

We are With You

We are With You Redcar and Cleveland

Inspection report

161 High Street
Redcar
TS10 3AN
Tel: 01642265532
www.wearewithyou.org.uk

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

Overall summary

Our rating of this service improved. We rated it as good because:

- The service provided safe care. Clinical premises where clients were seen were safe and clean. The number of clients on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each client the time they needed. Staff assessed and managed risk well and followed good practice with respect to safeguarding and ensured that clients who required urgent care were seen promptly
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment and in collaboration with families and carers. They provided a range of treatments that were informed by best-practice guidance and suitable to the needs of the clients. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The teams included or had access to the full range of specialists required to meet the needs of the clients. Managers ensured that these staff received training, supervision and appraisal. Staff worked well together as a multidisciplinary team and with relevant services outside the organisation.
- Staff treated clients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of clients. They actively involved clients and families and carers in care decisions and were aware of roles and responsibilities under the Mental Capacity Act 2005.
- The service was easy to access. Staff assessed and treated clients who required urgent care promptly and those who did not require urgent care did not wait too long to start treatment. The criteria for referral to the service did not exclude people who would have benefitted from care.
- The service was well led, and the governance processes ensured that procedures relating to the work of the service ran smoothly.

However,

- Staff had not completed a re-engagement plan for each client.
- Staff were not always fully documenting that they had made consideration of capacity for each client.
- The building at Carrington House had some repairs that needed attention and some areas were a little dated.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services	Good 	

Summary of findings

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Summary of this inspection

Background to We are With You Redcar and Cleveland

We Are with You (WAWY) is a drug and alcohol service that works with individuals to change their behaviour. They work with adults and young people who are ready to change their use of drug or alcohol use.

WAWY (formerly Addaction) deliver 81 services across England and Scotland. WAWY work with adults and young people, in community settings, in prisons, in residential rehab and through outreach.

WAWY services in Redcar and Cleveland include specialist substance misuse which include substitute prescribing and recovery coordination.

The provider is registered to provide one regulated activity:

- Treatment of disease, disorder or injury.

The service has a manager registered with CQC. The last inspection of this service was in January 2019 and was rated requires improvement. We found breaches of regulation in the safe and well led domains. We found that the provider had made improvements since the last inspection.

How we carried out this inspection

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

During the inspection visit, the inspection team:

- visited the two main locations in South Bank and Redcar
- looked at the quality and safety of the environment at all the locations
- spoke with 10 patients and carers
- spoke to 10 members of staff, including team managers, nurses, recovery navigators and peer support workers
- attended and observed one multi-disciplinary meeting.
- reviewed 10 patient care and treatment records
- looked at a range of audits, policies, procedures and other documents relating to the running of the service.

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

Areas for improvement

Action the service **SHOULD** take to improve:

- The service should ensure that staff complete a re-engagement plan for each client.
- The service should ensure that they fully document the consideration of capacity for each client
- The service should ensure that the repairs to the building are carried out.

Our findings

Overview of ratings

Our ratings for this location are:

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

Substance misuse services

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

Are Substance misuse services safe?

Good 

Our rating of safe improved. We rated it as good.

Safe and clean environment

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

Staff completed and regularly updated thorough risk assessments of all areas and removed or reduced any risks they identified. All health and safety checks and certificates were in place.

Interview rooms did not have alarms fitted but portable alarms were available, and staff were available to respond.

All clinic rooms had the necessary equipment for clients to have thorough physical examinations.

All areas were clean and tidy. Both premises were a little dated with some internal damage that needed attention and the building at Carrington House in South Bank required some external repairs to the roof. The team were due to relocate to a new premise in 2022. The buildings were fit for purpose and were in walking distance for a large proportion of clients.

An external company were responsible for the cleaning records and cleaning staff attended three times per week. We found the cleaning records were up-to-date and the premises were clean.

