

Slough Treatment Advice and Recovery Team

Quality Report

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

Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- The provider ensured that the environment was clean and safe with good infection control practices and good management of health and safety responsibilities. There was safe staffing levels and staff had completed mandatory training and understood how to safeguard adults and children at risk of harm. The systems used by the service to safeguard clients and their children were robust, and staff routinely demonstrated best practice in ensuring their welfare.
- The service worked effectively with partners, and had forged good working arrangements with local GPs and local authority teams, including for instance employing staff who worked across the system to support clients with their social needs as well as their health needs. The service used best practice and carried out regular audits and acted quickly to make improvements where necessary.

- Staff were caring, and demonstrated a compassionate understanding of clients and the impact of their drug and alcohol use on their lives. Clients were treated with dignity and respect and included in decisions affecting their care. Client feedback about the support they received was universally positive.
- The service offered a supportive and welcoming environment with a structured timetable offering a range of groups and one to one sessions. The service demonstrated a commitment to engaging positively with clients to encourage them into treatment, offer them choice in how they met their goals, and pro-actively re-engage them in the event that they dropped out.
- The service had robust governance systems that managed risk to staff and clients and ensured that staff were well trained and supervised to do their jobs. Staff were well supported by local and senior managers.

We found the following areas the provider needed to improve:

Summary of findings

- While overall the systems to manage and mitigate risks were good, not all clients had documented risk management plans held in their files.

Summary of findings

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Summary of this inspection

Background to Slough Treatment Advice and Recovery Team

The Slough Treatment Advice and Recovery Team was launched in April 2017 and is commissioned by Slough Drug and Alcohol Action Team (DAAT) to provide treatment for people with drug and alcohol problems. The service was previously delivered by a different provider at other locations. The service currently supports 252 clients, 195 of whom are opiate and/or crack cocaine users, 34 of whom require treatment for alcohol use and 23 whom are alcohol and/or non-opiate users. Non-opiate users are people receiving treatment for drugs other than heroin or crack cocaine, for example cannabis, ketamine or new psycho-active substances, sometimes referred to as legal highs.

The service offers the following treatment interventions:

- One to one key working by recovery workers.
- A phased programme of group work.
- Community alcohol detoxification and supported applications for in-patient and residential treatment.
- Integrated work with the local GP practice that is commissioned to provide pharmacological treatment to clients. This is predominantly opioid substitution therapy, but can involve treatment for dependency on other drugs including benzodiazepines.

The service offers the following harm reduction interventions:

- Testing for blood borne viruses (Hepatitis B and C and HIV).

- Naloxone provision. Naloxone is a drug used in emergencies to reverse opiate (heroin) overdoses.
- Overdose prevention advice.
- Needle and syringe exchange including safer injecting advice.

The service offers a daily drop in service, criminal justice and mental health satellites, and female specific outreach. The service also offers peer support groups including art and gardening activities, volunteering opportunities and an accredited 8 week peer mentoring programme for clients who have achieved abstinence. The service accepts referrals from individual requiring support or any other agency, online, via telephone or face to face. The service has referral pathways established with probation, CMHT and local housing services.

The local management team comprises the full time registered manager, two full time team leaders, and a full time senior recovery worker who manages staff while carrying a reduced caseload. The front line staff team consists of one full time and one part time Band 5 nurses, six full time recovery workers, three full time outreach workers, a full time family worker, and a full time young persons' worker. The service also employs a full time peer mentor and volunteer coordinator, a full time data administrator, a full time receptionist and two volunteers. The service is currently covering vacancies in the nurse and young persons' post with agency staff.

Our inspection team

The team that inspected the service comprised CQC lead inspector, one additional inspector, and an expert by experience. An expert by experience is a person who has personal experience of using, or supporting someone using, substance misuse services.

Summary of this inspection

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme to make sure health and care services in England meet the Health and Social Care Act 2008 (regulated activities) regulations 2014.

How we carried out this inspection

To understand the experience of people who use services, we ask the following five questions about every service:

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

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

During the inspection visit, the inspection team:

- Visited the location and looked at the quality of the physical environment.
- Spoke with three clients, a volunteer and a peer mentor.
- Interviewed the registered manager.
- Interviewed the senior recovery worker.
- Held a focus group with eight staff members (six permanent and two agency), including recovery workers, a young person's worker, nurse and a member of administrative staff.
- Spoke with two GPs who led the surgery delivering the prescribing element of the service, in partnership with the provider.
- Spoke with the lead commissioner.

