

Cranstoun

Cranstoun Wokingham

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, 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 to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

Overall summary

Cranstoun Wokingham provides drug and alcohol services to adults and young people in Wokingham.

This was the first time we had rated this service. We rated it as good because:

- The service provided safe care. The number of clients on the teams' caseload, 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.
- Managers ensured that staff received training, supervision and appraisal. Staff worked well as a multidisciplinary team and with 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 had effective governance processes in place which ensured that its procedures ran smoothly.

However:

- The premises where clients were seen could be improved. The floor in the clinic room was unsuitable from an infection control perspective; there was no privacy curtain or lock on the clinic room door which could pose a risk to privacy and dignity and the rooms where clients were seen were not adequately soundproofed.
- The premises were not suitable for people with disabilities as the toilets were not large enough to fit a wheelchair in and did not have a pull cord for people to summon assistance. There was also no hearing loop installed within the building.
- None of the care records we reviewed contained unexpected exit from treatment plans.
- The service had not been able to offer alcohol detoxification since December 2021 when the previous healthcare practitioner left. However, a new healthcare practitioner was now in post and they planned to resume this from April 2022.

Summary of findings

Our judgements about each of the main services

Service

Substance misuse services

Rating

Good



Summary of each main service

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- 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.
- Managers ensured that staff received training, supervision and appraisal. Staff worked well as a multidisciplinary team and with 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 had effective governance processes in place which ensured that its procedures ran smoothly.

However:

- The premises where clients were seen could be improved. The floor in the clinic room was unsuitable from an infection control perspective; there was no privacy curtain or lock on the clinic room door which could pose a risk to privacy and dignity and the rooms where clients were seen were not adequately soundproofed.

Summary of findings

- The premises were not suitable for people with disabilities as the toilets were not large enough to fit a wheelchair in and did not have a pull cord for people to summon assistance. There was also no hearing loop installed within the building.
 - None of the care records we reviewed contained unexpected exit from treatment plans.
 - The service had not been able to offer alcohol detoxification since December 2021 when the previous healthcare practitioner left. However, a new healthcare practitioner was now in post and they planned to resume this from April 2022.
-

Summary of findings

Contents

Summary of this inspection

Background to Cranstoun Wokingham

Page

6

Information about Cranstoun Wokingham

6

Our findings from this inspection

Overview of ratings

8

Our findings by main service

9

Summary of this inspection

Background to Cranstoun Wokingham

Cranstoun Wokingham provides drug and alcohol services to adults and young people in Wokingham. The service provides opioid substitute therapy (OST), which involves the prescribing of medicines like methadone and buprenorphine to people needing treatment for heroin dependency. In addition, the service usually supports clients with community alcohol detoxification, although this was not available at the time of the inspection. The service provides one to one work and group psychosocial interventions to help people to develop their recovery skills and support networks to sustain their recovery from alcohol or drug misuse.

Cranstoun Wokingham has been registered with CQC since 14 May 2021 to provide treatment of disease, disorder or injury and diagnostic and screening procedures.

The service had a registered manager in place.

This was the first inspection of the service since Cranstoun had begun delivering the contract.

What people who use the service say

People who use the service all gave excellent feedback about the care and treatment they received. They told us what a positive impact the service had on their lives and their recovery. They told us that staff were kind, compassionate, caring and always made time for them.

How we carried out this inspection

The inspection team was made up of two CQC inspectors and a specialist advisor with experience of working in substance misuse services.

During the inspection the team:

- Interviewed the registered manager
- Interviewed seven other members of staff including a team leader, the medical director for the organisation, a healthcare practitioner and recovery workers
- Reviewed six care records
- Spoke with four clients
- Looked at the quality of the physical environment
- Observed a clinic appointment
- Spoke with five external partners of the service including the commissioner of the service, a social worker, a rough sleeper co-ordinator and the drug and alcohol leads from the local mental health inpatient service and the local acute hospital
- Reviewed a range of policies, procedures and documentation relating to the running of the service.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>

Summary of this inspection

Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a service **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service SHOULD take to improve:

The service should ensure that rooms where clients are seen are adequately soundproofed (Regulation 10 (2) (a) dignity and respect).

