

Cranstoun - Sandwell

Quality Report

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

Ratings

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

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

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

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

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

Summary of findings

Overall summary

We rated Cranstoun: Sandwell as **good** because:

- The service provided safe care. The premises where clients were seen were safe and clean. The number of clients on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each client the time they needed. 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.
- 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 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.

However;

- Staff were not consistently recording, in the electronic client record, that clients had been offered a copy of their care plan.

Summary of findings

Contents

Summary of this inspection

	Page
Background to Cranstoun - Sandwell	5
Our inspection team	5
Why we carried out this inspection	5
How we carried out this inspection	5
What people who use the service say	6
The five questions we ask about services and what we found	7

Detailed findings from this inspection

Mental Health Act responsibilities	11
Mental Capacity Act and Deprivation of Liberty Safeguards	11
Overview of ratings	11
Outstanding practice	24
Areas for improvement	24

Good 

Cranstoun - Sandwell

Services we looked at

substance misuse services.

Summary of this inspection

Background to Cranstoun - Sandwell

Cranstoun - Sandwell became live 1st February 2018 as a service transfer after the Cranstoun Group were awarded the contract to deliver integrated substance misuse services in Sandwell by Sandwell Metropolitan Borough Council. The new service merged the two previous services (drugs and alcohol) into one service with a reduced budget. As a result, a number of staff were transferred to the service under the Transfer of Undertakings (Protection of Employment) Regulations 2006 from the previous service and some posts were made redundant.

Cranstoun - Sandwell provides group work, one to one key working sessions, out-reach support, and support to family members and carers of people affected by substance misuse. With a focus on prevention, early intervention and self-help, treatment and recovery.

The service registered with the Care Quality Commission (CQC) 31st January 2018 for:

- the treatment of disease, disorder or injury
- diagnostic and screening procedures.

At the time of the inspection the service had a registered manager.

This is the first time the CQC have inspected Cranstoun using our new approach of asking five key questions about the quality of services.

Our inspection team

The team that inspected the service comprised three CQC inspectors and a CQC inspection manager.

Why we carried out this inspection

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

How we carried out this inspection

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

During the inspection visit, the inspection team:

- looked at the quality of the environment and observed how staff were caring for clients;
- spoke with four clients who were using the service;
- spoke with the registered manager;
- spoke with 17 other staff members; including nurse prescribers, peer support workers, engagement and recovery workers, and nurses;
- attended and observed a multi-disciplinary meeting and non-medical prescriber clinic;
- looked at eight care and treatment records of clients and;

Summary of this inspection

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

What people who use the service say

We spoke with four clients who spoke positively about the service.

They felt staff supported them and treated them with compassion and respect. All said that the service had saved their life.

They said that they were provided with the information they needed and could access the service when required.

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. The number of clients on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each client the time they needed.
- 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.

Good



Are services effective?

We rated effective as **good** because:

- 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-oriented.

Good



Summary of this inspection

- 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, benchmarking 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(s) had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.
- Staff supported clients to make decisions on their care for themselves. They understood the service'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.

However;

- Staff were not consistently recording, in the electronic client record, that clients had been offered a copy of their care plan.

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 risk assessment and actively sought their feedback on the quality of care provided. They ensured that clients had easy access to additional support.
- Staff informed and involved families and carers appropriately.

Good



Are services responsive?

We rated responsive as **outstanding** because:

- The service was inclusive, and person centred to support individual client's preferences. It was designed to meet a wide range of individual needs.

Outstanding



Summary of this inspection

- The service went the extra mile to meet the needs of all clients with a protected characteristic or with communication support needs. They had a dedicated team who spoke different dialects to meet the local demographic.
- The service knew their demographic and responded to meet the needs of the local population by offering support such as midwifery appointments, interventions for the homeless and a prevention pathway with younger people.
- The service prioritised clients to ensure they were seen on a needs basis to ensure timely access to appropriate services.
- The service was easy to access and included digital interventions and after-hours appointments.
- Staff planned and managed discharge well. The discharge process was person centred, timely and specific to the individual.
- The service had alternative care pathways and referral systems for people whose needs it could not meet.
- There was good cross agency working with links with the local police team, local charities and support networks and the local NHS trust.
- The design, layout, and furnishings of treatment rooms supported clients' treatment, privacy and dignity.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and the wider service.

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 service'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 service 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 governance processes operated effectively at ward level and that performance and risk were managed well.
- Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

Good



Summary of this inspection

- Staff collected and analysed data about outcomes and performance.

Detailed findings from this inspection

Mental Health Act responsibilities

The service was not registered to accept clients detained under the Mental Health Act. Staff knew who to contact if they were concerned about a client's mental health.

