

East Kent Substance Misuse Service – Swale

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

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

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

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

Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- Staff undertook a detailed assessment of the needs of each client before they started using the service. Staff carried out a comprehensive assessment of risk for each client and ensured information about risk issues was communicated well with others.
- The service had robust safeguarding systems in place to ensure staff responded promptly to any

concerns. Staff discussed details of vulnerable clients on the safeguarding register during regular meetings. There was a safeguarding lead at the service that staff could speak to for advice.

- Staff stored medicines securely and there were safe, robust systems in place for the management of prescriptions. The Service had a well-stocked needle exchange in line with National Institute for Health and Care Excellence guidelines (NICE52) needle and syringe programme.

Summary of findings

- The service had a mix of healthcare professionals who were all highly skilled and competent. Staff operated safe prescribing practice. The prescribers were knowledgeable and able to assess and prescribe for alcohol and drug detoxification
- The provider had established the staffing levels required through consultation with the service commissioners and worked closely with them to ensure staffing and caseload management remained safe.
- Doctors completed a comprehensive assessment for all new clients and completed regular medical reviews for clients receiving a medically assisted treatment. We observed a medical review, which was structured and comprehensive. The service contacted a client's GP prior to and after prescribing any medication.
- Care plans contained comprehensive and holistic information. They addressed the client's various needs, in accordance with the client's individual preferences and goals. Staff involved clients in their treatment throughout their recovery and treatment pathway. Staff met regularly to review clients' cases and discuss complex cases and actions plans
- A wide variety of psychosocial interventions was available to support clients' recovery.
- The service offered residential or inpatient detoxification for opiate and alcohol dependent clients who they considered a higher risk.
- Staff offered testing and vaccinations for hepatitis A and B. They also offered screening for hepatitis C and human immunodeficiency virus (HIV).
- Staff had good working relationships with other agencies including GP's, pharmacists, the community mental health team, young person's drug and alcohol service and supported housing providers, to provide comprehensive and holistic care for clients.
- Staff were knowledgeable and experienced for their role. The service had identified staff who acted as 'champions' in various roles including safeguarding and multi-agency risk assessment conference (MARAC).
- The service had a good volunteer, apprentice and peer mentor programme which provided former clients the opportunity to gain new skills and support new clients in their recovery.
- We obtained feedback from 14 comments cards from the service. Client's spoke highly about the care and compassion they received from staff. They spoke of the support they received and said staff were non-judgemental, friendly, courteous and considerate. Staff were compassionate and keen to maintain clients' privacy and dignity.
- Managers and staff sought feedback and views from clients using the service. Clients had opportunities to give feedback via comment boxes, during key worker sessions or via the peer mentors.
- The service offered a drop-in session every afternoon so that staff could see people without an appointment. The service offered a late clinic one evening a week to reduce barriers to accessing treatment and staff could see employed clients outside of normal working hours. There was a single point of access telephone number for clients to use outside of normal working hours.
- Needle exchange provision was available including people who were not engaged in structured treatment. Staff provided harm reduction and safer injecting advice to people accessing this service.
- The service undertook outreach in the community to help clients who may find it difficult otherwise to access services. The service offered appointments and groups at five satellite services.
- Where clients did not attend appointments or disengaged from the service, robust systems were in place for staff to follow up with the client and attempt re-engagement.
- The service had a large range of information available relating to other local services including safeguarding, housing and welfare services and mental health and physical health support.
- The service had robust governance structure and good assurance and auditing systems in place. The service completed audits to monitor and develop service delivery. The service had a clear complaints policy and procedure. Clients knew how to make a complaint.

Summary of findings

- The service had an operational risk register to identify priority risks and implement an effective plan to mitigate risks. Staff had oversight of dashboards to monitor caseload, risk, care plans and client care and treatment.
- Staff morale was high, their workload was manageable and they had job satisfaction. Staff told us they felt encouraged and motivated to provide the best service they could. There was a culture of promoting staff within the service and supporting them to achieve.
- The service had supportive and experienced management and leadership who demonstrated a good knowledge of the model of delivery for the service
- The provider had worked closely with stakeholders and partner agencies to design their treatment model. The service planned to implement the co-designed model in January 2018. Feedback from the commissioner was that the provider had managed the transition and performance of the service well.

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

- Not all staff at the service had completed the mandatory e-learning courses. Data provided by the service showed that three staff had not completed any of the mandatory e-learning training. Four staff had only completed some of the required modules.

Six staff had not completed the policy and compliance mandatory training, which included modules on safeguarding adults and safeguarding children. No staff had completed emergency first aid at work or fire warden training.

- The risk register did not include timeframes for actions to be completed.
- Managers did not have immediate access to Disclosure and Barring Service (DBS) check information for volunteers and peer mentors.
- The provider had completed an analysis of staff training needs. However, they had not acted on the information provided. This meant that the service had not acted on gaps in training for staff.
- The provider did not offer Mental Capacity Act training for staff. Staff knowledge of the Mental Capacity Act was limited. However, staff could explain how to respond if a client attended under the influence of drugs or alcohol.
- Although the service displayed advocacy posters, staff knowledge of support available was limited.
- Data provided by the service showed that six of 15 staff had not completed all of the mandatory training.
- The service was embedding relevant policies. However, the prescribing and treatment policy did not reference the updated drug misuse and clinical management guidelines.

