clients, including housing, criminal justice agencies, safeguarding, community mental health teams and the accident and emergency alcohol liaison service.
- The service had information sharing agreement with the mental health trust to enable improved working relationships. • The service had a service level agreement in place with local GPs to deliver shared care services in eight practices. This enabled clients to be supported in their local communities rather than attending the service.
- The service had transitional arrangements to transfer clients from the young person treatment service to the adult services.

## Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff were respectful and treated clients with dignity, taking time to explore the needs of the client, offer the support, explain treatment options, what the client would need to commit to, to achieve the outcomes they wanted.
- Clients were empowered to take responsibility for their recovery and involved in the recovery plan.
- Client feedback about the service was positive, stating staff were supportive, respectful and treated clients with dignity. They felt valued by the staff and the staff cared for them.

## Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The service received referrals from many agencies such as criminal justice, GPs and the voluntary sector; the majority came from clients self-referring.

# Summary of this inspection

- The service responded promptly, assessing risk and acting appropriately, including fast tracking those with high levels of risk into treatment. The service had no waiting lists.
- The service offered late night opening, to enable clients who could not attend during working hours. The service opened on bank holidays and offered a telephone support service on Christmas day.
- The service was accessible for people with disabilities. To make access easier for clients, the service offered appointments at a range of venues including their own home, if required.
- The service had a clear policy to follow in the event of a client not attending their appointment to make sure the client was safe.
- Information displayed in the waiting room was in a range of languages to support clients whose first language was not English.
- Clients knew how to complain if they were unhappy with the service they received. The service reported one complaint in the 12 months prior to the inspection. The service said they took all complaints and concerns raised seriously.

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

- The confidentiality of clients was not maintained as not all rooms were adequately soundproofed.

## Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The staff team promoted the organisations values and culture in their practice. The team worked together and were positive about the local management team, who were supportive and approachable.
- The service had a robust overarching governance structure including the reviewing and learning from incidents, updating policies to reflect national guidelines.
- Swanswell had regular performance meetings with the local authority commissioners to review targets against national performance and the outcomes required by the payment by results contract.
- Staff received regular supervision, case management reviews and local management were available to discuss cases and responsive to any issues raised.

## Summary of this inspection

- The service offered career development opportunities to all staff and supported them to achieve recognised qualifications to improve their practice.

# Detailed findings from this inspection

## Mental Capacity Act and Deprivation of Liberty Safeguards

We reviewed 11 client records. Seven of the records contained signed confidentiality agreements, consent to treatment and sharing of information.

- The staff assessed a client's capacity to understand information at assessment and following appointments. If a client presented heavily under the influence of drugs or alcohol and was unable to understand and retain information, staff would book another appointment for the client.

- The staff described their understanding of mental capacity, how mental capacity fluctuated with the client group and what they did to support clients.

- The Mental Capacity Act 2005 is not applicable to children under the age of 16. Gillick competence and Fraser guidelines, which balance children's rights and wishes with the responsibility to keep children safe from harm, should be used for those under 16. Staff in the young person's team showed an understanding of Gillick competence and Fraser guidelines.

# Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

## Are substance misuse services safe?

People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse.

### Our findings

#### Safe and clean environment

- During opening hours, visitors and clients had open access to the reception area. On arrival, visitors completed the 'signing in' book. Reception staff recorded on a daily log the names or initials of the clients who accessed the service, to protect their confidentiality. This allowed staff to monitor who was in the building at all times. The service used peer mentors to greet clients and make them feel welcome.
- Staff carried personal alarms to use in the event of an emergency or if they felt at risk of violence or aggression from clients.
- The clinic room was visibly clean, well ordered, clutter free and was well equipped to carry out physical examinations. There were hand-washing facilities in the room and hand-washing posters were displayed.
- Emergency drugs such as naloxone and adrenaline, used for severe allergic reactions, were kept in a locked cupboard and were in date. Naloxone is a medicine used to counter an overdose. Stocks of vaccines, urine testing kits, and oral swabs were in date. Staff were able to refer to and access up to date policies and procedures when in the clinic rooms.
- The fridge for storing medication was in blood borne virus clinic room. The fridge was kept locked at all times and accessed only by relevant staff. Staff checked and recorded the fridge temperature daily. The checks showed the fridge

was operating effectively to keep stored medication at the required temperature of between two and eight degrees. It is important to keep drugs stored at the correct temperature for them to remain effective.

- The cleaning contract was with an external company. The cleaner said she completed a rota highlighting when she had cleaned. However, we were unable to see the rota, as the contracts manager had taken it away recently and not returned it. Staff could not find the key for the cleaning cupboard. The service was satisfied daily cleaning of the premises took place.
- The reception area was clean, well ventilated, and airy, with comfortable chairs, and overseen by the reception staff. However, the carpet had stains in places and the area in front of the water dispenser was damp.
- All doors leading to staff only areas were clearly marked as staff only and had keypad entrance systems to prevent access by clients. Client records were stored in staff only areas and staff had a secure place to store their personal belongings.
- The car park and entrance to the external boiler room situated at the end of the car park had a lot of litter in the area. The fire exit, next to the administration room, had rubbish on the floor including pen tops, allen key, games and poles. The staff kitchen on first floor had dirty cupboards and the contents were untidy.
- There were old empty filing cabinets in the urinal due to lack of storage space.
- The staff only kitchen area contained filing cabinets that stored client information. The cabinets were locked, but accessible to staff.