Staff followed infection control guidelines, including handwashing. Managers prompted visitors to wear appropriate personal protective equipment and use hand sanitiser before entering premises. Posters were displayed around buildings to advise staff and patients of good hand hygiene and masks were being worn inside the premises. Face to face contact had been significantly reduced and some staff were working from home in response to COVID-19.

Staff made sure equipment was well maintained, clean and in working order. Staff had access to naloxone onsite and could administer in the case of an overdose. Staff gave examples of where this had been used to save lives.

Substance misuse services

Safe staffing

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

Nursing staff

The service had enough nursing and support staff to keep clients safe. The service had two vacancies for non-medical prescribers which they were having difficulty recruiting to. An agency non-medical prescriber was having an induction on the day of the inspection.

Managers limited their use of bank and agency staff and requested staff familiar with the service. This was used as a last resort when they could not recruit.

Managers made arrangements to cover staff sickness and absence. The service sickness rate was 5%.

Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift. We observed the agency nurse being inducted while we were on inspection.

The service had a high turnover rate of staff which the manager believed was due to junior members of staff starting their careers with the service and then moving on once they became more experienced. The provider was looking at ways they could retain staff.

Managers supported staff who needed time off for ill health and we saw examples of this.

All staff had up to date Disclosure and Barring Service checks in place or had been risk assessed as being suitable to carry out care and treatment pending the receipt of them.

The average number of cases per team member was 50 which managers had calculated at 10 clients per day. This was a mix of face to face or online appointments including clinics.

Medical staff

The service employed non-medical prescribers who took responsibility for the substitute prescribing. A clinical lead provided day to day support to the team with one to one and group supervisions. The medical director provided oversight and support to the teams. Clinical governance meetings took place every six weeks. Staff worked closely with local GPs where possible and told us that this had been difficult in some areas during the last year due to restrictions. Staff always sent letters to a client's GP once they started treatment and kept them up to date in writing.

Mandatory training

Staff had completed and kept up to date with their mandatory training. The completion rate was 98%. Mandatory training included safeguarding adults, safeguarding children, quality & diversity, health & safety, keeping information safe, safeguarding level 3 (Local Training), medicine management, mental health awareness, mental health capacity training, infection control, immunisations and vaccinations

The mandatory training programme was comprehensive and met the needs of clients and staff.

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

Substance misuse services

Assessing and managing risk to clients and staff

Staff assessed and managed risks to clients and themselves well. They responded promptly to sudden deterioration in a client's health. When necessary, staff worked with clients and their families and carers to develop crisis plans. Staff monitored clients on waiting lists to detect and respond to increases in level of risk. Staff followed good personal safety protocols.

Assessment of client risk

Staff completed risk assessments for each client on admission / arrival, using a recognised tool, and reviewed this regularly, including after any incident. We reviewed 10 care records and found that clients had a risk assessment and risk management plan in place. Staff understood the risks of overdose to those leaving prison and worked with clients to reduce any risks to themselves and others. We found that the service had made improvements since the last inspection and clients now had risk management plans in place which detailed what was required to mitigate and manage risks.

Staff used a recognised risk assessment tool.

Staff could recognise when to develop and use crisis plans according to client need. We saw evidence of risk management plans in the records which included the identification of protective factors.

Management of client risk

Staff responded promptly to any sudden deterioration in a client's health. Clients were invited for face to face appointments if risks increased and if workers were worried about their presentation. Staff had good links with pharmacy's who would contact the service if they were worried about a client's presentation. Staff would then follow this up with the client.

Staff made clients aware of the risks of continued substance misuse and harm minimisation / safety planning was an integral part of recovery plans. Peers had been trained in the use of naloxone, and this was now available within the community. Clients had access to a needle exchange and harm minimisation at the premises.

Staff followed clear personal safety protocols, including for lone working. During the last year appointments had moved online, and so lone working had significantly reduced,

There were protocols in place for dealing with the disengagement of treatment of clients. Managers had introduced a re-engagement plan to be used to document the actions taken if someone failed to attend appointments. We found that not all clients had one completed within their record and that the information was usually contained within a record rather than on the standard format. Managers were working with staff to ensure that the standard forms were completed.