Summary of findings

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Summary of this inspection

Background to East Kent Substance Misuse Service – Swale

East Kent Substance Misuse Service Swale provides specialist community treatment and support for adults affected by substance misuse. The service is one of five in East Kent provided by The Forward Trust, in partnership with two other registered charities, Nacro and Rethink mental illness.

The Kent Drug Alcohol Team funded treatment for the majority of clients at the service. Most of the referrals into the service were self-referrals. The service is commissioned to provide treatment for people who live in East Kent.

The service offered a range of services including initial advice; assessment and harm reduction services including needle exchange; prescribed medication for

alcohol and opiate detoxification; Naloxone dispensing; group recovery programmes; one-to-one key working sessions and doctor and nurse clinics which included health checks and blood borne virus testing.

The service had good partnership working in the local area and across East Kent with other agencies, including social services, probation, GP's, pharmacies and homeless charities/services.

The service registered with the Care Quality Commission on 1 May 2017 to provide the activity treatment of disease, disorder and injury. There was a registered manager at the service.

This is the first time the Care Quality Commission (CQC) had inspected this service since it registered with CQC on 1 May 2017.

Our inspection team

The team that inspected the service comprised a CQC inspection manager, three CQC inspectors and a specialist advisor with knowledge and experience of working in substance misuse.

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. This was an announced inspection.

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, asked other organisations for information and asked stakeholders for information.

During the inspection visit, the inspection team:

Summary of this inspection

- visited the service looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with the nursing director, registered manager and service manager
- spoke with the prescribing doctor
- spoke with five staff members team leaders, recovery workers and administrators
- reviewed the medicines management of the service
- observed two group interventions and an allocations meeting
- reviewed eight staff files and staff caseloads
- spoke with four clients
- collected feedback using comment cards from 14 clients
- looked at seven care and treatment records for clients
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with four clients, all of whom were very positive with their feedback. Clients were positive about the care and treatment received from staff. They told us staff were kind, professional and respectful and the service was easy to access. The feedback from 14 comment cards collected was all highly positive. Clients could not praise

staff enough and found them understanding, non-judgemental, responsive to their needs and worked hard to support them. Clients said they felt listened to and that the care and treatment they received had been effective.

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 issues that the service provider needs to improve:

- Not all staff at the service had completed the mandatory e-learning courses. Data provided by the service showed that three staff had not completed any of the mandatory e-learning training. Four staff had only completed some of the required modules. Six staff had not completed the policy and compliance mandatory training, which included modules on safeguarding adults and safeguarding children. No staff had completed emergency first aid at work or fire warden training.
- The risk register did not include timeframes for actions to be completed.
- Managers did not have immediate access to Disclosure and Barring Service (DBS) check information for volunteers and peer mentors.

However, we also found the following areas of good practice:

- Staff carried out comprehensive assessment of risk for each client and ensured information about risk issues was communicated well with others.
- The service had robust safeguarding systems in place to ensure staff responded promptly to any concerns. Staff discussed details of vulnerable clients on the safeguarding register during regular meetings. There was a safeguarding lead at the service that staff could speak to for advice.
- Staff stored medicines securely and there were safe, robust systems in place for the management of prescriptions.
- The Service had a well-stocked needle exchange in line with National Institute for Health and Care Excellence guidelines (NICE52) needle and syringe programme.
- Staff we spoke with told us the administration team were very supportive. The administration team managed the storage and management of the prescription process.
- The service had a mix of healthcare professionals who were all highly skilled and competent. Staff operated safe prescribing practice. The prescribers were knowledgeable and able to assess and prescribe for alcohol and drug detoxification

Summary of this inspection

- The provider had established the staffing levels required through consultation with the service commissioners and worked closely with them to ensure staffing and caseload management remained safe.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff undertook a detailed assessment of the needs of each client before they started using the service.
- Doctors completed a comprehensive assessment for all new clients and completed regular medical reviews for clients receiving a medically assisted treatment. We observed a medical review which was structured and comprehensive. The service contacted a client's GP prior to and after prescribing any medication.
- Care plans contained comprehensive and holistic information. They addressed the client's various needs, in accordance with the client's individual preferences and goals.
- Staff met regularly to review clients' cases and discuss complex cases and actions plans
- A wide variety of psychosocial interventions was available to support client's recovery.
- The service offered residential or inpatient detoxification for opiate and alcohol dependent clients, who they considered a higher risk.
- Staff offered testing and vaccinations for hepatitis A and B. They also offered screening for hepatitis C and human immunodeficiency virus (HIV).
- Staff had good working relationships with other agencies including GP's, pharmacists, the community mental health team, young persons' drug and alcohol service and supported housing providers, to provide comprehensive and holistic care for clients.
- The service provided naloxone to opiate using clients. Staff provided training to clients and carers in how to administer naloxone. Naloxone is an opiate antidote medicine used to rapidly reverse an opioid overdose.
- Staff were knowledgeable and experienced for their role. The service had identified staff who acted as 'champions' in various roles including safeguarding and multi-agency risk assessment conference (MARAC).