- Attended and observed a clinical governance meeting attended by the management team, a senior manager and two GPs.
- Attended and observed a client's one to one medical assessment and recovery plan review meeting
- Collected feedback using comment cards from twenty four clients.
- Looked at six care and treatment records.
- Observed the waiting area in the morning during planned appointment times and in the afternoon during the drop in period.
- Attended and observed a training session for peer mentors led by the Peer Mentor Coordinator
- Reviewed five staff supervision files.
- Reviewed training records for all staff.
- Looked at policies, procedures and other documents relating to the running of the service, including the positive re-engagement and clinical governance policies.
- Reviewed minutes of team meetings, service user group meetings, clinical governance meetings, complex case review meetings, and staff engagement meetings.
- Reviewed service performance reports, a risk and assurance audit report and action plan and partnership agreements with the GP surgery delivering prescribing to clients.

What people who use the service say

We received universally positive feedback from the 24 comment cards completed by clients prior to the

inspection visit. Clients commented on the environment, the changes to their lives that they had made since

Summary of this inspection

coming to the service and the support they had received from staff. Two clients made suggestions for

improvements concerning communication with pharmacies about prescriptions. Six clients, including two who were interviewed by a member of the inspection team, commented on feeling safe in the building.

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 do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- All areas of the building accessed by clients, including clinical areas, were safe, clean and welcoming. The service had effective clinical waste and infection control policies, and had up to date Fire and Health and Safety Risk Assessment policies in place.
- Risks to staff and clients were well assessed and managed through good governance systems. Incident reporting was thorough and consistent. Incidents were responded to appropriately and systems existed to share learning within the team. The service had a robust policy and procedure for safeguarding children and adults at risk, with information clearly displayed and communicated to clients at the start of treatment. Staff advised clients about the risks of continued drug use and advice on how to minimise harm, including the risk of overdose. Where clients' physical or mental health had deteriorated suddenly, the service responded quickly and appropriately to care for them. Clients in crisis were kept safe by working with the police and the community mental health team (CMHT), and through liaison with other agencies, for example, homelessness services.
- Staffing levels were sufficient to deliver treatment safely. There were systems to ensure adequate cover for all activities. Safety protocols were in place to protect staff and clients, and temporary staff were deployed when necessary to cover long term absence. Staff were aware of whistleblowing procedures and described an open culture in which managers and senior managers were approachable.

However, we also found the following issues that the service provider needs to improve:

- Whilst all the client files we reviewed contained a comprehensive risk screen and assessment, not all clients had a risk management plan to address specific risks documented in their risk assessments.

Are services effective?

We found the following areas of good practice:

Summary of this inspection

- The policies and procedures used in the service supported evidence based practice and referenced up to date guidance.
- Assessment tools referenced needs arising from protected characteristics under the 2010 Equalities Act. Client case files showed that client's cultural needs were explored as part of the recovery planning process and in key work. Assessments included information about clients' carers and carers were involved in some clients' treatment plans. The service delivers a monthly family support group.
- The service held regular multi-disciplinary meetings, attended by the partnership GP leads. Handover processes were effective, allowing information to be shared between staff on a daily basis and through a shared case management system. This afforded good opportunities for shared learning and clinical leadership.
- All clients received a comprehensive assessment of their needs using validated tools. Clients' recovery plans were holistic and addressed a wide range of needs, strengths, challenges and sources of support. They clearly identified the client's recovery coordinator, and were regularly reviewed. Recovery plans also included plans to re-engage in the event of unplanned treatment exit and plans to manage lapses and relapses. Staff supported clients to meet their recovery plan goals and complete treatment having achieved abstinence from their problematic substance. Following completion of structured treatment, the service offered sessions to support clients' ongoing recovery, and signposting to mutual aid groups and supported employment services.
- The service worked with other specialist services to meet clients' needs, including mental health teams and children's services. Transition arrangements were well managed by specialist workers and protocols for accessing the service, for example, for young people and prison leavers. Referral systems were effective and enabled clients to access treatment.
- Nurses and GPs closely monitored clients' physical health and the service had direct links with the local hospital for clients testing positive for blood borne viruses (BBVs). Testing for BBVs was routinely offered to all clients at risk.
- The provider audited all aspects of the service and took action to improve when concerns were identified. The service action plans following audit contained clear measures to address concerns, including staff training, improved systems, client work templates and individual performance plans.

Summary of this inspection

- Staff received regular supervision, which addressed performance and management issues as well as case load.
- The service applied the Mental Capacity Act in treatment planning and consent gathering processes, and staff understood their responsibilities and its relevance to their work. Staff gained informed consent from clients and clearly explained issues of confidentiality and information sharing.

