

## Turning Point

# Turning Point Herefordshire Drug and Alcohol Recovery Service

## 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

Our rating of this location stayed the same. We rated it as good because:

- All areas we inspected were clean, fit for purpose and well presented. Environmental risk assessments were in place and safety checks had been undertaken on all equipment. The service had enough staff to cover case loads and recruitment was underway to fill vacancies. Staff turnover and staff sickness levels were both low and case load numbers did not exceed organisational targets. Staff had received training and were qualified and experienced for the roles they undertook. Risk assessments were in place for all clients and there were regular reviews of care.
- Staff provided care in line with national guidance. The service had introduced new processes and equipment to support clients and reduce the need to source services from external agencies. Process and services had been introduced to reduce stigma and encourage people to use the service. Confidentiality was maintained and electronic records were safe.
- Staff treated service users with dignity and respect. Staff involved clients in planning and delivery of their own care and we were told that clients felt that the service was supporting them and delivering a quality service.
- Referral to treatment times did not exceed organisational targets. Case load numbers were manageable and did not exceed organisational key performance indicators. The building had sufficient rooms to undertake appointments and these were well presents and fit for purpose. We reviewed complements and complaints and found that they were reviewed and managed correctly.
- Senior leaders were visible within the service. Staff told us that they felt that they could raise issues and suggest improvements and felt that they would be listened to. Governance structures were in place that ensured the smooth running of the service. Managers reviewed data from audits and investigations to formulate improvements where required.

# Summary of findings

## Our judgements about each of the main services

### Service

### Substance misuse services

### Rating

Good



### Summary of each main service

- The service provided safe care. The premises where clients were seen were safe and clean. The number of clients on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each client the time they needed. Caseload numbers were monitored to ensure that staff did not carry more than 40 clients on the caseload. Staffing numbers had been estimated to ensure that this was possible. 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. The service had purchased equipment and trained staff so that they could undertake tests on site that would normally be undertaken by third party providers, for example a fibroscan machine that allows staff to monitor the health of clients livers. This meant that the service was able to react more quickly to the long term health conditions of its client group. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The teams included or had access to the full range of specialists required to meet the needs of clients under their care. Managers ensured that these staff received training, supervision and appraisal. Staff training was at 96% compliance which was above organisational set key performance indicators. Data provided by the organisation showed that supervision and appraisal took place in line with organisational policy. This was also monitored as a key performance indicator and the service was above set targets. Staff worked well together as a multidisciplinary team and relevant services outside the organisation.
- Staff treated clients with compassion and kindness, and understood the individual needs of clients. We observed staff working with clients and saw that

# Summary of findings

interactions were supportive and understanding. The service also had provision in place to consider a clients social, ethnic and religious requirements. 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. Though the service is based primarily in Hereford its client group come from often rural and isolated locations. As a result of this the service had set up a number of hubs to reduce travelling time and increase access for all its client groups. These were run out of buildings provided by third parties but closely monitored by Turning Point to ensure that they were safe and appropriate. This included comprehensive environmental risk assessments being maintained for all areas. The service had also introduced an outreach vehicle “Lance” to provide responsive outreach across the county, including delivering needle exchange, BBV testing and confidential advice in rural locations.
  - The service was well led, and the governance processes ensured that its procedures ran smoothly.
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# Summary of findings

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# Summary of this inspection

## Background to Turning Point Herefordshire Drug and Alcohol Recovery Service

The Herefordshire Recovery Service is delivered by Turning Point in partnership with Healthwatch Herefordshire.

The integrated substance misuse service provides free and confidential support for adults and young people around their use of alcohol and other drugs. They also offer support to families and carers affected by the alcohol or drug use of someone else.

The are registered to provide:

- Treatment of disease, disorder or injury
- Caring for adults over 65 years
- Caring for adults under 65 years

The service is delivered from a main hub in Hereford with five satellite services attached to the main hub that are delivered locally in areas around Herefordshire. Four of these satellite services are delivered five days a week with one being delivered one day a week at Ledbury. These were commissioned due to the rural, spread-out nature of the community that the organisation delivers services to.