# Substance misuse services

- There were holes in some ceilings where the service had installed new lighting and the entrance to the fire exit just off the main staff base had wall paint that was peeling. The service had recently had a new heating system installed that had damaged parts of the paintwork.
- The service had up to date health and safety assessments, fire risk assessments, and a fire extinguisher certificate of maintenance for the six extinguishers. We saw the service records of fire drills regularly undertaken and an external contractor had tested 300 portable appliances in the last year. The service had records of monthly collections of hazardous waste and the service completed a legionella risk assessment in March 2016.
- The service had an asbestos survey completed in January 2016, which reported no evidence of asbestos in the building. However, traces of residue particles were identified in the boiler room. The boiler room was situated away from the main building and displayed a small sticker on the external door that identified the presences of asbestos. The stickers should be replaced with clearer signage. Only external contractors had access to the boiler room.
- Guidance posters for safe hand washing were displayed in all toilets. Some wall mounted hand gel dispensers were empty required removing, as non-alcohol gels had been introduced and new dispensers fitted. Disposable gloves were available for staff who handled urine sample containers.
- Medical equipment, including blood pressure monitors and alcohol meters, were calibrated in line with the manufactures recommendations. Those waiting calibration were removed from use.
- Five first aid boxes were available on the premises, four of the boxes had checks recorded in the last month that identified missing stock, records show the items had been reordered. One first aid box no record of being checked. Spillage kits were available to clean up spillages if required.
- The needle exchange programme was well stocked and the supplies were in date. Clients could choose from a selection of harm reduction items such as sterile water ampules, syringes, needles and personal sharps containers. The client could safely dispose of used needles in the sharps bins provided. The sharps bins in the needle

exchange room were not overfilled, dated correctly and effectively sealed when full. The duty worker provided single injecting equipment to clients who attended when the needle exchange programme was closed.

- The service had an effective clinical waste collection and disposal contract with an external agency.

## **Safe staffing.**

- One team leader, two senior practitioner, nine substance misuse workers, three recovery workers, three criminal justice workers, a prescribing administrator and receptionist staffed the service. The Swanswell countywide recovery and engagement team and the clinical team provided support to the Worcester team by delivering family support, young person services, assertive community engagement, peer mentoring and volunteer coordination, clinical services. A regional director, service manager and an assistant service manager managed the delivery of the services across Worcestershire.
- Staff sickness and turnover was low in the service but turnover had been high in the countywide administration team, which supported the Worcester service. For the 12 months, leading up to the inspection the service reported seven of the nine (77.7%) administrators had left the role.
- Data sent to us by the service showed staffing levels were sufficient to allow substance misuse workers to have caseloads between 41 and 55. Staff felt these were manageable caseloads. However, staff raised concerns that the introduction of a new staffing structure would result in higher caseloads.
- There was a morning meeting of all staff to discuss issues for the day including unplanned sickness to cover appointments, emerging risks for clients including arrests, reports of violence and incidents from the previous day.
- The morning meeting decided how the staffing levels could meet the activities, with priority given to planned appointments, scheduled groups, safeguarding meetings and criminal justice cover. The service manager confirmed this had resulted in the drop in facility and needle exchange programme not opening on some days. Instead, the duty worker would deal with needle exchange clients and clients dropping in to the service. The service had not used agency staff in the 12 months prior to the inspection.
- We reviewed 11 personal files. All staff had disclosing and barring service checks before employment started. The

# Substance misuse services

service had a system in place to identify when they required renewing and the files contained updated checks. Human resources followed up staff references pending offers of employment.

- The provider had an expectation that 80% of staff should be in date with their mandatory training. The service had mandatory training modules in equality and diversity, infection prevention and control, safeguarding adults and children plus safeguarding information. The average mandatory training rate for staff was 71%.
- All staff, including recovery champions and volunteers, had an induction to the service. The full induction programme took place over 12 weeks and included role specific shadowing. The induction included specialist substance misuse learning, safeguarding and information governance.
- The service had 11 volunteers who helped with administration, reception, and group work. Volunteers received an induction and training including reference and security checks. Volunteers were from a range of backgrounds including ex-clients and people wanting work experience.
- All staff received training in the supply and administration of Naloxone, the emergency opiate overdose antidote.

## **Assessing and managing risk to clients and staff.**

- Staff began identifying risks at the initial point of referral; a red, amber and green rating system was used to identify high priority clients, who would be offered an appointment within 48 hours of referral. Staff completed a full risk assessment at the first assessment appointment. Assessments included an exploration of the client's history of substance misuse, risk, and safeguarding children and adults concerns. There was evidence of contact with other agencies such as probation, for additional risk information.
- We examined 10 client files and found that all contained initial risk assessments. Nine had a full risk assessment and risk management plan. One client was new to treatment so only had the initial risk assessment completed. We spoke to staff and they demonstrated they were knowledgeable and thorough, they explained how they assessed a client's needs at the start of the treatment journey and at the client's three monthly reviews or in light of significant client events.

- Risk assessments were stored on an electronic recording system. The assessments we reviewed showed inconsistencies in the recording and updating of risk assessments. Only three clients' full risk assessments were very detailed, covering full ranges of risks and had management plans addressing the management of the identified risks. The risk assessments for six clients identified risks in the initial plan but these were not evident in the full risk assessment. In addition, case notes recorded new risks emerging for clients, which were not updated on the risk assessments.

- The staff explained how they managed risks between clients who used the service. They arranged to see clients away from the premises or offered appointments on different days.