Are services caring?

We found the following areas of good practice:

- All clients had a named key worker. Staff treated clients with kindness, dignity, respect. Clients described feeling well supported by the service and management being approachable. Staff fed back that they knew how to raise concerns about practice that was not caring.
- Staff were caring, and demonstrated a compassionate understanding of clients and the impact of their drug and alcohol use on their lives. Clients were treated with dignity and respect and included in decisions affecting their care. Client feedback about the support they received was universally positive.
- Client literature was clear, helpful and had a positive, encouraging tone, avoiding punitive language while setting expectations around behaviour and engagement. The service had systems to gather client feedback and to involve them in decisions affecting the service. Clients were actively recruited to become peer mentors and make a contribution to service delivery. A service user survey was carried out in the month before we visited the service. Results had not yet been collated at the time of the inspection.
- Confidentiality policies were clear and staff ensured that clients' privacy and dignity were maintained.
- Clients were routinely referred to other sources of support including mutual aid meetings, such as Alcoholics Anonymous and Narcotics Anonymous.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The delivery of treatment was underpinned by an effective partnership agreement with a GP practice, ensuring that prescribing was delivered safely alongside key working and

Summary of this inspection

groups. Both providers used the same case management system and met regularly to discuss clients care. The partnership was underpinned by a clearly documented and regularly reviewed agreement that ensured all staff knew their responsibilities and enabled good information sharing to manage risk. Risk was reviewed regularly and monitored through multi-disciplinary meetings and staff supervisions.

- All client areas were clean, tidy, well-lit comfortable and decorated with service user art work. Rooms that were used for one to one sessions had been sound proofed to protect privacy and confidentiality.
- Information about the service and other local provision was displayed on the walls, and leaflets to support people with substance misuse and mental health problems, were all displayed. The service timetable, complaints policy, and contact details for advocacy organisations were clearly visible, and client literature was available in languages spoken in the local community.
- All areas of the building were accessible to people with mobility needs including wheelchair users. The service offered home visits or visits to another convenient location for those with disability issues, and accommodated the needs of parents needing to bring children to appointments where possible. Staff delivered groups in the evenings to enable clients who work or have other day time commitments to attend, and at sites other than the registered location to allow choice.
- The service had a re-engagement policy that focussed on helping people to stay in treatment or return quickly if they had dropped out. The service allowed choice and flexibility in clients' treatment programme, for example, by encouraging engagement with group work but not making it a condition of prescribing.
- The service had an agreed response time for accepting referrals and clearly documented admission criteria. The service ensured that urgent appointments could be accommodated in response to referrals of clients with high levels of presenting risk.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice

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- The provider had a clear vision and values statement that was consistently reflected in client literature and other service documentation.
- The provider had a comprehensive schedule of meetings and reporting systems to ensure good governance of the service, and had good systems in place to connect the front line staff team to local and senior management.
- The provider showed commitment to quality improvement and had carried out a comprehensive quality assurance audit of the service. We saw evidence of changes to systems and significant improvements made in response to the concerns identified by this audit.
- Minutes of meetings showed discussions and actions clearly and factually reported and that actions had been followed up and completed.
- Staff told us that morale was good and that the transfer from the previous provider had been well supported. They felt well equipped to do their jobs by both the supervision they received and the training that was provided.
- The provider is implementing a paperless system of assessment and recovery planning. Overall feedback from staff was positive. We did not ask clients directly about how they experienced the move to a paperless assessment system, and no clients raised it in their feedback. Staff reported that non clients had commented upon the new system either positively or negatively.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

All clients using the service at the time of inspection had the capacity to make their own decisions. Staff gained consent from all clients at the start of treatment that confirmed their ability to understand information, remember information and make informed decisions about their treatment. Staff explained to clients that if their capacity to make decisions changed temporarily (for example, due to intoxication), then they would be asked

to delay making decisions. The registered manager and staff we spoke with were able to explain how they support clients who present to the service while intoxicated, with reference to their mental capacity.

The client guide provided to clients at the start of treatment contains clear information about consent and mental capacity, including definitions of capacity and how the Mental Capacity Act 2005 applies to them as a client of a treatment service.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

During the inspection we found the environment to be clean and safe. All client areas (waiting room, two group rooms, clinic room, needle exchange room, toilet and one to one rooms) were tidy and comfortable with appropriate seating, temperature and lighting.

