

Addaction Hartlepool Specialist Prescribing Service

Quality Report

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

Ratings

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

Overall summary

We rated the service as good because:

- The service provided safe care. The premises where clients were seen were safe and clean. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the clients and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.

Summary of findings

- The teams included or had access to the full range of specialists required to meet the needs of clients under their care. Managers ensured that these staff received training, supervision and appraisal. Staff worked well together as a multidisciplinary team and relevant services outside the organisation.
 - Staff treated clients with compassion and kindness and understood the individual needs of clients. They actively involved clients in decisions and care planning.
 - The service had conducted a client satisfaction survey in June 2019 and the results were very positive. Clients felt the treatment met their needs, were treated in a kind and respectful manner, had trust in their keyworker and would recommend the service to others.
 - The service was easy to access. Staff planned and managed discharge well and had alternative pathways for people whose needs it could not meet.
 - The service was well led, and the governance processes ensured that its procedures ran smoothly.
 - Staff had a good understanding of the Mental Capacity Act and we saw evidence that clients' capacity was assessed and recorded, and clients were referred to local mental health services when required.
 - The service also had its own GP liaison officer who ensured GP surgeries provided information about clients' current physical health status in a timely manner.
 - Staff had recently been provided with training in relation to optimal dosing of substitute medicines.
- However, we found the following issues the service needs to improve:
- Staff caseloads within the service were high. The provider reported that the average caseload per team member was 101 clients.
 - Staff did not formally record lessons learned from investigating complaints for future reference.
 - Staff did not always record voided prescription forms in a timely manner. Records indicated that staff did not always record voided prescription forms on the day they were identified.

Summary of findings

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Good 

Addaction Hartlepool Specialist Prescribing Service

Services we looked at:

Substance misuse services

Summary of this inspection

Background to Addaction Hartlepool Specialist Prescribing Service

Addaction Hartlepool Specialist Prescribing Service (Addaction) provides treatment to men and women over 18 years of age with alcohol or drug dependency and is a nurse-led service. The service delivers treatment in partnership with the local authority as part of the Hartlepool Action and Recovery Team. Addaction provide the clinical interventions including substitute prescribing where appropriate and the local authority are commissioned to provide the assessment, recovery co-ordination, psychosocial interventions and other wraparound support.

The provider is one of the UK's largest specialist treatment charities for drug, alcohol and mental health. It employs over 1,100 people nationally. Addaction deliver initial care planning, risk assessments, recovery planning, prescribing, blood borne virus testing, vaccinations and clinical interventions. The local authority delivers initial care planning for clients that are on their caseloads. Addaction supports a blood borne virus team to deliver weekly hepatitis C groups for clients. Other treatments such as wound care is delivered by primary healthcare.

The provider's income comes from a variety of sources. The majority of their funding is from local government contracts, as Addaction provide services on their behalf. Addaction is also funded through individual donations, trusts such as the Big Lottery Fund, corporate donors and sponsors.

The service has been registered with the Care Quality Commission since April 2014 to provide diagnostic and screening procedures and treatment of disease, disorder and injury. It has a registered manager who is also the contracts manager. The service has been previously

inspected in November 2016 and February 2018 during which we identified the following breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014:

Regulation 9 Person-centred care:

- Care records did not capture sufficient information about clients' care and treatment needs and were not person-centred. Clients were not given copies of their recovery or care plans and there was no evidence in their care records that they had been offered them.

Regulation 12 Safe care and treatment

- Health and safety were compromised. Only 47% of staff had completed their mandatory health and safety training. Risk management plans were not appropriate to mitigate the risks associated with clients. Fire wardens and first aiders were not easily identifiable. Hand sanitiser gels were being used beyond their expiry date and sharps bins were not signed and dated.
- Chairs in the main clinical room where examinations and venepuncture were conducted were covered in a fabric material rather than a wipeable material, which compromised infection control within the service.

Regulation 18 Staffing

- Staff did not have a good understanding of the Mental Capacity Act or apply it in practice.
- Supervision and appraisal were not recorded effectively, and some staff did not receive supervision or appraisal.

We reviewed these breaches during this latest inspection and have reported on our findings accordingly.

Our inspection team

The team that inspected the service comprised a Care Quality Commission inspector, an assistant inspector, a pharmacist inspector and a nurse acting as a specialist advisor to the Care Quality Commission.

Summary of this inspection

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme and to ascertain if the provider had addressed the regulatory breaches identified in previous inspections.

How we carried out this inspection

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

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

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

During the inspection visit, the inspection team:

- looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with seven clients
- observed three consultations with clients

- spoke with the registered manager and the operations manager
- spoke with eight other staff members employed at the service, including two nurses, two non-medical prescribers, three clinical support workers and the clinical lead
- spoke with two consultants who were reviewing the activities carried out by both Addaction and the local authority partner service
- looked at 14 clients' care and treatment records
- looked at five complaints to determine if staff had dealt with them appropriately and used learned lessons from them to improve the service
- looked at the medicines management arrangements within the service

looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with seven clients during our inspection. Six of the clients said that staff treated them in a kind and respectful manner with only one referring to being spoken to in a negative way.

None of the seven clients we spoke with reported that their care and treatment had been cancelled or unnecessarily delayed.