Mental Capacity Act and Deprivation of Liberty Safeguards

People were supported to make decisions where appropriate and when they lacked capacity, decisions were made in their best interest, recognising the importance of the person's wishes, feelings, culture and history. When staff had concerns about a person's capacity, they followed the escalation process and discussed specific cases with the team leaders and managers.






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

Overview of ratings

Our ratings for this location are:

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

Substance misuse services

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

Are substance misuse services safe?

Good 

Safe and clean environment

All premises were safe, clean, well maintained and fit for purpose.

The service was located over two floors within premises that were non-stigmatising and had a discreet side entrance. We saw that staff did regular risk assessments of the care environment. We saw documented actions, with timescales to complete the actions being monitored.

All areas were clean, had good furnishings and were well maintained. Access into clinical and staff areas was restricted via swipe card entry. Interview rooms were fitted with alarms and there were staff on site to respond to alarms. There were two clinic rooms both accessed via swipe card entry and both well-equipped with the necessary equipment to carry out physical examinations. Blood-borne virus equipment (blood vials, needles, plasters) was well stocked and stored safely in a locked room. There were clear procedures for collection and disposal of clinical waste products and sharps.

The service had a well-stocked needle exchange in line with National Institute for Health and Care Excellence guidance for needle and syringe programmes. Information was displayed through the building and available for clients to take away about harm reduction and a range of relevant health matters.

Cleaning records were up to date and demonstrated that the premises were cleaned regularly. Staff adhered to infection control principles, including handwashing. There was alcohol gel available and hand washing basins in the clinic room.

Staff maintained equipment well and kept it clean and we saw equipment was in date for calibration and portable appliance testing.

Safe staffing

The service had enough staff, who knew the clients and received basic training to keep them safe from avoidable harm. The number of clients on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each client the time they needed.

At the time of the inspection the service employed 48 members of staff and had a vacancy rate of 20%. The number, profession and grade of staff in post matched the service's staffing plan and was set as part of the retender process in 2018 when the service had been reconfigured. These included engagement and recovery workers, doctors, nurses, non-medical prescribers and administration staff.

The vacancy rate was due to staff leaving to take up development opportunities externally. However, those vacancies had been recruited into with new starters due to begin employment imminently.

The service used locum/bank/agency staff appropriately. The service had use of an agency prescriber to cover gaps such as sickness and annual leave. This member of staff knew the service and had access to all client care records.

Managers assessed the size of the caseloads of individual staff regularly and helped staff manage the size of their

Substance misuse services

caseloads. Each full-time member of staff had approximately 70 clients on their caseload. Caseloads were reviewed regularly to assess client risk, acuity and discussed within supervision meetings.

Cover arrangements for sickness, leave, vacant posts and so on ensured client safety. Clients allocated to the caseloads of staff on leave or vacant posts had been re-allocated to the remaining staff to caretake whilst roles were recruited into. This ensured clients received continuous care and support.

Staff had received and were up to date with appropriate mandatory training. Staff in this service had undertaken 100% of the various elements of training that the service had set as mandatory. This included level 2 safeguarding adults and children, domestic abuse, and health and safety.

Staff and clients said that activities were not cancelled with the exception of acupuncture clinics. The service had rectified this by training additional staff, which was occurring at the time of the inspection, and managers were confident that acupuncture clinics would run consistently once this was completed.

Assessing and managing risk to clients and staff

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.

We reviewed eight care records and saw that staff did a risk assessment of every client at initial assessment and updated it regularly, including after any incident. We saw that each record had a multidisciplinary led risk management plan and a plan for exiting treatment.

Of the eight records reviewed, we saw evidence in six applicable records that the risk had been shared with appropriate stakeholders such as social services and at Multi Agency Risk Assessment Conferences (MARAC). A Multi Agency Risk Assessment Conference is a victim (of domestic abuse) focused information sharing and risk management meeting attended by all key agencies, where high risk cases are discussed. Additionally, all high-risk cases were discussed at the weekly multidisciplinary meetings.

Staff used a recognised risk assessment tool and when appropriate, staff created and made effective use of crisis plans in conjunction with the client. Staff responded promptly to sudden deterioration in a client's health and we saw evidence of ongoing monitoring of physical health.

Staff monitored clients on waiting lists to detect and respond to increases in level of risk, the services did not have waits over 18-weeks. Managers received a full service report every month which highlighted any clients who had not been seen as regularly as expected, usually due to none attendance or sickness, this was then raised with staff in supervision. Staff responded promptly to sudden deterioration in a patient's health and shared information with client's GPs to ensure continuity of care.

The service had developed good personal and team safety protocols, including lone working practices, and there was evidence that staff followed them.

The waiting area seating had been designed so all clients faced the reception team which then allowed the team to identify any clients suffering from an overdose.

The service had an up to date Health and Safety and Fire Risk Assessments in place.