The service had recently experienced some serious anti-social behaviour in the area immediately surrounding the building. This had not been connected to the service but had resulted in business continuity plans being activated and the service being delivered from other premises for a short period of time whilst the situation was stabilised by the police and local authority. To manage any remaining risk to staff, clients and visitors, the service had appointed a uniformed security guard to supervise entry to the car park and access to the building during the afternoons and evenings. During the inspection visit we observed interactions between the security guard and clients visiting the service, and found them to be friendly and respectful. Staff fed back that they valued the presence of the security guard, and that clients understood that their presence was not a reflection of risk posed by clients but to keep everyone safe.

We observed the waiting and drop in area during the morning period while clients' were attending for planned appointments, and the afternoon during drop in time. Water and fresh fruit were available.

The clinic room was clean and tidy. We saw evidence of stock checks of Naloxone, urine drug screens and needle exchange stock, and found these and condoms were

appropriately stored and in date. The needle exchange room had clear and up to date guidance on equipment displayed, clear records of equipment provided and stock clearly labelled and well organised.

Health and safety, legionella and fire risk assessments were up to date, and the fire warden was clearly identified on signage. A clinical waste contractor provided a fortnightly collection.

Safe staffing

The service had adequate staffing in place to ensure all activities were delivered safely. The staff rota ensured that minimum levels were always met and no lone working occurred in the building. Nurse and outreach vacancies were being covered by agency staff, and the registered manager had temporarily allocated tasks amongst the staff team to manage two instances of long term sickness. The provider had completed appropriate pre-employment checks, and where staff had transferred from the previous provider a risk assessment was completed and recorded in their supervision file. All staff received supervisions every four to six weeks, with additional supervisions focussing on caseloads every two to four weeks.

Assessing and managing risk to clients and staff

We reviewed the organisational clinical governance manual, the minutes of clinical governance meetings and complex case meetings, and observed a clinical governance meeting attended by the management team, a senior manager and the lead GPs. We found that the service had robust systems in place to assess and manage risk to clients and staff. The meeting structure of the service ensured a good level of oversight by the registered manager, supported by a case management tool that ensured actions were followed up and all casework was well supervised. Terms of reference and minutes of the complex case review meeting showed good evidence that clients identified as higher risk being highlighted for

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discussion in a meeting attended by front line staff, managers and GPs. Higher risk clients were defined by the service as belonging to one or more of the following groups:

- Clients receiving a high dose of methadone.
- Clients admitted to hospital.
- Clients who have attempted suicide.
- Clients with a dual diagnosis. (of substance misuse and mental illness)
- A themed cohort identified at manager's meeting, for example, clients using illicit drugs on top of their medication.
- Any cases nominated by a recovery worker for discussion.

Minutes of these meetings showed risks clearly identified with follow up actions completed and close joint working with Safeguarding, the Community Mental Health Team and the GP surgery responsible for prescribing, as well as local police who frequently carried out welfare checks at the request of the service.

In the clinical governance meeting we observed discussion of clients presenting a high risk of harm to themselves through self harm and the expression of suicidal intent, and of comprehensive risk management plans involving other key agencies being implemented to safeguard them. The service kept a log of all children and dependants of service users where there is a concern of harm, which is used to record details of risk, the nature and level of children's services involvement and monitor action taken by staff. The registered manager maintained a close oversight of this log, which was both detailed and up to date, and took the role of safeguarding lead within the service. All clients living with children were supplied with guidance around safe storage of medication and the option of a secure medicine storage box, supported by a signed agreement and recorded in their case notes. Where a client did not accept the offer of a lockable box the alternative means they had in place to store their medication securely was recorded as part of the agreement.

The assessment and recovery planning tools used by the staff enabled them to gather information key areas of risk of harm to the client and others, covering their substance misuse, mental health, forensic histories, housing status,

any suicidal intent, self-neglect, childcare issues and risky sexual practices. In practice however, while all of the six client files we reviewed contained up to date risk assessments, four did not have risk management plans addressing the risks identified. This was a breach of Regulation 12 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014, which the provider must take action to address. Whilst case notes clearly documented incidents, case discussions of risk and changes to client's recovery plans following an incident or change to their presentation, the lack of written plans was still a concern, and could still place clients at risk. The registered manager provided us with the findings of a case file audit carried out the previous month in which this concern had also been identified, and provided us with an improvement plan that was underway in response to this. From the improvement plan, we saw evidence of staff training on the completion of risk management plans, and of the concern being raised in team and management meetings. We saw evidence of an increased frequency of file audits and of individual staff performance improvement plans where improvements had not been made. We saw that case files were being audited as part of routine supervision and of additional supervisions taking place that specifically looked at the quality of case files. The other systems to monitor and manage risk in the service were robust, and we were satisfied that clients were being kept safe in the interim period whilst the required improvements were made to recording risk management plans.