They were first registered in April 2021 and this is their first inspection.

### What people who use the service say

The people we spoke with, who use this service, in the course of our inspection were all positive about the service that they had received. They were complimentary of the staff they had worked with. They stated that there had not been any delays to referrals or appointments and felt that the service they had received had helped them.

## How we carried out this inspection

During this inspection we spoke with the service manager, a peer mentor, and independent pharmacist prescriber, three recovery workers, a team leader, a registered nurse and three service users.

We looked at five sets of care records, five medication records, a range of policies and procedures, staff training records, information about compliments and complaints, environmental risk assessments and undertook an incident review where we looked at incident reporting.

We undertook a tour of the service where we looked at the environment and reviewed cleaning records. We also undertook a review of the clinic room where we reviewed safe storage of medication and looked at all equipment to ensure that it was serviced and calibrated. During our inspection we also looked at equipment throughout the service to ensure that its was safety tested and that check stickers were in place and up to date.

## Outstanding practice

We found the following outstanding practice:

# Summary of this inspection

- The service had purchased equipment and trained staff so that they could undertake tests on site that would normally be undertaken by third party providers, for example a fibroscan machine that allows staff to monitor the health of clients livers. This meant that the service was able to react more quickly to the long term health conditions of its client group.
- The service had developed a postal needle exchange service. This meant that people had access to a safe needle exchange without having to attend a service in person. This reduced the stigma of attending a service and meant that people were more likely to access this service.
- The service had established a recruitment pathway locally to provide opportunities for people with lived experience who had completed an accredited 18-week training course. This ensured the service could bring new staff into the service with experience and commitment to helping others. Due to the rural nature of the county, this ensured vacancies for staffing are kept low and short-term.

# 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 

### Is the service safe?

Good 

#### Safe and clean environment

**All premises where clients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose.**

Staff completed and regularly updated thorough risk assessments of all areas and removed or reduced any risks they identified. We viewed environmental risk assessments for all areas and saw that they were complete, reviewed and updated regularly.

All clinic rooms had the necessary equipment for clients to have thorough physical examinations. All equipment was checked regularly with in date check stickers in place.

All areas were clean, well maintained, well-furnished and fit for purpose. All areas we visited were visibly clean and well presented. We also saw that there were cleaning records in place to show that regular cleaning was undertaken. Staff made sure cleaning records were up-to-date and the premises were clean.

Staff followed infection control guidelines, including handwashing. There were hand washing stations available that included hand sanitisers. Though it was no longer policy for staff and clients to wear a mask while in the building these were available for those who wished to wear one.

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

#### Safe staffing

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

# Substance misuse services

## Nursing staff

The service had enough nursing and support staff to keep clients safe. There were no vacancies across the services five clinical teams and there were enough staff to cover its current workload. At the time of our inspection the service had recruited to all remaining vacant posts after a round of recruitment. No one was carrying a caseload of more than 40 clients in line with national guidance. Recruitment work had been undertaken prior to our inspection to ensure that there were enough staff to make this possible

The service had low reducing vacancy rates. Recruitment work was ongoing to ensure that any vacancies were recruited to as soon as possible.

The service had low and / or reducing rates of bank and agency nurses. The service only used bank or agency staff in exceptional circumstances, and this had not happened in the six months prior to our inspection.

Managers made arrangements to cover staff sickness and absence.

Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift.

The service had low turnover rates which had not gone above 7% in the twelve months prior to our inspection. There had been three months in that period where the staff turnover rate was 0%

Managers supported staff who needed time off for ill health. We spoke with that manager about two instances of staff support during a period of long term sickness and the organisation had ensured that they were supported and their needs had been met.

Sickness levels were low and reducing. Data provided by the organisation showed that staff sickness had dropped from a 5% rolling average in 2021 to below 3% at the start of 2023. Sickness rates did not exceed 8% at any point during the twelve months prior to our inspection.

Managers used a recognised tool to calculate safe staffing levels. Staffing levels were set using an estimation tool that is used across all locations nationally that is linked to community data and case load size

The number and grade of staff matched the service's staffing plan.