The service had conducted a client feedback survey in June 2019 which 130 clients completed. The responses from clients were encouraging and showed that:

- 128 clients were provided with the care and treatment they wanted
- 125 clients had trust and confidence in their keyworker
- 129 clients felt staff treated them with dignity and respect
- 126 clients would recommend the service to somebody they cared about
- 86 clients rated the service as very good and 39 rated the service as good.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as good because:

- All premises where clients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- The service had enough staff, who knew the clients and received basic training to keep them safe from avoidable harm.
- Staff assessed and managed risks to clients and themselves well. They responded promptly to sudden deterioration in clients' physical and mental health. Staff made clients aware of harm minimisation and the risks of continued substance misuse. Safety planning was an integral part of recovery plans.
- Staff understood how to protect clients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- Staff kept detailed records of clients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medicines on each client's physical health.
- The service had a good track record on safety. The service managed client safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave clients honest information and suitable support.

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

- Staff caseloads within the service were high. The provider reported that the average caseload per team member was 101 clients.
- Staff did not always record voided prescription forms in a timely manner. Records indicated that staff did not always record voided prescription forms on the day they were identified.

Good



Are services effective?

We rated effective as good because:

Good



Summary of this inspection

- Staff completed comprehensive assessments with clients on accessing the service. They worked with clients to develop individual care plans and updated them as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-orientated.
- Staff provided a range of care and treatment interventions suitable for the client group and consistent with national guidance on best practice. They ensured that clients had good access to physical healthcare and supported clients to live healthier lives.
- Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit and quality improvement initiatives.
- The teams included or had access to the full range of specialists required to meet the needs of clients under their care. Managers made sure that staff had the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.
- Staff from different disciplines worked together as a team to benefit clients. They supported each other to make sure clients had no gaps in their care. The team had effective working relationships with other relevant teams both within and outside the organisation.
- Staff supported clients to manage their own care and treatment. They understood the provider's policy on the Mental Capacity Act 2015 and knew what to do if a client's capacity to make decisions about their care might be impaired.

Are services caring?

We rated caring as good because:

- Staff treated clients with compassion and kindness. They understood the individual needs of clients and supported clients to understand and manage their care and treatment.
- Staff involved clients in care planning and ensured that clients had easy access to additional support.
- The service had recently conducted a client satisfaction survey in June 2019 and the results were very positive. Clients felt the treatment met their needs, were treated in a kind and respectful manner, had trust in their keyworker and would recommend the service to others.
- Staff said they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards clients without fear of reprisals.

Good



Summary of this inspection

Are services responsive?

We rated responsive as good because:

- The service was easy to access. Staff planned and managed discharge well. The service had alternative care pathways and referral systems for people whose needs it could not meet.
- The design, layout, and furnishings of treatment rooms supported clients' treatment, privacy and dignity.
- The service met the needs of all clients, including those with a protected characteristic or with communication support needs.
- The service treated concerns and complaints seriously.

However, we found the following issue the service needs to improve:

- Staff did not formally record lessons learned from investigating complaints for future reference.

Good



Are services well-led?

We rated well-led as good because:

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for clients and staff.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.
- Our findings from the other key questions demonstrated that in the main, governance processes operated effectively, and performance was managed well.
- Teams had access to the information they needed to provide safe and effective care and used that information to good effect.
- Staff collected and analysed data about outcomes and performance.

Good



Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

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

Staff routinely assessed and recorded clients' mental capacity. When there were concerns about a client's capacity, staff arranged for the client to have access to an independent mental capacity advocate and referred them to local mental health services.

Staffs' knowledge and awareness of the Act had significantly improved since our last inspection in February 2018. Staff gave examples to demonstrate how

clients were supported to make decisions, their knowledge of best interests decisions, deprivation of liberty safeguards and the five guiding principles of the Act.

Staff ensured service users consented to care and treatment, that this was assessed, recorded and reviewed in a timely manner.






The provider reported that there had been no deprivation of liberty safeguards applications made to the local authority in the 12 months prior to our inspection.

Overview of ratings

Our ratings for this location are:

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

Substance misuse services

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

Are substance misuse services safe?

Good 

Safe and clean environment

The areas that people using the service had access to were clean, comfortable and well-maintained. Staff within the service adhered to infection control principles, including handwashing and the disposal of clinical waste.

We reviewed documentation and certificates in relation to the safety arrangements for the service building and found these were in date and appropriate. Tests in relation to electrical wiring, personal appliances, water hygiene and fire had been carried out and we saw evidence that fire drills and environmental risk assessments were carried out. During our previous inspection, fire wardens and first aiders were not easily identifiable as there were no posters to inform people who they were at the time. However, during this latest inspection, the names of the service's fire wardens and first aiders were displayed in the reception area, so this issue had been addressed. We also found that hand sanitiser gel was in-date during this inspection which had not been the case in our inspection in February 2018.

Safe staffing

There were enough skilled staff to meet the needs of clients. The service managed cover for staff absences within the team via staff being flexible and willing to take on their colleague's duties. Bank and agency staff were not used to cover staff absences.

There were high caseloads at the service and the provider reported as at 7 May 2019, the average staff to client ratio was 101:1. Managers had raised this issue with a consultant

from Public Health England who was undertaking a review of the service. A service improvement plan to redeploy staff from another service to Addaction was being considered as part of this review to address the issue of high caseloads.