- The electronic recording system alerted managers and staff when risk management plans, care plans and treatment outcome profiles were due for review with clients. Staff and managers told us they found this helpful as it allowed them to plan appointments.

- Files indicated that staff were open and transparent with clients about the risks they identified and included these in the client recovery plan.

- Staff could regularly discuss safeguarding cases in supervision, case management reviews, team meetings or when needed with team leaders and senior practitioners. The service had a complex case review meeting every two weeks, attended by the service manager, clinical lead, team leader, senior practitioner. The meeting allowed staff the opportunity to attend and discuss complex cases and produce an action plan to address the concerns raised.

- Staff gave examples of when and how they made safeguarding referrals, how they worked with other agencies in promoting safeguarding. At the time of the inspection, the service reported working with 19 children safeguarding cases and one vulnerable adult with safeguarding concerns. The assistant service manager is the named safeguarding lead for the service.

- The risk assessments we reviewed did not include a plan for dealing with the possibility a client may disengage from the service, either temporarily or permanently. Staff said they followed the provider 'did not attend policy' instead. Senior practitioners and team leaders said the risk assessment should include how to re-engage a client.

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- Staff said they would leave messages for clients with the dispensing pharmacies to remind the client of appointments and the pharmacist would contact the service if the client failed to attend to pick up medication.
- If the risk assessment or new information came to light that identified the client was at risk of harm, the service would contact the police to undertake a safe and well visit.
- When clients failed to pick up medication the prescribing doctor could agree to the suspension of the prescription until contact with the service was re-established.
- The service did not provide specific facilities for clients with children within the building. This was because the environment and content of discussion was not appropriate for children. The service offered appointments to clients within school hours, or staff could undertake home visits if required, or arrange appointments at other venues.
- There was a clear policy on assessing risks where clients had children or frequent contact with children and vulnerable people. This included the client attending the pharmacist daily to take substitute medication, under the supervision of the pharmacist or the issue of free safe storage boxes to store medicines at home. The client and worker co-signed agreements on the acceptance and proper use of such storage.
- The service had a lone working policy. Staff understood the policy and knew where to find it. The staff we spoke with described the process they followed when seeing clients at other venues including clients' homes, which was in line with the policy.
- The service managed and stored prescriptions safely and securely. They had a dedicated trained administrator who coordinated and produced batches of prescriptions, using a computer-generated programme, in readiness for the doctor to sign. All prescription numbers were recorded against the client's details. The service had a secure system in place to track the prescription sent to the pharmacist. On receipt of the prescriptions, the pharmacy was able to cross check all prescriptions received against a tracking log provided by the service, sign the log, and return to the service by fax.
- Four clients said the service offered 'one hit kits' containing injecting equipment when the needle exchange programme was closed. However, they raised concerns that

ampoules of sterile water were not supplied in the needle exchange or with the kits. They said they had used water from public toilets and a local canal. Giving sterile water ampoules with injecting equipment is good practice as it reduces infection but is not a mandatory requirement. The service manager clarified that ampoules are available in the needle exchange but not with the one hit kits, as they are not designed to contain the ampoules. They also confirmed that the duty worker could access the needle exchange room to access water ampoules, when required.

## Track record on safety.

- The service had recorded five deaths of clients using the service between January and June 2016. All incidents recorded on their electronic incident reporting database were reported to Swanswell head office. However, the provider only notified Care Quality Commission of deaths that directly related to service provision. Changes in reporting all deaths to the Care Quality Commission started on the 1 July 2016. There have been no deaths since the change.
- Doctors and the non-medical prescriber reviewed progress of clients on substitute prescriptions every 12 weeks. The service identified 107 clients who had not been reviewed within the 12 weeks. The provider attributed the overdue medical reviews to service user non attendance and shared care workers not adding medical reviews to the electronic records system. The team leaders managed this by producing a report to identify overdue medical reviews to discuss with the workers. The service manager and clinical lead increased frequency of client appointments with the workers, who would raise any concerns about the client to the clinical lead. The workers liaised with the pharmacist to make sure the client was picking up their prescription regularly. This process mitigated the risk to clients and the organisation had identified and recorded the lack of non-medical prescribers on their risk register.

## Reporting incidents and learning from when things go wrong.

- Staff we spoke to described how to report incidents and what incidents to report. We saw evidence of appropriate incident reporting such as prescribing errors, violence and aggression and deaths.
- The service had recently introduced an electronic database to record incidents. All staff had received training

# Substance misuse services

on how to use the system and all had access to it. This had resulted in increased reporting of incidents as staff said it was much easier and quicker to use than the previous paper based system.

- Team leaders had the autonomy to deal with low to moderate reported incidents at a local level. The service manager reviewed all incidents at the end of each month. The provider had an escalation procedure in place if the incident was of a more serious nature.
- The care quality team used a 'root cause analysis tool' to review incidents and made recommendations, set action plans and amended policies and procedures. The clinical implementation group at provider level would review the most serious incidents to ensure the actions taken were appropriate and comprehensive.
- Staff reported they discussed lessons learned in monthly team meetings and in supervision. Staff also commented that they received feedback from incidents from the care quality team who would discuss lessons learned with them on a one to one basis. They said this was extremely helpful as it looked at the findings of the root cause analysis, delivered in a non-judgemental way that allowed staff to explore and improve their practice. Also all employees received a quarterly lessons learned bulletin by email. Staff said they also discussed the learning from incidents during reflective practice sessions.
- Staff said they received debriefs after incidents from team leaders or senior practitioners. They reported this as being helpful and they felt support from team members. The service provided an independent employee support scheme accessible to all staff who felt they would benefit from it.