The service had processes in place for what to do when there were suspicions or there was evidence that clients had passed their substitute medicine to a third-party for illicit purposes (an act commonly known as diversion). We spoke with managers who felt that there was limited evidence that this was an issue in the area.

Safeguarding

Staff understood how to protect clients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Substance misuse services

The service had made 12 safeguarding referrals in the last 12 months. Staff had been involved with 105 safeguarding children cases and 18 safeguarding adult cases.

The service had received 58 referrals from social services with 19 being taken onto caseloads to support parental substance misuse issues.

Staff received training on how to recognise and report abuse, appropriate for their role.

Staff kept up to date with their safeguarding training.

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

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. Staff could access contact details of adult and children's social workers on the electronic system. Staff described looking out for vulnerabilities including domestic violence and neglect either for or against the client.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff reported good links with the local authority and felt able to ring colleagues for advice if needed.

Staff access to essential information

Staff kept detailed records of clients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.

Client notes were comprehensive, and all staff could access them easily.

When clients transferred to a new team, there were no delays in staff accessing their records.

Records were stored securely on the providers electronic system.

Medicines management

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

Non-medical prescribers were responsible for the prescribing and monitoring of medicines. Processes had changed during the pandemic and all clients had been individually risk assessed to see if they were able to move to the new prescribing regime. This involved medicine being prescribed every three months and sent directly to the pharmacy. For those who were deemed too high risk then staff worked closely with the pharmacy to support this.

The prescriptions were stored securely at the centre and recovery navigators sent these direct to the pharmacy. Staff completed checks on compliance, tolerance and general health and wellbeing.

Naloxone was stored on site and regular checks were in place. There were no other controlled drugs stored on site.

Staff reviewed each client's medicines regularly and provided advice to clients and carers about their medicines. Staff provided advice on safe storage of methadone and this had been a consideration during the review of clients.

Substance misuse services

Staff followed national practice to check clients had the correct medicines when they were admitted, or they moved between services. Electronic information was sent between the prison, hospital and community service.

Staff learned from safety alerts and incidents to improve practice.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines.

Staff reviewed the effects of each client's medicines on their physical health according to NICE guidance.

Track record on safety

The service had a good track record on safety.

Reporting incidents and learning from when things go wrong

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

Staff knew what incidents to report and how to report them. Incidents were reported onto the provider incident report system and reviewed by managers. Incidents involved harm to clients due to drug use, overdose, deaths and safeguarding.

Staff raised concerns and reported incidents and near misses in line with provider policy.

Staff reported serious incidents clearly and in line with trust policy.

Staff understood the duty of candour. They were open and transparent and gave clients and families a full explanation if and when things went wrong. We observed staff discussing this in the incident review meeting we attended.

Managers debriefed and supported staff after any serious incident. We reviewed three incidents and found that these were fully investigated with learning implemented. A change to the procedures for prison releases had been implemented after a serious incident. Staff had worked closely with the prison and all clients now had a passport which could be sent electronically between services to show a client's current treatment plan.

Managers investigated incidents thoroughly. Clients and their families were involved in these investigations. There had been some learning from deaths and staff worked closely with partners to learn lessons from reviews. Some examples of learning included the improvement of joint working with other professionals, communication with non-clinical and clinical staff within the service.

Staff had identified an issue with communication when a client was admitted to hospital. In response a hospital liaison team had been put in place.

Managers had delivered learning sessions to staff on specialist areas to develop their skills. Professionals from other services such as social services, probation, LGBT+ community attended the sessions to share experience and raise awareness on specific issues.

The service held six-weekly reflective practice sessions.

Substance misuse services

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

Staff met to discuss the feedback and look at improvements to client care. The service had three meetings which took place to review incidents. A local group reviewed their own incidents which fed into a national group and then fed back to front line staff. We observed the local meeting during the inspection and found this structured, well attended and focused on learning.