At the time of our inspection visit, there was one vacancy for a clinical support worker. The post had been advertised and application forms from job applicants were being considered. The average staff sickness absence over the 12 months prior to our inspection visit was 8.4%.

The service had a proactive approach to anticipating potential future problems including staffing levels and staff absence. To retain staff, the service allowed staff members to undertake dual roles to keep their jobs interesting and develop within the service. Staff members could also undertake some aspects of their role working from home. The provider had recently changed its staff appraisal document which contained an increased emphasis on development and career progression. Managers visited staff at their homes when they were on sick leave to keep them updated with any developments and check on their health and wellbeing. Managers also referred staff to occupational health when required for additional support. Managers also held return to work interviews with staff when they returned from sickness absence.

All staff within the service had current Disclosure and Barring Service certificates in place so the service ensured that staff working at the service were suitable to work with the client group.

The service embedded personal safety protocols for staff. This included the use of personal alarms. The service was

Substance misuse services

able to arrange for the local authority to provide security when high risk clients attended the service. Staff carried out their roles at the service building and did not undertake lone working with clients in the community.

Staff were compliant with their mandatory training. At the time of our inspection, the overall compliance rate for mandatory training within the service was 89%. Mandatory training included health and safety which 95% of staff had completed. Ninety percent of staff had completed training in the Mental Capacity Act and 85% had completed mandatory training in relation to the Mental Health Act. This had improved since our last inspection. All staff were trained in basic life support and the use of automatic external defibrillators.

Assessing and managing risk to patients and staff

We looked at 14 care records and found evidence that staff made good use of risk assessments and risk management plans which were reviewed and updated appropriately. During our previous inspection in February 2018, we found risk management plans that were not appropriate in mitigating the risks identified. However, during this latest inspection, we found risk management plans were appropriate, containing sufficient mitigation and steps to be taken by the client and their keyworker when identified risks presented.

Staff were able to quickly recognise and respond to warning signs and deterioration in people's health. Staff gave examples of the possible signs of health deterioration which included changes in behaviour and presentation, self-neglect, skin discolouration and sudden weight loss. When health deterioration was evident, staff contacted clients' GPs, rang for an ambulance and also made safeguarding referrals.

We saw evidence in clients' care records that staff made them aware of the risks of continued substance misuse and regularly provided clients with harm minimisation advice.

The service operated a non-smoking policy so staff and clients who wanted to smoke had to do so away from the service's premises.

The service had a process in place for dealing with clients who unexpectedly exited from treatment. This included making telephone calls or sending letters to the client, the use of the service's 'did not attend' procedure and sharing information with other services such as the local authority

partner service, safeguarding teams, the police and local pharmacy services. The provider reported that as at 7 May 2019, 174 clients with drug addictions and 20 with alcohol addictions had unexpectedly exited from treatment in the last 12 months.

The service had processes in place for what to do when there were suspicions or there was evidence that clients had passed on their medicines to a third-party for illicit purposes, an act commonly known as diversion. This included changing clients' prescription from a collection-based regime to a one in which consumption of their substitute medicine was supervised by the pharmacy service. The service also liaised with the police and made a safeguarding referral.

The service had a list of banned articles which clients or staff could not bring into the building. These included alcohol, illicit drugs, sharp items and weapons.

Safeguarding

The provider reported that between 30 June 2018 and 30 June 2019, six safeguarding referrals had been made to the local authority. These were in relation to concerns about the safety and welfare of children at the homes of clients' with drug and alcohol addictions.

Staff could give examples of how to protect clients from harassment and discrimination, including those with protected characteristics under the Equality Act 2010. These included the use of the provider's equality and diversity policy, the fact that staff received mandatory equality and diversity and safeguarding training and via multi-agency working.

Staff worked effectively within teams, across services and with other agencies to promote safety including systems and practices in information sharing. Client safety and welfare were discussed in 'Team Around the Individual' meetings which were multidisciplinary team meetings, chaired by the assistant director of Hartlepool's adult social care, to discuss clients with multiple needs and complex needs. The service also held monthly meetings with representatives from the local mental health trust to discuss clients with mental health issues.

Staff implemented statutory guidance around vulnerable adults and children and young people safeguarding and staff were aware of how to make a safeguarding referral. Staff gave examples of the possible signs of abuse which

Substance misuse services

included becoming withdrawn, unexplained bruising, missing appointments and being angry or upset. Staff gave examples of the types of issues for which they would make a safeguarding referral such as domestic violence, female clients who were pregnant, sexual exploitation and child welfare concerns.

Staff access to essential information

At the time of our inspection, the service was in the process of moving to a purely electronic care records system.

Staff who spoke with us said they found the provider's electronic care records system contained all the information required to deliver safe care and treatment and was easy to navigate. The service had its own GP liaison officer who contacted GP surgeries to obtain up to date information about clients when required.

Medicines management

The service used systems and processes to safely prescribe, record and store medicines.

Medicines were prescribed by non-medical prescribers using recognised prescription forms after a full medical history had been received from the client's GP. There was a system in place to monitor prescriptions in line with national guidance which included logging the serial number of each prescription form that had been issued. There was a process for ensuring that voided prescription forms were logged and destroyed. However, we reviewed this log and were not assured that this was accurate as staff were not always logging voided prescriptions on the actual day they had been identified and were recording them days later.

