Addaction - Cornwall

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

Letter from the Chief Inspector of Hospitals

Start here.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Overall summary

We rated Addaction – Cornwall as good overall because:

- The service had developed an innovative approach to providing integrated person-centred care pathways with other service providers, through the development of a team for people with multiple or complex needs.
- Clients found the service easy to access. Staff assessed and treated clients who needed urgent care promptly. The service provided safe care. Premises where clients were seen were safe and clean. •Staff completed risk assessments for clients in a timely manner and updated these regularly. Clients had risk management plans which they had been involved in developing. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- People's individual needs and preferences were central to the planning and delivery of individual packages of care. 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. Staff followed national guidance when prescribing medication, which was reviewed regularly.
- The teams included or had access to a full range of staff with the skills needed to meet the needs of the clients. Managers ensured that staff received regular supervision and an annual appraisal. Staff worked well together as a multi-disciplinary team and with relevant services outside the organisation.
- Staff treated clients with respect, compassion and kindness and understood the individual needs of clients. They were non-judgemental in their approach to clients. They actively involved clients and families and carers in care decisions.
- The service was well led and the governance processes ensured that procedures relating to the work of the service ran smoothly.However:
- Staff did not consistently record early exit from treatment plans for clients who had been in the service for more than three months.
- The premises in Penzance was visibly damp.

Summary of findings

Contents

Good

Addaction Cornwall

Services we looked at
Community-based substance misuse services

Summary of this inspection

Background to Addaction - Cornwall

Addaction is a national charity that provide a range of substance misuse services. It delivers 81 services across England and Scotland working with adults and young people in community settings, prisons and residential rehabilitation.

Addaction Cornwall provides specialist community support for adults affected by drug and alcohol misuse. It offers one to one support, structured group sessions and needle exchange programmes to people who misuse substances. The service also offers support and information to friends and family affected by someone's drug and alcohol use. Substance misuse workers support clients. Non-medical prescribers employed by Addaction, GPs with a special interest in addiction and GPs under a shared care agreement all undertake prescribing. Clients undergoing home detoxification are supported by staff from Addaction. Addaction Cornwall is commissioned by the Cornwall Drug and Alcohol Action Team (DAAT). The service also includes a community substance misuse service for young people aged between 11 and 18 years old; known as 'YZUP'.

The service has a registered location in Truro, with two satellite hubs covering the rest of Cornwall. We inspected the registered location and visited the satellite hubs in Penzance and Liskeard.

Addaction Cornwall was registered by CQC in March 2014 for the treatment of disease, disorder or injury and for diagnostic and screening procedures. Addaction Cornwall has a registered manager.

The service was previously inspected in July 2016. During that inspection we told the provider it must make improvements to ensure clients receive safe care and treatment. We served a Requirement Notice which detailed that the provider must:

•Ensure that physical health monitoring is ongoing for all non-shared care clients before they are prescribed treatment by Addaction. •Ensure comprehensive risk assessments are fully completed and kept up to date. They must ensure information about clients, including risk assessments and care plans is readily available to staff caring for the client, including when they transfer between the criminal justice bureau and the rest of the service. The provider must also ensure staff develop plans with clients for their safety and wellbeing if they unexpectedly exit treatment. •Reduce high caseloads to ensure the well-being of the team. •Ensure that groups meet the needs of the clients using Addaction Liskeard.

During the February 2019 inspection we found that improvements had been made and that the above requirement notices had been fulfilled.

At that time of the July 2016 inspection Penzance and Liskeard were registered as separate locations and were also inspected. These locations have since been deregistered and are now satellite hubs under the registered service in Truro. The service had not been previously rated by the Care Quality Commission has only rated substance misuse services since July 2018.

Our inspection team

The team that inspected the service comprised three inspectors and a specialist advisor who has professional experience of substance misuse services.

Why we carried out this inspection

We undertook an unannounced, comprehensive inspection of this service as part of our routine programme of inspecting registered services.

Summary of this inspection

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions ofevery service and provider:

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

Before the inspection visit, we reviewed information that we held about the location.

During the inspection visit, the inspection team:

- visited the service in Truro and the satellite hubs in Penzance and Liskeard, looked at the quality of the environment and observed how staff were caring for clients,
- spoke with three clients who were using the service,
- spoke with the registered manager for the service, two operations managers and five team leaders,
- spoke with 14 other staff members; including recovery workers and specialist doctors,
- spoke with seven volunteers, most of whom were former clients,
- attended and observed two client groups,
- attended and observed one morning handover meeting,
- observed part of a training session for volunteers,
- looked at 17 care and treatment records of clients,
- gathered feedback from local NHS mental health teams,
- looked at 15 staff personnel files and
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

- Clients told us that staff were always caring and compassionate and that they felt included in their care.
- Clients and volunteers told us that staff treated them with respect.

