

# East Kent Substance Misuse Service - Dover & Shepway

## 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 standalone substance misuse services.

We found the following areas of good practice:

- The clinic room was clean, tidy and well equipped. Staff completed regular checks to ensure equipment was in date. The provider had an infection control policy in place to monitor the cleanliness of the environment.
- The provider had established the staffing levels required through consultation with the service commissioners. The service reported a service caseload of 530 clients in treatment at the time of our inspection. The service redistributed caseloads in the event of staff absence.

# Summary of findings

- Staff completed and regularly reviewed client risk assessments. Risk assessments included risk management plans. Staff discussed risk during meetings and monitored risk using electronic dashboards.
- There was a robust assessment process for clients referring into the service. Doctors completed a comprehensive medical assessment for clients referring in for medically assisted treatment. Staff contacted the client's GP prior to and after prescribing any medicines.
- Care plans were comprehensive and holistic with realistic time framed goals. Care plans showed client involvement and other services involved in the clients care.
- The service provided evidence based interventions that met National Institute for Health and Care Excellence guidelines. The treatment offered included brief advice and information through to more structured clinical and group psychosocial interventions.
- The service provided naloxone to opiate using clients. Staff provided training to clients and carers in how to administer naloxone. Naloxone is an opiate antidote medicine used to rapidly reverse an opioid overdose.
- Staff were knowledgeable and experienced for their role. The service had identified staff who acted as 'champions' in various roles including safeguarding and dual diagnosis.
- The service worked alongside other services such as community midwives, the community mental health team and young person services in order to establish links and joint working. We observed good evidence of staff sharing information during a daily allocations meeting.
- We observed staff treating clients with respect and showing a genuine interest in their wellbeing. We observed a daily allocations meeting and saw that staff were non-judgemental, and treated clients with respect when discussing their care.
- We spoke to seven clients who used the service and obtained feedback from 16 comments cards from the service. Clients spoke highly of the support received and said that staff were friendly, welcoming, helpful and responsive.
- The service offered a drop in service, which provided the opportunity for people to speak to staff without an appointment. There was a late clinic one evening a week so that staff could see employed clients outside of normal working hours. Staff offered appointments at satellite clinics in more rural areas. Where possible, staff arranged home visits for clients with complex needs or who found it difficult to attend the service due to travel.
- Needle exchange provision was available, including to people who were not engaged in structured treatment. Staff provided harm reduction and safer injecting advice to people accessing this service.
- Staff were able to arrange interpreters for clients where required. Staff had knowledge and experience of working with a diverse range of vulnerable clients from a variety of cultures and backgrounds.
- Staff demonstrated the vision and values of the organisation in their work. Staff knew senior managers and said that they were visible in the service. Staff spoke of a smooth transition from the previous provider with no impact on client care.
- There was a clear governance structure within the service. Regular meetings took place to monitor service delivery.
- We saw evidence of regular audits involving staff, managers and the clinical team. We saw a medically assisted treatment audit that the provider rated using the five key lines of enquiry safe, effective, caring, responsive and well led. The audit generated an improvement action plan with objectives, actions to be taken, person responsible and timescales.
- Managers had regular meetings with the commissioners to discuss the performance of the service. Feedback from the commissioners was that the provider had managed the performance of the service well during the transition period.

# Summary of findings

- Staff morale was high and they felt their workload was manageable. The staff had worked as a team for some time and had developed positive working relationships.
- The provider had invited clients to attend co design workshops and encouraged clients to participate in the design of the new service.
- The provider had completed an analysis of staff training needs. However, they had not acted on the information provided. This meant that the service had not acted on gaps in training for staff.
- The service had an operational risk register to identify priority risks and implement an effective plan to mitigate risks. However, the register did not include timeframes for actions to be completed.

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

- Data provided by the service showed that staff had not completed all mandatory training. There were no previous training records to confirm previous training completed by staff.
- The provider did not offer Mental Capacity Act training for staff. Staff knowledge of the Mental Capacity Act was limited. However, staff could explain how to respond if a client attended under the influence of alcohol or drugs.
- The service was embedding relevant policies. However, the prescribing and treatment policy did not reference the updated drug misuse and dependence guidelines on clinical management.
- Managers did not have immediate access to Disclosure Barring Service check information for volunteers and peer mentors.

# Summary of findings

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# Summary of this inspection

## Background to East Kent Substance Misuse Service - Dover & Shepway

East Kent substance misuse service Dover provides specialist community treatment and support for adults affected by substance misuse. The service is one of five in East Kent provided by The Forward Trust. The Kent Drug Alcohol Team funded treatment for the majority of clients at the service.

