

Northamptonshire Substance to Solution

Quality Report

Substance to Solution

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

Ratings

Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



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.

Summary of findings

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

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

Overall summary

- The provider had robust health and safety processes in place to provide clients with community-based substance misuse services. Clients received a comprehensive assessment in a timely manner which included a physical health assessment.
 - Clients had robust risk management plans in place which staff reviewed every three months or more frequently where required. Staff were able to identify signs of deteriorating mental health.
 - All locality hubs had a range of appropriate rooms to meet clients. The clinical rooms were clean, well-stocked and regularly reviewed by the clinical lead nurse. Staff had access to Naloxone (Naloxone is used to reverse the effects of opioids).
 - The provider had robust policies, procedures and training related to medication and medicines management. These included: prescribing, detoxification and assessing client's tolerance to medication. Staff adhered to infection control principles, including handwashing and the disposal and storage of clinical waste.
 - There was enough staff at all grades, with the right skills and experience to meet the needs of the clients. Staff had received mandatory training and received training relevant for their role.
 - The service had a robust process for the recording, investigation and learning from incidents. There was evidence of learning from incidents that had been embedded in practice.
 - There were robust governance systems in place to effectively manage the service. Managers had the right skills and experience to provide leadership and had good oversight of the service. Performance was monitored, and the outcomes were recorded on key performance indicator dashboards. This meant the manager could monitor performance over a period to ensure continuous improvement. Managers communicated the results to staff.
- However:
- There was no glucometer (to test client's blood glucose) in Wellingborough.
 - Not all complaints had been acknowledged within the providers agreed time frame of five working days.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Community-based substance misuse services	Good 	

Summary of findings

Contents

Summary of this inspection

	Page
Background to Northamptonshire Substance to Solution	6
Our inspection team	6
Why we carried out this inspection	6
How we carried out this inspection	7
What people who use the service say	7
The five questions we ask about services and what we found	8

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards	12
Overview of ratings	12
Outstanding practice	24
Areas for improvement	24

Good



Northamptonshire Substance to Solution

Services we looked at

Community-based substance misuse services;

Summary of this inspection

Background to Northamptonshire Substance to Solution

Change Grow Live, Substance to Solution, is part of the of the national Change Grow Live provider that provide a not-for-profit drug and alcohol treatment service. Change Grow Live have been providing substance misuse services in Northamptonshire since 1 February 2013, after being awarded the contract to deliver services by Northamptonshire Public Health Team. Change Grow Live are a registered charity, delivering community-based services across England, Wales and Scotland.

Substance misuse services in Northamptonshire, were previously provided by Crime Reduction Initiatives (CRI) from the CQC registered location of Stuart Road, from March 2013. Change, Grow, Live (CGL) changed its name from CRI in April 2016. Substance misuse services were then delivered to Northamptonshire, from a regional office in London, registered with the CQC. In January 2019, Northamptonshire Substance to Solution (STS) was re-registered with the CQC on 8 January 2019 as its own location.

Northamptonshire Substance to Solution has not been inspected before as a standalone location. However, an inspection was carried out in October 2016 of the Northamptonshire location when registered to the London regional office. That inspection was not rated.

Services provided by Northamptonshire Substance to Solution include prescribed opioid substitution therapy,

alcohol detoxification, psychological therapies, and social and harm reduction interventions. Attendance is voluntary unless ordered by the courts within the criminal justice system. It also provides support to adults, children and families who have been affected by someone close to them using.

Change Grow Live offer one-to-one key work sessions, group work (psychological and social interventions), opioid substitution therapy, alcohol detoxification and opportunities for peer support. Brief interventions, structured group work, prescribing, harm minimisation, needle exchange and psychological interventions including cognitive behavioural therapy.

As part of the recovery process, people coming for structured treatment are comprehensively assessed by a recovery or key worker, and medically assessed by a doctor or non-medical prescriber (where appropriate).

There are four main locality hubs; Northampton, Kettering, Corby, and Wellingborough. Services are also provided in Daventry and Brackley.

The service provides interventions and support for clients of all ages.

Each hub has three specialist teams, an opiate team, alcohol team, and non-opiate team.

Our inspection team

The team that inspected the service comprised three CQC inspectors and two specialist advisor nurses who had experience of working in community substance misuse services.

Why we carried out this inspection

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

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 of every 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, asked a range of other organisations for information.

During the inspection visit, the inspection team:

- visited all four hubs, looked at the quality of the environment and observed how staff were caring for clients
- spoke with seven clients who were using the service
- spoke with the registered manager and managers for each of the hubs
- spoke with 21 other staff members; including a Consultant Psychiatrist, doctors, nurses, non-medical prescriber, social work student, recovery workers, recovery champion, peer mentor, volunteer and administrator.
- attended and observed one daily 'flash' hand-over meeting and an introduction to recovery group.
- looked at 28 care and treatment records of clients
- carried out a specific check of medication management and clinical rooms
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

- Clients we spoke with told us that they had felt supported and respected by staff. Clients described staff as helpful. One client described that service as being their 'saving grace', and another described their key worker as 'amazing'.
- Three clients had expressed frustration at not being able to access detoxification immediately. Staff explained that clients had a better chance of recovery if they attended the welcome to recovery programme in advance of detoxification.
- Clients spoken with told us they knew how to complain and felt like they would be supported by staff if they wished to raise a complaint.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as good because:

- The service had a range of skilled and trained professionals to deliver safe care and detoxification treatment.
- The service had robust health and safety systems in place to manage the safety of clients and staff across all four hubs. Managers had completed ligature risk assessments, and staff were aware of how to minimise risks.
- Specialist substance misuse community service facilities were well-designed, visibly clean and meet the needs of the client group
- All hubs had a range of appropriate rooms to meet clients for group meetings, one to one appointments, medical reviews and for needle exchange.
- Staff managed the prescribing of medications well. Staff were trained in the administration of Naloxone and had access to this at each hub.
- Managers ensured that there was enough staff at all grades to meet the needs of the clients. The registered manager planned for staffing shortages by arranging staff moves across the four hubs, booking agency staff and distributing work load amongst the team. Staff received mandatory training suitable for their role and had access to a wide range of learning relating to their job role.
- We reviewed 28 care and treatment records. Staff had completed a risk management plan during the first assessment. Staff reviewed these regularly as a minimum three monthly, or as and when needed.
- Risk management plans were discussed upon first assessment and regularly reviewed at service user plan reviews and three-monthly full risk reviews, or more frequently where required.
- There is a clear safeguarding policy and identified safeguarding lead and doctor. Staff had received safeguarding training. The provider had robust policies, procedures & training related to medication and medicines management which included: prescribing, detoxification, assessing people's tolerance to medication and harm minimisation.
- The service had a robust process for the recording, investigation and learning from incidents.

However:

Good



Summary of this inspection

- There was no glucometer in Wellingborough. A glucometer measures how much glucose is in the blood.

Are services effective?

We rated effective as good because:

- Staff had completed comprehensive assessment for all clients in a timely manner. This included a physical health assessment. Staff used a range of clinical outcome measures to inform client assessment and progress. Staff delivered care and treatment options in line with best practice including guidance from the National Institute for Health and Care Excellence and National Treatment Agency.
- Staff together with clients had completed recovery focused care plans, which addressed the needs of clients. Client recovery plans included risk management plans.
- Staff supported clients to minimise risks associated with substance misuse. Blood borne virus testing and testing for sexually transmitted diseases were offered where appropriate. The service had a focus on wellbeing and supported clients to lead healthier lives.
- Staff had the knowledge, skills and competencies for their roles. All staff received a comprehensive induction. The service offered a wide range of training opportunities alongside mandatory training.
- Staff assessed client's capacity and competence, which was recorded and managed well.
- The multidisciplinary team met daily to discuss service user progress and needs. Staff ensured that there was multidisciplinary input into client's care including access to other services where required.
- At the time of the inspection the provider had made changes to the appraisal system following feedback from staff. The new system was in the process of being implemented and there were plans in place to ensure all staff received the new format appraisals.

However

- Staff were not always documenting when care reviews took place, within the care plans.

Good



Are services caring?

We rated caring as good because:

- Staff treated clients with kindness and compassion. We observed when interacting with clients, staff demonstrated compassion, dignity and respect.

Good



Summary of this inspection

- Staff told us that they felt supported by the organisation. Staff said they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes to clients without fear of the consequences.
- Staff supported clients to understand and manage their care, treatment or condition. This included education regarding harm minimisation.
- Staff enabled families and carers to give feedback on the service they received. For example, via surveys or community meetings. Feedback reviewed was generally positive.

However:

- Care records did not always show that clients had been given a copy of their care plan.

Are services responsive?

We rated responsive as good because:

- The provider had a clear documented acceptance and referral criteria in place. This had been agreed with relevant services and key stakeholders which all staff were aware of. This included allocated beds for detoxification and rehabilitation.
- The provider was able to see clients quickly. Staff accepted referrals via the single point of access service and clients could access services via the drop-in clinics.
- Staff completed recovery and risk management plans, which reflected the diverse and individual needs of the clients. These included clear care pathways to other supporting services. For example, maternity, social and housing services. Staff supported clients during referrals to transfer to other services.
- The providers had a robust complaint process in place. Clients spoken with told us they knew how to complain and felt like staff would support them if they wished to raise a complaint.
- Staff planned for clients' discharge, including good liaison with a range of other agencies.

However

- Two of the five complaints we reviewed had not been acknowledged by staff in line with their policy, within five working days of receipt.

Good



Are services well-led?

We rated well-led as good because:

Good



Summary of this inspection

- Managers provided clinical leadership and had a good understanding of the services they managed. Most staff told us that managers were visible, and staff found them approachable.
- Staff were aware of the provider's vision and values and had been involved in the reviewing of these. Staff understood their job roles and were able to explain how they were working to ensure high standards of care.
- Staff informed us that the culture of the organisation had greatly improved over the past 18 months. Most staff told us that they felt valued and respected and described managers as visible and approachable.
- The provider had policies procedures and protocols in place which staff had access to. There was an open culture to learning. Staff had made changes following learning from incidents and complaints.
- The provider had robust systems in place to assess and manage client and organisation risks. Staff had the ability to submit items to the provider risk register.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff assumed capacity in line with the Mental capacity Act. We found evidence staff ensured clients consented to care and treatment. Staff assessed, recorded and reviewed this in a timely manner.
- The service had a policy on the Mental Capacity Act which staff are aware of and could refer to.
- The service provided staff with Mental Capacity Act training, we found 90% of relevant staff had completed this.

Overview of ratings

Our ratings for this location are:

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

Community-based substance misuse services

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

Are community-based substance misuse services safe?