Safeguarding

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 were trained in safeguarding, knew how to make a safeguarding alert, and did so when appropriate. All (100%) staff were trained to relevant competency, having received level 2 safeguarding adults and children training. The service had a safeguarding lead who was trained to level 3.

Staff could give examples of how to protect clients from harassment and discrimination, including those with protected characteristics under the Equality Act. Each client had a risk management plan which included strategies such as exit plans from danger for people at risk of domestic violence. Naloxone was held at reception with staff trained in its administration in case of a client suffering an overdose.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and could give examples of when they had raised safeguarding concerns. That

Substance misuse services

included working in partnership with other agencies. Service staff regularly attended the Multi Agency Risk Assessment Conferences to share risk information with partner agencies. The service worked closely with the local authority to manage a trainee social worker placement with a view to improving links between the two. We saw staff work with other agencies such as the local midwifery service and social services to safeguard pregnant clients.

Safeguarding information was visibly displayed in the waiting rooms for clients to refer to if needed. Staff offered defined and consistent information on safe methadone storage and highlighted the dangers of smoking cigarettes at home when over inebriated and in charge of children.

We reviewed the safeguarding adults and safeguarding children policies and found both to be up to date (April 2019) and contained all necessary information. Both contained clear processes on how to act if an adult or child was at risk and gave detailed information on the types of abuse to be aware of.

There was a service level safeguarding log which was reviewed regularly by staff and all had access to a safeguarding folder which also had a clear overview of safeguarding pathways. We observed this being used in practice during a prescribing clinic.

The service also worked with the local Women's Aid charity who visited the service weekly to talk to and work with both victims and perpetrators of domestic abuse.

Staff access to essential information

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 had recently introduced an electronic client record system. As such, some clients had notes in both paper and electronic format. Staff said that all information needed to deliver client care was available to all relevant staff when they needed it and in an accessible form. Any paper forms completed with clients such as consent forms, were scanned and attached to the clients electronic record and where applicable, securely disposed of.

Paper records were stored in locked cabinets which were housed within a secure locked room and accessible only to staff.

We saw evidence that information was shared effectively when clients moved between different services such as GPs and pharmacies.

Medicines management

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 mental and physical health.

The service had three nurse prescribers and a doctor. We saw that staff regularly reviewed the effects of medicine on clients' physical health. These reviews were in line with guidance from the National Institute for Health and Care Excellence (NICE). The service had a service level agreement with local pharmacies to ensure the delivery of needle exchange and supervised consumption was managed to the expected level. This allowed the service to complete spot checks on the pharmacy.

There were no controlled drugs stored on the premises. The only medicines stored by the service were vaccinations, hepatitis C medicines and naloxone. These were stored in a locked fridge or cupboard and dispensed to clients or used within the building. Staff recorded when they issued, used or trained clients how to use it. Naloxone is a medicine used to block the effects of opioids, especially in overdose. We saw that the naloxone doses stored onsite were within their expiry dates and appropriately stored. All staff had received training in teaching clients how to use naloxone.

Where vaccines were stored, we saw that staff checked the room and fridge temperatures daily when the service was open to ensure they remained within range to maintain their efficacy.

Clients were provided with a locked box in which to store their medicine in at home. This meant that children, or others, would not be at risk of taking medicines. Staff ensured clients knew how to use them, and clients with children were often visited at home so staff could assess any risk.

The service employed a prescription administrator who oversaw the printing of prescriptions and ensured that all prescriptions were safely stored on the premises.

Substance misuse services

We observed a prescribing clinic where the staff member assessed the suitability of the clients to collect and administer their own medicine. They also discussed with clients the risk to children at home and others, if the medicine was left unsecured.

Track record on safety

The service had a good track record on safety.

From 1 July 2018 to 30 June 2019, the service reported nine serious incidents (SIs). All were reviewed through the service incident investigation process and any actions or recommendations were reviewed at a senior level. The trust had a policy for reporting incidents including deaths, which highlighted what events staff should report and a whistle blowing policy which encouraged an open reporting culture.

Reporting incidents and learning from when things go wrong

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.

All staff knew what incidents to report and how to report them. Staff reported all incidents that should be reported. A local manager was then allocated as the handler of the incident and reviewed the incident within the incident policy timeframes. Any immediate action required would then be taken, for example confirmation of a client death; the client's allocated care coordinator would be informed, as well as an emergency debrief with the staffing team so that they were all aware of the death and support could be offered to staff, significant others of the client and other professionals. Staff we spoke with gave examples of receiving debriefs and support after a serious incident.

We reviewed five incidents and found all to be completed to a good standard. Giving a clear overview of the incident, root cause analysis, clear investigation and we saw outcomes including actions and recommendations. The incident reporting system allowed the service to track and monitor progress with recommendations and actions from incidents. These were monitored by care quality governance coordinator who collated any themes or trends and reported on these in local governance meetings.