The service offered a range of services including initial advice; assessment and harm reduction services including needle exchange; prescribed medication for

alcohol and opiate detoxification; Naloxone dispensing; group recovery programmes; one-to-one key working sessions and doctor and nurse clinics which included health checks and blood borne virus testing.

The service registered with the Care Quality Commission on 1 May 2017 to provide the activity treatment of disease, disorder and injury. There was a registered manager at the service.

This is the first time the Care Quality Commission (CQC) had inspected this service since it registered with CQC on 1 May 2017.

## Our inspection team

The team that inspected the service comprised an inspection manager, three other CQC inspectors, and a specialist advisor with knowledge and experience of working in substance misuse.

## 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. This was an announced inspection.

## 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 both units at this location, looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with seven clients
- spoke with two team leaders

# Summary of this inspection

- spoke with 12 other staff members employed by the service provider, including a nurse, recovery support workers and administrators
- received feedback about the service from the service commissioners
- attended and observed an allocations meeting, three one to one sessions and a group session
- collected feedback using comment cards from 16 clients
- looked at 12 care and treatment records, including medicines records, for clients
- reviewed the clinic room
- looked at policies, procedures and other documents relating to the running of the service.

## What people who use the service say

Clients we spoke with were positive about the care and treatment received from staff at the service. Clients were complimentary of the service and the smooth transition of care from the previous provider. Clients said that staff were caring and welcoming and treated clients with dignity and respect. Clients found staff supportive and responsive to their needs. Clients said that staff involved

them in their care plans and that the support received had enabled them to continue in their employment. Clients felt that staff were non-judgemental and supported clients with their physical health needs.

Feedback from comments cards was equally positive speaking of helpful staff and a clean, friendly and welcoming environment.

# Summary of this inspection

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

We always ask the following five questions of services.

### Are services safe?

We do not currently rate standalone substance misuse services.

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

- The service did not have training records to demonstrate any training completed by staff prior to 1 May 2017. Data provided by the service showed that not all staff had completed all of the mandatory e-learning training. We found there was low compliance with emergency first aid at work training and no staff had completed fire warden training.
- The risk register did not include timeframes for actions to be completed.
- Managers did not have immediate access to disclosure barring check information for volunteers and peer mentors.

However, we found the following areas of good practice:

- The clinic room was clean, tidy and well equipped. Staff completed regular checks to ensure equipment was in date. Records demonstrated that staff completed daily checks to make sure medicines were stored within the correct temperature range.
- The provider had an infection control policy in place to monitor the cleanliness of the environment. Staff completed monthly infection control audits.
- The provider had established the staffing levels required through consultation with the service commissioners. The service reported a service caseload of 530 clients in treatment at the time of our inspection. The service redistributed caseloads in the event of staff absence.
- Staff completed and regularly reviewed and updated clients risk assessments. Risk assessments included risk management plans. Staff discussed risk during meetings and monitored risk using electronic dashboards.

### Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

# Summary of this inspection

- There was a robust assessment process for clients referring into the service. Doctors completed a comprehensive medical assessment for clients referring in for medically assisted treatment. Staff contacted a client's GP prior to and after prescribing medicine.
- Staff completed treatment outcome profile (TOP) forms with clients to monitor progress and measure outcomes.
- Care plans were comprehensive and holistic with realistic time framed goals. Care plans showed client involvement and other services involved in the clients care.
- There was a medically assisted treatment audit for the service which included actions and timeframes to complete. Staff discussed action plans from the monthly clinical audits at team meetings.
- The service provided evidence based interventions that met NICE guidelines. The treatment offered included brief advice and information through to more structured clinical and group psychosocial interventions.
- Staff supported clients with housing, benefits and employment issues. Where more specialist knowledge was required, staff signposted clients to the appropriate agency.
- The service provided naloxone to opiate using clients. Staff provided training to clients and carers in how to administer naloxone. Naloxone is an opiate antidote medicine used to rapidly reverse an opioid overdose.
- Staff were suitably knowledgeable and experienced for their role. The service had identified staff who acted as 'champions' in various roles including safeguarding and dual diagnosis.
- Staff said they felt supported and received regular line management meetings. Although the service did not offer supervision for non-clinical staff, the provider offered financial reimbursement for staff to source external reflective practice.
- The service worked alongside other services such as community midwives and young person services in order to establish links and joint working. We observed good evidence of staff sharing information during a daily allocations meeting.
- The service offered a drop-in service, which provided the opportunity for people to speak to staff without an appointment. There was a weekly evening clinic so that staff could see people out of working hours.
- Staff contacted drug services to arrange a smooth transition of care if a client was moving to another area. Staff had regular contact with prisons to ensure that appropriate support and treatment was in place for somebody released from prison.