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?

Good

We rated safe as good because:

- The premises in Truro and Liskeard 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 training to keep clients safe from avoidable harm. 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 assessed and managed risks to clients and themselves. They developed risk management plans for all clients and responded promptly to sudden deterioration in a client's health. Staff followed good personal safety protocols.
- Staff followed best practice when storing, dispensing, and recording the use of medicines. Prescribing clinicians regularly reviewed the effects of medications on each client's physical health.
- 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 appropriate support.

However:

- We could see and smell damp in the building in Penzance.
- The building in Penzance had a floor in the staff office which beginning to slope.

Are services effective?

Good

We rated effective as good because:

- Staff assessed the needs of all clients during the early sessions following entry to treatment. They developed individual recovery plans and updated them when needed. Recovery plans reflected the assessed needs, were recovery-oriented and staff updated them when appropriate.
- Staff provided a range of care and treatment interventions suitable for the client group. These followed national guidance for the treatment of substance misuse.

Summary of this inspection

- The service included a full range of specialists required to meet the needs of clients under their care. Managers made sure they had staff with a range of skills needed to provide high quality care. They supported staff with appraisals, supervision, opportunities to update and further develop their skills. Managers provided an induction programme for new staff.
- Staff worked together as a team to benefit clients. They supported each other to make sure that clients had no gaps in their care. Staff had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.

However:

- The completing of personalised early exit from treatment plans was inconsistent. New clients had plans recorded on a new form introduced three months prior to the inspection. However, clients who were receiving care before this change did not always have plans recorded. Are services caring?

Are services caring?

Good

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, treatment or condition.
- Staff involved clients in recovery planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that clients had easy access to advocates when needed.
- Staff informed and involved families and carers appropriately. The service provided support to families and carers so that they could understand the treatment a client was receiving.

Are services responsive?

Outstanding

We rated responsive as outstanding because:

- The service had developed an innovative approach to providing integrated person-centred care pathways with other service providers, through the development of a team for people with multiple or complex needs. Their role was to work flexibly to engage clients with a primary substance misuse need who were frequently attending the local emergency department to put in place a package of care to support them. This included providing clinical treatment, recovery support and assisting in engaging with other services.

Summary of this inspection

- The service actively reviews complaints and how they are managed and responded to, and improvements are made as a result across the services. People who use services are encouraged to provide feedback and be involved in its review.
- People's individual needs and preferences were central to the planning and delivery of individual packages of care. The teams met the needs of all clients who used the service including those with protected characteristics. Staff helped clients with communication, advocacy and cultural support.
- Clients could access services easily. Referral criteria did not exclude people who would have benefitted from care. Staff assessed and treated clients who required urgent care promptly and clients could be seen on the day they contacted the service by a duty worker.
- Clients could access services in a way and at a time that suited them as the service was open six days a week and during evenings.•Staff followed up clients who missed appointments in line with the policy.
- The service had a warm and welcoming atmosphere. Clients had contributed to the decisions regarding access to the premises in an effort to make them open and welcoming.
- The service had an outreach service which engaged proactively with street drinkers known to and unknown to the service.
- The service made great efforts to engage the local community where the services were based. Staff cleaned drug paraphernalia from local streets at the request the local people. Staff used donations from local shops to provide food for groups and activities run by the service.

Are services well-led?

Good

We rated well-led as good because:

- Leaders had the skills, knowledge and experience to perform their roles.
- Leaders had a good understanding of the services they managed and were visible in the service and approachable for clients and staff.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- The service's governance processes operated effectively at team level and 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 beneficial effect.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff understood and discharged their roles and responsibilities under the Mental Capacity Act 2005. Staff received training and knew where to go to seek advice and guidance if they needed it. Staff gave examples of supporting clients during mental capacity assessments and how to support a client who lacked capacity to make decisions about their treatment. Staff working with young people understood Gillick competence which is the term used to decide whether a child (under 16) could consent to their own medical treatment without parental consent.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community-based substance misuse services	Good	Good	Good	☆ Outstanding	Good	Good
Overall	Good	Good	Good	☆ Outstanding	Good	Good

Good

Community-based substance misuse services

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

Are community-based substance misuse services safe?