## Medical staff

The service had enough medical staff. There was a specialist doctor on staff from nine to five Monday to Friday. The service also had access to GP surgeries and support from the wider health community.

Managers could use locums when they needed additional support or to cover staff sickness or absence. Though locum staff had not been required at any point prior to our inspection

The service could get support from a psychiatrist quickly when they needed to. Support was sourced from local mental health services and there was a clear system in place to facilitate this

## Mandatory training

Staff had completed and kept up-to-date with their mandatory training. Mandatory training figures were at 96% across all subjects. This was above targets set organisationally of 90%

# Substance misuse services

The mandatory training programme was comprehensive and met the needs of clients and staff. All subjects that would be expected in a service of this type were included in the mandatory training curriculum

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 on admission, using a recognised tool, and reviewed this regularly, including after any incident. We viewed 10 patient records and found that risk assessments were in place and were reviewed in line with policy.

Staff used a recognised risk assessment tool. These included risk assessment tools in line with the Adult Substance Use Survey and FAST alcohol screening assessment tool.

Staff could recognise when to develop and use crisis plans and advanced decisions according to client need.

## Management of client risk

Staff responded promptly to any sudden deterioration in a client's health. The organisation had clear systems in place to follow up with people who disengaged from services. This included escalation through phone contact to an in person visit if this was required. At the time of the inspection the service had introduced regular alcohol MDT meetings to discuss risk to dependent drinkers, this was linked to their clinical treatment through nurse-led health and wellbeing assessments (including on site fibro scanning) and community detox.

Staff continually monitored clients on waiting lists for changes in their level of risk and responded when risk increased.

The service is part of a county-wide initiative, Project Brave, and the Breaking the Cycle forum, both of which seek to provide a joined-up approach to risk management for complex individuals who are at risk of multiple disadvantages.

The service is part of a regular 'frequent attenders' hospital admission pathway to review individuals who repeatedly attend A&E due to substance use/intoxication, mental health crisis, and deterioration of physical health – this is in partnership with the alcohol hospital liaison pathway with Hereford County Hospital.

Staff followed clear personal safety protocols, including for lone working. This included safe systems to follow up with staff members who were working alone to monitor their safety and wellbeing.

## 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. This included training to safeguarding level one as part of all staffs mandatory training. Safeguarding leads in the organisation received more in depth training to safeguarding level four.

# Substance misuse services

Staff kept up-to-date with their safeguarding training. Data provided by the organisation showed that all staff had received safeguarding training as part of their mandatory training. Only one new member of staff had not completed the training at the time of our inspection and they were booked to attend the next course being delivered.

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 knew how to make a safeguarding referral and who to inform if they had concerns. The organisation had a safeguarding lead and all staff we spoke to knew who that person was and how to contact them.

Managers took part in serious case reviews and made changes based on the outcomes.

## 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. Clinical notes were stored electronically and all staff had access to the electronic system.

As the organisation used an electronic system, records were stored securely.

## Medicines management

**The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each client's mental and physical health.**

Staff followed systems and processes to prescribe and administer medicines safely. The service had two non-medical prescribers on staff who monitored systems and processes to ensure safety.

Staff reviewed each client's medicines regularly and provided advice to clients and carers about their medicines. Staff had manageable case loads which meant that reviews were undertaken regularly. The service also had two multi-disciplinary team meetings a week to ensure that all clients had regular reviews from the team.

Staff completed medicines records accurately and kept them up-to-date. All 10 records we checked were completed correctly and were up to date.

Staff stored and managed all medicines and prescribing documents safely. We looked at the clinic room and saw that all medicines were stored correctly and documentation was correct and stored safely.

Staff followed national practice to check clients had the correct medicines when they were admitted or they moved between services. The service followed guidance set out by the national institute of health and care excellence (NICE) in connection to the safe management of medication.

Staff learned from safety alerts and incidents to improve practice.

# Substance misuse services

Staff reviewed the effects of each client's medicines on their physical health according to NICE guidance. Physical health checks made up part of the risk assessment process. These checks were repeated and when required depending on each individual's needs.