## Duty of candour.

- The service was open with clients and reported incidents on a monthly basis to commissioners. Staff understood the need for open and transparent discussions with clients especially concerning risk, safeguarding and if something went wrong.

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

## Our findings

## Assessment of needs and planning of care (including assessment of physical and mental health needs and existence of referral pathways)

- We examined 10 clients electronic case records, which showed each client had comprehensive assessments completed at the beginning of treatment. There was assessment of psychological, physical and social needs plus information on safeguarding concerns and offending history. Only four clients of the nine who reported alcohol use had completed an Alcohol Use Disorders Identification Test. This is a tool to measure consumption, behaviour and problematic drinking levels and identify the type of treatment required. Blood borne virus testing was offered to the eight clients who were assessed as requiring it.
- The service kept records electronically and had paper files to store signed consent and confidentiality waivers. Staff recorded information of appointments attended, home visits or other contacts in the clients' electronic case notes. The service used these notes to update the recovery plans and risk assessments and to inform the medics of progress between appointments.
- Four of the recovery plans involved the client and were holistic, goal oriented and considered client protective factors and strengths such as family support. However, five recovery plans were limited in detail, had generic goals, which were not recovery focussed. We could not see from the electronic files that clients had received copies of their recovery plan, in line with National Institute for Health and Care Excellence guidance.
- The case notes reviewed did not detail what psychosocial interventions clients received to address and support them to make changes to meet recovery goals and address their substance misuse. This meant that the service could not demonstrate effective evidence based treatment being delivered in accordance with National Institute for Health and Care Excellence guidance 'Drug misuser in over 16's: psychosocial interventions GC51'.
- Electronic client records were stored securely on a password protected website case note recording system, which was accessible at any location that had internet connection. Paper records were stored in alphabetical order in lockable filing cabinets.

## Best practice in treatment and care.

# Substance misuse services

- Doctors, the non medical prescriber and the detoxification nurse followed National Institute for Health and Care Excellence guidance including “Methadone and buprenorphine for the management of opioid dependence” 2007. The clinical lead said they also followed the Drug Misuse and Dependence: UK guidelines on Clinical Management.
  - The service had a nurse available to them from the countywide clinical team who supervised and supported clients with community detoxification programmes. The client received an assessment, which included considering avenues of support available to them whilst being detoxed. The service reported 18 home detoxifications (eight alcohol and 10 drug) in the 12 months up until August 2016.
  - The service held a budget to provide inpatient detoxification and residential rehabilitation places. In the period up to August 2016 the service spot purchased five inpatient detoxifications for clients (one drug and four alcohol) and two inpatient detoxification and residential rehabilitation placement in the same period (one drug and one alcohol). This demonstrated the service offered a choice of treatments to meet clients’ need.
  - Staff supported the clients to access their own GPs to address physical health needs and full health checks including blood tests, prior to prescribing. The nurses completed basic health checks including blood pressure monitoring, height and weight checks at the service.
  - The service has recently become responsible for the Worcestershire blood borne virus testing hepatitis and HIV, and immunisation for hepatitis B. The service employed a blood borne virus nurse (whole time equivalent 0.8) who worked across the Swanswell services and had trained all staff to undertake blood borne virus testing, which resulted in an increased number of clients being tested and immunised. Records provided showed that over 400 dry blood spot tests completed since May 2016. The service’s blood borne virus nurse attends the blood borne virus leads forum in the West Midlands, which had resulted in links built with the local acute hospital infection diseases consultant, to coordinate viral hepatitis treatment for clients of the service.
  - The service offered a number of ways to support clients including peer support, one to one support and group work. Groups for criminal justice clients were specific to addressing substance misuse linked to offending. Criminal justice clients could be attending the service as part of a court order. Mutual aid groups offered included Alcohol Anonymous, Narcotics Anonymous, Cocaine Anonymous and Self-Management And Recovery Training recovery. The groups were held on and off site and peer led. Mutual aid participation groups are effective in increasing successful outcomes as they provide additional support for the clients and accessible outside core hours.
  - The service worked with criminal justice agencies and had coverage in the police station to engage with offenders who tested positive for drugs on arrest and alcohol users who have committed offences. This resulted in an increased number of offenders accessing treatment voluntarily or through court orders.
  - The service used the support workers to support clients to find employment and helped them with housing and benefit issues, including accompanying the clients to appointments.
  - The service worked with local GPs to develop shared care services; eight practices joined the scheme and two practices, not shared care practices, provided rooms where workers saw clients. In total, the service had 151 clients in shared care. Shared care supports clients to normalise treatment in their local community, and is generally for clients who are more stable or who have less complex support needs, as they are not required to attend specialist treatment services for treatment and support.
  - The process followed by the prescription administrator in storing, printing, and tracking prescriptions was safe and followed policy and procedure. The doctors and non-medical prescribers trusted the process and the clinical lead reported he had faith in the batch prescribing system, as they could check prescriptions against the care plan before signing.
  - The team leaders and senior practitioners audited caseloads. The care quality team undertook audits for the service.
- Skilled staff to deliver care.**
- The staff team included a team leader, substance misuse workers, recovery workers, criminal justice workers, administrators, volunteers, and peer mentors based at the

# Substance misuse services

office. The countywide clinical team deliver prescribing clinics across all sites and the countywide recovery and engage teams, including a young person's service and a family service delivered specialist interventions.