Good

Safe and clean environment

- The service was clean and the buildings in Truro and Liskeard were well maintained. The premises in Penzance was experiencing a great deal of damp and we saw a floor that was beginning to slope. The managers were aware of this and had been negotiating with the landlord to undertake remedial action and work was planned to commence in the near future to remedy the problem. The damp was in an area used for client groups however the sloping floor was in a staff only area therefore posing no risk.
- In the five sites we visited there were rooms for one to one meetings, group rooms, a clinic room and a needle exchange
- Within the Truro building staff carried personal alarms when seeing clients and both other satellite sites had push button alarm systems.
- Staff followed good lone-working procedures. They phoned the duty worker to inform them of where they are going and when they are due back. The worker would record their car registration and the address of where they were going. Typically, home visits were conducted in pairs. We were told by the manager that they are due to begin using a remote alarm system for the use of staff when home visiting in the near future. The managers were on-call out of hours if needed.
- The chairs in the waiting area and other rooms were in good order. Staff adhered to infection control principles including the disposal of clinical waste. However, there had been a problem with the contract for the disposal of clinical waste which had led to fewer collections. This had been added to the regional risk register and negotiations with the contractor were ongoing. Staff ensured clinic rooms and needle exchanges were clean, tidy and equipment was up to date and checked regularly.
- Fridge and room temperatures were monitored regularly and concerns raised as incidents. The service did not keep medication on site other than naloxone and vaccinations which were stored appropriately at the correct temperature.

Safe staffing

- The service had enough staff to meet the needs of clients. Staff across the service commented on the practice of reallocating the caseloads of staff on long term sick and felt that this increased stress. However, we saw evidence that the managers monitored this in supervision and that caseloads were decreasing overall.
- The service provided a range of staff including team leaders, recovery workers including those for young people and the criminal justice system, two doctors and non-medical prescribers. Staff had a mixed caseload of between 40 and 50 clients, which the team leaders closely monitored in monthly supervision. During our inspection in 2016 we required the provider to reduce caseloads across the service. We found that in February 2018 15 workers had caseloads in excess of 50 whereas in February 2019 four workers had caseloads of this size.
- The service had a vacancy rate of 12% in the community service and 1% in the young person's service. Sickness rates were 4.2% in the community team and 3.4% in the young person's service. The service did not use bank or agency staff as reducing caseloads made it possible for

the teams to manage if somebody was sick or left unexpectedly. Managers constantly reviewed staffing levels to ensure they could meet the needs of clients within the budget set by commissioners.

- Staff received mandatory training in a range of formats including e learning and face to face training. This included health and safety and lone working training courses. At the time of the inspection 80% of staff had completed their mandatory training.

Assessing and managing risk to clients and staff

- All the 17 client care and treatment records reviewed across the service contained a risk assessment. Staff completed risk management plans relevant to the needs of the client, for example, those with high risks such as domestic abuse had detailed plans. Risk management plans contained protective factors and actions for both client and staff to take. Risk assessments were updated following an incident or a change in circumstances, for example if a client disclosed further substance misuse.
- Staff were very knowledgeable about their own and their colleague's clients. All staff we spoke to knew how to respond when a client disengaged from the service, for example, if they missed appointments. We saw that staff called clients GP or family members to check client's wellbeing. All clients who had disengaged from treatment were discussed with the team leader who would review the case before a decision was made to discharge the person. This process was underpinned by a robust policy outlining the expectations on staff in the event of somebody failing to engage in their treatment. We saw evidence of staff going above and beyond to ensure clients were safe when they had not seen them for a scheduled appointment. For example, we saw two staff in the streets looking for a client who was reported missing. Staff told us they would sometimes spend hours looking for a client to ensure they were safe. We also saw evidence of staff communicating with local police to see if they had seen or heard from their client.
- Following our inspection in 2016 we told Addaction that they must develop plans with clients for their safety and wellbeing if they unexpectedly exit treatment. The manager had developed a work stream to improve the current system of recording disengagement plans over the three months prior to the inspection. We saw evidence of this improvement in the records of four clients new to the service, which contained appropriate disengagement plans. The manager was due to meet with the electronic system's provider to further improve the accessibility of the disengagement plans, by moving them from the assessment page to the front page. The service planned to run a skills workshop during the next team meeting to ensure staff completed disengagement plans for those clients who were in the service before the new system was put in place, in the correct part of the electronic system. We felt that the improvements fulfilled the requirement notice, although the service should ensure all clients have a disengagement plan.
- Staff offered clients blood borne virus testing and gave vouchers as an incentive for clients to have vaccinations such as those for hepatitis B. Harm minimisation was discussed at all appointments and clients were offered naloxone and training on how to use this. Harm minimisation aims to address alcohol and other drug issues by reducing the harmful effects of alcohol and other drugs on individuals. Staff ensured prescriptions were sent to local pharmacies or collected by the client from the service. Staff had formed close working relationships with the pharmacies so that they would be informed if the client did not collect their prescription as normal or if they had a specific concern about a client.