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- The service offered well-being clinics, which included basic health checks, hepatitis A and B vaccinations and dried blood spot testing for blood borne viruses. Staff routinely advised and supported clients wishing to access this service.

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

- The provider had completed an analysis of staff training needs. However, they had not acted on the information provided. This meant that the service had not acted on gaps in training for staff.
- The provider did not offer Mental Capacity Act training for staff. Staff knowledge of the Mental Capacity Act was limited. However, staff could explain how to respond if a client attended under the influence of drugs or alcohol.

## Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- We observed staff treating clients with respect and showed a dedication to their wellbeing.
- Staff were non-judgemental and treated clients with respect when discussing their care.
- We spoke to seven clients who used the service and obtained feedback from 16 comments cards from the service. Client's spoke highly of the support received and said that staff were friendly, welcoming, helpful and responsive.
- Clients said that the transition of services from the previous provider had been smooth with little or no impact on care and treatment.
- Clients told us they felt fully involved in their care plan and that staff flexibility in the location and time of their appointments allowed them to remain in work.

## Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The service offered a late clinic one evening a week so that staff could see employed clients outside of normal working hours. Staff offered appointments at satellite clinics to assist clients access treatment who lived further away from the hub location.
- The service had a single point of access telephone number which was manned by staff outside of normal working hours.

# Summary of this inspection

- Needle exchange provision was available, including to people who were not engaged in structured treatment.
- Staff made efforts to re-engage clients who did not attend appointments.
- Leaflets and information were displayed in the waiting room and included how to make a complaint, safeguarding information, domestic abuse and harm reduction advice.
- Staff were able to arrange interpreters for clients where required.
- Staff had knowledge and experience of working with a diverse range of vulnerable clients from a variety of cultures and backgrounds.

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

- Although the service displayed posters about an advocacy service, staff knowledge of support available was limited.

## Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff demonstrated the vision and values of the organisation in their work. Staff knew senior managers and said that they were visible in the service. Staff told us there had been a smooth transition from the previous provider with no impact on client care.
- There was a clear governance structure within the service. Regular meetings took place to monitor service delivery.
- We saw a medically assisted treatment audit that the provider rated using the five key lines of enquiry safe, effective, caring, responsive and well led. The audit generated an improvement action plan with objectives, actions, person responsible and timescales.
- Staff had access to electronic dashboards to monitor caseload, risk, care plans and client care, client appointments and treatment.
- Commissioners had agreed that the key performance indicators for the service would start from January 2018 following the implementation of the co designed service. Managers had regular meetings with the commissioners to monitor and review the co design and performance of the service. Feedback from the commissioner was that the provider had managed the performance of the service well during the transition period.
- Staff morale was high and they felt their workload was manageable.

# Summary of this inspection

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

- Data provided by the service showed that staff had not completed all of the mandatory training. There were no previous training records to confirm any previous training completed by staff.
- The service was embedding relevant policies. However, the prescribing and treatment policy did not reference the current drug misuse and dependence guidelines on clinical management, which were updated in June 2017.

# Detailed findings from this inspection

## Mental Capacity Act and Deprivation of Liberty Safeguards

The provider did not offer Mental Capacity Act training for staff. However, staff we spoke with had a good understanding of how substances could affect capacity and how this could have implications for consent and treatment. For example, staff were aware that when

clients attended an appointment and were under the influence of drugs or alcohol they needed to reschedule the appointment for a time when the client was not intoxicated. This was to ensure the client would have the capacity to make informed choices about their treatment.

# Substance misuse/detoxification

Safe	
Effective	
Caring	
Responsive	
Well-led	

## Are substance misuse/detoxification services safe?

### Safe and clean environment

- The service was based over two floors. There were a number of group rooms and interview rooms for one to one sessions. All rooms were equipped with fixed alarms which sounded in reception if activated. Staff also had access to personal alarms if required.
- The clinic room was clean and tidy. The room was equipped with examination couch, fridge, anaphylaxis kit, dried blood spot testing kit, electrocardiogram (ECG) machine and blood pressure monitor.
- Staff undertook daily fridge temperature checks, where medicines were stored, and recorded the temperatures.
- There were stocks of Naloxone (used in an emergency to treat opiate overdose) which staff checked regularly to ensure they were in date.
- The service had a well-stocked needle exchange in line with National Institute for Health and Care Excellence guidelines (NICE52) needle and syringe programme. There were needles, sterile containers for urine testing and sharps boxes, all of which staff checked regularly and were in date. Information was displayed and available for clients to take away about harm reduction.
- The service had a fire, health and safety risk assessment. Staff completed regular fire drills. The service had a fire warden who staff were able to identify.
- The provider had an infection control policy in place to monitor the cleanliness of the environment. The service had an infection control lead who undertook regular infection control audits. Appropriate hand washing

facilities were available. The service had procedures in place for the disposal of clinical waste. Staff ensured sharps bins were not overfilled, sealed correctly and ready for disposal.