Good 

Safety of the facility layout

- The four locality hubs had a range of rooms to see clients in. However, in Corby, Kettering and Wellingborough individual and group rooms were on the first and second floors. They were not accessible for disabled clients. The provider had addressed this issue by booking rooms either in services on the ground floor of the building, or rooms in local services (e.g. probation). At the time of our inspection, there were no disabled clients attending the service.
- Disabled clients in Wellingborough would be unable to have ECGs recorded at the locality hub, as the doctor's room with an examination couch was upstairs. This area would be inaccessible for disabled clients. The provider was aware that this was a current restraint and was looking to secure further facilities locally for the provision of groups.

Safe and clean environment

Maintenance, cleanliness and infection control

- All areas to which clients using the service had access to were clean, tidy, comfortable and well-maintained. The provider had a contract with an external cleaning company who undertook cleaning in all areas.
- Staff adhered to infection control principles, including handwashing and the correct disposal of clinical waste.
- Managers had completed ligature risk assessments. A ligature is anything which could be used to attach a

cord, rope or other material for hanging or strangulation. The assessments whilst brief, highlighted several ligature risks in each of the buildings. Managers had identified actions to mitigate each of the risks identified. Managers had disseminated the findings of the ligature risk assessments to staff, who were aware of the risks and the identified mitigation.

- Managers had completed monthly environmental risk assessments, including fire risk assessments. In addition, managers conducted weekly health and safety checks.
- The clinical rooms were clean, tidy and well organised. The clinic rooms had a working fridge for storing medications where required. Staff recorded the clinic room's temperature and fridge temperature daily. Staff were aware of what action should be taken if either the fridge or room temperature went out of range.
- The provider had a range of medical equipment for example, blood pressure machines, pulsometers and alcoholmeters which staff had been trained to use. This was in date, regularly tested and ready for use. However, there was no glucometer in the Wellingborough base, and it was reported that one had been required recently.

Staffing levels and mix

- The provider had enough skilled staff to meet the needs of clients. The multi-disciplinary staffing team consisted of a service director, nurses, non-medical prescribers, service manager, locality manager, team managers, recovery workers, recovery champions, peer workers, volunteers, complex need worker, criminal justice worker, psychologist and assistant psychologist. The medical team consisted of a consultant psychiatrist and two doctors.

Community-based substance misuse services

- The provider had cover arrangements in place for sickness, leave and vacant posts. Managers had contingency plans in place to manage unforeseen staff shortages, which ensured client safety. This included moving staff from other bases within Northamptonshire and the use of sessional or agency staff members.
- Managers of the service together with commissioners had estimated the number, grade, and experience of staff required. These were based on client need and the programmes in place at any given time. Staff absences were planned for in advance and were able to be managed effectively within the staffing team. The service was using two agency recovery workers at the time of our visit.
- The service had enough staff to ensure that clients had regular one-to-one sessions with their named keyworker. Clients could request additional one-to-one sessions if required. Caseload numbers on average ranged from 55 to 65 for full time staff. However, we saw evidence that some workers had a caseload of 70 clients. The service used a case management tool to assess the work involved in allocated caseloads. Therefore, staff generally felt that these caseloads were manageable.
- Staff and clients told us that they had no experience of activities or groups being cancelled due to staff shortages.

Mandatory Training

- Managers had embedded personal safety protocols for staff, including lone worker policies where necessary. Staff had access to room alarms in Corby, Kettering and Wellingborough to call for help if needed. Staff in Northampton conducted a risk assessment prior to interviews and had access to alarms. Staff knew the procedure to follow if an alarm was raised. Responders had been identified in each of the locality hubs. CCTV was in use throughout the buildings in communal areas.
- Overall, 88% of staff had completed all mandatory training. Mandatory training included health and safety awareness, Mental Capacity Act, child and adult safeguarding, diversity, equality, inclusion, human rights and first aid awareness. Overall, 89% of staff had completed mandatory health and safety awareness training and 90 % of staff had completed training in and understood their responsibilities in relation to the Mental Capacity Act 2005.

- Between May 2018 and May 2019, 11 staff members left the service. The vacancy rate was five percent. At the time of inspection there was a vacancy for a doctor, recovery worker and a support worker.

Assessing and managing risk to patients and staff

- We reviewed 28 care records during the inspection. All clients had a thorough initial risk assessment. The majority of which had been updated in line with the planned review dates. Staff made good use of crisis and risk management plans. Risk assessments were extensive, detailed and included what process to follow for a client who unexpectedly exited treatment. Staff discussed with clients at the commencement of their treatment, what they should do if the client wanted to, or exited treatment early. Staff discussed harm reduction with clients.
- Staff recognised and responded to warning signs and deterioration in client's health. Staff monitored early warning signs of mental or physical health deterioration during one to one contact with clients and during groups.

Management of client risk

- Staff made clients aware of continued substance misuse and harm minimisation. This was an integral part of client recovery plans. Staff provided education and advice to clients on safe injecting.
- Staff identified and responded to changing risks to or posed by clients. Staff had updated risk assessments in response to changes in client's risk profile.
- Staff responded promptly to a deterioration client's physical health. Staff advised that where a client's physical health deteriorated, they would call NHS 111 or seek guidance from the doctor.

Safeguarding

- Staff could give examples of how to protect clients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff gave an example where there had been a recent focus on modern slavery.
- Staff worked effectively within teams, across services and with other agencies to promote safety, including systems and practices in information sharing. This included attendance at countywide safeguarding meetings, the multiagency safeguarding hubs (MASH), and the multiagency risk assessment conference

Community-based substance misuse services

(MARAC). However, the provider had recognised through serious incident investigations, that improvements in interagency working with acute hospitals and GPs were required. During our inspection we saw evidence that the provider had taken steps to address this issue. We saw evidence that the service was liaising with GPs and had mental health services.