- The provider had identified role specific mandatory training new starters should complete within the first 12 weeks in the role.
- Not all staff had completed role specific mandatory training such as psychosocial interventions including motivational interviewing, brief intervention and solution focused therapy, care planning, case note recording, and health and harm reduction. The managers we spoke to said that the service might benefit from clearer monitoring of mandatory training.
- The training records showed nurses completed yearly training covering anaphylaxis, resuscitation, immunisation, and vaccination in accordance with Health Protection Associate minimum standards for immunisation training.
- Doctors had completed the Royal College of General Practitioners' Certificate in the Management of Drug Misuse and revalidation was in date. The General Medical Council requires all licensed doctors to demonstrate on a regular basis that their practice is up to date and they are fit to practice in their chosen field.
- The GPs who are part of the shared care scheme have completed the Royal College of General Practitioners (RCGP) part 1 in the management of drugs and the RCGP part 1 in the management of alcohol. The GPs received supervision and support from the clinical lead.
- Staff were able to access external training that was specific to their role for example on gang culture, child exploitation and family interventions. Are services effective?
- The provider had a talent development policy to encourage staff career development. The staff we spoke with agreed they had opportunities to progress through the service including gaining promotion within the team.
- Records provided by the services showed staff received supervision every four to six weeks, monthly case management reviews, and yearly performance appraisals. The clinical lead provided four-six weekly supervision to doctors and the non-medical prescriber and they all attended a quarterly prescribing meetings. The clinical lead received support from the medical director.

• In line with the Swanswell policy, managers had access to the human resources department and their own managers when they dealt with staff sickness and absence plus performance issues. Supervision notes addressed sickness and performance issues at a local level before escalation to a formal process. The service was able to act promptly in disciplinary issues. Two members of staff had been dismissed in the five months leading up to the inspection. The relevant policies had been followed and the appropriate bodies had been informed.

## **Multidisciplinary and inter-agency team work.**

- The multidisciplinary team worked effectively together and staff recognised the value of the complex case reviews attended by a number of disciplines to discuss individual cases on the best options to support a client move forward safely.
- Staff reported supporting each other with complex case issues, this included contacting the clinical lead, who was available to staff for telephone and face-to-face discussions.
- Worcestershire does not have a dual diagnosis service. Dual diagnosis is the term used for clients who have a diagnosed mental health problem and misuse drugs and/or alcohol. This has resulted in service developing relationships with the local NHS community mental health crisis team.
- To improve joint working with NHS mental health services the service had developed an information sharing protocol with Worcestershire Health and Care NHS Trust, which came into effect in May 2016.
- The team worked with external statutory and non statutory agencies. The case notes showed positive multi agency working with criminal justice, local safeguarding, social services and local charities including those supporting the homeless. The case notes showed regular correspondence with others involved in the clients' care, including GP and pharmacy services and records of staff attending multi-agency meetings.
- The service provided training and education to other agencies and professionals working with clients with substance misuse issues, including police and probation staff, magistrates, care homes, hostels workers, pharmacists and children centre staff.

# Substance misuse services

- The alcohol liaison nurses from the local NHS acute hospital and the service had developed referral pathways to identify and refer young people and adults to the service for engagement and follow up.
- The service displayed information on domestic abuse in the waiting room and signposted clients to specialist support.
- A nominated lead attended a multi-agency risk assessment conference regularly and fed back to staff on matters discussed about their clients. The member of staff had left at the time of our inspection and a replacement had not been appointed.
- The service was part of the family front door service that brought together previous functions of children's social care access centre and the early help hub. This worked alongside other key agencies and professionals. Staff were able to refer concerns about children and their families via a web based system or by phone if the matter was urgent.
- The young person service seconded workers to the Youth Offending Service to enhance the multi-agency working between the two services. This allowed for a holistic approach to working with the young person to address their needs.

## Good practice in applying the MCA.

- At the time of the inspection, just fewer than 60% of staff based in Worcester had completed the mandatory e-learning training in the Mental Capacity Act 2005. However, all the staff we spoke to were able to explain what they would do if a client presented to the service in a way that rendered them temporarily unable to make safe decisions. For example, clients presenting under the influence of substances, or if a client had mental health issues or learning difficulties.
- The Mental Capacity Act 2005 is not applicable to children under the age of 16. Instead, the service used Gillick competence and Fraser guidelines, to balance children's rights and wishes with the responsibility to keep children safe from harm. Staff in the young person's team showed an understanding of Gillick competence and Fraser guidelines and stated they would talk to the child and adolescents mental health team if they were concerned

about a child's capacity to make a decision about support. Staff from the young person team said if the young person gave consent, they would share information with family members.

- The 10 care records we reviewed all contained confidentiality agreements, consent to treatment and to sharing information. These were reviewed every 12 weeks, as a minimum, and coincided with the review of recovery plans and risk assessments.

## Equality and human rights.

- The provider demonstrated effectiveness in providing equal access to clients through national accreditation schemes. They hold the following awards; Investors in People bronze standard, Leaders in Diversity, Stonewall Diversity Champion and Positive about Disabled People.
- The service worked within the Equality Act 2010. All staff received training in equality and diversity as a mandatory item during the induction process.
- The service did not discriminate against clients based on people at risk of domestic abuse and young people at risk of sexual exploitation.
- The service was accessible to people from all communities and were able to deliver group work for those seeking support from Eastern European communities. They had a member of staff who spoke five Eastern European languages to further support accessibility.
- The reception area contained useful information on support groups and leaflets in a range of languages.
- The service supported people with disabilities and had criteria for fast tracking certain clients into the service, including pregnant women and criminal justice clients on release from prison.