Summary of this inspection

- Staff contacted drug services to arrange a smooth transition of care if a client was moving to another area. Staff had regular contact with prisons to ensure that appropriate support and treatment was in place for somebody released from prison.
- The service had a good volunteer, apprentice and peer mentor programme which provided former clients the opportunity to gain new skills and support new clients in their recovery.

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

- The provider had completed an analysis of staff training needs. However, they had not acted on the information provided. This meant that the service had not acted on gaps in training for staff.
- The provider did not offer Mental Capacity Act training for staff. Staff knowledge of the Mental Capacity Act was limited. However, staff could explain how to respond if a client attended under the influence of drugs or alcohol.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff involved clients in their treatment throughout their recovery and treatment pathway.
- Staff were non-judgemental and treated clients with respect when discussing their care. Staff demonstrated an in-depth understanding of clients' individual needs. Staff were compassionate and keen to maintain clients' privacy and dignity.
- We obtained feedback from 14 comments cards from the service. Clients spoke highly about the care and compassion they received from staff. They spoke of the support they received and said staff were non-judgemental, friendly, courteous and considerate.
- Managers and staff sought feedback and views from clients using the service. Clients had opportunities to give feedback via comment boxes, during key worker sessions or via the peer mentors.
- The drop-in service was open to carers for support and advice.

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

- Although the service displayed advocacy posters, staff knowledge of support available was limited.

Summary of this inspection

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff demonstrated a good knowledge of the local demographic and used local knowledge and insight to influence care and treatment.
- Staff completed assessments that considered age, gender, sexual orientation and disability. Staff considered other relevant information such as co-morbidities and the client's individual, social and mental health needs.
- The service offered a drop-in every afternoon so that staff could see people without an appointment. The service offered a late clinic one evening a week to reduce barriers to accessing treatment and staff could see employed clients outside of normal working hours. There was a single point of access telephone number for clients to use outside of normal working hours.
- Needle exchange provision was available including people who were not engaged in structured treatment. Staff provided harm reduction and safer injecting advice to people accessing this service.
- The service undertook outreach in the community to help clients who may find it difficult otherwise to access services. The service offered appointments and groups at five satellite services.
- Where clients did not attend appointments or disengaged from the service, robust systems were in place for staff to follow up with the client and attempt re-engagement.
- The service had a large range of information available relating to other local services including safeguarding, housing and welfare services and mental health and physical health support.
- Managers had regular meetings with the commissioners and stakeholders involved in the service to monitor and review performance.
- The service had a clear complaints policy and procedure. Clients knew how to make a complaint.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

Summary of this inspection

- Staff had a clear understanding of the vision, values and direction of the service. Staff spoke of a smooth transition from the previous provider with no impact on client care.
- The service had robust governance structure and good assurance and auditing systems in place. The service completed audits to monitor and develop service delivery.
- The service had an operational risk register to identify priority risks and implement an effective plan to mitigate risks. Staff had oversight of dashboards to monitor caseload, risk, care plans and client care and treatment.
- Staff morale was high, their workload was manageable and they had job satisfaction. Staff told us they felt encouraged and motivated to provide the best service they could.
- Staff we spoke with told us they felt supported to develop professionally. There was a culture of promoting staff within the service and supporting them to achieve.
- The service had supportive and experienced management and leadership who demonstrated a good knowledge of the model of delivery for the service
- The provider had worked closely with stakeholders and partner agencies to design their treatment model. The service planned to implement the co-designed model in January 2018.
- Feedback from the commissioner was that the provider had managed the transition and performance of the service well.

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

- Data provided by the service showed that six of 17 staff had not completed all of the mandatory training.
- The service was embedding relevant policies. However, the prescribing and treatment policy did not reference the updated drug misuse and clinical management guidelines.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

The provider did not offer Mental Capacity Act training for staff. However, staff we spoke with had a good understanding of how substances could affect capacity and how this could have implications for consent and treatment. For example, staff were aware that when

clients attended an appointment and were under the influence of drugs or alcohol they needed to reschedule the appointment for a time when the client was not intoxicated. This was to ensure the client would have the capacity to make informed choices about their treatment.

Substance misuse/detoxification

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse/detoxification services safe?

Safe and clean environment

- The environment was clean, welcoming and well maintained. The service had a range of rooms including a clinic room, needle exchange and rooms for one to one appointments and group therapy. The service had a drug testing area that supported the client's privacy and dignity. All rooms were located on the ground floor of the building.
- There were alarm systems fitted in some of the rooms to summon assistance in the event of an incident. Staff did not carry personal alarms. However, this had not led to any incidents. To mitigate risk, staff arranged to meet new clients in a room where there was a fitted alarm.
- The clinic room was very clean, tidy and well equipped. Staff monitored clinical areas and room temperatures regularly. The clinic room contained an examination couch, privacy screen, stainless steel trolley for infection control, hand washing sink and personal protective equipment. The service had scales for height and weight measurement, a pulse oximeter, blood pressure monitor and an ECG (electrocardiogram) machine.
- The service had an adrenaline kit and dried blood spot testing kit. There was an emergency grab bag located for ease of access.
- Medicines were stored in the lockable fridge in the clinic room. Staff locked the clinic room when not in use. Controlled drugs were not kept at the service. Following an incident, the service reviewed their processes for the storage of prescriptions and put in effective control

measures to ensure a safe system, which included monitoring by staff. Staff completed daily temperature checks to make sure medicines were kept at the recommended temperature and remained fit for use.