- Staff followed the service's policy in respect of drug screening.

### Safe staffing

- There was sufficient staff at the service. Staffing levels had been established through consultation with the service commissioners. At the time of the inspection the service had a caseload of 530 clients in treatment. It is unclear from the information submitted by the provider the total number of staff at the service. The team included service manager, team leaders, doctor, nurse, non-medical prescriber, recovery support workers and administrators.
- The service had a maximum caseload of 60 clients for full time staff. Clients were allocated to a recovery workers caseload based on the individual workers knowledge and experience.
- When staff were on leave or absent from the service, their work was undertaken by other staff members. Each morning an allocations meeting took place. In the event of unplanned staff absence, their work for the day was discussed during the meeting. Client appointments were allocated to other staff. There was a duty worker in the service. If required the duty worker would carry out these appointments. Client appointments were not cancelled due to staff absence.
- The service had a mix of healthcare professionals who were all highly skilled and competent. The prescribers were knowledgeable and able to assess and prescribe for alcohol and drug detoxification. All staff we observed and spoke with demonstrated a high level of understanding about drug and alcohol use and their

# Substance misuse/detoxification

effects of physical and mental health. They were confident in their knowledge to identify and recognise signs of deterioration during a client's detoxification or withdrawal.

- Staff we spoke with told us the administration team were very supportive. The administration team managed the storage and management of the prescription process. They were competent and knowledgeable and demonstrated a high level of commitment to both the clients and service.
- The service reported there was a vacancy rate of 5.3%.
- The service provided data that showed not all staff had not completed the mandatory e-learning training. Only three staff had completed emergency first aid at work training and no staff had completed fire warden training.
- We reviewed 10 staff records. One staff member did not have a Disclosure and Barring Service (DBS) check in place. We raised this with the provider at the time of the inspection and immediate action was taken. This included completing an immediate risk assessment that was put in place while a DBS check was sought. Managers at the service did not have immediate access to information about peer mentors and if DBS checks had been completed. This was due to the provider's electronic system. Information had to be requested from the provider's human resource team. We found peer mentors and volunteers at the service had a valid DBS in place.

## Assessing and managing risk to clients and staff

- We reviewed 12 care records of clients at the service. All contained a completed risk assessment that covered the risk to self and others, physical health, substance misuse and safeguarding concerns. Staff we spoke to told us risk assessments were reviewed regularly and updated when required. Risk assessments were consistent with care plans and also included risk management plans.
- Risks were discussed during weekly clinical meetings between staff and also during daily allocation meetings. We observed staff discussing clients during the daily allocations meeting which were thorough.
- There was a paper based safeguarding register which contained at a glance information that was also stored on the electronic records system. The safeguarding

register was discussed during the business and clinical meetings. The service had a safeguarding lead who was available for staff to speak to for advice and guidance about any safeguarding issues. The safeguarding lead maintained oversight of the safeguarding register and demonstrated good knowledge of the information contained within it.

- The service had not had any safeguarding alerts or concerns between 31 October 2016 and 31 October 2017. We spoke with staff about this who confirmed no incidents had arisen that required reporting. The safeguarding lead attended monthly safeguarding meetings with colleagues from other hubs. The safeguarding lead had completed a safe storage audit and had arranged a safe storage campaign to promote awareness. The meetings had identified that the provider did not have a safe storage policy in place and there was now a plan to create a policy. Staff could use electronic dashboards to monitor when safe storage was issued to clients with children.
- Data provided by the service recorded that not all had completed policy and compliance e-learning training which included modules for safeguarding adults and children. The training plan for the service recorded that the training would be delivered between June and September 2017. Minutes reviewed from the safeguarding leads meeting in October recorded that the lead planned to contact the senior management team to discuss advanced training for safeguarding leads.
- We looked at clinical records, policies and procedures around prescribing. We found staff operated safe prescribing practice. Medical and non-medical prescribers prescribed medicines for opiate and alcohol detoxification. The team were competent and skilled in identifying and managing complex risk and physical healthcare issues. The staff we spoke with demonstrated a high level of understanding about risks involved with clients. Staff followed the prescribing and treatment policy for clients receiving medically assisted treatment (MAT). All clients initially received supervised consumption of MAT. Discussions took place between the doctor, key workers and the client before moving to unsupervised consumption or reduction in frequency of collection from the pharmacy.