## Management of transition arrangements, referral, and discharge.

- Staff managed transition arrangements between young people's services and adult services well, as the provider delivers both services. The young persons and adult services liaised with each other to ensure the packages of care were maintained at the point of transfer. We saw evidence of young people reaching 18 years old, whose needs were better addressed in the young person service. These individuals remained on the young person service caseload until discharge or they reached the age of 21.

# Substance misuse services

- The service had developed strong working partnerships with the probation and police services that enabled good communication and access to treatment appropriate to the needs of the client. This included assessment and suitability for substance specific court orders and three way meetings with the client during and at the end of the order.
- Staff prioritised the arrangements to support prisoners who needed substitute prescribing prior to and on release from prison. The service assessed them in prison, offered harm minimisation information, including overdose awareness and naloxone training, prior to release. This was aimed at reducing the likelihood them resuming substance misuse and returning to offending.
- The service worked well with the local mutual aid partnership, which included facilitating groups at the service.
- The service had a 'did not attend' policy so clients knew what would happen if they missed appointments. Clients' records contained letters sent to clients after they did not attend appointments and prior to discharge. However, records we reviewed did not contain re-engagement plans for clients. The 'did not attend policy' was in line with the National Institute for Health and Care Excellence guidance on re-engagement.

## Are substance misuse services caring?

### Kindness, dignity, respect and support.

- We observed staff interacting with clients in the reception area and when speaking to them on the telephone. Staff showed concern about the clients' recovery and wellbeing. Staff showed patience and kindness when speaking with clients.
- We observed clients, a member of staff and a peer mentor during a drop-in session. The peer mentor and worker listened to what clients were saying and responded appropriately. The clients had the opportunity to talk about what was important to them and the peer mentor and staff member responded with kindness, dignity and respect.
- Clients told us staff treated them with dignity and respect and were caring in their attitude. Clients told us they felt valued, were treated well and staff did not judge them.
- Some clients we spoke with had mixed responses about the service provided. Six voiced concerns that their

prescription had been either stopped or reduced without notification from the service. Of these six, three said they had a seven-week wait for a doctor's appointment to restart their prescription and one had to show their motivation by attending appointments with their worker before a doctor's appointment would be booked. The service explained if a client failed to pick up their medication from the pharmacist on three consecutive occasions, the prescription was stopped to keep the client safe from the risk of overdose. The client would be reassessed by their worker and motivation assessed to continue on a substitute medication programme. Clients not demonstrating motivation to continue on the programme would have additional appointments with the worker before being offered an appointment with the doctor. The provider confirmed they had never had or currently had a seven week waiting list for a prescribing appointment.

- Other clients we spoke with and received comments from were positive about the support they received from their worker. Two clients said initially they had concerns about attending groups, the worker and peer mentors were able to reassure and supported them to attend.
- The clients said group work had a positive outcome on them understanding the changes they had to make to address their substance misuse and reach their goals.
- We observed staff taking clients in to interview rooms for one to one sessions to give their clients' privacy and confidentiality. However, in some rooms the soundproofing was limited, which did not give total confidentiality or promote the privacy and dignity of clients using them, as those outside could hear muffled conversations and at times parts of conversations.

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

- Clients told us they were engaged in developing their recovery plans and staff took time to explain the care and treatment they were receiving. Clients were offered choice in their treatment options and understood the importance of attending appointments.
- We could not see from the electronic case note system if workers routinely offered clients a copy of their recovery plan and the clients we spoke with could not confirm this had happened. One client we spoke with knew what was in

# Substance misuse services

their recovery plan and the others were not sure. Clients confirmed to us they did not want a copy of the document but if they did, they were positive the service would give them a copy.

- The recovery plans we reviewed were not of a consistent standard, some were holistic and very detailed, with recovery goals clearly identified, while others did not contain the essential information needed to engage a client with their recovery journey.
- The service offered a separate family service to support families and carers, who received one to one support from a different worker to the one supporting the client. The client had the choice to include family members in their treatment.
- There was a local advocacy service available if clients needed to use it. The service was not specific to substance misusers, as it covered all aspects of care across Worcestershire.
- The service had a comments and suggestions box in the waiting room and encouraged clients to use it.
- Prior to the start of the contract, Swanswell consulted with clients to gain their views on what they wanted from the new service. The consultation resulted in sites being located across the county, increased shared care practices and a range of treatment options offered. The service has scheduled a further client survey during September and October 2016.

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

## Our findings

### Access and discharge.

- Referrals for the service came from other organisations such as local voluntary sector groups, prison, the probation service, social services, GPs, community mental health teams, education services, and acute hospital accident and emergency department. Clients and families could also refer themselves.
- The service did not have waiting lists and a duty worker would see clients who attended the service unannounced.

The duty worker would complete an initial assessment and the team leader allocated a worker, who was responsible for completing a comprehensive assessment with the client and provide the on going treatment.