Staff received feedback from investigation of incidents both internal and external to the service. Staff met to discuss that feedback. Incidents were discussed as part of the morning 'flash' meetings and we were given examples of lessons learnt being discussed within team meetings, supervision and as part of the monthly manager's brief. Minutes including a lessons learnt report were available for those unable to attend meetings.

All incidents were reviewed and monitored monthly at the Incident Review Group with the service management team. Additionally, the service had a local Clinical Governance Group and incident review group which provided a forum for managers from the organisation to analyse lessons learnt and implement changes across all services to reduce risks of similar incidents occurring elsewhere.

Staff understood the duty of candour. Duty of candour is a legal requirement, which means services must be open and transparent with clients about their care and treatment. This includes a duty to be honest with clients when something goes wrong. The service had a good practice of adopting the duty of candour for incidents regardless of whether they fell below the legal remit and would invite carers/families/friends to input into the investigation and outcome. Staff were open and transparent, and explained to clients and families a full explanation when something went wrong.

There was evidence of change having been made because of feedback such as consent to treatment being added to the electronic care record to clearly evidence it had been sought.

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

Good 

Assessment of needs and planning of care

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 oriented.

All initial referrals were triaged for urgency and escalated, as necessary. All clients received a full assessment and if

Substance misuse services

required, a prescribing assessment with a qualified prescriber. We reviewed eight client records and saw that staff completed a comprehensive assessment of each client taking into account such things as their alcohol and drug use, injecting history and their motivation to change. These assessments were in line with guidance from National Institute for Health and Care Excellence (NICE).

Staff ensured that any necessary assessment of the client's physical health had been undertaken and that they were aware of and recorded any physical health problems. Staff liaised closely with the client's GPs and pharmacists to ensure that any medicines prescribed by the service did not interfere with existing medicines. All eight had a full assessment of previous access to treatment.

Staff developed care plans that met the needs identified during assessment. All care plans reviewed were personalised, holistic and recovery-oriented and updated when necessary.

All eight records had plans in place which detailed processes to be followed if there was an unexpected exit from treatment to ensure clients were not left unduly at risk.

We could not find evidence in any of the eight client records reviewed that clients had received a copy of their care plan. However, two clients we spoke with said they had been given a copy. Additionally, staff said they would offer the client a copy but that it was not always recorded in the client records.

There was no local crisis team in Sandwell; any clients in crisis were signposted to the local emergency department. The service had a trained mental health nurse who was dual trained to include substance misuse whose caseload was managed to enable them to treat clients with mental health concerns. The service also had an on-site single point of access and referral at the local NHS trust who would liaised with the local mental health team to ensure clients were signposted to the more appropriate teams.

Best practice in treatment and care

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 provided a range of care and treatment interventions suitable for the client group. The interventions were those recommended by and were delivered in line with National Institute for Health and Care Excellence guidance. These included medicines and, when needed, support for employment, housing and benefits, and interventions that enable clients to acquire living skills.

The service used evidence-based psychosocial interventions, such as cognitive behavioural therapy, and staff saw clients in one to one sessions and groups. The service offered peer led support groups and there were weekly group activities.

Staff ensured that clients' physical healthcare needs were being met, including their need for an annual health check. When the GP was responsible for that, the community health staff assured themselves that it was done. Clients were prescribed medicines recommended by national guidance (methadone and buprenorphine for the management of opioid dependence, National Institute for Health and Care Excellence (NICE) 2007; DH, 2007; NICE, 2011). Staff prescribed clients medicines in accordance with national guidance (National Institute for Health and Care Excellence, 2011) to assist with their abstinence from alcohol.

Staff told us that clients taking over 90ml of methadone would receive ongoing monitoring including an electrocardiogram (ECG). The electrocardiogram monitored potential heart abnormalities due to the dose of medicine. This was in accordance with national guidance (DH, 2007; Guidance for the use of substitute prescribing in the treatment of opioid dependence in primary care, Royal College of General Practitioners, 2011). The service had access to an external service which reported on the outcome of the electrocardiogram by reviewing a scanned ECG and reporting back to Cranstoun within 20 minutes. This sped up the time it took for the service to receive the results and informed safe prescribing.

Staff supported clients to live healthier lives for example, through participation in smoking cessation schemes, acting on healthy eating advice, managing cardiovascular risks, and dealing with issues relating to substance misuse.

Staff assessed a client's status for blood borne viruses at the point of entry into the service and during medical reviews. Staff offered and delivered dry spot Blood Borne Virus (BBV) testing for hepatitis B and C and HIV, in

Substance misuse services

accordance with best practice (Department for Health 2007). The service in conjunction with the local NHS acute hospital trust, offered clients the latest less invasive treatment in managing and treating hepatitis C and had seen a decrease in the number of client's not attending their appointments from 70% to 45%.