Are Substance misuse services effective?

Good 

Our rating of effective stayed the same. We rated it as good.

Assessment of needs and planning of care

Staff assessed the mental health needs of all clients. They worked with clients and families and carers to develop individual care plans and updated them as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery oriented.

Staff completed a comprehensive mental health assessment of each client. We reviewed ten records and found that all clients had a full assessment completed.

Staff made sure that clients had a full physical health assessment and knew about any physical health problems. Records contained information of ongoing physical health problems and actions taken to support clients to attend appointments.

Staff developed a comprehensive care plan for each client that met their mental and physical health needs. The care plans reflected the stage that the client was in on their treatment journey. Clients had been segmented depending on presentation and motivation to change. Recovery plans identified recovery navigators and other workers involved in their treatment.

Staff regularly reviewed and updated care plans when clients' needs changed.

Care plans were personalised, holistic and recovery orientated.

Best practice in treatment and care

Staff provided a range of treatment and care for clients based on national guidance and best practice. They ensured that clients had good access to physical healthcare and supported them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.

The number of clients who had successfully completed their treatment within the last 12 months was 241 with 24 returning for treatment after discharge. Clients were encouraged to access the service again if they needed it with the acceptance that relapse could happen.

Substance misuse services

Staff provided a range of care and treatment suitable for the clients in the service. Staff provided community detoxification, substitute prescribing, harm reduction and psychosocial interventions. Clients had access to a needle exchange and were offered blood borne virus testing.

Staff delivered care in line with best practice and national guidance (from relevant bodies e.g. NICE).

Staff made sure clients had support for their physical health needs, either from their GP or community services.

Staff supported clients to live healthier lives by supporting them to take part in programmes or giving advice. Clients were encouraged to take part in exercise, smoking cessation and group work to support their recovery.

Staff used recognised rating scales to assess and record the severity of client conditions and care and treatment outcomes. Staff completed treatment outcomes profiles which were submitted and monitored by Public Health England.

Staff used technology to support clients. The service had its own social media accounts to provide information about substance misuse issues and associated problems and risks. Staff were seeing more clients via phone and digital services including video conferencing software. This had been in response to COVID-19.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. Infection prevention audits were carried out twice a year and Hepatitis B vaccinations were audited once a year.

Checks were conducted to ensure staff were up to date with their anaphylaxis training. Checks of needle exchange stock was done every four weeks.

Nurses carried out monthly audits of the naloxone register at each site and four weekly audits of medication administration and monthly checks of clinical stocks.

Medicines management audits were carried out annually. These included safe storage, processes around medicines, clinical equipment checks and vaccines. These were carried out across both sites. The clinical lead carried out prescribing audits included checks of the non-medical prescribers notes, looking at reviews, checking if summaries had been updated in the last six months, medicines reconciliation, allergies and potentially direct supervision of staff.

Managers used results from audits to make improvements.

Skilled staff to deliver care

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

The service had access to a full range of specialists to meet the needs of the clients. The team included non-medical prescribers, nurses, recovery navigators, peer mentors and administrative staff.

Managers made sure staff had the right skills, qualifications and experience to meet the needs of the clients in their care, including bank and agency staff. All staff completed mandatory training and had access to other courses to develop skills.

Substance misuse services

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

Managers supported staff through regular, constructive appraisals of their work.

Managers supported staff through regular, constructive clinical supervision of their work. Prescribing staff received weekly one-to-one supervision from the clinical manager within the team and appraisal and group support sessions took place.

Managers made sure staff attended regular team meetings or gave information from those they could not attend. All information was stored electronically so staff could easily access the information they needed.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff had access to a range of e learning course which included trauma-based care, suicide prevention, dual diagnosis and veterans training. There were 32 courses in total available to staff.

All staff had objectives focused on improvement and learning. Some staff felt that there was limited progression within the service. This impacted on staff turnover as staff moved onto to other roles.