The service should ensure that the privacy of clients is maintained while they are in the clinic room (Regulation 10 (2) (a) dignity and respect).

The service should ensure that the flooring in the clinic room meets infection control requirements (Regulation 15 (2) premises and equipment).

The service should ensure that there are suitable facilities for people with disabilities including toilet facilities and a hearing loop (Regulation 15 (1) (c) premises and equipment).

The service should ensure that clients have unexpected exit from treatment plans in place (Regulation 12 (2) (a) safe care and treatment).

The service should consider adding a sign to the vaccines fridge and ensuring the plug is labelled so that staff do not accidentally switch it off, in line with organisation policy.






Our findings

Overview of ratings

Our ratings for this location are:

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

Substance misuse services

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

Are Substance misuse services safe?

Good 

This was the first time we rated this service. We rated safe as good.

Safe and clean environment

The waiting area and group rooms were safe and clean, however we found that the clinic room environment and toilets could be improved.

Staff completed and regularly updated thorough risk assessments of all areas and removed or reduced any risks they identified. Staff were supported by the organisation's central governance team to carry out regular environmental audits. Any actions from these audits were added to the service improvement action plan. We saw that most of the actions had been addressed or had documented mitigation in place.

All interview rooms had alarms and staff available to respond. All rooms where clients were seen had alarm systems in place. When pulled, the alarms activated in the staff offices and a screen displayed the location where the alarm had been activated so staff knew where to respond. Staff tested the alarm system weekly.

The downstairs floor of the building was used for clients and the upstairs was a staff only area. However, there were no locks on any of the office doors within the building, nor anywhere for staff to keep their personal belongings. This meant that once people had been allowed into the building they could go anywhere and could pose a risk to the safety of staff and their belongings. Managers told us that they were considering moving to a new premises but they would make some of the doors accessible via fob if they were going to be staying in the building long-term.

The clinic room had the necessary equipment for clients to have thorough physical examinations. We found that the flooring in the clinic room was pervious and so not suitable from an infection control perspective. Managers told us that they were considering moving to a new building, but that the flooring would be replaced if they stayed in the current premises.

All areas were clean and well maintained. A cleaner visited the service twice a week.

Staff followed infection control guidelines, including handwashing. We saw that handwashing posters were displayed above sinks.

Substance misuse services

Staff made sure equipment was well maintained, clean and in working order.

Safe staffing

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

Staffing

The service had enough staff to keep clients safe. The service was fully staffed for recovery workers. The caseloads for specialist recovery workers were approximately 30 to 35 clients and for generic recovery workers were 50 to 55 clients.

The service had low vacancy rates for recovery workers, but was struggling to recruit a substantive non-medical prescriber and had also been without a healthcare practitioner since December 2021. This meant that the service had not been able to offer detoxification from alcohol during this time. A healthcare practitioner had recently joined the service and planned to resume this from April 2022.

The service had low rates of bank and agency staff.

Managers made arrangements and had contingency plans in place to cover staff sickness and absence. Managers took any planned absences into account when compiling the monthly rota. Any unplanned absences were discussed in the daily morning briefing and cover was arranged. If staff had any one to one appointments planned with clients, the clients were offered the choice of having their appointment with a different worker or waiting for their regular worker to return. A designated duty worker was available every afternoon who could pick up tasks from any unplanned absences. No group activities had been cancelled due to a lack of staff. Managers found it more difficult to provide cover for unplanned absences of the healthcare practitioner or non-medical prescriber as there was only one of each of these within the team. A long-term agency worker had been filling the non-medical prescriber post however had taken ill a couple of weeks prior to the inspection and another agency worker was not due to start until the week after the inspection. The service had been able to provide batch prescriptions to ensure clients who were receiving medicines continued to receive them and the organisation's medical director was present at the service on the day of the inspection running clinics for new clients to enable treatment to be initiated for them. The contingency plan if the healthcare practitioner was unexpectedly absent during an alcohol detoxification was for the client's key worker to seek advice from the medical director and check the client's blood pressure, as well as informing the client's GP.

Managers limited their use of bank and agency staff and requested staff familiar with the service. The agency staff used by the service were booked on fixed term contracts.

Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift. Agency staff completed a condensed version of the induction that substantive staff completed which still included time to shadow other members of the team and activities. Agency staff could not access Cranstoun e-learning but were required to provide evidence of training completed.

The service had low turnover rates. The turnover rate was 21% (three staff members) over the last year.

Managers supported staff who needed time off for ill health.

Sickness levels were low. The sickness rate over the last year was less than one percent.

Substance misuse services

Mandatory training

Staff had completed and kept up-to-date with their mandatory training. This included equality and diversity, infection control, lone working, safeguarding adults, safeguarding children, hidden harm, mental capacity, data protection, domestic abuse, unconscious bias, cyber security, risk assessment, recovery planning, harm reduction, drug and alcohol awareness and the outcomes star.

The mandatory training programme was comprehensive and met the needs of clients and staff. It included a mix of e-learning and face to face training.

Managers monitored mandatory training and alerted staff when they needed to update their training.

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.

Assessment of client risk

Staff completed risk assessments for each client, using a recognised tool. All the care records we reviewed included a risk assessment. Staff told us that risk assessments were updated every 12 weeks or more frequently if indicated. However, one client's risk assessment we reviewed had not been updated for six months.

Management of client risk

Staff responded promptly to any sudden deterioration in a client's health. Depending on the urgency staff would call an ambulance for a client if needed.

Staff proactively offered harm minimisation advice to clients at every opportunity. The harm reduction lead had identified all clients who should have naloxone but didn't have it and added stickers to their prescriptions to make it easy for staff to know who these were and to offer naloxone to them when they came to collect their prescriptions. The service also ran a needle exchange for clients, and they were offered harm minimisation advice when using this.

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 received training on how to recognise and report abuse, appropriate for their role. All staff had completed training in safeguarding adults and safeguarding children.

Staff could give examples of how to protect clients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. Staff attended a monthly multidisciplinary team meeting where clients with identified safeguarding needs, including those with children, were discussed. The dual diagnosis worker from the Community Mental Health Team (CMHT) also attended these meetings.

Substance misuse services

Staff knew how to make a safeguarding referral and who to inform if they had concerns. We saw examples of where staff had been concerned about abuse and followed local safeguarding procedures, including notifying the local authority. The service had an identified safeguarding lead in place.

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.

Client notes were comprehensive, and all staff could access them easily. Records were stored securely on password protected systems which staff could easily access when working remotely.

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.

Staff followed systems and processes to prescribe and administer medicines safely. There were policies and guidelines for managing medicines which clinical staff were required to be familiar with.

Staff reviewed each client's medicines regularly and provided advice to clients about their medicines. Clients told us that they could easily access advice about their medicines if required.

Staff completed medicines records accurately and kept them up-to-date. All information relating to medicines was stored on a designated tab on the online records system.

Staff stored and managed all medicines and prescribing documents safely. The service did not store any controlled drugs on site. Naloxone was stored in the needle exchange cupboard and adrenaline was kept in the clinic room. Staff stored vaccines in a fridge within one of the staff offices. The organisation's policy stated that fridges storing vaccines should have a sign on to indicate what was inside and to request that it was not turned off, as well as the plug being clearly marked to prevent it from accidentally being unplugged, however neither of these things were in place.

Staff reviewed the effects of each client's medicines on their physical health according to NICE guidance. Clients who were prescribed medicines were reviewed every 12 weeks.

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. When things went wrong, staff apologised and gave clients honest information and suitable support.

Staff knew what incidents to report and how to report them.

Staff raised concerns and reported incidents and near misses in line with the service's policy. Staff had reported 53 incidents in the last year. The most common incident type was prescriptions going missing. The service sent these via tracked delivery but sometimes pharmacies stated they had not received them. When this happened they were re-sent as soon as possible.

Staff understood the duty of candour. They were open and transparent and gave clients a full explanation when things went wrong.

Substance misuse services

Managers debriefed and supported staff after any serious incident.

Managers investigated incidents thoroughly.

Staff received feedback from investigation of incidents, both internal and external to the service.