## Track record on safety

**The service had a good track record on safety.**

## Reporting incidents and learning from when things go wrong

**The service managed client safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave clients honest information and suitable support.**

Staff knew what incidents to report and how to report them. The organisation had an incident reporting system which we looked at that showed that incidents were recorded correctly

Staff raised concerns and reported incidents and near misses in line with the service's policy.

Staff reported serious incidents clearly and in line with the service's policy.

We were given examples of when staff had used established safety protocols to ensure the safety of clients. This included administering lifesaving medication to treat overdoses.

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

Managers debriefed and supported staff after any serious incident. We saw examples where managers had arranged for support to be given to staff following an incident

Managers investigated incidents thoroughly. Clients and their families were involved in these investigations.

Staff received feedback from investigation of incidents, both internal and external to the service. This information was passed on in a number of ways. These included one to one discussions, team meetings and electronic notifications

Staff met to discuss the feedback and look at improvements to client care. The organisation had regular team meetings where the team could discuss improvements to the service and receive instruction and training.

## Is the service effective?

## 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.**

# Substance misuse services

Staff completed a comprehensive mental health assessment of each client. This was undertaken at admission to the service by someone who was qualified to do so.

Staff made sure that clients had a full physical health assessment and knew about any physical health problems.

Staff developed a comprehensive care plan for each client that met their mental and physical health needs. We viewed 10 care plans and found that they contained comprehensive information. They were individualised and specific to people's needs.

Staff regularly reviewed and updated care plans when clients' needs changed. Care plans were reviewed regularly at multi-disciplinary team meetings. They were also reviewed and updated as and when required depending on changes in the individual's needs or requirements.

Care plans were personalised, holistic and recovery-orientated.

## Best practice in treatment and care

**Staff provided a range of care and treatment interventions suitable for the client group and consistent with national guidance on best practice. They ensured that clients had good access to physical healthcare and supported clients to live healthier lives.**

Staff provided a range of care and treatment suitable for the clients in the service. This included a Fibroscan machine that could test client's liver on site. Staff had been trained to use this machine and it saved referring clients to outside services to complete these tests. The service had also begun homeless outreach sessions to engage with more people and were offering a postal needle exchange service to reduce stigma.

Staff delivered care in line with best practice and national guidance

Staff made sure clients had support for their physical health needs, either from their GP or community services. The service worked with GPs and other health providers to ensure clients were supported

Staff supported clients to live healthier lives by supporting them to take part in programmes or giving advice.

Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.

Staff used technology to support clients. This included a range of electronic systems, hardware and specialist machines.

Staff took part in clinical audits, benchmarking and quality improvement initiatives.

Managers used results from audits to make improvements. We saw that the service had improved its alcohol treatment pathway by using information gathered from audits to identify improvements.

The service had developed a dedicated young person pathway, which worked with people aged 11 to 24 and was delivered by a dedicated young person recovery worker. This pathway provided tailored support for young people, offering workshops in classrooms at various schools around the county, as well as local colleges and freshers fairs.

# Substance misuse services

## Skilled staff to deliver care

**The teams included or had access to the full range of specialists required to meet the needs of clients under their care. Managers made sure that staff had the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.**

The service had a full range of specialists to meet the needs of each client. This included a doctor, non-medical prescribers and people trained in recovery. In response to the Dame Carol Black Report, the service had employed a Motivational Interviewing (MI) Lead who provided training to all staff and delivers MI practice supervision across the service.

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. We looked at training records and staff appraisals which demonstrated that skills were being monitored and staff had defined developmental goals.

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.

Managers supported staff through regular, constructive clinical supervision of their work. Supervision was documented and measured using a key performance indicator (KPI). We saw documentation that showed that supervision happened regularly for all staff and that the service was compliant with the KPI

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. We spoke with staff who told us that they had been offered specialist training and development opportunities.

Managers made sure staff received any specialist training for their role. The mandatory training calendar included training specific to recovery services

Managers recognised poor performance, could identify the reasons and dealt with these. We saw examples where staff had been subject to disciplinary action. This had been handled appropriately and in line with organisational policy

Managers recruited, trained and supported volunteers to work with clients in the service.