The service had protocols in place to minimise the risk of interrupted prescribing for clients leaving prison, and the associated risk of overdose. The process included the preparation of bridging prescriptions prior to release, obtaining medication charts from prisons, pre-booked GP appointments and assessment on the day of release. The service ensured rapid access to prescribing for other high risk clients, including those engaging in dangerous injecting practises and those who were pregnant. The service also had clear processes in place to respond to violent and aggressive behaviour.

Track record on safety

The service had not reported any serious untoward incidents since its registration in April 2017.

Reporting incidents and learning from when things go wrong

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The provider managed all incidents through a web based reporting system which allowed staff to report incidents to senior managers and external agencies. A database of incidents was monitored by the registered manager, senior management and the provider's head office. The provider told us that their reporting policy concentrated on resolution and prevention with a positive approach to learning from incidents, which staff also told us, and provided examples during interviews and our focus group. The incident and accident reporting policy contained 14 main categories and sub categories, and monitored actions, specialised support provided to staff, lessons learnt and accountability. Reports from the web based system were used in clinical governance meetings where learning themes were identified, and minutes of team meetings we reviewed showed that incidents were reviewed and discussed with the staff team.

Duty of candour

The incident policy outlined the way in which the provider met their Duty of Candour under Regulation 20 of the CQC Regulations. No serious untoward incidents had occurred between the service opening and our inspection visit, so the policy had yet to be applied in practice.

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

Assessment of needs and planning of care (including assessment of physical and mental health needs and existence of referral pathways)

The tools used by staff to assess clients' needs and plan their care gathered a comprehensive range of information about the client's needs and recovery plan goals. The six client files that we reviewed all contained up to date, personalised and holistic recovery plans informed by comprehensive assessments including validated tools (Alcohol Use Disorders Identification Test and Severity of Alcohol Dependency Questionnaire) and assessment of the client's motivation to change.

The prescribing doctor carried out a medical assessment with all clients at the start of treatment, with a recovery worker present to ensure the prescribing was jointly managed and the recovery plan integrated the pharmacological and psychosocial aspects of the treatment. Consent to obtain the client's medical history

was gained at this assessment, which was scheduled in a way that ensured the information was received prior to a prescribing regime beginning and avoided unnecessary delay for clients. Nurses and GPs closely monitored physical health and the service had direct links with the local hospital for clients testing positive for blood borne viruses. The service worked closely and effectively with the partnership GPs to ensure that health needs were met, which was evidenced in recovery plans and case notes on the shared case management system.

Client's recovery plans were holistic and included substance misuse, physical wellbeing, emotional wellbeing, social and family relationships, housing, finances, activity and employment and legal issues. Recovery plans also included advance planning for lapse and relapse and how to re-engage clients if they dropped out of treatment.

Best practice in treatment and care

Nurses provided regular health checks for clients being prescribed medication by the partnership GP, in line with National Institute of Health and Care Excellence (NICE) Guidelines CG 52, Drug misuse management in over 16s, and Drug Misuse and Dependence; UK Guidelines on Clinical Management (Department Of Health and Social Care, 2017).

All staff had recently been trained in positive behaviour support, which informed a newly embedded positive re-engagement policy. The registered manager described an approach to treatment that avoided punitive measures. The service sought to keep clients on their prescribed medication provided this was being safely managed, and encouraged attendance at recovery groups without making them a condition of their pharmacological treatment. The service protocol reflected NICE guidelines, in ensuring that clients on prescriptions were seen regularly by a prescriber, at intervals determined by assessed levels of risk and as a minimum every six weeks. Protocols existed to respond to faltering engagement by clients who were missing more than two consecutive appointments, with the goal of re-engaging them in treatment. Protocols for rapid reduction of their medication existed, in the event that a client continued to not attend their appointments, including informing the client's GP and not imposing a time limit on re-engagement with the service. Naloxone kits and training are provided to clients with an identified risk of opiate overdose.

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The service offers a group work programme that is phased according to the client's stage of change. The Introduction to Change group explores motivation to change and strengths, the Recovery Skills Course builds on motivation for those beginning to make changes, and the Mindfulness course supports those who are abstinent of their primary substance.