- Staff knew how to identify adults and children at risk of, or suffering, significant harm. This included working in partnership with other agencies. The service had two safeguarding leads who worked across the county. In addition, there were safeguarding leads within each of the localities, who provided ongoing advice and support to staff teams.
- The provider had statutory guidance around vulnerable adults and children and young people. All staff were aware of where and how to refer on as necessary.
- Staff knew how to protect clients and family from abuse.

Staff access to essential information

- Staff used a mixture of electronic and paper records, although staff stated that the service was 'paper light'. The service had an electronic client record system. This was detailed and easy to use.
- Staff recorded most client treatment information on the electronic case management system. Any paper records, including client assessments were scanned onto the electronic health record and then shredded. This did not cause staff any difficulty in entering or accessing information.
- All staff had prompt and appropriate access to a desk and a computer to update electronic case notes when needed.

Medicines management

- Staff had effective policies, procedures & training related to medication and medicines management including: prescribing, detoxification, assessing people's tolerance to medication, and where appropriate, take home medication (i.e. Naloxone).
- Staff followed good practice in medicines management (that is, transport, storage, dispensing, administration, medicines reconciliation, recording, of medication) and did this in line with national guidance.
- Staff ensured the safe storage of client medicines at home. Staff conducted a home visit for all clients who had children at home, to assess and ensure the safe

storage of medicines. Clients with children at home had a locked box to store their medicines. Clients who did not have the adequate safety checks in place, had supervised consumption of medication.

- Staff reviewed the effects of medication on clients' physical health regularly and in line with National Institute for Health and Care Excellence (NICE) guidance, especially when the client was prescribed a high dose medication. Electrocardiograms (ECGs) were recorded for all clients who were prescribed over 90 milligrammes of methadone, and those who were taking drugs on top of prescribed medications.
- The provider was currently working to improve the physical health monitoring of clients. Managers had recently introduced a new healthcare screening tool, which nursing staff completed. In addition, recovery workers had been trained to take client's blood pressure and temperature.
- There were no controlled drugs held at this service.

Track record on safety

- The provider had provided details on serious incidents prior to the inspection. The provider told us that there had been one serious incident in the 12-month period 08/05/2018 to 07/05/2019, which was a homicide.
- The provider had submitted 22 notifications relating to serious incidents in the last 12 months. These incidents included one homicide and 21 deaths, 16 of which had been unexpected deaths.
- Managers had conducted serious incident investigations in response to each of the above serious incidents. Managers reported that the findings of these investigations had highlighted the need to improve communication with GPs and other external agencies and improve the monitoring of client's physical health.

Reporting incidents and learning from when things go wrong

- The service managed incidents well. Staff used an electronic reporting system. During our inspection we viewed the incident reporting system and reviewed incidents which the service had internally reported, that were not CQC notifiable. We saw evidence of thorough discussions held with staff around lessons learnt, additional training needs identified, and actions taken

Community-based substance misuse services

following incidents. Staff updated client risk assessments following incidents. All staff knew what incidents to report and how to report them. We found there to be an open culture of reporting in the service.

- Staff were clear about their roles and responsibilities for reporting incidents and were encouraged by managers to do so. Any staff member could report an incident on the electronic incident reporting system and did so in a consistent manner. All reported incidents were sent to the team managers for oversight and investigation.
- Managers and staff were aware of the duty of candour. Duty of candour is a legal duty to inform and apologise to clients if there have been mistakes in their care that have led to significant harm. Managers and staff told us they were expected to be candid with clients. We saw evidence in complaints records of transparency and accountability to clients and their families.
- The provider had introduced several improvements in response to learning from incidents. An example was the introduction of the comprehensive physical health monitoring tools, improved liaison with GPs and other agencies and attendance at the multi-agency risk assessment meeting (MARAC). The provider had also introduced a death review group to look at themes, issues and learning.
- Staff met regularly to discuss any incidents and learning from incidents. Staff received feedback from incidents during daily meetings, team meetings and governance meetings.
- Staff we spoke with said they had received debriefing following incidents. Staff gave an example of a recent serious incident, following which managers held a debrief to the staff team.

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

Good 

Assessment of needs and planning of care

- Staff had completed a comprehensive assessment for all clients in a timely manner. We reviewed 28 client care records.

- Staff developed care plans that met the needs identified during assessment. All 28 care plans viewed were personalised, recovery orientated, holistic and looked at strength areas for each client. Client's goals throughout treatment and upon discharge were discussed and clearly recorded, together with advice regarding aftercare services.
- All clients we spoke with said they were involved with and had been offered a copy of their care plan. However, we noted that staff had not always ticked the box in the notes to say they had done this. Care plans included client's personal goals throughout treatment. All care plans reviewed were written in the client's voice. Staff regularly and thoroughly reviewed patients care, however had not always documented this in line with the provider's policy.
- The client recovery plans identified the client's key worker. Individual needs and recovery plans, including risk management plans, were regularly reviewed by staff at a minimum of three monthly, or more frequently if there was a change in the client's presentation.
- Staff had developed a personalised comprehensive risk management plan for all clients identified as being at risk. This included a plan for unexpected exit from treatment.
- Staff undertook a range of physical health assessments. Trained staff completed blood pressure checks, breathalysing, and urine drug screening at regular intervals thereafter.