# Substance misuse/detoxification

- The service had a lone working policy. Staff discussed their plans for the day during the allocations meeting and followed the policy if they were working away from the hub building.

## Track record on safety

- The service had reported no serious incidents since their contract commenced on 1 May 2017.

## Reporting incidents and learning from when things go wrong

- Staff had access to an electronic incident management system. Incident records including information about any identified learning from an incident. Details of incidents were cascaded to managers, head office and the governance and quality team to monitor, review and sign off as appropriate. There was a root cause analysis form on the system to review incidents, however, staff had not completed training in undertaking root cause analysis investigations.
- The central governance team provided support to the service to investigate and analyse serious incidents. The team leader and manager completed the relevant notifications for submission to the CQC.
- The service manager and medical staff attended clinical governance meetings to discuss complex cases and any lessons learnt from incidents. The service managers discussed incidents at monthly managers meeting and shared learning at team meetings.
- We reviewed minutes of business and clinical meetings and saw that incidents were discussed and the relevant support offered to debrief staff if required.

## Duty of candour

- The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify clients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person.
- The service had a “Duty of Candour: Being Open Policy”. Staff were aware of the policy and told us they felt supported by managers in being open and transparent with clients.

## Are substance misuse/detoxification services effective?

(for example, treatment is effective)

## Assessment of needs and planning of care

- Staff reviewed and discussed new referrals at the daily allocations meeting. At the meeting a keyworker was allocated to cases to complete a brief intervention or assessment. Staff discussed assessments at the meeting and agreed the level of care required by the client. We observed an allocations meeting which included review of clients.
- Staff undertook a treatment outcome profile (TOP) form with clients to monitor progress and measure outcomes. The aim of the TOP form was to improve the treatment for clients. The service submitted TOP data to the national drug and treatment monitoring service. This showed the service was in the top quartile for substance misuse services.
- Staff organised medical assessment appointments for clients who required community or inpatient detox. Doctors completed a comprehensive assessment for all new clients and completed regular reviews for clients who were receiving medically assisted treatment.
- Staff told us there was good access to medical cover. There were doctors available to the service, each offering an all day clinic. A non-medical prescribing (NMP) nurse worked at the service. Non-medical prescribers have been able to independently prescribe controlled drugs for the treatment of dependence, with the exception of diamorphine, cocaine and dipipanone since 2012. The provider's nursing director ensured that NMP's were supervised and appropriately supported. The NMP showed a good understanding of hidden harm and evidence based practice.
- Staff completed individualised care plans with clients. The care plans we reviewed were detailed and addressed the various aspects of the client's needs. These included physical health, housing, welfare and education and the involvement of family and criminal justice services. The care plans we reviewed contained details of the client's recovery goals. Care plans were reviewed with clients and updated by staff.

# Substance misuse/detoxification

- The care plans we reviewed contained re-engagement plans. These plans provided detail to staff about what action to take if a client suddenly stopped their engagement with the service. These plans were agreed with the client and included information about who staff could contact and their preferred method of contact.
- Staff gained consent from clients as part of the assessment process. We saw examples where clients had consented to information sharing with their general practitioner.
- Staff at the service had a laptop and all information was recorded electronically. In some instances paper records were completed and these were then uploaded onto the client's electronic record.
- The service offered hepatitis A and B vaccinations and dried blood spot testing for blood borne viruses. Staff provided information and support to clients who wished to access these services.
- The service offered a needle exchange service. Staff recorded needle exchange transactions and these were logged on an electronic reporting system. The service undertook a needle exchange audit. This included control measure and target completion dates.

## Best practice in treatment and care

- The service followed the National Institute for Health and Care Excellence (NICE) guidelines. These guidelines make evidence-based recommendations across a range of topics to improve the health of communities. The service also referred to the Drug Misuse and Dependence clinical guidelines. These guidelines provide information to clinicians who provide drug treatment for people who misuse or are dependent on drugs and/or alcohol. The medical lead for the service had been involved in the expert panel for developing these guidelines.
- The service provided evidence based interventions that met NICE guidelines. The treatment offered included brief advice and information through to more structured clinical and group interventions. Interventions included one to one key working appointments, following a

cognitive behavioural therapy model, harm reduction in the form of 'living safe' groups, a 'steps to wellbeing' group and mutual aid meetings. All recovery workers had completed training in group facilitation.