The service offers peer led interventions and a structured, accredited training programme for service users. In the training session we observed, issues of consent, confidentiality, boundaries and safeguarding were discussed with clear information and guidance provided by the facilitator.

Skilled staff to deliver care

Staff received the training required to deliver safe care. The training matrix for the service showed the following mandatory training and numbers of staff (including the registered manager) who had completed courses within the required time period:

- Basic Life Support (17 of 17 staff)
- Drug and Alcohol Awareness (13 of 17 staff)
- Duty of Care and Handling Incidents Awareness (14 of 17 staff)
- Equality and diversity awareness (15 of 17 staff)
- Fire Safety Awareness (16 of 17 staff)
- First Aid Awareness (15 of 17 staff)
- Handling Information Awareness (15 of 17 staff)
- Harm Reduction, Needle Exchange and Safer Injecting (6 of 17 staff)
- Health & Safety Awareness (16 of 17 staff)
- Infection Control Awareness (14 of 17 staff)
- Introduction to Governance (13 of 17 staff)
- Positive Behaviour Support (17 of 17 staff)
- Risk Assessment, Management and Recovery Planning (14 of 17 staff)
- Safeguarding Awareness (15 of 17 staff)
- Safeguarding Level 2 (15 of 17 staff)

Where an internal audit had identified quality concerns with risk management plans and recovery plans, training had been delivered to all staff as part of an improvement plan to bring the plans to the required standard. The registered manager had also implemented a new case note template to provide a more structured agenda to one to one sessions, and begun routinely auditing two client files in each supervision. Training itself was a standing item on both supervision and team meeting agendas and we saw evidence of individual and team training needs being assessed and addressed through bespoke internal sessions and outside training courses.

Multidisciplinary and inter-agency team work

The provider works in partnership with a GP surgery to deliver the prescribing element of clients' treatment. This involves joint assessments, health assessments, recovery plan reviews and case review meetings and shared case management system access to case notes. The lead GP for the practice told us that the partnership was effective and that information sharing, especially around clinical risk, was well managed and effective. The partnership between the GP practice and the service was underpinned by a clear partnership agreement, which set out the roles and responsibilities of each agency in relation to clinic times and frequency, commencement of prescribing, monitoring of progress, physical health and drug test results, delivery of psychosocial interventions, prescription management in the case of clients disengaging from treatment, management of violence and aggressive behaviour, prescription generation, prison leavers, service performance, audit, information governance and business continuity. This agreement was reviewed monthly in the first six months of the contract and had moved to quarterly at the time of our inspection.

The service employs staff with dedicated inter-agency roles. The family worker supports clients with children and social services involvement and is co-located at the local multi-agency safeguarding hub (MASH), allowing close working links with children's services and the police. A criminal justice outreach worker is co-located at the local probation offices, and a worker from the community mental health team (CMHT) is based at the site one day a week to jointly support clients with mental health problems. We found evidence in client case files and the minutes of complex case meetings of frequent liaison with CMHT, the police (predominantly to request welfare checks

Substance misuse services

for clients of concern) and the local hospital. We found discussion of staff referring clients to specialist support services, for example, services for women who have lost custody of more than one of their children, and the specialist substance misuse midwife team. We also found evidence of staff liaising with clients' housing providers, both supported living and rough sleepers services, including in-reach at a local night shelter. The service also actively liaises with pharmacies about individual client's engagement, wellbeing and compliance with their medication.

Good practice in applying the Mental Capacity Act

We found that 11 of the 14 front line staff employed by the service had completed training in Mental Capacity Act 2005. The registered manager and staff we spoke with were able to explain how they supported clients who presented to the service while intoxicated, with reference to their mental capacity. We saw evidence in client files that fluctuations in capacity through intoxication were responded to in accordance with the act.

The guide provided to clients at the start of treatment also contained clear information about consent and mental capacity, including definitions of capacity and how the Act applies to them as a client of a treatment service. The information contains an appropriate example of a client being assessed for an alcohol detox returning the following day of they were intoxicated, and the steps staff would take if a loss of capacity was permanent. All clients had their capacity assessed at the start of treatment.

Equality and human rights

The service had a dedicated women's outreach worker for women in the criminal justice system and in particular those at risk of sexual exploitation. Service user information was available in languages spoken in the local population, with up to seven languages spoken within the staff team. All areas of the building were accessible for wheelchair users and the comprehensive assessment prompted exploration of adjustments that individuals may need due to disability.