Skilled staff to deliver care

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.

The team included and had access to, the full range of specialists required to meet the needs of clients. This included doctors and nurses, social workers, pharmacists, peer support workers and engagement and recovery workers. The team had non-medical prescribers who saw clients within clinics.

Staff were experienced and qualified and had the right skills and knowledge to meet the needs of the client group. Managers provided new staff, including volunteers, with appropriate induction and provided staff with supervision (meetings to discuss case management, to reflect on and learn from practice, and for personal support and professional development) and appraisal of their work performance. Managers ensured that staff had access to regular team meetings.

Team Leaders conducted staff supervision, which reviewed professional competencies and behaviours, complex cases and safeguarding issues through one-to-one meetings, clinical audits and observed practice. This had recently changed from monthly to three-monthly to align with the parent organisations policy, only one member of staff reported that they felt this to not be enough. All staff said that supervision was of a good standard and outcomes were documented so they could be followed up at the following meeting.

The percentage of staff that had had an appraisal in the last 12 months was 100%. The percentage of staff, currently at work, that received regular supervision was 100%.

Managers identified the learning needs of staff and provided them with opportunities to develop their skills and knowledge. Managers ensured that staff received the necessary specialist training for their roles.

Managers dealt with poor staff performance promptly and effectively and recruited volunteers when required and trained and supported them for their roles.

Multi-disciplinary and inter-agency team work

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(s) had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.

Staff held regular and effective multidisciplinary team meetings. We observed the weekly multidisciplinary meeting which was attended by the clinical lead, doctor, engagement and recovery workers, nurses and volunteers. We saw evidence that safety was a priority and discussed ways in which service users who were risky would be able to access treatment in a way that minimises risk to others and found this to be very inclusive. There were comprehensive in-depth discussions around risk – particularly to children – and we saw evidence that home visits were arranged in conjunction with social care workers. Safeguarding referrals were followed up and chased if necessary and we saw evidence that one was to be escalated to the Manager of local Social Services due to no action being taken by social services.

The community teams had good working links, including effective handovers, with primary care, social services, and other teams external to the organisation. There was evidence of useful links between local services such as the probation service, police, and domestic violence services. There was also evidence of the involvement of carers and family consideration for clients who were working.

Staff shared information about clients at effective handover meetings within the team for example, when staff went on holiday.

Adherence to the MHA and the MHA Code of Practice

The service was not registered to accept clients detained under the Mental Health Act. Staff knew who to contact if they were concerned about a client's mental health.

Substance misuse services

Good practice in applying the MCA

Staff supported clients to make decisions on their care for themselves. They understood the service'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.

All (100%) staff had had training in the Mental Capacity Act. Staff were trained in and had a good understanding of the Mental Capacity Act 2005, particularly the five statutory principles.

The service had a policy on the Mental Capacity Act, which staff were aware of and had access to it. Staff knew where to get advice from within the service regarding the Mental Capacity Act.

Staff took all practical steps to enable clients to make their own decisions. For clients who might have impaired mental capacity, staff assessed and recorded capacity to consent appropriately. They did this on a decision-specific basis. When clients lacked capacity, staff made decisions in their best interests, recognising the importance of the person's wishes, feelings, culture and history.

The service has arrangements to monitor adherence to the Mental Capacity Act. Staff audited the application of the Mental Capacity Act and took action on any learning that resulted from it. In our review of the eight care records, we saw evidence that client's mental capacity had been assessed in all cases.

Are substance misuse services caring?

Good 

Kindness, privacy, dignity, respect, compassion and support

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 demonstrated a compassionate understanding of the impact peoples' care/treatment could have on their emotional and social well-being. Staff were discreet, respectful and responsive, providing clients with help, emotional support and advice at the time they needed it.

Staff supported clients to understand and manage their care, treatment or condition. We saw evidence that staff directed clients to other services when appropriate and, if required, supported them to access those services.

We spoke with four clients who said staff treated them well and behaved appropriately towards them. All stated that the service had helped save their lives.

Staff understood the individual needs of clients, including their personal, cultural, social and religious needs and this was reflected in the client care plans.

Staff said they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards clients without fear of the consequences. Staff maintained the confidentiality of information about clients. In all eight client records we saw clients had signed a confidentiality agreement and stated they understood it when staff had explained it to them.

Involvement in care

Staff involved clients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that clients had easy access to additional support.

We saw in the eight client records and within the multidisciplinary team meeting that staff involved clients in care planning and risk assessment. Each client had a named worker as point of contact as a means for continuity of care whilst under the care of the team.