Safeguarding

- Staff gave examples of how they could protect clients from harassment and discrimination, for example working with women's services to protect victims of domestic abuse and working with the local community to reduce stigma through participation I local events. This included for those characteristics protected under the Equality Act 2010 such as age, disability, sexuality, gender, gender identity, race, and religion or belief. Staff demonstrated that they were non-judgemental in the support they provided and clients we spoke with confirmed this was the case. Staff worked effectively across the teams and with external providers to ensure information about vulnerable clients was shared appropriately. This included the safeguarding team at the local authority and the multi-agency safeguarding hub for children.
- Staff knew what safeguarding was and how to report this in the correct way. Safeguarding adults training had been completed by 95% of staff and safeguarding children training had been completed by 94%. Staff regularly attended the local multi-agency risk assessment conference which involved a range of

professionals including the police and safeguarding. The role of this meeting was to discuss those individuals at high risk from domestic violence. Staff recorded safeguarding concerns appropriately in clients records and ensured that this was updated regularly. Staff discussed safeguarding concerns at the daily team meeting to ensure all staff had been updated. Staff had taken appropriate action to ensure that safeguarding referrals were being made to the local authority and clients were supported through the process. However, we found that staff were under the impression that only safeguarding referrals accepted by the local authority should be notified to the CQC. This had not impacted on the referrals being made and clients were being protected. At the time of the inspection the correct guidance was provided to the service manager.

- Staff met with young people who received a service in schools and community settings so that they did not visit the office locations. The family team worked with the children of clients in order help them better understand and manage any issues arising from their parent's substance use. This approach also allowed staff to quickly identify any potential safeguarding issues and respond quickly.
- Staff worked effectively within teams, across services and with other agencies to promote safety including systems and practices in information sharing

Staff access to essential information

- Staff used a secure electronic system for client's information. Staff used the system well although some stated that it was not as easy to use as it could be. Individual alerts for risk could easily be seen on the front of the system. Managers confirmed they were aware of the concern and had been working to try and reduce the number of forms used.

Medicines management

- The service had effective policies and procedures in place relating to the management of medication.
- The doctors and non-medical prescribers had responsibility for prescribing and monitoring client's physical health in relation to the treatment they received including community detoxification. GPs prescribing under the shared care agreement supplied patient profiles annually which showed any changes in medical conditions. The recovery workers also had access to the GP recording systems to check for evidence of physical health monitoring being undertaken. We saw evidence of recovery workers booking clients in to see GPs for health checks and clients told us that they were escorted by their recovery worker if necessary.
- In addition, the service had recently started offering physical health clinics managed by nurses employed by Addaction. This was in the early stages of roll out at the time of our inspection.
- We saw evidence of clients prescribed more than 100ml of methadone having regular ECG monitoring, the results of which were recorded in the clinical record.
- All treatment was reviewed and prescribed following guidance from the National Institute for Health and Care Excellence with prescribing rationale recorded in client records. They used this alongside the Orange Book Drug Misuse and Dependence: UK guidelines on clinical management. Medication other than naloxone and vaccinations were not kept or dispensed from the service.
- Naloxone was available to clients who received training on how to use this.

Track record on safety

- The service had reported 69 serious incidents in the six months from November 2017 to June 2018. All deaths had been reviewed and discussed at local governance meetings and within Addaction nationally. Incidents of suicide had generated a significant amount of learning across all agencies involved including Addaction Cornwall. Multi-agency meetings were attended and reports prepared for the Coroner's court.

Reporting incidents and learning from when things go wrong

- All staff knew which incidents to report and how to do this on the electronic system. Staff understood the importance of being open and honest with clients when things went wrong and this was recorded in client records. Learning from incidents was shared across the service locally through supervision, team meetings and bulletins on the intranet. Addaction shared learning nationally so that staff could use this to improve their own practice.

Are community-based substance misuse services effective?

(for example, treatment is effective)

Good

Community-based substance misuse services

Good

Assessment of needs and planning of care

- The inspection team examined 19 sets of care records. All records were holistic, recovery focussed and showed that discussions about group work and mutual aid had taken place. They included a full history for each client, which was completed when the client came for their first appointment and amended in subsequent meetings. They included a risk management plan so that clients understood their goals and progress. All records were completed with the client and it was clear they had contributed to the care plans.