Management of transition arrangements, referral and discharge

A young person's worker supported clients transitioning from children and young people's support services to adult treatment and support, where necessary. The service had a

clear process for supporting transition from prison treatment to community for clients on prescriptions that ensured people continued to receive their medication after release and were quickly seen by a recovery worker and a doctor. The service supported funding applications and suitability assessments for in-patient detoxification (detox) and residential treatment, and provided information to these providers to support transition from the community.

Referral systems were effective and enabled clients to wait a maximum of seven days for an assessment, two days in an emergency. Once a referral was received, this was logged on a client database by the provider's head office. Referrals were reviewed by the senior recovery worker every morning and screen for those meeting the criteria for an emergency appointment. Next day appointments were offered to clients who were pregnant, injecting, homeless, alcohol dependent or had serious mental health issues. Standard referrals were contacted within two working days and invited to a welcome group within one week. At the welcome group the clients were provided with information about service ground rules, confidentiality and treatment options, and an assessment was booked for the following week. The scheduling of this group enabled the service to gain consent to approach client's GPs for a medical history prior to their first prescribing appointment.

We reviewed the number of clients who successfully completed their treatment in the month we inspected the service. A total of 12 clients had been discharged from the service having completed their recovery plan; five were heroin users, five were alcohol users, one was a non opiate user and one was an alcohol and non-opiate user. The commissioner informed us that they were satisfied with the provider's performance in this area and the work they were doing to increase the numbers of clients successfully completing their treatment.

Following completion of structured treatment, the service offered sessions to support clients' ongoing recovery in the form of mindfulness groups and access to one to one sessions for relapse management. We saw evidence in case files and in service user displays of signposting to mutual aid groups and supported employment services.

Are substance misuse services caring?

Kindness, dignity, respect and support

Substance misuse services

Clients' feedback and our observations during the inspection showed staff treating clients with respect. Client comment cards described staff as polite, friendly, non-judgemental, helpful, respectful and supportive. Clients also commented that managers were approachable and they felt comfortable speaking with them if they needed to. We found the atmosphere to be calm and welcoming, and interactions between staff and clients to be supportive in offering a friendly greeting and a respectful, constructive tone when clients were expressing distress in the drop-in area. The language used in the literature provided to service users was positive, reassuring and non-judgemental.

One set of team meeting minutes used the phrase "clean of all substances" to refer to one of the eligibility criteria to train as a peer mentor. Best practice would be refer to clients as abstinent or substance free, to avoid the potentially stigmatising connotation of clean in being the opposite of dirty. However, all staff and managers who we interviewed spoke of clients with warmth and positive regard, and demonstrated compassion for the impact their substance misuse had on their lives and for other health and social care needs they presented with.

The involvement of clients in the care they receive

Evidence of service user feedback and responses was displayed in the reception area, in the form of a suggestion box and a "You said, we did" board. Service user, volunteer and peer mentors' feedback is a standing item on team meeting agendas. Clients were actively recruited to become peer mentors and receive ongoing support accredited training from the peer mentor coordinator. We reviewed minutes of service user group meetings where suggestions for improvements to the service had been made and work had begun to publicise the group and develop more structured service user involvement activity.

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

The facilities promote recovery, comfort, dignity and confidentiality

The open area that formed the reception and drop in area was clean, tidy, well-lit and comfortable. Client and non-client areas were clearly marked with signage and fob

access operated on the appropriate doors. Service user art work and relevant, contemporaneous literature about the service and other local provision was displayed on the walls of the waiting and drop in area. A range of material providing information about substances, treatment, harm reduction including overdose and safer injecting and drinking, mutual aid, crisis support including the Samaritans and mental health support were all displayed. The service timetable, complaints policy, and contact details for advocacy organisations were clearly visible.

Three computers were available for clients to use although were not yet connected to the internet. One to one rooms were clean, tidy and welcoming and where the service had identified problems with sound proofing some white noise machines had been fitted to safeguard clients' privacy. The clinic room was clean and tidy with a hatch connecting it to the service user toilet which enabled urine samples to be passed to a staff member without compromising clients' dignity. We observed staff supporting clients to move from the drop in area to a private space when they were distressed and disclosing sensitive personal information.

Meeting the needs of all clients

Client literature was available in English, Urdu, Punjabi and Polish, reflecting the languages spoken by local people. All areas of the building were accessible to people with mobility needs including wheelchair users. The literature given to clients at the start of treatment offered to arrange home visits or visits in a more convenient location for those with disability issues. The registered manager had approached the local mosque and begun to build links with the local Muslim community. The literature also acknowledged that some people have child care responsibilities and permitted clients to bring their children to an appointment provided it is safe and appropriate to do so. The group work programme includes groups delivered in the evenings to enable clients who work or have other day time commitments to attend, and at sites other than the registered location to allow a choice of venue.