Emergency medicines and vaccines were kept on site and were stored appropriately. Temperature records were kept and there was a vaccine log in place. Vaccines were supplied using patient group directions which were in date. The nurses had been assessed as competent.

At every consultation, clients were asked about the availability of their naloxone and encouraged to check that it was in date. Naloxone is a medicine that blocks or reverses the effects of opioid medicine. Naloxone injections are used to treat overdoses in an emergency.

Staff had effective policies, procedures and training related to medication and medicines management including: prescribing, detoxification, assessing people's tolerance to medicines, and take-home medicine.

A pharmacist was employed by the provider to give advice and training on a regional basis. The provider had a prescribing policy and drug formulary which were in line with national guidance.

Clinic rooms had appropriate medicines disposal facilities including sharps boxes that were signed and dated in line with national guidance.

Clients were given medicines information at their initial consultation. Most clients had supervised consumption at the pharmacy. Clients who were assessed as being stable were able to take their medicine home and were given lockable boxes to store their medicine safely.

Clients' medications were reviewed during appointments with a nurse or their key worker. There was a letter sent to the client's GP after every treatment review or when there was a change in the client's medicine or circumstances.

Track record on safety

The provider reported between 11 May 2018 and 21 February 2019, there had been 15 client deaths which had been reported as serious incidents.

We saw evidence that the service reported drug related deaths to the local drug related deaths network panel. Lessons learned for both Addaction and the local authority partner agency were used to improve the service they offered to clients.

We asked for examples of adverse events that had occurred within the service within the last 12 months. An example included prescriptions not being signed by clinical support workers which were subsequently identified by the local pharmacy services. In response to this, the service had changed its process so that only nurses were able to take prescriptions off the service's printer and made the necessary checks before they were issued.

Reporting incidents and learning from when things go wrong

Substance misuse services

Staff knew what incidents to report and how to report them. Examples of incidents that were reported included near misses, deaths, clients serving custodial sentences, abusive and threatening behaviour, overdoses and attempted suicides.

Staff understood what their responsibilities were under the duty of candour. The duty of candour legally requires all healthcare staff to be open and honest when things go wrong, offer an apology and full explanation and find ways to put the matter right. The provider had a duty of candour policy which staff had easy access to. The service had not made any duty of candour reports within the last 12 months because no incidents had met the threshold for them to be made.

We asked staff if the service had implemented safety improvements within the last 12 months. The service had agreed with the local authority that when high-risk clients were due to attend the service, the local authority would provide security to keep clients and staff safe.

Staff met to discuss findings from investigating incidents and when things had gone wrong at team meetings. They were also discussed during supervision and appraisal sessions. Lessons learned from incidents were formally recorded for future reference.

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

Good 

Assessment of needs and planning of care

We looked at 14 clients' care records during our inspection. We saw evidence that staff completed a comprehensive assessment in a timely manner. Staff contacted clients' GPs to request physical health checks as part of their initial assessment which included the client's height, weight, blood pressure, blood tests, and electrocardiogram test. This information was used when considering the client's prescribing needs.

During our previous inspection in February 2018, we found the following issues in relation to care records and recovery plans:

- they did not contain the appropriate level of information about clients' care and treatment needs

- recovery plans were not holistic; recovery orientated or did not contain clients' strengths and goals
- clients' motivation to change and evidence of any multidisciplinary team input into reviews of care and treatment were not recorded
- care records contained limited or no information about physical health monitoring.

However, during this latest inspection, we saw a significant improvement in the quality of care records and recovery plans. The service had introduced a self-assessment document called 'About Me' which was completed by the client; allowing them to state their strengths, problems, goals, motivation to change, possible obstacles to overcome and what support they had or needed. Staff devised a personalised care and treatment plan for the client, taking the factors within their self-assessment into account. We saw evidence of person-centred care, recovery orientated recovery plans based on the information provided by the clients. We also saw evidence that staff monitored clients physical health and, where issues were identified, referred them to primary healthcare services such as GPs. The service had, therefore, addressed the issues identified in our previous inspection.

Recovery plans identified clients' keyworkers and we saw evidence they were updated along with care plans when required.

Best practice in treatment and care

The service was commissioned to deliver substitute prescribing so the care and treatment interventions were mainly around identifying the type of substitute medicine and dosage level suitable for the client's needs. The interventions were those recommended by, and were delivered in line with, guidance from the National Institute for Health and Care Excellence. Other interventions around improving life skills and problem solving were undertaken by the local authority partner service. However, we saw evidence in care records that staff within Addaction signposted clients to external support services such as mutual aid groups and community recovery groups to help them with their addictions.

The provider's policies and procedures and the service's practice were in line with the National Institute for Health and Care Excellence guidance.

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We saw evidence in care records that blood borne virus testing, naloxone and harm minimisation advice were routinely offered to clients. Clients also had access to support and advice from a Hepatitis C nurse who visited the service each week.

The local authority partner service supported clients to live healthier lives although Addaction staff did give advice such as the need to eat healthily and warned about the dangers of continued substance misuse.

Clients had access to online support via the provider's website. Clients could use the site to speak to a trained advisor, look up information about health conditions and download information leaflets.

Monitoring and comparing treatment outcomes

We saw evidence in care records that staff regularly reviewed care and recovery plans with clients.