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

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

A community engagement worker recruited, trained and supported volunteers to work with clients in the service. We spoke to a peer mentor while on inspection who felt supported and was supporting other clients in the service.

Multidisciplinary and interagency teamwork

Staff from different disciplines worked together as a team to benefit clients. They supported each other to make sure clients had no gaps in their care. The team had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.

Staff held regular multidisciplinary meetings to discuss clients and improve their care. Daily flash meetings took place to discuss current caseloads and risks.

Staff collected information from other teams such as community mental health teams, GPs, maternity services, children and family services, social workers and criminal justice services to inform clients' comprehensive assessments.

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

Recovery plans included clear care pathways to other supporting services. Staff worked with health, social care and other agencies to plan integrated and coordinated pathways of care to meet the needs of different groups. For clients who had mental health issues as well as substance misuse issues, a dual diagnosis pathway was in place. A dedicated member of staff of the team was leading on this work. Monthly meetings took place to discuss the 30 clients on the dual diagnosis pathway.

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

Substance misuse services

Staff had effective working relationships with external teams and organisations. Staff had good links with the prison service, safeguarding teams and the acute hospital. Managers had worked with the local police around the development of harm minimisation practices especially in relation to naloxone to ensure that any interventions did not comprise client safety.

Good practice in applying the Mental Capacity Act

Staff supported clients to make decisions on their care for themselves. They understood the trust policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for clients who might have impaired mental capacity.

Staff received and were consistently up-to-date training in the Mental Capacity Act and had a good understanding of at least the five principles. All staff within the service had completed their Mental Capacity Act training.

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

Staff knew where to get accurate advice on Mental Capacity Act.

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

Staff assessed and recorded capacity to consent each time a client needed to make an important decision. Staff were not always specific when recording capacity and did not always make it clear that the two-part test had been applied. Staff reported that if capacity was lacking due to intoxication then an alternative appointment would be made. If it was due to a long-term mental health condition, social care and/or crisis teams were used to support the client/staff.

The clinical lead had links with mental health services and staff utilised the dual diagnosis pathway.

When staff assessed clients as not having capacity, they made decisions in the best interest of clients and considered the client's wishes, feelings, culture and history.

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

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

Are Substance misuse services caring?

Our rating of caring stayed the same. We rated it as good.

Kindness, privacy, dignity, respect, compassion and support

Staff treated clients with compassion and kindness. They understood the individual needs of clients and supported clients to understand and manage their care, treatment or condition.

Substance misuse services

Staff were discreet, respectful, and responsive when caring for clients. We spoke to 10 clients who all praised the service. We reviewed the client survey and found that 116 clients had responded. Overall, the results were positive with clients reporting trust and confidence in those supporting them and that they felt they were treated with dignity and respect. Clients rated the service as very good (72) and good (29) and the majority would recommend the service to someone else.

Staff gave clients help, emotional support and advice when they needed it. The clients we spoke to told us the importance of having someone believe in them and encourage them.

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

Staff directed clients to other services and supported them to access those services if they needed help. We saw examples of clients being encouraged to access mental health services, attend GP and/or hospital appointments.

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

Staff followed policy to keep client information confidential.

Involvement in care

Staff involved clients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that clients had easy access to independent advocates. Staff informed and involved families and carers appropriately.

Involvement of clients

Staff involved clients and gave them access to their care plans. From the records reviewed we saw that clients had been offered a copy of their care plan.

Staff made sure clients understood their care and treatment (and found ways to communicate with clients who had communication difficulties).

Staff involved clients in decisions about the service, when appropriate. Clients reported that they enjoyed having appointments online and this had remained for those who preferred this.

Staff created a recovery plan and risk management plan for all clients who used the service that demonstrated the client's preferences, recovery capital and goals.

Clients could give feedback on the service and their treatment and staff supported them to do this. A client survey was carried out annually across the service.

Staff made sure clients could access advocacy services. Peer mentors supported clients and facilitated group work.