- We reviewed a monthly clinical audit and the medically assisted treatment (MAT) action plan. The MAT action plan was linked to the five domains safe, effective, caring, responsive and well led. The clinical audit included compliance with infection control, the number of dried blood spot tests and number of vaccinations completed within the previous month. The audit and action plan identified actions required and the persons responsible for these actions.
- Staff contacted a client's GP prior to prescribing medically assisted treatment (MAT) and on completion of the treatment to ensure awareness of prescribed medication. Prior to treatment, staff completed a prescribed treatment agreement with clients, which was signed by the client, key worker, and dispensing pharmacist.
- The service offered residential or inpatient detoxification for opiate and alcohol dependent clients who they considered a higher risk. When staff identified a client who would benefit from residential or inpatient services, they submitted their case to the funding panel who agreed admissions.
- Staff supported clients with housing, benefits and employment issues. Where more specialist knowledge was required, staff signposted clients to the appropriate agency.
- The service offered peer mentoring and volunteer service to support clients. Peer mentors are people who have their own experience of recovery from substance misuse and provide support to current clients with their recovery.
- The service provided naloxone to opiate using clients. Staff provided training to clients and carers in how to administer naloxone. Naloxone is an opiate antidote medicine used to rapidly reverse an opioid overdose.
- The provider recently recruited apprentices to work across services on a one-year contract. We were told during this time, apprentices would be supported to



# Substance misuse/detoxification

attend a relevant college course and gain further employment experience. As with peer mentors, apprentices are people who have their own experience of recovery from substance misuse.

## **Skilled staff to deliver care**

- Staff were suitably qualified and experienced for their roles. Staffing at the service consisted of two team leaders, recovery support workers, three administrators and one agency non prescribing medical nurse.
- The service had identified staff who undertook the role of 'champions' in various roles. These included safeguarding and multi agency risk assessment conference (MARAC). The MARAC lead attended regular meetings to share information about high risk cases of domestic abuse.
- The service had completed a training needs analysis for staff during the transfer of undertakings and protection of employment (TUPE) process when changing from the previous service provider. However, the provider had not fully analysed and acted on this which meant some gaps in the training of staff had not been addressed.
- Staff told us they felt supported by the service manager and their peers. Staff received monthly line management supervision. The service manager and team leaders shared line management responsibilities for staff. The service did not offer clinical supervision for non-clinical staff, however, the provider made financial reimbursement available for staff to source external reflective practice. The service also offered a free confidential telephone helpline for staff.
- Staff had not yet completed an annual appraisal, however, this was due to the service only commencing their contract on 1 May 2017.

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

- We observed good evidence of staff sharing information during a daily allocations meeting. Staff attended monthly team and clinical meetings. We reviewed the minutes of the team meeting, which included discussions concerning service provision and performance. We reviewed minutes of the monthly manager's meeting, which included discussions for incidents, health and safety and service updates.

- Staff worked with a range of external agencies including midwives, social services, young person's drug and alcohol service, supported housing providers and GPs to provide comprehensive and holistic care for clients. Staff had regular contact with local pharmacies to ensure that prescriptions were in place for clients receiving medically assisted treatment.
- Staff worked closely with health trainers and the local community mental health team to support client's physical and mental wellbeing. The dual diagnosis lead had arranged for staff from the community mental health team to conduct joint assessments where appropriate.
- There was a nurse liaison worker based in the local hospital to streamline appropriate referrals into the service for people who presented at the accident and emergency department.
- The provider shared the contract with National Association for the Care and Resettlement of offenders (NACRO). There was a dedicated NACRO worker at the service who liaised with agencies including probation, the police and prisons to ensure that the needs of clients involved in the criminal justice system were met, to support integration into the community.

## **Good practice in applying the MCA**

- The provider did not offer training on the Mental Capacity Act for staff. We found staff knowledge of the Mental Capacity Act was limited. However, staff were able to explain how to respond if a client attended appointments of groups under the influence of drugs and/or alcohol.

## **Equality and human rights**

- Staff completed equality and diversity e-learning training. This included modules on race, religion or belief, gender re-assignment, age and disability.
- Staff used information gathered during the assessment process about age, ethnicity, nationality, disability status, literacy and language. Staff used this information to identify where support may be needed. Staff knew how to access specialist support, such as an interpreter, if required. Staff arranged home visits for clients with complex needs or found it difficult to attend the service.

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- The service worked alongside other services such as community midwives and young person services in order to establish links and joint working.