Staff communicated with clients so that they understood their care and treatment, including finding effective ways to communicate with clients with communication difficulties. Staff involved clients when appropriate in decisions about the service for example, clients had landscaped the outdoor entrance area to make it a friendlier environment.

In the welcome meeting, every client was asked to state their recovery goals and we saw this discussed throughout the client's care records. Each client had a recovery plan and risk management plan in place that demonstrated their preferences for recovery goals.

Staff enabled clients to give feedback on the service they received via surveys. We saw leaflets on how to feedback readily available in all client areas.

Substance misuse services

Staff informed and involved families and carers appropriately and provided them with support when needed and enabled them to give feedback on the service they received.

Are substance misuse services responsive to people's needs?

(for example, to feedback?)

Outstanding



Access and discharge

The service was easy to access and included digital interventions and after-hours appointments. Staff planned and managed discharge well. The discharge process was person centred, timely and specific to the individual. The service had alternative care pathways and referral systems for people whose needs it could not meet.

The service had alternative care pathways and referral systems for people whose needs it could not meet.

The service had clear criteria for which clients would be offered a service and, if waiting lists were used, who could be placed on them. The criteria did not exclude clients who needed treatment and would benefit from it. Referrals into the service were via many streams such as self-referral or via professionals such as GPs, hospital, social services, prisons or probation.

On referral into the service, clients were booked on to a welcome meeting which gave an overview of the service offering and provided naloxone training. People's individual needs including spiritual needs were considered and support provided when needed. At the time of the inspection there was no waiting list for the welcome meeting. Clients were prioritised based on risk with all urgent referrals being seen quickly. Referrals were discussed daily and assigned to the appropriate engagement and recovery worker. Clients were then contacted to complete a comprehensive risk assessment.

Clients could access digital interventions online, such as an online alcohol audit and could book into a welcome group online.

The service was responsive to individual needs by offering times where service users could 'drop in' for unscheduled

appointments, to complete a referral, seek advice or access the needle syringe programme. They also operated a late-night service once a week for people who could not attend during working hours. There was specialist support for vulnerable people.

There was a single point of contact telephone and email contact across the whole service to increase accessibility for service users regardless of where they were in the county. Additionally, there were outreach sessions in surgeries and community centres in Sandwell and satellite services based in areas where public transport made it difficult for clients to attend appointments at the main office. Clients who were pregnant or had recently been admitted to hospital were targeted to be offered an assessment appointment within 24 working hours.

The service had a criminal and justice team who worked closely with local police forces offering an arrest referral service for detainees in police custody. Staff from this team would work in the local police stations and would assess the client's needs prior to release. There were also specific pathways for prison releases whereby appointments would be arranged with pre-prepared medicine ahead of release to ensure clients were supported in their recovery.

Staff offered clients a wide variety of treatment pathways at assessment which took their end goals into consideration. Pathways were based on the substance's clients were using with clients who were opiate or alcohol dependent receiving more structured clinical support, which included prescribed medicines. Clients who used other substances received brief intervention support which consisted of focussed appointments.

The team tried to make follow-up contact with people who did not attend appointments. Staff cancelled appointments only when necessary and when they did, they explained why and helped clients to access treatment as soon as possible. Appointments usually ran on time and people were kept informed when they did not. The service had a did not attend policy whereby if someone has not attended for three appointments they would be sent a 14-day letter within which they needed to contact the service or be discharged. If the client was on a prescription it would be discussed at the multidisciplinary meeting to consider ways to better engage with the client. For

Substance misuse services

example, some prescriptions would be held at the pharmacy or on site, the pharmacist would then be asked to hold the medicine and ask the client to get in touch with the team.

Where a client's needs were beyond the remit of the service, they referred them on to partner agencies or included the agency within a joint care plan to ensure the client needs were met.

The facilities promote recovery, comfort, dignity and confidentiality

The design, layout, and furnishings of treatment rooms supported clients' treatment, privacy and dignity.

The service had a range of rooms and equipment to support treatment and care such as a clinic room to examine clients and enough chairs in the waiting area. The waiting area seating was designed to ensure that the reception staff could see everyone and spot any warning signs of a client experiencing an overdose. On inspection we found the premises to be calm and had a relaxed atmosphere.

There were plenty of interview rooms which were comfortable and had adequate soundproofing. The layout of the building allowed the service to adjust for people in response to their needs for example disabled access.

Clients' engagement with the wider community

Staff supported clients with activities outside the service, such as work, education and family relationships.

When appropriate, staff ensured that clients had access to education and work opportunities. The service provided a designated room for clients to use computers provided by the service to search for job and education opportunities, create a curriculum vitae and make job applications.

The service offered interventions aimed at maintaining and improving service users' social networks, employment and education opportunities and provides support for people to attend community resources. The service had links with the local college who would visit the service to give clients an overview of courses available to them. The service had also developed two volunteers to become full time members of staff.