Staff met to discuss the feedback and look at improvements to client care. For example, there was an action from a recent investigation around when staff should contact clients who do not attend their appointments. The service's policy stated that three attempts should be made to contact clients but did not specify the timeframes within which this contact should occur and so timeframes were established to help improve consistency and reduce risk.

Are Substance misuse services effective?

Good 

This was the first time we rated this service. We rated effective as 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.

Staff completed a comprehensive assessment of each client. This included demographic information, current substance use, blood borne virus history and vaccination, medicines, housing, social support, children, employment, finances, driving status and details of any criminal record.

Staff made sure that clients had a full physical health assessment and knew about any physical health problems. Staff requested a medical summary from GPs. If clients did not consent to the service requesting this information the service would not prescribe medicines. Clients had a medical review prior to any medicines being prescribed and these took place every 12 weeks, or more frequently if needed.

Staff developed a comprehensive care plan for each client that met their mental and physical health needs. However, none of the care records we reviewed included unexpected exit from treatment plans.

Staff regularly reviewed and updated care plans when clients' needs changed. Care plans were reviewed every 12 weeks or more frequently if needed.

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.

Substance misuse services

Staff provided a range of care and treatment suitable for the clients in the service. The service offered a variety of psychosocial interventions which were available in either group or one to one settings. The service offered informal peer support groups, a wellness group which focused on mood/emotion management and mindfulness, and a feelings group which was based around art therapy.

Staff delivered care in line with best practice and national guidance. The organisation had developed a discovery programme which was based on national guidelines. This helped to ensure that practitioners across the organisation were delivering treatment consistently.

Staff made sure clients had support for their physical health needs, either from their GP or community services. Staff supported clients to make appointments with their GP where needed. When we reviewed care records, we saw evidence of staff checking in with clients regarding their physical health needs and providing them with support where needed.

Staff supported clients to live healthier lives by supporting them to take part in programmes or giving advice. The service signposted clients to services who could offer advice on healthy lifestyles and weight management.

Staff used recognised rating scales to assess and record severity and outcomes. Staff used the Treatment Outcomes Profile (TOPS) to monitor outcomes.

Staff used technology to support clients.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. Managers carried out caseload audits every month and provided feedback to staff.

Managers used results from audits to make improvements.

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.

Managers made sure staff had the right skills, qualifications and experience to meet the needs of the clients in their care, including bank and agency staff. Many of the recovery workers working within the team had specialist roles. For example, there was an outreach recovery worker, a service user lead, a brief interventions worker, a young persons' worker, a transitions worker, a co-occurring conditions worker and a harm reduction lead.

Managers gave each new member of staff a full induction to the service before they started work.

Managers supported staff through regular, constructive appraisals of their work. All staff had either recently had, or were scheduled to have, an appraisal.

Managers supported staff through regular, constructive clinical supervision of their work. Staff received a full supervision session and a performance review every 12 weeks and received a caseload review and a group supervision in-between the full sessions. Staff also attended fortnightly reflective practice. The non-medical prescriber received supervision from the service manager and medical director and also attended a quarterly forum for non-medical prescribers across the organisation.

Substance misuse services

Managers made sure staff attended regular team meetings and gave information to those who could not attend. Staff attended monthly team meetings and the minutes were disseminated to all staff afterwards. Staff also attended daily morning briefings to discuss what was going on that day and any relevant issues from the previous day.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

Managers made sure staff received any specialist training for their role.

Managers recognised poor performance, could identify the reasons and dealt with these.

Multidisciplinary and interagency 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 had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.

Staff held monthly multidisciplinary meetings to discuss clients and improve their care.

Staff made sure they shared clear information about clients and any changes in their care. Staff had the opportunity to discuss clients within the daily morning briefings.

Staff had effective working relationships with other teams in the organisation.

Staff had effective working relationships with external teams and organisations. For example, we saw that staff had been invited to attend pre-discharge meetings for clients who had been admitted to the local mental health hospital. Most of the external partners we spoke with told us that staff always made themselves available to discuss clients with complex needs and to provide advice, however one external partner told us that communication could be improved.

Good practice in applying the Mental Capacity Act

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.

Staff received and kept up-to-date with training in the Mental Capacity Act and had a good understanding of at least the five principles. All staff had completed training in the Mental Capacity Act.