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

Staff held regular multidisciplinary meetings to discuss clients and improve their care. Multi-disciplinary team meetings happened twice a week within the service. We sat in on a meeting and what was discussed was complete and comprehensive.

Staff made sure they shared clear information about clients and any changes in their care, including during transfer of care.

## Substance misuse services

Staff had effective working relationships with external teams and organisations. The service had developed a dual diagnosis pathway with local mental health services which facilitates referrals into treatment and ensured a joined-up approach is taken in response to dual diagnosis.

### 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. Mental Capacity Act training made up part of the mandatory training calendar

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 Mental Capacity Act. The service had identified people who could support staff with advice and guidance in this area. Staff we spoke with knew who to go to.

Staff gave clients all possible support to make specific decisions for themselves before deciding a client did not have the capacity to do so.

Staff assessed and recorded capacity to consent clearly each time a client needed to make an important decision.

The service monitored how well it followed the Mental Capacity Act and made changes to practice when necessary.

Staff audited how they applied the Mental Capacity Act and identified and acted when they needed to make changes to improve.

### Is the service caring?

### 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 discreet, respectful, and responsive when caring for clients. We observed staff interacting with a number of clients during our visit and found them to be respectful and supportive. It was clear from these interactions that staff had spent time building positive relationships with clients.

Staff gave clients help, emotional support and advice when they needed it

Staff supported clients to understand and manage their own care treatment or condition. We observed staff explaining treatment options in a clear way that their client could understand.

Staff directed clients to other services and supported them to access those services if they needed help.



# Substance misuse services

Clients said staff treated them well and behaved kindly. Clients we interviewed were complimentary of staff and told us that they found staff to be helpful. They all stated that they felt that they had received a good service.

Staff understood and respected the individual needs of each client. Staff were able to talk to the inspection team about the needs of individual clients in a way that demonstrated that they had good knowledge of the clients they cared for.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards clients and staff. All staff we interviewed stated that they could raise concerns without fear of reprisals and that their concerns would be listened to.

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. All clients we spoke with stated that they understood and agreed with their care plans.

Staff made sure clients understood their care and treatment and found ways to communicate with clients who had communication difficulties. This included access to interpreter services including British Sign Language for the deaf if required.

Staff did involve clients in decisions about the service. We were told by managers that the service had introduced service user involvement. Service user volunteers sat in on planning meetings when required and the organisation had introduced a service user representative at a national level. The service also included service users in the recruitment process.

Clients could give feedback on the service and their treatment and staff supported them to do this.

Staff supported clients to make advanced decisions on their care.

Staff made sure clients could access advocacy services. Information about advocacy services were available around the building and displayed on noticeboards.

## Involvement of families and carers

Staff informed and involved families and carers appropriately.

Staff helped families to give feedback on the service.

Staff gave carers information on how to find the carer's assessment.

The service provided a dedicated support programme for people affected by someone's else alcohol or drug use. This involved offering an assessment of the person's needs, 1:1 support and delivery of a family & carers programme.

# Substance misuse services

## Is the service responsive?

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.**

The service had clear criteria to describe which clients they would offer services to and offered clients a place on waiting lists. The service offered a rapid access assessment approach, with all service users being offered a comprehensive assessment within 5 days of referrals and treatment induction session within 2 days.

The service met the service's target times for seeing clients from referral to assessment and assessment to treatment. These were measured as a key performance indicator and monitored by managers to ensure that the service met its targets.

Staff saw urgent referrals quickly and non-urgent referrals within the service's target time.

Staff tried to engage with people who found it difficult, or were reluctant, to seek support from mental health services. Discreet appointments were available and staff made every effort to engage with clients in a positive and supportive way.

Staff tried to contact people who did not attend appointments and offer support. The service had protocols in place to engage with people that did not attend appointments. This included phone contact and in person visits where appropriate.

Clients had some flexibility and choice in the appointment times available.

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.

Appointments ran on time and staff informed clients when they did not.

The service used electronic systems to help them monitor waiting lists/support clients.