Involvement of families and carers

Staff supported, informed and involved families or carers where consent had been given. We saw evidence in records of where family members were involved, and important contact numbers were contained within client records. The family support service was now separate to the team due to a reduction in funding. Links were still good between staff.

Substance misuse services

Staff helped families to give feedback on the service.

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

Are Substance misuse services responsive?

Good 

Our rating of responsive stayed the same. We rated it as good.

Access and waiting times

The service was easy to access. Its referral criteria did not exclude clients who would have benefitted from care. Staff assessed and treated clients who required urgent care promptly and clients who did not require urgent care did not wait too long to start treatment. Staff followed up clients who missed appointments.

The service had clear criteria to describe which clients they would offer services to. At the time of our inspection the service did not have a waiting list. Clients could self-refer or be referred by a third party and all referrals were assessed.

Staff offered clients alternative treatment where appropriate. We saw examples where clients had requested alternative substitute prescribing, and this had been granted.

The service was meeting the national targets for seeing clients from referral to assessment and assessment to treatment and saw urgent referrals quickly. The service saw 79% of clients on the day they left prison for substitute prescribing. This was against a national average of 35%. The introduction of an electronic passport system meant that delays in starting treatment in the community for clients leaving prison were reduced.

Staff tried to engage with people who found it difficult, or were reluctant, to seek support from mental health services. A monthly meeting took place with mental health professionals to review those clients on the dual diagnosis pathway.

The service had processes in place for when clients arrived late or failed to attend their appointments which were fair and reasonable and did not place the client at risk. Staff followed a disengagement policy and managers had recently introduced a reengagement plan for staff to complete with the client. The plan identified reasons the client may disengage and how staff should reengage them including who to contact. This was a new form and we found that not all records contained this plan. The manager was working with staff to get plans completed for each client by March 2022.

Clients had some flexibility and choice in the appointment times available. There was late evening working and monthly Saturday clinics available.

Staff worked hard to avoid cancelling appointments and when they had to, they gave clients clear explanations and offered new appointments as soon as possible.

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

Staff supported clients when they were referred, transferred between services, or needed physical health care.

Substance misuse services

The facilities promote comfort, dignity and privacy

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

The service had a full range of rooms and equipment to support treatment and care. Both sites had a waiting room, clinic rooms, groups rooms and individual interview rooms. There was adequate office space for staff and kitchen facilities.

Interview rooms in the service had sound proofing to protect privacy and confidentiality.

Meeting the needs of all people who use the service

The service met the needs of all clients – including those with a protected characteristic. Staff helped clients with communication, advocacy and cultural and spiritual support.

The service could support and adjust for people with disabilities, communication needs or other specific needs. The service had accessible rooms to see people in on the ground floor and appointments were offered online.

Staff made sure clients could access information on treatment, local service, their rights and how to complain.

The service provided information in a variety of accessible formats so the clients could understand more easily.

The service had information leaflets available in languages spoken by the clients and local community.

Managers made sure staff and clients could get hold of interpreters or signers when needed.

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.

Clients, relatives and carers knew how to complain or raise concerns.

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

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

There had been two complaints within the last 12 months, of which one had been partially upheld, and one not upheld.

Managers investigated complaints and identified themes. There were five negative comments out of 109 responses in the client survey which related to changes to the service related to COVID-19 and appointments running late.

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

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

Managers shared feedback from complaints with staff and learning was used to improve the service.

Substance misuse services

The service used compliments to learn, celebrate success and improve the quality of care.

Are Substance misuse services well-led?

Good 

Leadership

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

Leaders had the skills, knowledge and experience to perform their roles. Staff felt supported and the team worked well together. The manager had a good understanding of the service and the issues faced by the client group. The service had adapted well to changes in the last 18 months due to COVID-19.

The service manager worked across all teams with four team leaders providing the operational leadership to staff. This included a clinical lead and young persons lead and two team leaders for the recovery navigators.