The service actively engaged with commissioners and local strategic partners including the police and GP networks. This had resulted in agreements to co-locate staff at the multi-agency safeguarding hub (MASH), probation and community mental health team (CMHT).

Listening to and learning from concerns and complaints

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No complaints had been received at the time of our inspection, since the service was registered in April 2017. Service users were provided with information about how to complain and who to escalate complaints to via posters in the drop in area, feedback leaflets and the service user rights leaflet provided at the start of treatment. We found evidence of informal service user feedback being raised in team meetings and being acted upon, and of staff explaining the reason for changes made to the day to day practices in the service in response to identified health and safety issues.

Are substance misuse services well-led?

Vision and values

The provider has a clear vision and values statement displayed on service notice boards, promotional literature and the information provided to clients as part of their induction pack. Staff were able to describe the organisation's approach to recovery and the emphasis on positive engagement in treatment.

Good governance

The provider had a comprehensive schedule of meetings and reporting systems to ensure good governance of the service. All staff received supervisions every four to six weeks, and attended fortnightly team meetings at which service business and client matters, including safeguarding, were discussed. The registered manager held daily meetings to cover day to day requirements and to identify clients needing additional support on the day or matters arising from the previous day. Group facilitators received group specific supervision. Complex case reviews, which in the service were referred to as clinical huddles, took place fortnightly and were attended by a lead GP to support a multi-disciplinary approach and facilitate learning for front line staff. Clinical governance meetings were held quarterly and attended by local and senior managers, an organisational quality lead, and lead GPs for the partnership surgery. Management meetings were held monthly, attended by the local and senior management and discuss staffing, performance and business matters concerning the service.

The registered manager showed us a local audit calendar which commenced in the month prior to the inspection, and covered staff supervision file, client case files, infection

control and health and safety. We also reviewed an organisational audit report from the month prior to our visit. A team of quality leads had audited the service's meeting structures, local audits, staffing, employee engagement, health and safety and clinical processes. This audit had found improvements to be required in the service meeting structure, employee engagement and health and safety, and had informed an action plan. We reviewed the action plan and found significant progress had been made in all areas.

The registered manager ensured that key policies were reviewed and highlighted for discussion through the fortnightly team meetings. Hard copies were kept in the staff office and all staff signed to confirm they had read and were working to them.

We reviewed minutes of all the meetings routinely held by the service and found discussions and actions to be clearly and factually reported, evidence that actions had been followed up and completed, and client confidentiality had been maintained through the use of reference numbers and initials. The performance of the service was monitored using a set of contractual and nationally determined key performance indicators (KPIs), which were discussed in team and managers meetings. The lead commissioner fed back that data and other reports were accurate and provided in a timely way and that communication with the provider was good.

Leadership, morale and staff engagement

Staff told us that morale was good. The provider had good systems in place to connect the front line staff team to local and senior management. The transfer from the previous provider had been well supported. The provider had held team and one to one sessions with a specialist change facilitator to support staff with the change of organisation, which staff and management reported had been of benefit in allowing staff to adapt to new working practices. Staff and a volunteer told us that both the local management who were based in the service and senior managers who visited routinely were approachable and supportive. Sickness and other absences were well monitored with individual staff offered support around both.

A senior manager visited the surgery monthly for a face to face drop-in with staff, and staff briefing meetings were held monthly. Staff told us that they felt well equipped to do their jobs by both the supervision they received and the

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training that was provided. Most staff found a new tablet based assessment process to be an improvement on using paper based forms, however some felt that it did not benefit the interaction with clients. Acknowledging individual staff contributions to the work of the service is formalised in a standing item on fortnightly team meeting agendas with thanks from the management recorded in the minutes.

Commitment to quality improvement and innovation

The provider is implementing a paperless system of assessment and recovery planning. Overall feedback from staff was positive. We did not ask clients directly about how they experienced the move to a paperless assessment system, and no clients raised it in their feedback. Staff reported that no clients had commented upon the new system either positively or negatively.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

The provider must ensure that all risks identified during the assessment process and throughout treatment have a documented risk management plan to manage, minimise or mitigate those risks

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment.</p> <ul style="list-style-type: none">• Risks identified during the assessment and treatment process for individual service users were not adequately managed, minimised or mitigated by way of a documented risk management plan. <p>This is a breach of Regulation 12(2)(a) and (b)</p>