The service used recognised tools to record clients' severity and outcome measures. These included treatment outcome profiles and the PHQ-9 depression test questionnaire.

The provider reported that as at 7 May 2019, 44 clients had successfully completed their treatment.

Skilled staff to deliver care

Managers provided all staff with a comprehensive induction when they joined the service. Topics included in the induction were health and safety, care planning, risk assessments and risk management plans, drugs awareness, corporate policies and safeguarding. Staff also completed some modules of their mandatory training during their induction.

Managers identified the learning needs of staff during supervision and appraisal sessions and provided them with opportunities to develop their skills and knowledge.

The provider had a robust recruitment process which was followed by the service. Staff underwent Disclosure and Barring Service checks and were required to complete a probationary process.

Staff at the service received supervision. At the time of our inspection, the average compliance rate for supervision within the service for the last 12 months was 77.5%. During

our previous inspection, the clinical lead within the service was not receiving any supervision. However, the clinical lead was now receiving regular supervision from a clinical pharmacist, so the provider had addressed this issue.

All staff who had worked at the service for more than 12 months had been appraised at the time of our inspection. Those who had not worked at the service for 12 months had appraisal dates scheduled for later in the year.

Staff had access to specialist training for their individual role. Examples of specialist training undertaken by staff at the service included naloxone training, hepatitis A, B and C testing, venepuncture, management information and Federation of Drug and Alcohol Practitioners membership.

Managers dealt with poor performance promptly and effectively. The provider had a performance management system in place which included a process for addressing staff performance issues.

Student nurses worked at the service. Managers provided these students with training and support to develop their knowledge and skills.

Multi-disciplinary and inter-agency team work

We saw evidence in care records that there was multidisciplinary input into clients' comprehensive assessments such as mental health teams, GPs, social workers and criminal justice services and keyworkers were clearly identified.

The service had regular multidisciplinary team meetings. Team meetings were held weekly, multidisciplinary team meetings were held bi-monthly as a minimum and there were monthly meetings with representatives from the local mental health trust. The service also held case management meetings to discuss any complex or high-risk clients which were attended by all clinical staff and representatives from the local authority partner service.

There were effective links with other teams; both within and outside the service. These included GPs, pharmacists, mental health services, families and children's services, criminal justice services and social services.

Recovery plans included care pathways to other supporting services such as mental health services, social care and primary healthcare such as GPs.

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We saw evidence that the service discharged people when specialist care was no longer necessary and worked with relevant supporting services to ensure the timely transfer of information.

Good practice in applying the Mental Capacity Act

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

We saw evidence in care records that capacity was routinely assessed and recorded. When there were concerns about a client's capacity, staff arranged for the client to have access to an independent mental capacity advocate and referred them to local mental health services.

During our previous inspection in February 2018, we identified that staff had poor knowledge of the Mental Capacity Act and associated issues. However, during this latest inspection, we noticed a significant improvement in staffs' knowledge and awareness of the Act. Staff gave examples to demonstrate how clients were supported to make decisions, their knowledge of best interests decisions, deprivation of liberty safeguards and the five guiding principles of the Act. Staff had clearly been provided with sufficient training and advice about the Act since our last inspection, so this issue had been addressed.

Staff ensured clients consented to care and treatment, that this was assessed, recorded and reviewed in a timely manner.

The provider reported that there had been no deprivation of liberty safeguards applications made to the local authority in the 12 months prior to our inspection.

Are substance misuse services caring?

Good 

Kindness, privacy, dignity, respect, compassion and support

During our inspection, we observed that staff interacted with clients in a kind, compassionate, respectful and supportive manner.

We spoke with seven clients during our inspection. Six of the clients said that staff treated them in a kind and respectful manner with only one referring to being spoken to in a negative way.

We observed three consultations with clients and noted that staff provided practical and emotional support, were respectful and had a good understanding of clients' needs. Staff members provided clients with advice, support and information to help them manage their care, treatment and condition.

The service had confidentiality policies in place that were understood and adhered to by staff. All staff within the service had received information governance which included the need to maintain client confidentiality in accordance with the Data Protection Act. We saw evidence in care records that staff had explained the service's confidentiality policies to clients, so they understood how their information would be shared with other services involved in their care, treatment and welfare.

Staff said they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards clients without fear of reprisals. The provider had a policy on the duty of candour which also included the need to be open about any concerns in relation to clients' care and treatment.

Staff directed clients to other services when appropriate such as primary healthcare services and mutual aid groups.

Involvement in care

Staff communicated with clients so that they understood their care and treatment, including finding effective ways to communicate with clients with communication difficulties. Information could be provided in different formats such as easy-read, other languages and braille and clients had access to advocacy, signers and translators.

We looked at 14 care records and clients had a recovery plans in place that demonstrated the client's preferences, motivation to change, strengths, problems and goals. We also saw evidence that staff made good use of risk assessments and risk management plans.

Staff engaged with people using the service, their families and carers to develop responses that meet their needs and ensured they had information needed to make informed decisions about their care. There were comments boxes in the reception area and the service had a complaints and feedback policy.

The service had conducted a client feedback survey in June 2019 which 130 clients completed. The responses from clients were encouraging and showed that:

Substance misuse services

- 128 clients were provided with the care and treatment they wanted
- 125 clients had trust and confidence in their keyworker
- 129 clients felt staff treated them with dignity and respect
- 126 clients would recommend the service to somebody they cared about
- 86 clients rated the service as very good and 39 rated the service as good.