- There were stocks of Naloxone (used in an emergency to treat opiate overdose) which staff checked regularly to ensure they were in date.
- The service had a well-stocked needle exchange in line with National Institute for Health and Care Excellence guidelines (NICE52) needle and syringe programme. There were needles, sterile containers for urine testing and sharps boxes, all of which staff checked regularly and were in date. Information was displayed and available for clients to take away about harm reduction.
- The service displayed information throughout the building about issues relating to drug and alcohol use as well as safeguarding, mental and physical health, harm reduction and domestic abuse.
- The service had up to date fire, health, and safety risk assessments. These were monitored by staff at the service and the senior management team and updated annually or sooner if needed.
- The service had an operational risk register that identified priority risks and how the service would act on these risks. However, the register did not include timeframes for actions to be completed. The risk register was shared with the senior management team and commissioners.
- The provider had an infection prevention and control policy and infection control and handwashing policy. Staff completed a monthly clinical audit which included comments and actions required. Staff discussed

Substance misuse/detoxification

infection protection and control during the fortnightly business and clinical meeting. There was a nominated staff member assigned as infection control champion at the service.

Safe staffing

- The provider had established the staffing levels required through consultation with the service commissioners and worked closely with them to ensure staffing and caseload management remained safe. Data submitted by the provider showed that as of 7 September 2017, the total caseload for the service was 354 clients. This was a combination of clients in structured and unstructured treatments. Structured treatments consisted of comprehensive, focussed, specialist drug or alcohol treatment over a set period of time, which could include prescribed medication and psychosocial interventions. Unstructured treatment consisted of treatment and support on a less formal, programme basis. The average caseload for a staff member for clients in structured treatment and unstructured treatment was 50. Staff caseloads varied. The service based caseload on staff knowledge and experience and hours worked. The service had adjusted caseloads to reflect additional responsibilities.
- We found the staff team discussed, monitored and audited the caseloads closely. There was sufficient staff to manage the caseloads.
- When staff were on leave or absent from the service, their work was undertaken by other staff members. Each morning an allocations meeting took place. In the event of unplanned staff absence, their work for the day was discussed during the meeting. Client appointments were allocated to other staff. There was a duty worker in the service. If required the duty worker would carry out these appointments. Client appointments were not cancelled due to staff absence.
- Data provided by the service reported as of September 2017, a staff vacancy rate of 14%. The staff sickness rate was 1.9%.
- The service had thirteen staff. This included a service manager, two administrators, two team leaders, five drug and alcohol practitioners, one specialist doctor, an agency nurse and one non-medical prescriber. At the time of the inspection agency staff due to sickness covered the doctor and non-medical prescriber posts.
- There was one agency doctor who was employed full time and was shared with one of the other provider's services. Staff told us that if a doctor was needed but was not available on site another doctor from one of the other services were always available to speak with and would attend if needed.
- The service employed one agency non-medical prescriber who was employed for two days per week and was shared with one of the other provider's services. Non-medical prescribers are healthcare professionals who can prescribe certain medicines.
- The service had a mix of healthcare professionals who were all highly skilled and competent. The prescribers were knowledgeable and able to assess and prescribe for alcohol and drug detoxification. All staff we observed and spoke with demonstrated a high level of understanding about drug and alcohol use and their effects of physical and mental health. They were confident in their knowledge to identify and recognise signs of deterioration during a client's detoxification or withdrawal.
- Staff we spoke with told us the administration team were very supportive. The administration team managed the storage and management of the prescription process. They were competent and knowledgeable and demonstrated a high level of commitment to both the clients and service.
- The service provided mandatory training and induction for all staff. Not all staff at the service had completed the mandatory e-learning courses. Data provided by the service showed that three staff had not completed any of the mandatory e-learning training. Four staff had only completed some of the required modules. Six staff had not completed the policy and compliance mandatory training, which included modules on safeguarding adults and safeguarding children. No staff had completed emergency first aid at work or fire warden training. The service had a training plan in place to address the shortfalls in training and had recognised this as a risk and included it on their operational risk register.
- We reviewed eight staff records. All staff had a Disclosure and Barring Service (DBS) check in place, which identified a conviction, caution or concern. The hub managers had access to all paid staff's DBS reference

Substance misuse/detoxification

numbers, which were stored electronically. However, they did not have immediate access to DBS information in respect of the peer mentors or volunteers. This was due to the provider's electronic system. Information had to be requested from the provider's human resource team. We found peer mentors and volunteers at the service had a valid DBS in place.