There was a clear policy on the Mental Capacity Act, which staff could describe and knew how to access.

Staff knew where to get accurate advice on the Mental Capacity Act. The service manager was the Mental Capacity Act lead.

Staff assessed and recorded capacity to consent clearly each time a client needed to make an important decision. Clients were asked to sign a consent form. All the care records we reviewed included consent forms.

Are Substance misuse services caring?

Substance misuse services

This was the first time we rated this service. We rated caring as 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 were respectful and responsive when caring for clients.

Staff gave clients help, emotional support and advice when they needed it. Clients told us that staff always made time for them, and that they never felt rushed.

Staff supported clients to understand and manage their own care treatment or condition.

Staff directed clients to other services and supported them to access those services if they needed help. Some external partners told us that staff were key advocates for their clients.

Clients said staff treated them well and behaved kindly.

Staff understood and respected the individual needs of each client.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards clients and staff.

Staff followed policy to keep client information confidential.

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.

Involvement of clients

Staff involved clients and gave them access to their care plans. The clients we spoke with all told us they felt involved in their care and when we observed a clinic appointment we saw that staff asked the client about their goals and expectations of the treatment.

Staff made sure clients understood their care and treatment.

Staff involved clients in decisions about the service, when appropriate. Staff had set up a service user forum which met monthly. Minutes from the forum were sent out to staff and displayed in the waiting area. Staff also discussed these in their monthly team meetings and had plans to invite the service user forum lead to their team meetings going forward.

Clients could give feedback on the service and their treatment and staff supported them to do this. There was a feedback box in the waiting area and staff were planning to carry out a client survey to help evaluate their first year of service.

Substance misuse services

Staff informed and involved families and carers appropriately. The service had a designated family and carers support worker so that families had a point of contact who was separate from the client's key worker.

Are Substance misuse services responsive?

Good 

This was the first time we rated this service. We rated responsive as good.

Access and waiting times

The service was easy to access. Staff planned and managed discharge well. The service had alternative care pathways and referral systems for people whose needs it could not meet.

Clients could refer themselves to the service or be referred by another professional. The waiting time for an initial assessment was up to a week. Some external partners told us that referrals were processed in a timely manner.

Staff tried to contact people who did not attend appointments and offer support. The organisation's policy stated that staff should make three attempts to contact clients following a missed appointment prior to discharging them from the service.

Clients had some flexibility and choice in the appointment times available. Staff contacted clients when they received their referral and arranged an appointment at a time which suited them. The service operated during working hours Monday to Friday. Some external partners fed back that some out of hours provision would be beneficial for clients who have work commitments, for example, offering evening appointments one day per week. They also fed back that whilst there was an outreach worker in post, outreach could be improved, as they felt this was a barrier for some people accessing treatment.

Staff worked hard to avoid cancelling appointments and when they had to, they gave clients clear explanations and offered new appointments as soon as possible. The service rarely cancelled appointments. In the event of unplanned staff absences clients would be offered the choice of meeting with another staff member or waiting for their usual worker to return. Some clinic appointments had recently been cancelled due to the unexpected absence of the non-medical prescriber. The organisation's medical director had run a clinic at the service to ensure new clients could be seen and their treatment initiated.

Appointments ran on time and staff informed clients when they did not. We observed some brief delays in appointments during the inspection due to issues with technology and found that staff adapted well and kept clients well informed of the delays.

The facilities promote comfort, dignity and privacy

The design, layout, and furnishings of treatment rooms could be improved in order to promote clients' privacy and dignity.

The service had rooms and equipment to support treatment and care. The two group rooms were spacious and bright. However, although there was disabled access to the building, the toilets were not large enough to fit a wheelchair and

Substance misuse services

did not have a pull cord for people to summon assistance if needed. Managers told us that if they did not move to a new premises the toilets would be reconfigured to ensure they were suitable for people with disabilities. There was also no curtain around the examination couch in the clinic room, and no lock on the door, meaning that people could just walk in during appointments.

Interview rooms in the service were not adequately soundproofed which could pose risks to privacy and confidentiality. We found that conversations could be heard from outside of meeting rooms. Staff played a radio in the corridor while appointments were taking place to try and mask any sound, but some conversation could still be heard if people were speaking loudly. However, none of the clients we spoke with felt this was an issue and the waiting area was in a separate area so people would only be passing by these rooms to get to another part of the building.