Best practice in treatment and care

- The records demonstrated that the range of care and treatment was being provided to clients which was individualised and suitable for their needs. These interventions were in line with guidance from the National Institute for Health and Care Excellence. This included the completion of the Alcohol Use Disorders Identification Tool (AUDIT) and Severity of Alcohol Dependence Questionnaire (SADQ), when supporting clients during a community alcohol detoxification. Clients told us that they understood their care plan and felt included in its development.
- Medication was prescribed in line with National Institute for Health and Care Excellence, including methadone for the management of opioid dependence. Staff regularly reviewed recovery plans.
- Staff arranged for clients to have tests that they would need such as an electrocardiogram to monitor their heart if prescribed over 100ml of methadone. This would monitor their heart for any abnormalities and was in line with Department of Health, 2007; Guidance for the use of substitute prescribing in the treatment of opioid dependence in primary care, Royal College of General Practitioners, 2011.
- Blood borne virus testing was routinely offered to clients during assessment. Clients were asked when they were last tested and were assessed if they needed further testing, for example for hepatitis B and C. A nominated member of staff audited records to determine if clients had refused testing or a vaccination and whether the recovery worker could do more to encourage them to change their mind. This was in line with best practice guidance (DH 2007). This had been recorded in the records we reviewed and included information and support for clients who had a positive test result.
- Staff supported clients to live healthier lifestyles with guidance and information forming part of each appointment and group work. The reception area had a range of leaflets to ensure clients had the information they needed and staff could refer to other services as they needed to.
- Clients typically met with their keyworker once a week and goals and actions were updated following these meetings. Clients we spoke to knew their goals and steps they were taking to achieve these with the support of their keyworker.
- Staff recorded outcomes for clients using the treatment outcome profile (TOP) at regular intervals at the start, during and at discharge of treatment. TOP data can be displayed as a graph and often staff use this to show clients their progress, using this as motivation to continue with treatment.
- Staff provided information to Public Health England through the national drug monitoring system. This helped staff to compare progress with other areas in the country with a similar demographic and to look at areas for improvement.

Skilled staff to deliver care

- Managers provided staff with a range of learning to meet their needs. The service provided all staff with an induction and expected staff to complete mandatory training as part of this. Following this, one to one sessions were used to support staff to identify training relevant to their current post.
- The service followed a robust recruitment process underpinned by policies set out by Addaction nationally. This included the recruitment to posts that were advertised internally or were for secondment positions. We reviewed 19 personnel files which showed that recruitment processes had been followed in accordance with the organisations policies. Managers ensured staff received an annual appraisal which included career development.
- Managers gave examples of poor staff performance and how this had been managed locally with support from the national human resources team.
- The service had two nominated staff to recruit and train volunteers. The service had a large volunteer

programme, with the aim to have two volunteers assigned to each recovery worker. Volunteers were trained and supported by relevant staff to take on roles such as supporting groups and meeting and greeting clients when they came in to reception.

- Regular supervisions took place which included management, caseload and peer supervision. The complex needs team also had a 'live' supervision as part of their induction. This involved the worker's line manager observing a meeting with a client before signing off their induction as complete. The service provided staff with a comprehensive induction. This included attending relevant training, getting to know the services, reading the provider's policies and procedures. All staff had completed the level three gateway qualification in substance misuse which had been added to the induction process.

Multi-disciplinary and inter-agency team work

- The staff team had the right skills and qualifications to support clients using the service. This included doctors, non-medical prescribers who were nurses, team leaders, recovery workers and healthcare assistants. The service also provided support to clients within the criminal justice system and young people. We saw from the client records that a multi-disciplinary approach had been taken to support clients and this was recorded appropriately.
- Staff had regular team meetings and minutes were available for staff unable to attend. Agenda items included staffing, safeguarding, policy and procedure updates and client feedback.
- Client records showed clear care pathways which included other services such as the local acute hospital trust, probation and safeguarding at the local authority. This considered the needs of the client and other family members especially if children lived within the household. The service was attempting to develop pathways with the mental health trust.
- Staff discharged clients when care and treatment was no longer required and we saw evidence in supervision records of managers supporting these decisions. Clients could drop in to the service when they needed to even if they had been discharged so that they always had somewhere to go at difficult times.

Good practice in applying the Mental Capacity Act

- Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and gave examples of when a client's capacity may fluctuate, for example when they were under the influence of alcohol. All staff were required to complete training in the Mental Capacity Act 2005. At the time of the inspection 77% had completed this, although all staff we spoke with demonstrated an understanding of how this related to the clients.