Assessing and managing risk to clients and staff

- We reviewed seven care records. All contained a completed risk assessment, which looked at risk to self and others, physical health, substance misuse and safeguarding concerns including child protection and domestic abuse. Staff told us risk assessments were reviewed and updated when needed.
- Staff communicated risk concerns to a good standard. Staff discussed case concerns and risks during daily allocation meetings. During these meetings, staff could discuss daily activities and increased risk concerns about clients. Staff also discussed risk concerns and complex client cases during their weekly clinical meeting. During the meeting, client cases were discussed in detail. Minutes were recorded for each of the meetings. Staff told us that some information about risk had been lost during the transfer of information from the previous provider
- Staff we spoke with demonstrated a high level of knowledge and understanding of safeguarding and the impact of substance misuse on families. The service had a designated safeguarding lead who was available to all staff should then need advice or support. The service and safeguarding lead had good partnership working with the local authority safeguarding team.
- Staff recorded details of vulnerable clients and children on a safeguarding register, which were discussed during the allocation and clinical meetings. We reviewed the safeguarding audit and register which demonstrated a good understanding by the safeguarding lead.
- The service had not reported any safeguarding alerts or concerns between 31 October 2016 and 31 October 2017. We spoke with staff about this who confirmed no incidents had arisen that required reporting. The safeguarding lead attended monthly safeguarding meetings with colleagues from other hubs. The safeguarding lead had completed a safe storage audit and had arranged a safe storage campaign to promote awareness. The meetings had identified that the provider did not have a safe storage policy in place and there was now a plan to create a policy. Staff could use electronic dashboards to monitor when safe storage was issued to clients with children.
- Data provided by the service recorded that six of the 13 staff had not completed the mandatory policy and compliance e-learning training, which included modules for safeguarding adults and children. The safeguarding training provided to staff was for level one only. There was no enhanced training available to senior staff, managers or the safeguarding leads. Minutes reviewed from the safeguarding leads meeting in October 2017, recorded the lead planned to contact the senior management team to discuss advanced training for safeguarding leads.
- There was a designated member of staff at the service who attended MARAC meetings and shared information with the team. MARAC is a multi-agency risk assessment conference where representatives from agencies including the police, social services, schools and local authorities discuss high-risk cases of domestic abuse.
- We looked at clinical records, policies and procedures around prescribing. We found staff operated safe prescribing practice. Medical and non-medical prescribers prescribed medicines for opiate and alcohol detoxification. The team were competent and skilled in identifying and managing complex risk and physical healthcare issues. The staff we spoke with demonstrated a high level of understanding about risks involved with clients. Staff followed the prescribing and treatment policy for clients receiving medically assisted treatment (MAT). All clients initially received supervised consumption of MAT. Discussions took place between the doctor, key workers and the client before moving to unsupervised consumption or reduction in frequency of collection from the pharmacy.
- The service had a lone working policy. Staff discussed daily activities and whereabouts during the daily allocations meeting. We saw evidence where staff had raised a concern about low numbers of staff on site at the service due to them attending clinics at satellite services. The service manager reviewed the concern and took immediate action to resolve the situation.

Track record on safety

Substance misuse/detoxification

- The service had reported no serious incidents since their contract began on 1 May 2017.

Reporting incidents and learning from when things go wrong

- Staff reported incidents using an electronic system. Incident records included a record of identified learning. Details of all incidents were cascaded to managers, head office and the governance and quality team to monitor, review and sign off. There was a root cause analysis form on the system to review incidents. However, the provider did not offer staff training in completing root cause analysis investigations.
- The central governance team supported the service investigate and analyse serious incidents for senior management review. The team leader and service manager completed notifications for CQC.
- The service manager and medical staff attended clinical governance meetings to discuss complex cases and lessons learnt from any serious incident. Managers discussed incidents and shared learning during monthly managers meetings, team meeting and during supervisions.
- We reviewed minutes of the business and clinical meeting and saw that incidents had been discussed, support, and debrief offered to staff.
- Staff stored client records on an electronic system. Where paper records were used these were uploaded to the client's electronic record. The system was clear and easy to navigate. The recording, monitoring and review of prescribing was very clear and to a high standard.
- Staff discussed all new referrals at the daily allocations meeting and allocated a keyworker to complete a brief intervention or assessment. Staff discussed assessments during the meeting and agreed the level of care appropriate for the client. We observed an allocations meeting which included a structured review of clients.
- Staff completed treatment outcome profile (TOP) forms with clients to monitor progress and measure outcomes. The aim of the TOP form was to improve the treatment system for clients. The service submitted TOP data to the national drug treatment monitoring service, which showed that the service was in the top quartile for substance misuse services.
- Staff arranged medical assessment appointments for clients requesting, and appropriate for, assessment for community or inpatient detox. Doctors completed a comprehensive assessment for all new clients and completed regular medical reviews for clients receiving a medically assisted treatment. The provider had added a parental aspect to the comprehensive assessment to capture hidden harm.
- Staff completed care plans with clients. We looked at seven care records. The care plans we reviewed were mostly detailed and addressed various aspects of the clients' needs, including physical health, housing, welfare and education and family and criminal justice involvement. Care plans detailed the clients' recovery goals and were reviewed with clients and updated by staff.
- Care plans we reviewed contained re-engagement plans. These detailed what action the staff would take if a client suddenly stopped engaging with the service. These were agreed with the client, included whom else the staff could contact, and preferred method of contact.
- Staff sought consent from clients as part of the assessment process. We saw examples where clients had consented to the sharing of information with their GP.

Duty of candour

- The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify clients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person.
- The service had a Duty of Candour: Being Open Policy. Staff were aware of the policy and felt supported by managers to be open and transparent with clients.