Best practice in treatment and care

- We found that staff had completed a comprehensive assessment with clients on admission, using specialised and recognised assessment tools. Assessment tools and rating scales which were being used within the service included; the severity of alcohol dependence questionnaire (SADQ), Clinical opiate withdrawal scale (COWS), subjective opioid withdrawal scale (SOWS).
- Staff provided a range of care and treatment interventions suitable for the client group. The interventions were those recommended by and were delivered in line with guidance from the National Institute for Health and Care Excellence. The interventions delivered by staff included medication, psychological therapies; brief and structured interventions (including cognitive behavioural therapy), ambulatory detoxification, group work, harm reduction, needle exchange and sexual health promotion. Staff

Community-based substance misuse services

also facilitated access to in-patient detoxification and rehabilitation (where required), together with training and work opportunities intended to help clients acquire living skills.

- Managers had ensured that relevant and current evidenced based guidance, standards, best practice and legislation had been developed and delivered in the service. This was achieved by following the provider's national policies in line with National Institute for Health and Care Excellence (NICE) guidance, professional body standards and National Treatment Agency for substance misuse tools, to provide quality care. Managers had communicated these standards to staff via team and integrated governance meetings.
- The service was working in line with Change Grow Live's Medication Assisted Treatment (MAT) toolkit. This toolkit aimed to ensure all clients in receipt of MAT attained an optimised dose within the minimum time frame. The use of this toolkit reduced the risk of continued illicit use on top of prescribed medications. The service was working to an organisation wide 12-month action plan.
- Staff routinely offered blood borne virus testing via dry blood spot testing. Staff also had access to urine and saliva testing. Staff also had access to testing for sexually transmitted diseases. All staff had been trained to test for blood born viruses.
- Staff supported clients to live healthier lives through the service focus on wellbeing. Clients participated in the five ways to wellbeing programme. This evidence programme developed by the new economics foundation, focused on improving clients' wellbeing by focusing on five actions. These actions are to connect, be active, take notice, keep learning and to give.
- Staff used technology to support clients effectively. Staff recorded electrocardiograms for clients who were taking over 90-100mg of methadone. The test results are sent to the general hospital by phone and results of the tests were then sent back to the provider.
- Staff were aware of local performance targets; and successful completions were discussed in supervision. Staff celebrated when clients completed certain groups and the ambulatory detoxification, and certificates were issued in recognition.

Monitoring and comparing treatment outcomes

- The provider monitored performance figures against other providers. The provider had remained in the top quartile of performance for opiate treatment for over

three years. The number of successful treatments exiting treatment in a 12-month period (as a proportion of all clients in treatment within the same period), had consistently been above eight percent. The national average being six percent.

- The service participated in care quality reviews which were undertaken by the commissioners.

Skilled staff to deliver care

- Managers had ensured that the service had staff with the skills, competency and knowledge to provide high quality care. Managers provided all staff including agency, with a comprehensive induction. All new staff received two weekly supervision under completion of induction.
- All managers and staff had attended an induction process which focused on the skills, competencies and relationships which relate to the delivery of the service and its leadership. Ongoing support and supervision were in place to enable personal development and support performance.
- Managers identified the learning needs of staff and provided them with opportunities to develop their skills and knowledge. All staff had received regular supervision with dedicated space to reflect on practice as well as focussing on staff wellbeing. The provider's policy indicated that staff should receive nine supervision sessions in any 12-month period.
- Overall, 88% of staff had completed mandatory training. At the time of our inspection 69% of staff had received an annual appraisal. Managers had suspended doing staff appraisal whilst undertaking a review of the appraisal system. This was because staff had highlighted concerns with the previous appraisal process. The provider had responded to these concerns, by placing the appraisal system on hold and reviewing the appraisal system. This review was complete and plans for its roll out to staff were in place.
- Managers ensured that robust recruitment processes had been followed and had appropriate checklists in place. We examined details of ten staff records All of these showed that the correct processes and checks had been undertaken by staff in line with policy.
- The escalation process for any concerns staff may have within the service as well as the whistleblowing policy, had been shared with staff. Staff had regular protected time which they were supported to take.

Community-based substance misuse services

- Managers addressed poor staff performance promptly and effectively.
- Managers had recruited volunteers and trained and supported them for the roles they undertook.

Multi-disciplinary and inter-agency team work

- Staff ensured that there was multidisciplinary input into client's comprehensive assessments. This included input from, for example, community mental health teams, GPs, safeguarding, maternity services, children and family services, social workers and criminal justice services.
- The client's key workers were clearly identified in the client's records. All clients we spoke with knew who their key worker was and how to contact them.
- Managers held regular multi-disciplinary team meetings including daily briefings, staff meetings, business meetings and clinical governance forums.
- The provider had effective protocols in place for the shared care of people who use their services. This was evident in shared care protocols with GPs.
- Recovery plans included clear care pathways to other supporting services. The provider worked with health, social care and a wide range of other agencies, to plan integrated and coordinated pathways of care to meet the needs of different groups. This included access to, a range of agencies and services including Aquarius, criminal justice services, multi-agency safeguarding hub, and local services including Bridge, Good Loaf (a social impact project), foodbanks, MIND, churches and local charities.
- Staff discharged clients when specialist care was no longer necessary and worked with relevant supporting services to ensure the timely transfer of information. Team leaders approved any discharges from the service.

Adherence to the MHA and the MHA Code of Practice

- The Mental Health Act was not applicable to this service; clients using the service were not detained.