- The service assessed all clients within the three-week national target set by Public Health England.
- During opening hours a duty worker provided advice and support to clients who 'dropped in' and answered telephone queries.
- Clients who used the drop in facility said they valued the support staff and peer mentors gave them. They also valued the snacks and drinks available.
- We observed the receptionist and duty worker respond quickly to two clients who entered the building during the day and were visibly distressed. The clients were seen within a minute of entering the building and were taken to interview rooms to offer them privacy.
- The service did not impose time limits on the length of time clients were in treatment. The clients were encouraged to develop their care plans to improve their treatment outcomes. The service were proactive in supporting clients with complex needs to work towards long term treatment goals.
- The service had a clear policy to follow when clients did not attend appointments. Workers used a variety of methods to re-engage clients including telephoning or texting the client and sending letters. They would also contact partner agencies including probation, GPs and the dispensing pharmacy.
- The provider had a website detailing all the services they offered, the location of the service, including directions and opening times. The website provided useful information and links for clients, their families and potential clients.
- The service was open until seven pm one night a week to support clients who were at work during the day. The service opened on bank holidays and offered telephone support to clients on Christmas day.
- The service offered 13820 appointments to clients of which 10086 attended and 38 appointments cancelled by the service. The 'did not attend' rate for this service was 27% (3741) in the 12 months up to June 2016. Data provided by the service showed on average clients attended 300 appointments a week.

# Substance misuse services

- There were clear arrangements for the continuation of care, including substitute prescribing, for clients transferred to or released from prison or transferred to or from another service. This aimed to reduce the risk of accidental overdose from illegal substances and reduce reoffending behaviour.

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

- The service was situated a short walk from the city centre, close to car parks and bus stops. Staff, peer mentors and volunteers provided a warm welcome for people coming into the building.
- The clinic room and therapy rooms were comfortable and furnished appropriately. In addition, the clinic room had an examination couch to examine clients, if required.
- There were separate male and female toilets. The toilets displayed signage indicating this. However, some of the toilets areas had old filing cabinets in them and a large clinical waste wheelie bin outside one. The service manager said this was a result of limited space in the building because office equipment was transferred to them from another service that had recently closed and confirmed action to remove the items would be taken.
- In some rooms the soundproofing was limited, which did not promote the privacy and dignity of clients using them, as those outside could hear muffled conversations and at times parts of conversations.
- The waiting area was comfortable, well lit, and provided a large amount of information for clients and their families accessing the service, including information on local organisations and support groups operating in the area, treatments offered and how to make a complaint.
- Clients and visitors had access to a drink from a cold water dispenser in the waiting room.

## **Meeting the needs of all clients.**

- The service was accessible to clients with mobility problems. The ground floor clinic room, waiting room, toilets, interview rooms, needle exchange and group rooms were accessible to people using wheelchairs. The service had interview rooms on the first floor, accessible by a flight of stairs, which able-bodied clients could use.

- Peer mentors led or co-facilitated mutual aid groups. Engaging in mutual aid programmes during and post treatment can improve recovery outcomes for clients, as they offer additional support from peers who have been through the treatment journey.

- Clients' accessed additional support from the service via a drop in facility, which had a separate entrance to the main waiting room. The facility, staffed by a worker and peer mentors, opened everyday between 2pm and 4pm to correspond to the needle exchange programme opening times. The needle exchange programme was within the same area, in another room.

- The drop in facility was in a large room furnished with comfortable settees, chairs and a large coffee table. There was a wide range of information on the walls, which mirrored that on display in the main waiting area. The facility provided a kitchen area with a microwave, toaster, fridge, dishwasher and work space for clients to use. The service provided hot and cold drinks, milk, cereal and bread for clients to make themselves snacks. This was provided free of charge and the clients we spoke with valued the facility, especially the homeless.

- Staff knew how to access interpreters and sign language services when required and the service had translated leaflets into Polish. Eastern European communities had a high presence in Worcestershire and the service provided specific group work sessions to meet their needs. A worker who spoke five different Eastern European languages ran the groups. The provider website allowed the translation of information in to a range of languages for those who required it.

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

- The service reported one complaint in the previous 12 months, which had been investigated at the time of the inspection. The service manager confirmed the service followed the complaints policy and the provider took all complaints and concerns seriously.
- Clients told us they knew how to make a complaint if they were unhappy with the service. However, three of the clients said they would not complain, as they feared they would lose their prescription. Two others we spoke with said they felt able to raise issues themselves with their worker and the staff would support them, if needed.

# Substance misuse services

- The staff we spoke with were able to describe the process they followed if someone made a complaint. They said the majority of complaints were dealt with immediately, they said if this was not possible it would be escalated to a senior practitioner or team leader.
- The provider governance structure included a care quality team and a clinical implementation group who investigated, reviewed and reported on complaints. Information was collated and lessons learnt for distribution amongst local services. Staff were confident they would receive the outcome of the investigation of a complaint and the service would act on the findings.
- Managers and staff gathered client feedback, including client surveys, using the information to improve service delivery.
- The service received regular compliments from clients and at the time of the inspection, we saw a range of thank you cards from clients displayed in the staff office.
- The service had an induction process for all new starters, including mandatory training to be completed within 12 weeks of their start date. A role specific mandatory training matrix was in place and training records showed when staff had completed this training.
- In line with policy, staff received regular supervision and an annual appraisal, which were documented and held securely on the electronic system.
- Case management reviews allowed staff and managers to identify areas of good practice and areas requiring improvement. Areas reviewed included identifying when clients were last seen, risk assessments and recovery plans review dates, safeguarding, and outcomes. It also gave opportunities for staff to discuss client progress or blockages in their treatment journey.
- We reviewed 11 personnel files and found them to be an effective record of recruitment, references, sickness monitoring, disclosing and barring checks, performance management and disciplinary processes. The files also contained evidence of adjustments made for staff with disabilities and encouragement to apply for internal promotion and career progression.
- The service had a robust overarching governance structure set down by the wider Swanswell organisation. The care quality team and the clinical implementation group regularly reviewed and updated policies and procedures. These were in line with national guidelines, clinical practice and internal learning.
- The care quality team reviewed incidents, complaints and safeguarding concerns. The team collated the information for distribution across the services. Any lessons learned were circulated across the organisation using a range of communications including quarterly lessons learned bulletins, leadership and local team meetings, and the individuals received one to one sessions from the clinical implementation team. Staff reported on receipt of new policies; they had to read them and a record was made of this in the supervision notes.
- The care quality team undertook audits including recent audits on shared care and case files and reported them at local level and through the governance structure to board members.