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

Assessment of needs and planning of care

Substance misuse/detoxification

- The service provided a needle exchange service. Staff recorded needle exchange transactions on an electronic reporting system. The service completed a needle exchange audit which included control measure and target completion date. The service planned to improve the holistic wellbeing of clients by actively promoting more effective harm reduction interventions for safer injecting, needle exchange and blood borne virus testing.

Best practice in treatment and care

- The service followed the National Institute for Health and Care Excellence (NICE) guidelines. These guidelines make evidence-based recommendations on a wide range of topics to improve the health of communities. The service referred to the Drug Misuse and Dependence clinical guidelines. These guidelines provide information for clinicians providing drug treatment for people who misuse or are dependent on drugs or alcohol. The medical lead employed by the service had been involved in the expert panel for writing these guidelines.
- The service provided evidence-based interventions that met NICE guidelines. The treatment offered included brief advice and information through to more structured clinical and group interventions. Interventions included one-to-one key working appointments, following a cognitive behavioural therapy model, harm reduction in the form of 'living safe' groups, a 'steps to wellbeing' group and mutual aid meetings.
- We reviewed a monthly clinical audit and the medically assisted treatment (MAT) action plan. The MAT action plan was linked to the five domains safe, effective, caring, responsive and well led. The clinical audit included compliance with infection control, the number of dried blood spot tests and number of vaccinations completed within the previous month. The audit and action plan identified actions required and persons responsible.
- As part of the initial clinical assessment, where appropriate, staff arranged for clients to have an electrocardiogram (ECG). Where clients were on high doses of medicines, staff arranged for them to have an ECG. High doses of medicines can have a serious effect on a person's heart. The service had an ECG machine and staff were trained to use it.
- The service provided naloxone to opiate-using clients. Staff provided training to clients and carers in how to administer naloxone. Naloxone is an opiate antidote medicine used to rapidly reverse an opioid overdose.
- Staff offered testing and vaccinations for hepatitis A and B. They also offered screening for hepatitis C and human immunodeficiency virus (HIV).
- Staff arranged appointments for clients who collected their prescription from the service so that regular monitoring could take place. Some clients receiving treatment for substance misuse took their medicine supervised by their local pharmacist for an agreed period. The supervision of consumption is good practice and promotes the safety and wellbeing of clients. A decision to reduce supervised consumption was based on staff's assessment of the client ensuring they have been compliant and treatment is working.
- Staff contacted a client's GP prior to prescribing medically assisted treatment (MAT) and on completion of the treatment to ensure awareness of prescribed medication. Prior to treatment, staff completed a prescribed treatment agreement with clients, which was signed by the client, key worker, and dispensing pharmacist.
- The service offered residential or inpatient detoxification for opiate and alcohol dependent clients who they considered a higher risk. When staff identified a client who would benefit from residential or inpatient services, they submitted their case to the funding panel who agreed admissions.
- Staff supported clients with housing, benefits and employment issues. Where more specialist knowledge was required, staff signposted clients to the appropriate agency. The provider had recently merged with an employment specialist to further enhance clients' integration back into society.
- The service offered peer mentoring and volunteer service to support clients. Peer mentors are people who have their own experience of recovery from substance misuse and provide support to current clients with their recovery.
- The service recently recruited an apprentice to work for a one-year contract. We were told during this time, apprentices would be supported to attend a relevant

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college course and gain further employment experience. As with peer mentors, apprentices are people who have their own experience of recovery from substance misuse.

Skilled staff to deliver care

- Staff were suitably qualified and experienced for their role. Staffing consisted of the service manager, two administrators, one non-medical prescriber, one agency nurse, two team leaders, five full time drug and alcohol practitioners, one permanent specialist doctor and one apprentice, peer mentor and volunteer. At the time of the inspection, we were informed there was one vacancy for a recovery worker, which was out for advert.
- The service had identified staff who acted as 'champions' in various roles including safeguarding, infection control and multi-agency risk assessment conference (MARAC). The MARAC lead attended regular meetings to share information of high-risk cases of domestic abuse.
- The service had completed a training needs analysis for staff during the TUPE (transfer of undertakings and protection of employment) process from the previous provider. However, the provider had not completed an action plan in response to the analysis of the training needs. This meant although the service had identified gaps in training for staff action to remedy the training issues had not been taken. Staff were invited to identify specialist training and apply for bursaries for external training or conferences.
- Staff spoke of feeling supported by the manager and peers. All staff, including volunteers and peer mentors received monthly line management supervision. The manager and team leaders shared line management responsibilities. Although the service did not offer clinical supervision for non-clinical staff, the provider offered financial reimbursement for staff to source external reflective practice. Staff we spoke with told us they felt supervision was supportive and helpful.
- The service provided a free confidential telephone helpline for staff.

Multidisciplinary and inter-agency team work

- Staff attended daily and weekly meetings to discuss their work, including complex cases. These meetings included staff from all disciplines at the service. This provided a multidisciplinary approach to case management and supported staff with their learning.
- The service contacted a client's GP prior to and after prescribing any medication. Doctors completed regular medical reviews for clients who were prescribed medication assisted treatment for opiate or alcohol dependence.
- Staff had regular contact with local pharmacies to ensure that prescriptions were in place for clients receiving medically assisted treatment.
- Staff worked with a range of external agencies including GP's, midwives, the community mental health team, young person's drug and alcohol service and supported housing providers to provide comprehensive and holistic care for clients.
- Staff had developed links with the local community mental health team who conducted joint assessments for clients where appropriate.
- The provider shared the contract with the National Association for the Care and Resettlement of Offenders (NACRO). The NACRO worker worked across services and liaised with agencies including probation, the police and prisons to ensure that the needs of clients involved in the criminal justice system were met, to support integration into the community.