Are community-based substance misuse services caring?

Good

Kindness, privacy, dignity, respect, compassion and support

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

Involvement in care

- Staff communicated well with clients to ensure they understood their care and treatment. Staff made adjustments for clients with specific communication needs including those with a learning disability or

deafness. Clients could access independent advocacy services and information about this was available on the noticeboards. Staff signposted clients to other service user organisations locally for support.

- Each client's records we reviewed contained a recovery plan and risk management plan that demonstrated their preferences and goals. For example, one client had requested a rapid reduction in their medication and the recovery worker worked with the prescriber to support the client to do this safely, in line with their wishes. Staff recorded recovery plans on the electronic recording system and records showed both the keyworkers and clients signature on the plans. Clients were not routinely offered a copy of their care plan as it had been previously identified that staff that clients did not want a copy, however recovery plans could be printed on request.
- Staff actively engaged clients using the service and their families, when appropriate, in planning their care and treatment. For example, one client was supported by their father and we saw appropriate communication with him, keeping him up to date with the support from Addaction.
- Families and carers were encouraged to come to the service for support and could give feedback through staff and by completing surveys. Carers were provided with information regarding the care of their family member if the client had given permission. The service ran an 'affected others' support group, which carers, family and any other relevant individual involved in supporting the client attended. The service employed family workers who met with the client and relevant family members such as their partner or parents, and completed an action plan.
- The child and family team engaged with families in which the parent had a primary drug or alcohol problem. They offered parenting courses based on the Solihull approach in which the workers were trained. They also engaged with the children within the family and were actively involved in child in need and child protection processes.

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

Outstanding ☆

Access and discharge

- Clients could access services and appointments in a way and a time that suited them. The service provided support in all major towns in a variety of settings so that clients had a range of options for accessing the service. The service was open six days a week, from nine to five and nine to four on Saturday.
- The service had developed an innovative approach to providing integrated person-centred care pathways with other service providers, through the development of a team for people with multiple or complex needs. Their role was to work flexibly to engage clients with a primary substance misuse need who were frequently attending the local emergency department to put in place an individualised package of care to support them. This included providing clinical treatment, recovery support and assisting in engaging with other services. The team saw clients frequently with some clients having daily visits. During the 12 month pilot project the team identified the 60 highest attending clients and reduced attendances in the emergency department by 60% among those clients. The team continued to identify the most frequest attending clients in the local emergency department and offer the same service to clients referred to them by the Addaction recovery workers or other agencies. The team also included existing functions undertaken by Addaction such as the criminal justice team and rough sleeper engagement. They also provide a liaison service to the local acute hospital trust.
- Clients in immediate need were able to access services in a timely way as the service operated a duty system. This allowed clients to be seen on the day they were referred, although staff told us that the practice of having two staff on duty was placing pressure on their work schedules. Urgent referrals were always seen on the day and those from third parties, such as GPs, were contacted on the day the referral came in and could be seen that same day or at a time convenient for the client. The service did not have waiting lists and clients received support from the first point of contact. Doctors or non-medical prescribers saw clients who needed to be seen in the next available clinic.

- Young client's needs were well understood and staff proactively saw them in community settings which were more appropriate for their needs such as schools or at home.
- Staff would refer clients for additional support to mental health services, ensuring that they received appropriate care and treatment and worked in partnership with those agencies.
- The service had clear pathways for clients which were explained during the first appointment. However, staff could be flexible to meet the individual needs of clients to ensure they received treatment promptly. This could include a home visit or an appointment within another setting in the community.
- Addaction had a policy for staff to follow if clients did not attend their appointments. This included contacting the pharmacy the client used, using emergency contact details and if more than two appointments were missed the client's prescription would be suspended.
- Recovery and risk management plans reflected the diverse and complex needs of clients. They included clear pathways to other supporting services such as housing and debt advice. Pathways with mental health services were being attempted. The service had documented referral criteria which had been developed with commissioners from the local authority who funded the service. Clients told us they were clear about their goals and next steps and felt able to come back to the service whenever they needed to for support, guidance and so that they did not become isolated.

The facilities promote recovery, comfort, dignity and confidentiality

- The main site in Truro had a good level of accessibility to the counselling and group room on the ground floor. In Liskeard the main building was not accessible, however there was good access to a large group room adjacent to the main building. The office in Penzance did not have any access for clients with mobility issues, and was not easily modifiable. The staff explained that they could use buildings belonging to partner agencies to see clients who could not access their building.
- There was a flexible approach to meeting with clients with staff working from a number of smaller offices shared with other agencies, staff work in GP practices, children's' centres and in the local emergency department
- All rooms had adequate soundproofing and clients were seen in private. The reception areas across the sites were welcoming for clients. The front door was unlocked in Truro and Liskeard, however in Penzance it was locked so that clients entering the building could be monitored as internal doors were unlocked. The service provided leaflets and displayed posters which showed details of the treatment pathway, contact details for other services such as alcoholics anonymous, advocacy, narcotics anonymous and the timetable for groups.