Staff from the local authority partner service engaged with families and carers as Addaction was not commissioned to do so. Staff within the Addaction service signposted carers and family members to the partner service when they required support.

Are substance misuse services responsive to people's needs?

(for example, to feedback?)

Good 

Access and discharge

The service's admission criteria were that it accepted clients in need of substitute medicine prescribing in relation to their drug or alcohol addictions. This criteria had been agreed with commissioners and other stakeholders.

The service had alternative care pathways and referral systems in place for people whose needs cannot be met by the service. We saw in care records that clients were referred to local mental health services, GPs and other primary healthcare services.

Clients were offered alternative treatment options if they were unable to comply with specific treatment requirements. Examples included alternative substitute medicine being offered to account for any allergies and sugar-free medicine options for clients who were diabetic. The service could also arrange for clients of the Muslim faith to access their medicines from 24-hours pharmacy services, so they could observe Ramadan and prayer times.

There were no formally agreed response times for accepting referrals as clients initially accessed the service via the local authority partner service. Once the client had completed their recovery co-ordination, psychosocial interventions and any other wraparound support which the

local authority service provided, the local authority service referred the client to Addaction. The client commenced their substitute medicine treatment when the service received information from the client's GP. The service ran daily emergency appointment slots that were used to prioritise clients with complex needs, expectant mothers, prison releases and hospital discharges.

The service had processes in place for when clients arrived late or failed to attend their appointments which were fair and reasonable and did not place clients at risk. For clients who failed to attend their appointments, staff contacted the client via phone or letter and a new appointment was made at the next available opportunity and, where necessary, a prescription covering the time until their new appointment was issued. For clients arriving late, staff made efforts to see them that day, but this was dependant on how busy the service was.

Recovery and risk management plans reflected the complex needs of clients and included clear care pathways to other supporting services.

Staff planned for clients' discharge from the service when appropriate in partnership with other services involved in the client's care, treatment and welfare.

The service complied with the transfer of care standards. Referral forms and discharge documentation contained standard clinical headings to ensure all essential client information was shared with other health care services.

The facilities promote recovery, comfort, dignity and confidentiality

The areas used by clients within the service building were clean, tidy and comfortable. There were adequate rooms for consultations and interviews, which were soundproofed. There were separate areas for blood borne virus and drug and alcohol testing.

Noticeboards in the reception area contained information about harm reduction advice, helplines and groups, advice on safer drinking and injecting, medicine and other topics.

The clinic rooms within the service were clean with handwashing facilities available. During our previous inspection in February 2018, we identified that chairs in the main clinic room where examinations and venepuncture were conducted were covered in a fabric material rather than a wipeable material, which compromised infection control within the service. However, during this latest

Substance misuse services

inspection, chairs in the clinic room had been replaced and now had wipeable coverings which were compliant with infection prevention procedures, so the service had addressed the issue.

Patients' engagement with the wider community

Staff supported clients to maintain contact with their families, carers and friends. Staff encouraged family members and carers to attend appointments with clients and shared information with them if the client gave their consent for them to do so.

Staff encouraged clients to access local community and activities which were arranged by the local authority partner service. We saw posters and timetables of activities within the community on noticeboards in the reception area. Activities open to clients included mindfulness, massage, understanding your addiction, arts and crafts, wellbeing, job clubs, thinking skills, fitness classes and a veteran's group.

Meeting the needs of all people who use the service

The service had accessible rooms to see people. In a client feedback survey conducted in June 2019, which 130 clients completed, all had stated they found the service building and rooms used for one to one consultations easily accessible.

Staff within the service received mandatory equality and diversity training. This training included information about the potential issues facing minority groups such as lesbian, gay, bisexual, transgender and black minority ethnic people and vulnerable people such as the elderly, disabled, sex workers and people experiencing domestic abuse. Staff who spoke with us were able to verbally demonstrate their knowledge of issues these people faced such as discrimination and prejudice. Staff referred people from these groups to local community help services when required. The service's admission criteria did not place barriers on anyone's ability to access care and treatment.

Staff provided clients with Information in different formats such as easy-read, other languages and braille to meet their individual needs.

The service did not have any waiting lists. High-risk clients' initial access into the Addaction service were prioritised as Addaction could monitor upcoming clients via an electronic data management system shared with the local authority partner service.

None of the seven clients we spoke with reported that their care and treatment had been cancelled or unnecessarily delayed.

Listening to and learning from concerns and complaints

The provider reported that as at 7 May 2019, the service had received 23 complaints of which, three had been upheld. The main complaints tended to be from clients who were unhappy that their medicine would not be increased, and these were not upheld as their dosage had been decided based on assessments by medical professionals within the team who had taken the client's needs and welfare into account.

The service had a clear complaints system and posters were displayed in the reception area telling people how to make a complaint. There were also comments forms and a comments box in the reception area.

The staff we spoke with told us that lessons learned from investigating incidents were shared during team meetings and supervision. However, we reviewed five complaints during our inspection and found only one contained a record of lessons learned so although staff did receive lessons learned from complaints, the service was not formerly recording them as part of the complaints process. We raised this with the service manager and operations manager who agreed to ensure lessons learned were formally recorded in the future. We found no other issues with the complaints we reviewed.