Good practice in applying the MCA

- The provider had a policy on the Mental Capacity Act which staff were aware of and could refer to.
- Clients had been supported to make decisions where appropriate and when they lacked capacity, decisions

were made in their best interests, recognising the importance of the client's wishes, feelings, culture and history. Staff recorded capacity in the clients care record and reviewed in a timely manner.

- Overall, 87% of staff had completed modules one and two training in the Mental Capacity Act. Staff had knowledge of capacity and the impact it could have on clients they were working with.

Are community-based substance misuse services caring?

Good 

Kindness, privacy, dignity, respect, compassion and support

- Observations and reports (by clients) of staff attitudes and behaviours when interacting with clients who use services demonstrated compassion, dignity and respect. Staff provided responsive, practical and emotional support for clients as appropriate.
- Staff treated clients with kindness and compassion. We observed staff interacting with clients and family members in a respectful, kind and supportive manner.
- Clients we spoke with told us they felt empowered in their treatment. Clients said staff were caring, respectful, supportive and sensitive to their needs. Clients told us that their treatment was individualised, and that staff listened to their choices.
- Within the Corby locality the staff had an arrangement with the local bakery, who twice weekly provided the service with food for their coffee mornings. Anything that was not used within the service, staff shared with local 'street drinkers', using this to try and engage them into the service.
- Staff said they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes to clients without fear of the consequences. None of the staff interviewed had seen any negative behaviours being exhibited toward clients.
- Staff worked closely with clients, including facilitating regular one-to-one sessions to support them to understand and manage their care, treatment or condition, and engage fully in treatment. Staff showed an understanding of clients' individual needs.

Community-based substance misuse services

- Staff directed clients to a wide range of other services when appropriate and, if required, supported them to access those services. Services included Bridge (recovery support), Aquarius – including NGAGE (young people's early intervention service, family support link. Alcoholics anonymous (AA) and the Queens refuge for women.
- The provider had clear confidentiality policies in place that were understood and adhered to by staff. Staff maintained the confidentiality of information about clients. All client electronic files contained a confidentiality and information sharing agreement, along with a signed copy of the treatment contract. Staff ensured that client's had full capacity prior to signing these agreements.

Involvement in care

- Staff communicated with clients so that they understood their care and treatment, including finding effective ways to communicate with clients with communication difficulties.
- The service empowered and supported access to appropriate advocacy for people who used services their families and carers.
- All clients we spoke with said they were involved with and had been offered a copy of their care plan. However, this was not always recorded in the clients notes that we reviewed. Staff informed us that this was because the correct box had not been completed. Care plans included client's personal goals throughout treatment. All care plans reviewed were written in the client's voice.
- Each person using the service has a recovery plan and risk management plan in place that demonstrated the person's preferences and recovery goals. Care plans offered interventions aimed at maintaining and improving the clients' social networks and provided support for people to attend a wide range of community resources (for example Aquarius, AA and MIND).
- Staff engaged with people using the service, their families and carers to develop responses which met their needs and ensure they had information needed to make informed decisions about their care.
- Staff actively engaged clients using the service (and their families/carers where appropriate) in planning their care and treatment. All clients had a named key worker and clients knew who their key worker was. All clients in treatment received regular one to one-time sessions with their named keyworker.

- Staff encouraged clients to give feedback about the service by completing questionnaires and through suggestion boxes located at each service. Results from the most recent client survey showed that 85% of the respondents said that the service provided them with what they wanted, 95% said that they were treated with fairness, dignity and respect and 88% said that they had trust and confidence in the team member supporting them.

Involvement of families and carers

- Staff actively engaged client's families when clients were receiving ambulatory detoxification, to ensure that each client had appropriate support at home while undertaking the detoxification.
- Staff enabled families and carers to give feedback on the service they received.
- Staff provided carers with information about how to access family link, where they could access a carer's assessment.

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

Good 

Access and discharge

- The provider had robust alternative care pathways and referral systems in place for people whose needs could not be met by the service. This included two allocated beds for in-patient detoxification and rehabilitation.
- Staff discussed alternative treatment options for clients who were not able to take certain treatment options being offered. An example we saw of this were clients who for clinical reasons were not able to take the usual treatment of choice for opioid drug dependence. These clients had been prescribed an alternative treatment.
- The provider had two different processes in place for accepting referrals. Clients could access the service either via the single point of access service (STAR) or via drop in clinics.
- The provider had a clearly documented admission criteria, which had been agreed with commissioners.

Community-based substance misuse services

- The provider was able to see urgent referrals quickly. In addition to the single point of access service (STAR), each locality hub and the provision for drop ins. Staff managed this through a duty system, in which all staff participated. The service had no waiting list at the time of inspection.

Discharge and transfers of care

- Staff ensured that recovery and risk management plans reflected the diverse and complex needs of clients. This included clear care pathways to other supporting services such as social, housing, maternity, dentists and medical care.
- The provider had clearly documented acceptance, referral and discharge criteria, that had been agreed with relevant services and key stakeholders. The service had robust alternative care pathways and referral systems in place for people whose needs could not be met by the service. An example of this was that two beds for alcohol detoxification had been secured in Birmingham.
- Clients were assigned key workers at the point of admission. Staff together with clients formulated plans for an unexpected exit from treatment.
- Staff planned for clients' discharge, including good liaison with a range of other agencies. The provider had good links with the job centre and local colleges. Staff supported clients with housing and employment, by signposting them to the appropriate services. All planned discharges were discussed and approved by the team manager, before discharge took place.
- Staff supported during referrals and transfers between services, for example, if they required treatment in an acute hospital or temporary transfer to a psychiatric intensive ward. The service employed a nurse who liaised with the local acute hospitals and there was a criminal justice worker who liaised with clients in prison and helped plan their transition on discharge from prison.