## Are substance misuse services well-led?

### Our findings

#### Vision and values.

- Swanswell's vision is to achieve a society free from problem alcohol and drug use and the values they had to underpin the vision were to be positive, collaborative, innovative, clear, trustworthy and holistic.
- Staff understood the organisation's vision and values and staff we spoke to were passionate about their roles and demonstrated their commitment to them in their engagement with clients.
- Staff showed a genuine commitment to supporting their clients throughout their recovery journey and understood how the team objectives reflected the organisations.
- The service was committed to supporting clients in their recovery and offered them opportunities to become peer mentors and volunteers.
- Staff reported they felt part of a strong team and received support from peers. They had high praise for the registered manager and the local senior management team, who visited regularly.

#### Good governance.

# Substance misuse services

- Managers and staff were positive about audits completed by the care quality team and local safeguarding board, as they saw it as an opportunity to benchmark the service against national standards and improve quality of the service they provided.
- The service held a payment by results contract with its commissioners. This meant performance was measured in terms of key performance indicators linked to the main client groups (alcohol, opiates and non-opiates), and whether clients came back into the service or successfully met their recovery goals.
- The service provided monthly data to the National Drug Treatment Monitoring System used to produce Public Health England national Diagnostic Outcome Monitoring Executive Summary. The Diagnostic Outcome Monitoring Executive Summary showed key performance indicators for services against with similar demographics.
- The local authority and Public Health England met quarterly with the regional director and service manager to review progress against the contractual obligations including performance and finance. The service provided us with the minutes from the meetings, which highlighted the challenges faced by the provider at the start of the contract and the progress they had made to overcome the challenges.
- The regional director had control of their financial budgets and recruitment, which meant they had the level of autonomy necessary to run the service.
- Staff had the ability to submit items to the local and organisational risk register through team meetings, supervision and team leaders.

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

- A local staff survey had not been completed in the last 12 months.
- The service reported sickness levels for the Worcester team for May 2016 was 0.6%. Six staff of the 14 staff reported the monitoring of sickness absence was punitive and not supportive of individuals with health issues.
- There were no reported incidents of harassment or bullying within the service in the previous 12 months. However, two staff reported inconsistencies in the way in which the organisation applied policies such as managing performance.
- Staff were aware of the whistle blowing policy and how to report concerns if they needed to, without fear of recrimination. This meant staff felt able to confidently report concerns.
- Staff said they felt able to raise concerns and feedback without fear of victimisation. They had opportunities to give feedback, at structured forums such as team meetings and supervision.
- Team leaders were present in the building and made themselves available to staff during the day of our inspection. The service manager and assistant manager made regular visits to the service, staff reported them being always available and contactable, open and honest, and staff had a high regard for them.
- The Worcestershire service had recently had to undergo a service restructure, with the most impact being on the Worcester site. The staff received notification of the changes on the week of the CQC inspection and staff and management reported this had affected morale. Staff reported that the initial communication of the restructure was effective and the regional director and senior management had handled this well. However, more recently four staff said the communication had not been as effective resulting in some staff becoming negative within the team. Aside from the re-structure, staff reported the morale of the staff was good. The team worked together and helped each other to cover sickness and unplanned annual leave.
- All staff had the minimum qualification to undertake their role or were working towards it. The provider supported team leaders to achieve the Institute for Leadership and Management level five. Institute of Leadership and Management is a nationally recognised management qualification. The provider has a talent development policy that the service has used to provide staff with opportunities to develop in their role or gain promotion within the team.
- Managers were confident all staff received a debriefing when required and staff said they felt supported after incidents not just by the management but from their peers.
- Staff were kept informed of local and national organisational developments by newsletters, emails and in team meetings.

# Substance misuse services

- Staff reported management encouraged feedback on service improvement and they were involved in the development of new practices

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

- The service had started to develop a competency framework for interventions delivered by staff, aligned to

the Drug and Alcohol National Occupational Standards. Staff would be expected to demonstrate their competency to practice in a number of ways including written evidence, describing processes and being shadowed before being 'signed off' as achieving the required standard.

# Outstanding practice and areas for improvement

## Outstanding practice

Start here...

## Areas for improvement

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

Start here...

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

Start here...

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>We found risk assessments and risk management plans were not consistently completed and did not address the risks identified</p> <p>We found plans were not in place for clients if they disengage with treatment.</p> <p>We found staff had not completed and recorded identified mandatory training.</p> <p>Regulation 12 (2(a)(b)(c)</p>

This section is primarily information for the provider

## Enforcement actions

### 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.