Good practice in applying the MCA

- The provider did not provide Mental Capacity Act training for staff. Staff knowledge of the Mental Capacity Act with limited. However, staff we spoke with had a good understanding of how substances could affect capacity and how this could have implications for consent and treatment.
- During the assessment process, staff explained that clients would not be seen if they attended appointments under the influence.

Equality and human rights

- Staff completed equality and diversity e-learning training which included modules on race, religion or belief, gender re-assignment, age and disability.

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- Staff used information gathered during the assessment process about age, ethnicity, nationality, disability status, literacy and language. Staff used this information to identify where support may be needed.
- The service worked alongside other services such as community midwives and young person services in order to establish links and joint working.

Management of transition arrangements, referral and discharge

- The service managed and monitored all clients receiving treatment closely. There was a detailed database, which captured assessments, key worker appointments, care planning and risk assessment reviews and prescribing.
- The service accepted self-referrals and referrals from professionals. The service offered a drop in service, which provided the opportunity for people to speak to staff without an appointment. There was a weekly evening clinic so that clients could be seen out of working hours.
- Staff contacted drug services to arrange a smooth transition of care if a client was moving to another area. Staff had regular contact with prisons to ensure that appropriate support and treatment was in place for somebody released from prison.

Are substance misuse/detoxification services caring?

Kindness, dignity, respect and support

- We observed group intervention work and client interactions with staff and spoke with clients using the service. We saw staff spoke with kindness, treated clients with respect and felt there was a genuine care and concern for their welfare.
- We observed an allocations meeting, saw that staff were non-judgemental, and treated clients with respect when discussing their care. Staff demonstrated an in depth understanding of client's individual needs. Staff were compassionate and keen to maintain client's privacy and dignity.
- We obtained feedback from 14 comments cards from the service. Clients spoke highly about the care and compassion they received from staff. They spoke of the

support they received and said staff were non-judgemental, friendly, courteous and considerate. Clients said that they felt listened to and staff supported them to achieve their individual goals.

The involvement of clients in the care they receive

- Managers and staff sought feedback and views from clients using the service. Clients had opportunities to give feedback via comment boxes, during key worker sessions or via the peer mentors. We reviewed comments received by the service, all of which were very positive and praising the staff and care and treatment provided.
- The service completed a client satisfaction survey following the change of service provider in May 2017. The provider was in the process of evaluating this information to feedback to the service.
- The provider had invited clients to attend co design workshops to participate in the design of the service.
- An advocacy service was available if a client needed independent support. Posters were displayed with contact details for the advocacy services around the building. However, staff's knowledge about referring or signposting to the advocacy service was limited.
- The drop-in service was open to carers for support and advice.

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

Access and discharge

- Staff demonstrated a good knowledge of the local demographic and used local knowledge and insight to influence care and treatment.
- The service was commissioned to accept referrals for people who lived in East Kent. The majority of the referrals were self-referrals. The service accepted referrals from agencies and professionals including GPs, social services, hospitals, prisons and probation. The service offered a drop in every afternoon so that people could be seen without an appointment.

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- Managers had regular meetings with the commissioners and stakeholders involved in the service to monitor and review performance.
- Staff supported and signposted clients to appropriate specialist support including the community mental health team, safeguarding, maternity and housing services and local charities.

The facilities promote recovery, comfort, dignity and confidentiality

- The service provided a comfortable and welcoming environment. There was a range of rooms for staff to see clients during private appointments, assessments, group work and private areas for urine drug screening. However, rooms were not soundproof and we could hear some conversations taking place from outside.
- The service was accessible for clients with limited mobility or in wheelchairs. However, there was no disabled access toilet available at the service.
- The service had a large range of information available. This included safeguarding, domestic abuse, and advocacy, local support; health issues relating to substance misuse and harm reduction advice.

Meeting the needs of all clients

- Staff completed assessments that considered age, gender, sexual orientation and disability. Staff considered other relevant information such as co-morbidities and the client's individual, social and mental health needs.
- The service was open five days a week, excluding weekends. The service offered a drop in every afternoon so that staff could see people without an appointment. The service offered a late clinic one evening a week to reduce barriers to accessing treatment and staff could see employed clients outside of normal working hours. There was a single point of access telephone number for clients to use outside of normal working hours. There was a manager's rota to ensure cover for the out of hours telephone.
- The service offered appointments and groups at five satellite services in Faversham, Sheerness and Eastchurch. They worked closely with local partner agencies. Where possible, staff arranged home visits for clients with complex needs or who found it difficult to attend the service. For example, for clients who required

wheelchair accessibility, the service would try to arrange appointments at one of the satellite services as the main hub location in Sittingbourne did not have a disabled toilet.