Facilities that promote recovery, comfort, dignity and confidentiality

- The locality hubs had a range of rooms available, including group rooms, one-to-one rooms a clinic room, and doctors' rooms. Disabled clients were not able to access all facilities, as some of these were on the first floors and there was no lift. However, the provider had addressed this issue by booking rooms either in services

on the ground floor of the building or rooms in local services (e.g. probation). Clients in Wellingborough were unable to have ECGs recorded at the locality hub, as the doctor's room with an examination couch was upstairs. Clients unable to access the doctor's room were referred to the acute hospital for an ECG. The provider was aware that this was a current restraint and was looking to secure further facilities locally for the provision of groups.

- The provider had a range of leaflets which were kept in reception areas. These included details regarding the complaints procedure, advocacy information, information on deliberate self-harm and a range of information regarding substance misuse and health promotion.
- The service offered a full range of treatment groups and activities during the week Mondays to Fridays. These included welcome to recovery, alcohol pre-detoxification, relapse prevention, cognitive behavioural therapy, and family support group.

Meeting the needs of all people who use the service

- Staff demonstrated an understanding of the potential issues facing vulnerable groups, for example people experiencing domestic abuse, lesbian, gay, bisexual, transgender and sex workers, and offered appropriate support. Staff provided sex workers with condoms in the needle exchange service.
- The service also had a recovery worker whose role was to provide support to homeless clients, for example by ensuring that they attended GP appointments as required. Staff also provided outreach for clients who were unable to attend the locality hubs.
- Staff had initiated a pilot of rough sleeping clinics October and December 2018 and March 2019. Managers reported that the outcome of this was positive. Managers therefore plan to repeat this from October 2019.
- Information in other languages were readily available in Russian, Lithuanian, Polish, Latvian and Romanian, which reflected the needs of the local population. Staff could readily access information leaflets in other languages on request. The service had access to interpreters.
- The service did not have a waiting list.
- Clients using services reported that care and treatment had not been cancelled or delayed.

Community-based substance misuse services

Listening to and learning from concerns and complaints

- Staff protected clients who raised concerns or complaints from discrimination and harassment. Staff told us they would protect clients who raised concerns or complaints from discrimination and harassment.
- Complaints records demonstrated that most individual complaints had been responded to in accordance with the providers complaint policy. Between May 2018 and May 2019, the service received 19 compliments and 27 complaints. Managers noted that access to rehabilitation services was a theme being raised by clients in complaints. Managers have reviewed this process with input from clients, staff and managers.
- We examined five complaints. All complaint investigations had been dealt with appropriately by staff. We saw evidence in complaints records of transparency and accountability to clients and their families. However, we reviewed a random sample of complaints and two of the five complaints we reviewed, had not been sent an acknowledgement letter with the expected five working days from receipt.
- The provider had a clear complaints system to show how complaints were managed and lessons were learnt and acted upon these to improve the quality of the service. Team managers investigated complaints. Staff we spoke with knew the complaints process. Staff told us that clients were encouraged to speak to staff or feedback in writing if they had any issues.
- The provider's complaint procedure was on display at all the four locality hubs. Clients who we spoke with told us they knew how to complain and felt like they would be supported by staff if they wished to raise a complaint. Suggestion boxes were placed in all reception areas.

Are community-based substance misuse services well-led?

Good 

Leadership

- Managers within the service provided clinical leadership. Managers maintained contact with direct clinical services by going 'back to the floor', one day every month.

- Managers had the right skills, abilities and experience to run the service. Managers within the service had a good understanding of the service, the skills, knowledge and experience to perform their roles. The registered manager was visible and approachable for all staff and clients.
- The provider had a clear definition of recovery and this was shared, understood and demonstrated by all staff.
- Managers had a good understanding of the service they managed. Managers could explain clearly how the team was working to provide high quality care, any constraints and how these had been overcome. The provider had a clear definition of recovery and this was shared and understood by all staff.
- Managers were mostly visible in the service and approachable for clients and staff. However, some staff commented that managers were not always available.

Vision and strategy

- Staff knew and understood the vision and values of the team and organisation and their role in achieving them. At the time of our inspection the values of the service were; focus, empowerment, passion, respect, vocation and social justice. However, managers had recently reviewed the service values. This review had been undertaken in response to staff feedback.
- Staff had reported to managers that the appraisal system was focusing too much on previous achievements and not enough on future goals. Staff had reported that there had been full consultation in this review including two large away days for staff to input into the process.
- All staff had a job description. Managers had recently undertaken a review of job roles and standardised these across the service.
- Staff had the opportunity to contribute to discussions about the strategy for their service, especially where the service was changing. Staff had been involved in the recent review of the provider's values and a staff suggestion box was present in each of the bases.
- Staff could explain how they were working to deliver high quality care within the budgets available. Staff linked in with a wide range of other agencies to ensure that clients' needs were being fully met