The local Women's Aid group visited once a week to provide support and guidance for both victims and perpetrators of domestic abuse. Additionally, a local mental health charity as well as alcoholics anonymous and narcotics anonymous provided weekly support sessions.

Meeting the needs of all people who use the service

The service was inclusive, and person centred to support individual client's preferences. It was designed to meet a wide range of individual needs. The service went the extra mile to meet the needs of all clients with a protected characteristic or with communication support needs. The service prioritised clients to ensure they were seen on a needs basis to ensure timely access to appropriate services.

The service adjusted for disabled clients by ensuring disabled people's access to premises and by meeting clients' specific communication needs. The service had ramp access and clinic and interview rooms on the ground floor. Additionally, they had a wheelchair accessible lift to the second floor.

The service went the extra mile to meet the needs of their clients. Staff could describe how they protected LGBTQ+ clients from homophobia and transphobia. Staff made information leaflets available in languages spoken by clients and ensured that clients had easy access to interpreters and/or signers. The service had a dedicated team who worked with clients from south Asia who spoke languages such as Urdu and Punjabi

Staff ensured that clients could obtain information on treatments, local services, clients' rights and so on. The information provided was in a form accessible to the client group for example, in easy-read form for people with a learning disability. Staff were able to give examples of when they had adapted their reports to meet the needs of the client.

The service had implemented a hepatitis C clinic at the service that staff could refer to following a positive dry Blood spot test. This meant the service could facilitate hepatitis C treatment from the centre. This had resulted in improvements in the uptake of treatment and testing within the service.

Substance misuse services

The service worked with the local midwifery team to establish a midwife clinic at the centre which had led to an increase in the number of pregnant client's accessing drug and alcohol treatment.

The service was part of a local initiative which involved staff joining the police and other agencies to engage with homeless people, people working in the sex trade and to help reduce street drinking. They also supported other community safety events.

The prevent team supported early intervention to help bridge the gap between the children and adult services. They did this by visiting community locations to encourage the community to be more open to have discussions about substance misuse so that it stops it from becoming an issue and problematic. They also worked closely with the local Drug Education, Counselling and Confidential Advice Team which provided a young people's alcohol and drugs service.

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and the wider service.

Clients knew how to complain or raise concerns and when clients complained or raised concerns, they received feedback. Staff protected clients who raised concerns or complaints from discrimination and harassment. Staff knew how to handle complaints appropriately. Staff received feedback on the outcome of investigation of complaints and acted on the findings.

From July 2018 to June 2019, the service had received 14 complaints. We reviewed five complaints, all investigated to a good standard and quality checked by the care quality governance coordinator. Any outcomes or lessons learnt were logged on the system as actions and assigned against a member of staff to ensure they were completed. These were reviewed regularly by the care quality governance coordinator to ensure they were completed. Additionally, the actions were collated into one document to enable the service to analyse themes and trends which in turn were fed back monthly to the team leaders, borough manager and the Incident Review Group.

Are substance misuse services well-led?

Good 

Leadership

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.

Leaders had worked within the service for several years and had the skills, knowledge and experience to perform their roles. Leaders had a good understanding of the services they managed and of their client group. Staff said the clinical lead was responsive and gave good clear guidance and advice.

Staff said the leadership and management of the service encouraged an open, supportive and honest culture and that leaders were visible in the service and approachable for clients and staff.

The service had a clear definition of recovery and this was shared and understood by all staff. Leaders could explain clearly how the teams were working to provide high quality care and their aspirations for the future of the service.

Development opportunities were available, including opportunities for staff below team manager level including the opportunity to become a non-medical prescriber.

Vision and strategy

Staff knew and understood the provider's vision and values and how they were applied in the work of their team.

Staff knew and understood the provider's vision and values and how they were applied in the work of their team. The provider's senior leadership team had successfully communicated the provider's vision and values to the frontline staff in this service.

Cranstoun's vision was to beat alcohol and drug addiction. Their ambition was to save lives by tackling alcohol and drug addiction, by helping those who affected by alcohol and drugs to realise their full potential. Their organisational values were ambition, compassion, innovation, and integrity.

Substance misuse services

Staff had the opportunity to contribute to discussions about the strategy for their service, especially where the service was changing.

Staff could explain how they were working to deliver high quality care within the budgets available.

Culture

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.

Staff felt respected, supported and valued and overall felt proud about working for the provider and their team. However, many staff had worked for the service for many years and had seen the service go through several re-tenders and staff restructures. As a result, this had led to a feeling of change fatigue and morale had dipped. However, all staff we spoke with agreed that it was a good service and felt that morale was improving over time and would settle once the new staff had started in post.