Clients' engagement with the wider community

- Staff worked with clients and their families to help them keep in contact and to maintain relationships. Addaction along with seven other partner agencies had won a contract to provide support to enable clients to return to education and employment. They were called who dares, works, building better opportunities and positive people, dependant on the locality. This service had strong links with local employers and educational institutions. They were also working to meet the needs of the homeless and the traveller community.
- The service had good links with local rehabilitation and detoxification units. One of the doctors employed by Addaction oversaw the treatment regimens of clients in the detoxification unit.

Meeting the needs of all people who use the service

- Staff understood the potential issues that might arise for clients living within Cornwall. They provided information in a number of eastern European languages for the large community who lived in the area. Staff had access to interpreters through Addaction and signers for deaf people. The Addaction website offered a translation service so that clients could access information in a range of languages.
- Staff showed a good understanding of issues relating to living in a rural county with limited access to public transport, and worked flexibly to make sure the locations they worked from were centrally located for clients. Staff had developed links with organisations who provided additional support for issues such as domestic violence so that they could easily refer clients to these services. •The staff we spoke with demonstrated an understanding of the needs of clients identifying as LGBT+.
- The service demonstrated a flexible approach to meeting client's needs. They offered women only groups

and courses in assertiveness. If a client required a male worker but one was not available within the locality, the teams had the flexibility to allocate a worker from a different locality. The service had received funding to run groups specifically for veterans.

Listening to and learning from concerns and complaints

- Clients, staff and Volunteers were involved in regular reviews of the service. We saw examples of changes being made to the access to buildings as a direct response to client feedback. The changes to waiting areas were also being undertaken in response to direct feedback from clients.
- Staff ensured that clients knew how to complain and reassured them that this would not affect their treatment or use of the service. For the 12 months from November 2018 the service had received 69 compliments and 20 complaints, of which six were upheld and six partially upheld.
- The service used Addaction's policy and procedure for managing complaints and these were investigated by managers in the service. A complaints report was submitted to the clinical governance group monthly and the minutes from this would be reviewed at board level. Managers shared learning from complaints in team meetings and staff could describe learning. If a complaint concerned an individual member of staff this would be reviewed in one to one meetings. Clients could easily access information on how to complain as this was available throughout the service via posters, leaflets and staff. We were aware of one complaint about the service where the complainant felt they did not receive an outcome.

Are community-based substance misuse services well-led?

Good

Leadership

- Managers had the skills, knowledge and experience to perform their roles. They demonstrated a good understanding of the clients the service supported and the difficulties that staff sometimes faced. They talked with confidence about the service and the standards expected in the level of care staff were delivering. The organisation had a clear focus on recovery and pathways for this were clearly displayed around the building. Managers shared this with staff and ensured they understood the remit of the service. The manager and team leaders had a visible presence in the service and staff could approach them at any time for advice, guidance and emotional support if they needed it.

Vision and strategy

- Staff understood Addaction's values which were to be compassionate, determined and professional. They strove to empower clients to be successful, to make positive changes and to take back control over their lives. Staff demonstrated this through the care and support they provided to clients and their families. All staff had a job description, knew what their role was within the organisation and the boundaries of that role when working with clients. All staff we spoke to knew the provider's values and how this related to their work and these values were embedded into staff appraisals.
- Managers gave staff the opportunity to contribute to discussions about the strategy of the service and especially when changes had been made. Staff understood the budgets they needed to work to while still meeting the key performance indicators that had been set by commissioners.

Culture

- Most staff we spoke with felt respected, supported and valued. They said that the level of support they received was good and they could approach managers as they needed to. All staff we spoke with were positive about the support they provided clients and were passionate about the work they were doing. Staff stated that they supported each other as the work could be stressful and that at times morale was not as good as it could be. All staff received an annual appraisal which included conversations about career progression. One member of staff queried how recruitment had taken place and whether this was in line with equal opportunities, but we found that managers had followed the process set out by Addaction. Managers stated that staff had left for a variety of reasons including career progression and improved pay conditions. The service followed Addaction's policy on bullying and harassment and responded to any reported cases promptly. Addaction provided additional support for staff who needed it through their welfare service and staff could access this as they needed it.