Culture

Community-based substance misuse services

- Managers and staff reported that the culture of the organisation had improved over the last 18 months. Staff we spoke with stated that they felt respected, supported and valued.
- The provider had a staff group that were positive, satisfied and had low levels of stress. Staff displayed a high level of commitment, empathy and caring toward the clients in their care, and were committed to positive outcomes for clients.
- Staff told us that they felt valued and part of the organisation's future direction.
- Staff felt positive and proud about working for the provider and their team. Staff told us that they felt appreciated by the managers and were supported.
- Staff appraisals had included conversations about career development and how it could be supported. Staff informed us that there were a wide range of opportunities for learning and career development.
- Managers informed us that staff had previously reported a culture of bullying and harassment. Managers had responded proactively to this feedback, and all staff interviewed stated that there was no bullying or harassment in the service at the time of inspection.
- Staff had access to support for their own physical and emotional health needs through an occupational health service. Staff told us that they knew of the service and how to access it. The provider had a focus on wellbeing and staff were provided with regular protected time.
- Managers monitored staff morale, job satisfaction and sense of empowerment. Managers had been responsive to previous staff feedback about a lack of management visibility and the appraisal system. Managers had taken actions which addressed the issues highlighted and staff reported that morale and job satisfaction had much improved.
- Staff reported that the provider promoted equality and diversity in its day to day work and in providing opportunities for career progression. The provider had a recent focus on 'modern day slavery'
- Teams worked well together and where there were there had been any difficulties, managers had dealt with them appropriately.

Governance

- Governance, policies procedures and protocols had been regularly reviewed and improved by the provider. These included an equality impact assessment. There was a clear framework of what must be discussed at a

facility, team or directorate level in team meetings to ensure that essential information, such as learning from incidents and complaints, was shared and discussed. We saw evidence that this framework had been followed.

- Staff had implemented recommendations from reviews of deaths, incidents, complaints and safeguarding alerts at the service level.
- Staff undertook or participated in local clinical audits. These included clinic audits, the titration of medication, medication errors and GP summaries. The audits were enough to provide assurances and staff acted on the results when needed.
- Data and notifications had usually been submitted to external bodies and internal departments as required.
- Staff fully understood the arrangements for working with other teams, both within the provider and external, to meet the needs of the clients.
- Service has a whistle blowing policy in place. Staff were aware of how to use this and stated that they would be happy to do so without fear of recrimination.

Management of risk, issues and performance

- There was a clear quality assurance management and performance frameworks in place that was integrated across all organisational policies and procedures. The provider had remained in the top quartile of performance for opiate treatment for over three years. The number of successful treatments exiting treatment in a 12-month period (as a proportion of all clients in treatment within the same period), had consistently been above eight percent. The national average being six percent.
- The provider also reported successful treatment completions for clients presenting with alcohol issues at 39%. The performance for clients presenting with problematic non-opiate substances was 38%. These were the same as the national average.
- Staff maintained and had access to the risk register at facility or directorate level. The current risk register had identified 18 actual or potential risks. However, at the time of our inspection, deaths had not been identified as a risk. The provider advised that this was in the process of being added to the risk register. Staff at team level could escalate concerns when required. Staff concerns matched those on the risk register.

Community-based substance misuse services

- The service had business continuity plans in place for use in the case of emergencies. Managers told us about a recent incident, where the service business continuity plan had been put into operation.
- Managers monitored sickness and absence rates. The overall sickness rate for 12 months leading up to the inspection was five percent.

Information management

- The service used systems to collect information from facilities and teams that were not over-burdensome for staff.
- Staff had access to the equipment and information technology needed to do their work. The information technology infrastructure, including the telephone system, worked well and helped to improve the quality of care. Clients were able to complete some activities on lines, for example the breaking free programme on line.
- Information governance systems included confidentiality of patient records.
- Team managers had access to information to support them with their management role. This included information on the performance of the service, staffing and patient care. Staff were able to access this information via the services' care path dashboard which was easily accessible.
- All information needed to deliver care was stored securely and available to staff, in an accessible form, when they needed it.
- The provider had information-sharing processes and joint-working arrangements in place with other services where appropriate to do so.
- Managers and staff ensured service confidentiality agreements were clearly explained including in relation to the sharing of information and data.

Engagement

- Staff, clients and carers had access to up-to-date information about the work of the provider and the services they used. They had received this information through the intranet, team meetings and staff forums.
- Clients and carers had opportunities to give feedback on the service they received in a manner that reflected their individual needs. The service conducted patient surveys and had suggestion boxes in each base. Results from the most recent client survey showed that 85% of the respondents said that the service provided them with what they wanted, 95% said that they were treated with fairness, dignity and respect and 88% said that they had trust and confidence in the team member supporting them.
- Clients and staff could meet with members of the provider's senior leadership team and governors to give feedback.
- Managers and staff engaged with a wide range of external stakeholders including the police, multiagency risk assessment conference, safeguarding, multi-agency safeguarding hub commissioners.

Learning, continuous improvement and innovation

- The organisation encouraged creativity and innovation to ensure up to date evidence-based practice was implemented and imbedded. This had included the provision of a homeless outreach project, including 'tents in the wood' in Corby, offering healthcare advice and tests. Staff were in the process of setting up phlebotomy for blood testing. Staff were also participating in a national group, which was looking at prescribing.

Outstanding practice and areas for improvement

Outstanding practice

Within the Corby locality the staff had an arrangement with the local bakery, who twice weekly provided the service with food that staff shared with local 'street drinkers', using this to try and engage them into the service.

The service also had the provision of a homeless outreach project, including 'tents in the wood' in Corby, offering healthcare advice and tests to clients who were homeless.

Areas for improvement

Action the provider SHOULD take to improve

The provider should ensure that all clinics are fully equipped with the full range of physical health equipment.

The provider should ensure that all complaints are acknowledge within the provider's agreed timeframe of five days.