## Management of transition arrangements, referral and discharge

- The service accepted self-referrals and referrals from professionals. The service offered a drop in service, which provided the opportunity for people to speak to staff without an appointment. There was a weekly evening clinic so that clients could be seen out of working hours.
- Staff contacted drug services to arrange a smooth transition of care if a client was moving to another area. Staff had regular contact with prisons to ensure that appropriate support and treatment was in place for somebody released from prison.

## Are substance misuse/detoxification services caring?

### Kindness, dignity, respect and support

- We observed staff facilitating a group session and one to one sessions with clients. We saw that staff treated clients with respect, kindness and offered support. Staff showed a genuine commitment to the client's well-being and a passion for their work.
- We observed a daily allocations meeting and saw that staff were non-judgemental and treated clients with respect when discussing their care.
- We spoke to seven clients who used the service and obtained feedback from 16 comment cards from the service. Client's spoke highly of the support received and said that staff were friendly, caring, welcoming, helpful and responsive.

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

- The service completed a client satisfaction survey following the change of service provider in May 2017. The provider was in the process of evaluating this information to feedback to the service. Clients attended co design workshops to encourage client involvement in the design of the service.

- Clients said that there had been a smooth transition of the service from the previous provider with little or no impact on their care and treatment.
- There was a comments box in the reception area inviting feedback from clients and carers about their experience of the service. The drop in service was open to carers for support and advice.
- An advocacy service was available if a client needed independent support. Posters were displayed with contact details for the advocacy services around the building. However, staff's knowledge about referring or signposting to the advocacy service was limited.
- Clients told us they felt fully involved in their care plan and that staff flexibility in the location and time of their appointments allowed them to remain in work.

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

### Access and discharge

- Staff demonstrated a good knowledge and understanding of the local demographics and used this to shape the delivery of the service.
- The service was commissioned to take referrals from people who lived in East Kent. The majority of referrals were self-referrals. The service also accepted referrals from agencies and professionals such as GPs, social services, hospitals, prison and probation services. The service offered drop in clinics so people could be seen without an appointment.
- Managers had regular meetings with commissioners and stakeholders involved with the service to monitor and review performance.
- The service had a single point of access telephone number. This was manned by staff outside of normal hours.
- The service offered a weekly late night clinic to reduce barriers to access of treatment and support of clients who were employed and could not attend during normal working hours. Staff also offered appointments at satellite clinics in surrounding areas to ensure those located further from the service could access treatment

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and support. There was a single point of access telephone number for clients to use outside of normal working hours. There was a manager's rota to ensure cover for the out of hours telephone.

- There was a needle exchange provision available at the service. This was available to people who were not engaged in structured treatment. Staff at the service offered harm reduction and safer injecting advice to people using this service.
- Staff made attempts to re-engage with clients who did not attend appointments. Contact was made by telephone, text message and letter. Staff from the service also liaised with local pharmacies if a client who had dis-engaged with the service was due to collect a prescription so engagement could be re-established when they attended the pharmacy. Staff contacted the pharmacy to stop dispensing prescriptions and ask that the client attend the service in order to reinstate their prescription.
- Staff avoided cancelling scheduled appointments with clients where possible. Alternative arrangements were made for client appointments to be fulfilled by another worker or the duty worker in the event of staff absences.
- Staff contacted a client's GP prior to and on completion of prescribing medically assisted treatment (MAT) to ensure awareness of prescribed medication. Prior to treatment, staff completed a prescribed treatment agreement with clients which was signed by the client, key worker and dispensing pharmacist.
- Staff supported and signposted clients to appropriate specialist support including the community mental health team, safeguarding, maternity and housing services.

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

- Leaflets and information were displayed in the waiting room and included how to make a complaint, safeguarding information, domestic abuse and harm reduction advice. The facilities allowed staff to maintain the dignity of clients when carrying out drug screen tests.
- The service was accessible for clients with limited mobility or in wheelchairs.

- The service had a large range of information available. This included safeguarding, domestic abuse, and advocacy, local support; health issues relating to substance misuse and harm reduction advice.

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

- Staff completed assessments that considered age, gender, sexual orientation and disability. Staff considered other relevant information such as co-morbidities and the client's individual, social and mental health needs.
- The provider had facilitated co-design workshops for clients, carers, staff and professionals during the initial part of the contract.
- Staff were able to arrange interpreters for clients where required. Staff had knowledge and experience of working with a diverse range of vulnerable clients from a variety of cultures and backgrounds.
- The service offered appointments and groups at three satellite services across the local area. They worked closely with local partner agencies. Where possible, staff arranged home visits for clients with complex needs or who found it difficult to attend the service.
- We saw evidence of appropriate joint working for specialist care including staff completing a pregnancy assessment pack and appropriate liaison with professionals involved in the client's care.