Staff supported clients when they were referred, transferred between services, or needed physical health care. Some physical health monitoring was done in house and we saw evidence in patients notes that, where appropriate, staff had supported clients to book and attend appointments with specialists

We were informed that the service is actively involved in the local community, regularly hosting a series of pop-up events in market towns county-wide to promote awareness of treatment services, challenge stigma, deliver free BBV testing and encourage engagement in treatment. They also provide regular harm reduction advice, including naloxone training to several professional agencies to help reduce avoidable, drug-related deaths.

# Substance misuse services

## **The facilities promote comfort, dignity and privacy**

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

The service had a full range of rooms and equipment to support treatment and care. We undertook a tour of the building and saw that there were a range of rooms that were all clean and well resented.

Interview rooms in the service had sound proofing to protect privacy and confidentiality. Appointment rooms were private and people in corridors could not hear what was said in these rooms.

## **Meeting the needs of all people who use the service**

**The service met the needs of all clients, including those with a protected characteristic or with communication support needs.**

The service could support and make adjustments for people with disabilities, communication needs or other specific needs. The building we visited had facilities to support those with a disability. There were a range of measures in place to support people who had communication difficulties. These included printing information in a range of languages and access to interpreter services.

Staff made sure clients could access information on treatment, local service, their rights and how to complain. Information was available at the front desk, interview rooms and was also posted on noticeboards around the service.

We were told that the service operated a late evening service every week to provide people who work with an opportunity to engage with the service. In addition, they provided clinical appointments and online group sessions in the evening to increase accessibility.

## **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.**

Clients, relatives and carers knew how to complain or raise concerns. People we spoke with stated that they knew how to complain and felt comfortable that they would be supported and listened to if they needed to complain.

Staff understood the policy on complaints and knew how to handle them. Staff we spoke with could talk us through the process of documenting a complaint.

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

Managers investigated complaints and identified themes. We looked at the complaints log during our Inspection and found that complaints were managed in line with organisational policy and had been followed up on.

Staff protected clients who raised concerns or complaints from discrimination and harassment.

Clients received feedback from managers after the investigation into their complaint.

Managers shared feedback from complaints with staff and learning was used to improve the service. This was done in a number of ways to ensure that all staff were informed.

# Substance misuse services

The service used compliments to learn, celebrate success and improve the quality of care. The service also kept documentation relating to compliments received by the service and used them to celebrate the achievements of the service and individual staff members.

## Is the service well-led?

Good 

### Leadership

**Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for clients and staff.**

The registered manager for this service was qualified and experienced. They had worked at the service for 18 months and had 20 years' experience working in substance misuse services. Additionally, other managers in the team have been in post for several years and brought experience and knowledge from previous roles. Managers were visible in the service and attended multi-disciplinary team meetings. Senior members of staff had good knowledge of the service and the day to day delivery of care.

### 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 service had a clear strategy which monitored service provision using measurable targets to ensure quality. Work had been undertaken and was also ongoing to ensure that the service implemented change and improvements to ensure the longevity of the business while delivering continued levels of care in line with national standards.

### 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.**

Staff said they liked working at the service. They felt valued and supported. They described the senior management team as being present and approachable. They also said staff worked well together. Senior managers had held events to encourage staff to feel valued including staff awards and employee of the month. Staff were motivated by seeing clients get better and said they found the work rewarding.

Staff said that if they had any concerns about the service they would feel confident in raising these with the service manager.

### Governance

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

There were suitable governance structures in place to ensure the smooth running of the service. These were monitored and improved where required. Senior managers had access to a manager's dashboard that showed them the information that they needed to monitor all aspects of the service.

# Substance misuse services

## 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.**

Teams had access to a usable electronic system that was easy to navigate and recorded all the information staff required to do their jobs. Managers also used this electronic system to keep staff up to date on investigations and improvements within the service. Staff had access to enough computers and IT equipment to ensure that they could undertake their role, refresh their training and record all other information connected to their day to day work.

## Information management

**Staff collected analysed data about outcomes and performance.**

Information was collated on the electronic record. This system recorded information from across the service and was easy to navigate which meant that managers could easily find the information they were looking for.