Staff protected clients who raised concerns or complaints from discrimination and harassment. Any known conflicts or ongoing disputes between clients were recorded in their care records so staff ensured their appointments were booked at separate times, so they did not come into contact with each other. When a complaint was made by a client towards a member of staff, the service ensured that the client did not come into contact with this staff member until the investigation into the complaint was finalised. If the complaint was against the client's keyworker, the service allocated a different keyworker to attend to their care and treatment needs.

Substance misuse services

Are substance misuse services well-led?

Good 

Leadership

Leaders within the service provided clinical leadership. The service had its own clinical lead who provided advice, guidance and supervision to other staff. There were regular clinical governance meetings which were attended by the clinical lead, clinical pharmacist and nursing staff. Nursing staff also attended bi-annual regional nurses forums. There were case management meetings at which staff could discuss clients with complex needs with the multidisciplinary team and receive advice, guidance and support.

Leaders had the skills, knowledge and experience to perform their roles. The service manager and operations manager had worked in substance misuse for 12 and five years respectively. They had experience in working in criminal justice management, housing and homelessness, safeguarding, public protection, risk assessments, drug education and clinical treatment development. They held qualifications in forensic psychology, counselling and drug use in society.

The organisation had a clear definition of recovery that was shared and understood by all staff. The definition encompassed the client's needs, living a safe and productive life and either abstinence from substance misuse or maintenance of substitute medicine.

Leaders had a good understanding of the services they managed. They could explain clearly how the teams were working to provide high quality care as they received newsletters, minutes from the critical incident report group meetings, prescription reports, performance management information, progress in relation to key performance indicators and budget information routinely. Examples of high-quality care included good use of inter-agency working, keeping people safe and stable and prioritising high-risk clients. Leaders were visible in the service and approachable for clients and staff.

Vision and strategy

Staff knew and understood the vision and values of the team and organisation and what their role was in achieving

them. The values of the organisation were compassion, determination and professionalism. The provider's vision was to radically improve people's chances of getting better; to help many more people and to transform how the organisation worked to get the best from its staff.

All staff within the service had a job description.

Staff had opportunities to contribute to discussions about the strategy for their service during team meetings, conferences and supervision and appraisal sessions. The provider had run a staff consultation exercise at the beginning of the year during which staff shared ideas about the strategy of the service and their ideas for improving it.

Culture

Staff felt positive, respected, supported, valued and proud about working for the provider and within their team. They felt involved and part of the provider's future direction. Stress levels within the team fluctuated depending on work pressures although staff felt the levels of stress were what they expected given the nature of their work which could be challenging at times. The provider reported that there had been no bullying, harassment and discrimination cases lodged within the last 12 months.

Managers within the service monitored staff morale, job satisfaction and sense of empowerment via supervision sessions, team meetings, sickness absence monitoring, staff surveys and reflective practice sessions.

The provider had a whistleblowing policy which was available to the service's staff via the provider's intranet. Staff were able to raise concerns without fear of reprisals. Managers had open-door policies so that staff could speak to them at any time about any concerns or anxieties they had. The provider also had a policy on the duty of candour which included the need to be open about any concerns in relation to clients' care and treatment.

The provider recognised staff success within the service through its appraisal system and via a staff award scheme. Staff appraisals included conversations about career development and how it could be supported.

Staff had access to support for their own physical and emotional health needs through an occupational health service, employee assistance programme and access to a mental health programme.

Substance misuse services

The provider promoted equality and diversity in its day to day work and provided opportunities for career progression. Staff received mandatory equality and diversity training, the provider had policies around equality and diversity and the provider's policies and procedures had been equality impact assessed to ensure they did not place people with protected characteristics at a disadvantage. The service offered a flexible working policy to its staff to allow them to balance their work and home lives. Clients who followed the Muslim faith could access their prescribed medicine from 24-hours pharmacy services to enable them to engage in Ramadan and prayer times. The service's admission criteria did not place barriers on anyone's ability to access care and treatment. Staff could undertake dual roles within the service, so they could develop their skills and knowledge.

The service teams worked well together and with other internal and external teams and where there were difficulties managers dealt with them appropriately.

Governance

The service had governance policies, procedures and protocols which were regularly reviewed and improved.

Governance systems within the service were effective in the main. The service environment was safe and clean. There were enough staff to deliver safe care and treatment who were trained, qualified and received regular supervision and appraisal. Patients were assessed and treated with kindness and respect. Staff made good use of risk assessments and risk management plans and assessed and recorded mental capacity appropriately. Staff knew the processes for dealing with incidents and complaints and made safeguarding referrals when required. Staff planned and managed discharge well.

However, staff were not always recording voided prescription charts in a timely manner, staff caseloads within the team were high and lessons learned from investigating complaints were not formally recorded.

There was a clear framework of what must be discussed at a facility, team or directorate level in team meetings. Meeting agendas contained standard agenda items to ensure all essential information was discussed such as incidents, safeguarding, complaints and client feedback.

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

the service level. For example, following a complaint from a client about a prescription not being signed which resulted in their medicine being delayed, the service had changed its procedure so that only nurses were able to take prescriptions off the service's printer and made the necessary checks before they were issued.