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

- The provider had a complaints and comments policy. The governance and quality department oversaw complaints and comments received. There was a central email address for complaints. The provider encouraged staff to manage informal complaints at a local level. The governance and quality department processed formal complaints. A database tracked the complaints process to monitor timeliness of response and trends.
- The service had received no complaints between 1 May and 8 September 2017.
- There was a comments box and feedback forms in the waiting area. Posters were displayed inviting feedback of a client or carers experience of the service. We reviewed the feedback form of a former client who spoke of understanding, flexible and experienced staff.

# Substance misuse/detoxification

## Are substance misuse/detoxification services well-led?

### Vision and values

- Staff demonstrated the vision and values of the organisation in their work. Staff knew who senior managers were and said they were visible at the service. Staff we spoke to told us of the smooth transition from the previous provider. Staff also told us this had had no impact on client care.

### Good governance

- The service had a clear governance structure. There were regular meetings held to monitor service delivery. We saw evidence that regular audits were undertaken which involved staff, managers and the clinical team. There was evidence that identified actions from audits were discussed and taken forward by allocated staff members. For example we saw a medically assisted treatment audit that was rated using the five key lines of enquiry (safe, effective, caring, responsive and well led). The audit generated an improvement action plan.
- Local and regional governance meetings took place which fed into central governance and quality team to support the delivery of quality care.
- The service had an operational risk register to identify priority risks and implement an effective plan to mitigate risks. There was an operational risk assessment which was shared with the senior management team and commissioners. However the audit did not record timeframes for actions to be completed.
- The service had electronic dashboards which could be accessed by staff to monitor their caseloads, risk, care plans, appointments and treatment.
- Data provided by the service showed that staff had not completed all of the mandatory training. The area manager told us that some staff had previously completed this training but that training records had not transferred from the previous provider. This meant that there were no records available to confirm this.
- Feedback from the commissioners was that the provider had managed the transition and performance of the

service well. Commissioners were working with the provider to capture the baseline performance levels for the key performance indicators and apply service credits to identified indicators.

- Data provided by the service showed that not all staff had not completed all of the mandatory training. The area manager told us that some staff had previously completed this training but there were no records available to confirm this.
- The service was still in the process of embedding new policies following registration on 1 May 2017. However, the prescribing and treatment policy had not been updated to reference the updated drug misuse and dependence guidelines on clinical management.

### Leadership, morale and staff engagement

- The sickness rate for the service between 1 May 2017 and 8 September was 2%.
- Staff morale was very high. Staff generally told us their workload was manageable. Staff interactions that we observed showed there were positive working relationships between staff at the service.
- Staff told us the provider had taken a real interest in their training needs and career development. Staff told us there was a recognition and reward scheme. Staff spoke highly of the benefits offered by the provider and this had contributed to high staff morale. Staff we spoke to felt supported by their managers and the senior management team.
- The service had a whistleblowing policy and staff knew how to use it if required. Staff felt able to approach the manager with any concerns they may have.

### Commitment to quality improvement and innovation

- The provider had commenced an eight year contract to deliver community substance misuse service in May 2017. The provider had engaged stakeholders and partner agencies to design their treatment model. The service had plans to fully implement the co-design model in January 2018.
- The provider had a shared contract with a mental health support organisation involved in the co-design of the

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service to better meet the needs of clients in the hope of improving referrals and engagement into the service.

Clients were encouraged to participate in the design of the new service and had attended co design workshops.

- Feedback from the client satisfaction survey was largely positive. The service received the highest scores for

clients reporting a positive overall experience of the service and that the service was accessible. The lowest score concerned clients feeling that their treatment had remained the same since the change in provider.

# Outstanding practice and areas for improvement

## Areas for improvement

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

- The provider must ensure that staff complete mandatory training so that they can carry out their roles safely and effectively.

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

- The provider should ensure that the mandatory training identified is sufficient to support staff to carry out their roles safely and effectively.

- The provider should ensure that staff training records are accurate and up to date.
- The provider should include timeframes for actions to be completed on the operational risk register
- The provider should ensure that managers have immediate access disclosure barring check information for all staff.
- The provider should ensure that staff are aware of the advocacy services available for clients.

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 18 HSCA (RA) Regulations 2014 Staffing</p> <p>Staff did not receive appropriate support, training and development to enable them to fulfil the requirements of their role.</p> <p>Regulation 18 (2)(a)</p>