Meeting the needs of all people who use the service

The service was not fully equipped to meet the needs of all clients, including those with communication needs.

The service did not have a hearing loop installed.

Staff made sure clients could access information on treatment, local service, their rights and how to complain. This was displayed in the waiting area, although none of the clients we spoke with were aware how to make a complaint about the service. The harm reduction lead had created a map of the local area which included location and contact details for useful services that clients may wish to access.

Staff had access to interpreter services via telephone if needed, however these had not been used.

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 wider service.

Staff understood the policy on complaints and knew how to handle them.

Staff knew how to acknowledge complaints and clients received feedback from managers after the investigation into their complaint.

The service had not received any formal complaints but there were three concerns logged which managers had responded to appropriately.

Staff protected clients who raised concerns or complaints from discrimination and harassment. Clients told us they would not hesitate to raise concerns with staff if needed.

Managers shared feedback from concerns with staff in team meetings and they considered how changes could be made to improve the service.

The service used compliments to learn, celebrate success and improve the quality of care. Staff had logged 26 compliments about the service.

Substance misuse services

Are Substance misuse services well-led?

Good 

This was the first time we rated this service. We rated well-led as 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 the necessary skills to perform their roles and had an excellent understanding of the services they managed. Leaders told us they felt well supported by other senior members of the organisation, as well as the central governance team.

Staff told us that the service manager and team leaders were approachable and that one of them was always available. Staff told us that managers were very knowledgeable, and that they found this invaluable when they needed support and advice.

Vision and strategy

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

The organisation's values were "ambition, collaboration, compassion, creativity and respect". Throughout our inspection we observed staff demonstrating these values.

Culture

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.

We observed a positive and supportive culture within the staff team. Staff told us they felt very well supported and valued within their roles, and that they appreciated the opportunity to have specialist roles which gave them more variety in their day to day work.

There were no cases of bullying or harassment within the team.

Staff had access to a telephone support service. We saw posters for this service displayed in staff areas of the building.

Staff told us they felt confident to raise any concerns if needed.

Governance

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

Substance misuse services

Managers attended bi-monthly Cranstoun-wide substance misuse best practice meetings as well as quarterly national operations meetings which enabled the sharing of best practice across the organisation.

Staff carried out regular health and safety checks of the environment, there were enough staff, staff were trained and supervised, incidents were reported, and clients were assessed and well treated.

We reviewed team meeting minutes and saw that there was a clear framework of what must be discussed at a team meeting to ensure essential information, such as learning from incidents and complaints, was shared and discussed. We saw that actions were identified and completed.

The commissioner of the service had oversight of the numbers of people who had successfully completed treatment. These had dropped between April and November 2021 when managers had not been auditing caseloads. Once the audits resumed it was found that there were large numbers of clients open to the service who had not had any recent contact. These audits now take place every month.

We reviewed a number of policies. These were all in date and included dates for review.

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.

The service had a risk register in place. This was reviewed quarterly.

The service also had business continuity plans in place.

Information management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Notifications were submitted to CQC as required.

Staff had access to the equipment needed to carry out their roles. They all had laptops and mobile phones to enable them to work remotely. All of the service's policies were available on the intranet which staff could access.

Staff reported data externally as required, for example uploading data to the National Drug Treatment Monitoring System (NDTMS).

The service had submitted three statutory notifications to CQC, all relating to client deaths.

Engagement

Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

Staff organised a launch event in September 2021 which local partnership agencies, clients and their families were invited to attend. They received excellent feedback following the event and were planning to set up annual recovery events.

Substance misuse services

Staff have trained and issued naloxone to six partnership agencies. They also delivered training for newly qualified social workers around how to identify substance misuse, different types of drugs and key trends to look out for in the local area.

Both clients and staff told us they were able to give feedback about the service and were confident that this would be listened to and considered. Clients we spoke with who had attended the service user forum said that staff always followed up on actions.

External partners told us that the service manager always made time to attend meetings they were invited to, and that they were a key contributor to meetings and events.