Staff undertook or participated in local clinical audits. The audits were sufficient to provide assurance and staff acted on the results when needed. Audits included peer and management checks of care records which were clearly effective as we noted a marked improvement in the quality of information contained in care records since the last inspection in February 2018. Other audits included medicines management and overall audits of the service conducted by staff from other teams within the organisation.

Staff understood the arrangements for working with both internal and external teams and services to meet the needs of clients.

Management of risk, issues and performance

There was a clear quality assurance management and performance frameworks in place that were integrated across all organisational policies and procedures.

Staff knew what the main risks were in relation to the clients who used the service. These included client overdoses and deaths, child welfare, drug related crime, new forms of illicit drugs within society, concerns about the welfare of unborn children in relation to pregnant clients and domestic violence.

The provider had a risk register and staff concerns were in line with what was included on it. The risk register was discussed at clinical governance meetings, so staff could discuss issues they had identified which needed to be included on it.

The service had a business continuity plan, which included contingencies for loss of information technology, adverse weather conditions and loss of premises.

Managers within the service monitored sickness absence rates. The provider reported that the average sickness absence rate for the last 12 months was 8.4% which was higher than the previous year when the average rate was 4%. The increase in sickness related absences were due to significant health problems and personal issues. None of the absences were as a result of work-related stress.

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The service had not been asked to make any efficiency savings at the time of our inspection.

Information management

The service used systems to collect data from facilities and directorates that were not over-burdensome for frontline staff.

Staff had access to the equipment and information technology needed to do their work. The information technology infrastructure, including the telephone system, worked well and helped to improve the quality of care. Staff found the provider's electronic care records system easy to navigate around and included the necessary information to deliver safe care and treatment. The provider had responded positively to the issues we identified in our previous inspection in February 2018 and now, care records contained recovery plans and risk management plans that were appropriate to the client's needs.

The service had confidentiality policies in place that were understood and adhered to by staff. All staff within the service had received information governance which included the need to maintain client confidentiality in accordance with the Data Protection Act.

Team managers had access to information to support them with their management role. This included information on the performance of the service, staffing and client care. The information was in an accessible format, and was timely, accurate and identified areas for improvement.

Staff made notifications to external bodies and internal departments as required. These included completion of incident reports that were reviewed by managers within the service and wider organisation, safeguarding referrals to the local authority, and statutory notifications to the Care Quality Commission when required.

All information needed to deliver care was stored securely and available to staff, in an accessible form, when they needed it. Any paper-based information about clients' care and treatment was scanned to the provider's electronic care records system and the paper copy was securely disposed of. The electronic care records system required staff members to use a login name and password.

The service had developed information-sharing processes and joint-working arrangements with other services where appropriate to do so such as local safeguarding teams, mental health and primary healthcare services.

We saw evidence within clients' care records that the service's confidentiality agreements were clearly explained to them in relation to the sharing of their personal information and data.

Engagement

Staff, clients and their families and carers had access to up-to-date information about the work of the provider and the service through the intranet, provider's website, bulletins, newsletters and emails.

Clients and carers had opportunities to give feedback on the service they received in a manner that reflected their individual needs. Examples included comments cards and boxes being in the reception area for clients to complete and the provider's complaints and feedback process. The service had conducted a client survey in June 2019 which 130 clients completed. The results showed that the vast majority of clients received the care and treatment they wanted, had trust and confidence in their keyworker, were treated with dignity and respect, would recommend the service and rated the service highly.

Clients and staff could meet with members of the provider's senior leadership team and governors to give feedback. The provider ran service user forums during which, clients, carers and families could speak with senior managers within the service and wider organisation. The director of operations held meetings with staff to give them the opportunity to provide their ideas and suggestions as to how the organisation could improve and ask the director any questions.

Directorate leaders engaged with external stakeholders and services such as commissioners, mental health and primary healthcare services and Healthwatch. At the time of our inspection, the service leads were in discussions with commissioners and consultants about the future service contract, commissioning arrangements and future location of the service.

Learning, continuous improvement and innovation

Staff within the service were involved in research in relation to drug related deaths in partnership with Public Health England. Staff undertook peer reviews of work within the service such as checks of care records completed by their colleagues. Staff were also working towards the accredited membership of the Federation of Drug and Alcohol Practitioners.

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An example of innovative practice within the service was the recent delivery of training to staff around optimal dosing of substitute medicines. The service also had its own designated GP liaison officer who ensured GP surgeries provided information about clients' current physical health status in a timely manner.

The service assessed quality and sustainability impact of changes including financial pressures in relation to the increased cost of substitute medicines.

Staff had objectives focused on improvement and learning and supervision and appraisal sessions included discussions about continuous professional development and career progression.

The service recognised staff success during supervision and appraisal sessions and a staff award scheme.

Outstanding practice and areas for improvement

Outstanding practice

The service had its own designated GP liaison officer who ensured GP surgeries provided information about clients' current physical health status in a timely manner.

The service had conducted a client satisfaction survey in June 2019 and the results were very positive. Clients felt the treatment met their needs, were treated in a kind and respectful manner, had trust in their keyworker and would recommend the service to others.

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure that staff record any voided prescription forms on the day they are identified.
- The provider should ensure that lessons learned from investigating complaints are formally recorded for future reference.
- The provider should ensure it addresses the issue of high staff caseloads within the service.