- Staff were able to arrange interpreters for clients where required. Staff had knowledge and experience of working with a diverse range of vulnerable clients from a variety of cultures and backgrounds.
- Needle exchange provision was available including people who were not engaged in structured treatment. Staff provided harm reduction and safer injecting advice to people accessing this service.

Listening to and learning from concerns and complaints

- The service had received zero complaints between 1 May and 8 September 2017.
- The provider had a clear complaints and comments procedure and policy. The provider encouraged staff to manage informal complaints at a local level. The governance and quality department processed formal complaints. A database tracked the complaints process to monitor timeliness of response and trends.
- There was a comments box and feedback forms in the waiting area. Posters were displayed inviting feedback of a client or carers experience of the service.
- Clients we spoke with told us they knew how to complain and felt confident to do so if needed. Information was displayed on noticeboards in the waiting room, directing clients to the complaints procedure. Staff we spoke with were able to describe the complaints process.

Are substance misuse/detoxification services well-led?

Vision and values

- Staff we spoke with were clear with the vision and values of the organisation in their work. Staff knew senior managers and said that they were visible in the service. Staff spoke of a smooth transition from the

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previous provider with no impact on client care. Staff demonstrated the organisation's shared vision of client recovery in their work. Staff spoke with pride when they described the service they delivered.

Good governance

- There was a clear governance structure within the service with good assurance and auditing systems in place. Regular meetings took place to monitor service delivery. We saw evidence of regular audits involving staff, managers and the clinical team. We saw evidence of identified actions being discussed and completed.
- There were local and regional governance meetings, which linked to the central governance and quality team to support the delivery of good quality care.
- The service completed audits to monitor and develop service delivery. We saw a medically assisted treatment audit that was rated using the five key lines of enquiry safe, effective, caring, responsive and well led. The audit generated an improvement action plan with objectives, actions to be taken, person responsible and timescales.
- The service had an operational risk register to identify priority risks and implement an effective plan to mitigate risks. There was an operational risk assessment, which was shared with the senior management team and commissioners. However, the audit did not record timeframes for actions to be completed.
- Data provided by the service showed that six of 15 staff had not completed all of the mandatory training.
- Staff received regular supervision.
- Staff had oversight of dashboards to monitor caseload, risk, care plans and client care and treatment.
- The service was embedding relevant policies. However, the prescribing and treatment policy did not reference the updated drug misuse and dependence guidelines on clinical management.
- The provider had employed an experienced practitioner who worked two days per week who was responsible for ensuring the service were compliant with safeguarding standards. However, safeguarding training was only available to level one and the provider had not sought

additional enhanced training. Safeguarding was an agenda item on regional managers meeting, regional governance meetings, weekly service and daily allocations meetings.

- The commissioners for the service had agreed that there would no key performance indicators until completion of the co-design of the service in January 2018. Managers had regular meetings with the commissioners to discuss and review the performance of the service. Feedback from the commissioner was that the provider had managed the transition and performance of the service well.
- Staff submitted anonymised information to the national drug treatment monitoring system (NDTMS) this system provided national statistics about substance misuse.

Leadership, morale and staff engagement

- Staff morale was high, their workload was manageable and they had job satisfaction. Staff told us they felt encouraged and motivated to provide the best service they could. The staff had worked as a team for some time and had developed positive working relationships.
- Robust governance systems supported the service to function effectively. Staff we spoke with told us they felt supported to develop professionally. There was a culture of promoting staff within the service and supporting them to achieve. Staff said that the provider offered good benefits and incentives, which had improved morale.
- The service had supportive and experienced management and leadership who demonstrated a good knowledge of the model of delivery for the service. The service had a committed and knowledgeable registered manager.
- Staff knew the senior management team and felt able to communicate with them.
- The service had a whistleblowing policy. The manager encouraged an open door policy for staff to discuss concerns. There was a free confidential helpline for staff. Staff we spoke with told us they felt confident they could raise concerns with the management. They felt supported in speaking up.

Commitment to quality improvement and innovation

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- The provider had begun an eight-year contract to deliver community substance misuse services in May 2017. The provider had worked closely with stakeholders and partner agencies to design their treatment model. The service planned to implement the co-designed model in January 2018.
- The provider had a shared contract with a mental health support organisation involved in the co-design of the service to better meet the needs of clients in the hope of improving referrals and engagement into the service. Clients were encouraged to participate in the design of the new service and had attended co-design workshops.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that the mandatory training identified is sufficient to support staff to carry out their roles safely and effectively.

Action the provider **SHOULD** take to improve

- The provider should ensure that the mandatory training identified is sufficient to support staff to carry out their roles safely and effectively.
- The provider should ensure that staff complete training in the Mental Capacity Act so that staff can carry out their roles safely and effectively.
- The provider should ensure that staff training records are accurate and up to date.

- The provider should ensure they take action in response to the analysis of staff training needs.
- The provider should ensure the risk register includes timeframes for actions to be completed.
- The provider should ensure that managers have immediate access to Disclosure Barring Service check information for all staff.
- The provider should ensure staff are aware of the advocacy support available for clients.
- The provider should ensure policies are up to date and reflect current national guidelines.

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 18 HSCA (RA) Regulations 2014 Staffing</p> <p>Staff did not receive appropriate support, training and development to enable them to fulfil the requirements of their role.</p> <p>Regulation 18 (2)(a)</p>