- However, when a member of staff was off-sick or on leave the rest of the team felt the pressure of this and morale would dip. This is because their caseload would be shared amongst the team. The teams were small, typically around 10 at most, and any staff absence would have a significant impact on the rest of the team's workload.

Governance

- Governance within the service was good. Staff received regular supervision and could meet with managers when they needed to. Staff completed mandatory training and could do other training as they needed it.
- Staff adhered to the principles of the Mental Capacity Act and had a good knowledge of safeguarding for both adults and children. We saw that learning had taken place following incidents and deaths of clients. Staff received good levels of support during the investigations that took place following these incidents.
- Managers used the policies, procedures and protocols set out by Addaction which had been regularly reviewed. The service had taken part in a range of audits and used a case management tool kit to audit client records. This had helped to improve the standard of the records and the amount of detail recorded by staff. Staff submitted data as required to Public Health England and the commissioners of the service. This ensured they could map progress of the service and meet their key performance indicators. Staff understood the need to build strong team relationships and good working practices with external providers to ensure that clients received the best possible service. Addaction had a policy for staff to disclose information and raise concerns anonymously. Staff knew about this and said they would use it if they did not feel their concerns had been listened to by managers.

Management of risk, issues and performance

- Addaction had quality assurance management and performance frameworks in place which covered the whole organisation. Managers from Addaction Cornwall could feed in to the frameworks through senior managers and national governance meetings. Managers had a risk register locally which then formed part of the national risk register for the organisation. Staff felt confident that they could add items to this if they needed to. Concerns could relate to issues such as maintenance contracts and staffing levels. Management of the budgets which had been reduced was an ongoing concern for the service. They had restructured and adapted their ways of working to ensure that the cuts did not impact on the level of support clients received.
- The service had a plan for emergencies including adverse weather. If the office had to be closed the website gave clear information about how clients could access support if they needed it. Staff sickness levels for the 12 months from November 2017 was just over 3%. Managers worked with staff to ensure that any prolonged period of sickness was monitored and the staff member received the support needed to return to work.

Information management

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

Engagement

- Staff, clients and carers had access to up-to-date information about the work of the service. This could be accessed through Addaction's website, via leaflets and posters. Staff received newsletters and had a staff intranet they could use. Clients and carers could give feedback on the service they received. Feedback forms and boxes were available in reception areas and they could speak to managers on request. Managers engaged with other organisations such as commissioners, local GPs, pharmacists and the probation service. They had

worked to improve relationships with mental health services and had developed a pathway with them so that it was easier for clients to access the support they needed. The service had built good relationships with local branches of a national supermarket and a national bakery. Both provided the service with food and the supermarket gave products for personal care, which staff could give out to clients in need. The area of the service where this was displayed was attractive and showed a great deal of respect for how someone might feel in having to ask for this type of help. Staff could then refer clients to the local food bank if they required further assistance.

Learning, continuous improvement and innovation

- The service was continually assessing the impact of changes that had been made to ensure that they were still providing a good quality service to clients while working within the budgets they had been set. Individual staff objectives reflected the organisations values and had a focus on improvement, development and learning.

Outstanding practice and areas for improvement

Outstanding practice

The service had developed an innovative approach to providing integrated person-centred care pathways with other service providers, through the development of a team for people with multiple or complex needs. Their role was to work flexibly to engage clients with a primary substance misuse need who were frequently attending the local emergency department to put in place an individualised package of care to support them. This included providing clinical treatment, recovery support and assisting in engaging with other services. The team saw clients frequently with some clients having daily visits. During the 12 month pilot project the team identified the 60 highest attending clients and reduced attendances in the emergency department by 60% among those clients. The team continued to identify the most frequently attending clients in the local emergency department and offered the same service to clients referred to them by the Addaction recovery workers or other agencies. The team also included existing functions undertaken by Addaction such as the criminal justice team and rough sleeper engagement. They also provided a liaison service to the local acute hospital trust.

Areas for improvement

Action the provider SHOULD take to improve

- The provider SHOULD ensure that all staff complete training in the Mental Capacity Act.
- The Provider SHOULD follow through on plans to address the damp and structural issues in the Penzance premises.
- The provider SHOULD ensure that all care plans fully describe the care to be provided in the correct place in the electronic records system
- The provider SHOULD continue to address staff stress particularly related to caseload sizes.
- The provider SHOULD ensure staff know about what to report to CQC under Reg 18 notifications
- The provider SHOULD ensure that all patients have an up to date plan detailing the action to be taken in the event of their leaving treatment early.