All staff spoken with felt able to raise concerns without fear of retribution and knew how to use the whistle-blowing process.

Managers dealt with poor staff performance when needed and were able to give examples of how they had supported staff to develop. Teams worked well together and where there were difficulties managers dealt with them appropriately.

Staff appraisals and supervision included conversations about career development and how it could be supported. Staff reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression.

Governance

Our findings from the other key questions demonstrated that governance processes operated effectively at ward level and that performance and risk were managed well.

There were systems and procedures to ensure that the premises were safe and clean; there were enough staff; staff were trained and supervised; clients were assessed and treated well; referrals and waiting times were managed well; incidents were reported, investigated and learned from.

All staff had access to the electronic client record system which enabled them to understand when care plans and risk assessments were due to be reviewed. This also gave an overview of due appointments, number of clients in treatment and type of treatment and case load numbers for each staff member.

There was a clear framework of what must be discussed within each level of team meeting to ensure that essential information, such as learning from incidents and complaints, was shared and discussed. Senior staff attended the clinical governance implementation group to analyse lessons learnt and implement changes across the service to reduce risks of similar incidents occurring elsewhere.

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

The service used key performance indicators set by Public Health England and the National Drug treatment monitoring service to monitor service performance and productivity.

Staff undertook or participated in clinical audits such as records review and infection control. The audits were enough to provide assurance and staff acted on the results when needed. Staff understood arrangements for working with other teams, both within the provider and external, to meet the needs of the clients.

Management of risk, issues and performance

Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

Staff maintained and had access to the risk register either at a service level and could escalate concerns when required from a team level. We saw that staff concerns matched those on the risk register. The service had a local risk register which identified the local risk and sat under the organisation risk register. This was then incorporated into a business continuity plan which identified actions and responsibilities. The top risk was currently staffing post the retender process and the service had recently recruited into their vacant posts.

The service had plans for emergencies for example, they had Extreme Weather and Crisis Communication policies plan for service continuity during adverse conditions.

Substance misuse services

There were daily 'Flash meetings' every morning to ensure daily risks were addressed and any risk safety issues are considered.

Information management

Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.

Staff had access to the equipment and information technology needed to do their work both within the base and off-site. The information technology infrastructure, including the telephone system, worked well and helped to improve the quality of care. The service had recently implemented an electronic client records system to collect data from the teams that were not over-burdensome for frontline staff.

Information governance systems included confidentiality of client records both electronic and paper.

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

Most information was in an accessible format, and was timely, accurate and identified areas for improvement. However, we saw some documentation that had been photocopied and as a result was no longer easy to read. This was highlighted to the borough manager who was going to seek better ways to present the information.

Staff made notifications to external bodies as needed.

Engagement

The service engaged well with clients, carers, volunteers and staff.

Clients and carers had opportunities to give feedback on the service they received in a manner that reflected their individual needs. We saw easy to access feedback leaflets in all client areas.

Staff, clients and carers had access to up-to-date information about the work of the service through leaflets and social media. The service had a dedicated social media

intern and their social media platform had daily posts on themes such as harm reduction and naloxone administration. Their best performing post had received 20,000 views.

Managers and staff had access to the feedback from clients, carers and staff and used it to make improvements. Such as providing detailed written reports to clients who found verbal feedback more challenging to digest and to ensure clients were not left in reception too long if suffering with social anxiety.

Clients and carers were involved in decision-making about changes to the service for example, clients had landscaped the front of the reception area to make it more pleasant and introduced a remembrance garden.

The service could nominate staff and volunteers for organisational awards, where they could win vouchers. Cranston Sandwell staff had recently been nominated for an award after going over and above to support a client with a physical health concern, to ensure they received the best care possible.

Learning, continuous improvement and innovation

Staff were given the time and support to consider opportunities for improvements and innovation and this led to positive changes.

Innovations were taking place in the service such as the use of a service that enabled electrocardiogram (ECG) results to be completed onsite with the results being scanned to the local NHS provider immediately to be assessed and a report completed and returned within 20 minutes. Electrocardiogram is a recording of the electrical activity of the heart and is used to diagnose cardiovascular disorders. Rapid access to ECG results improved safety by informing safe prescribing.

The service had reached out to their local NHS trust to provide a better service to pregnant clients and as a result ran a joint clinic with a midwife, enabling clients to visit the Sandwell base for their substance misuse and prenatal needs.

Outstanding practice and areas for improvement

Outstanding practice

The service had access to an external service which reported on the outcome of the electrocardiogram

reviewing a scanned copy of the electrocardiogram and providing a report within 20 minutes. This sped up the time it took for the service to receive the results and informed safe prescribing.

Areas for improvement

Action the provider **SHOULD** take to improve

The service should ensure that clients are offered a copy of their care plan and this is recorded within the electronic client record.