The service had a clear definition of recovery and this was shared and understood by all staff.

Leaders had a good understanding of the services they managed. They could explain clearly how the teams were working to provide high quality care. Teams had adapted in response to COVID-19 and staff had been supported to work from home where possible. At the time of the inspection there was a mixture of staff back in the office while some had been supported to continue working from home.

Leaders were visible in the service and approachable for clients and staff. The manager worked across the two main sites and was available to staff. Senior managers visited the teams and provided monthly online sessions to all staff to give them the opportunity to raise any issues or concerns.

Vision and strategy

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

Staff knew and understood the vision and values of the team and organisation and what their role was in achieving them.

All staff had a job description and understood their roles and responsibilities in the team.

Staff had the opportunity to contribute to discussions about the strategy for their service, especially where the service was changing.

Culture

Staff felt respected, supported and valued. They said the trust promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.

Staff felt respected, supported and valued. Some staff felt that stress levels could be high due to the challenging nature of the work. Staff turnover was high which meant that new staff did not always have time to fully settle into their roles.

Substance misuse services

The provider recognised staff success within the service and the staff awards were taking place at the time of the inspection. Several members of the team had been nominated for awards including the manager.

Staff felt proud, positive, satisfied, valued and part of the organisation's future direction.

Staff appraisals included conversations about career development, but staff acknowledged that the lack of progression was an issue that contributed to staff turnover

Staff felt able to raise concerns at all levels without fear of reprisals. Managers were open and approachable at all levels.

The provider had a whistle blowing policy in place that was accessible to all staff.

The service responded proactively to bullying and harassment cases.

Staff had access to support for their own physical and emotional health needs through an occupational health service.

Managers monitored staff morale, job satisfaction and sense of empowerment. The manager fully understood the issues faced by the staff team and encouraged staff to raise issues and concerns with senior managers within the organisation.

Teams worked well together and where there were difficulties managers dealt with them appropriately.

Governance

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

There were systems and procedures in place to ensure that the service was safe and clean, that there were enough staff, that staff were trained and supervised, that clients were assessed and treated well, and that staff adhered to the mental capacity act. Processes ensured that clients risks were managed and that successful discharge from treatment were planned. Regular meetings were in place to review and investigate incidents and structured excited to allow regular feedback to staff.

There was a clear framework of what must be discussed at a local and national level in team meetings to ensure that essential information, such as learning from incidents and complaints, was shared and discussed.

Staff had implemented recommendations from reviews of deaths, incidents, complaints and safeguarding alerts at the service level.

Staff undertook or participated in local clinical audits. The audits were enough to provide assurance and staff acted on the results when needed. Managers regularly audited patient records to ensure that risk assessments and management plans were up to date. The quality of care plans was regularly reviewed, and managers worked closely with staff to make improvements in the quality of care plans.

Staff understood the arrangements for working with other teams, both within the provider and external, to meet the needs of the clients. Staff understood the importance of having good links with the prison teams to ensure the safety of clients being released. Staff also worked closely with safeguarding and domestic violence staff.

Substance misuse services

Regular governance meetings took place where policies and procedures and audit outcomes were discussed and tracked.

Management of risk, issues and performance

Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

There was a clear quality assurance management and performance framework in place that was integrated across all organisational policies and procedures. The service had a contract in place with the local authority and had good links with the public health team. The contract contained key performance indicators which were regularly reviewed.

Staff maintained and had access to the risk register at a service level. Managers had responded to the last inspection and the risk register was now available to all staff on the shared drive. Staff felt able to escalate concerns when required to the manager who either dealt with them locally or escalated if needed.

Staff were able to submit items to the provider's risk register which was accessible online. Staff concerns matched those on the risk register which included staffing,

The service had plans for emergencies – for example, adverse weather or a flu outbreak. There had been one COVID-19 outbreak at the service in April 2020 which had been managed effectively. There had been no further outbreaks.

Managers monitored staff sickness and absence rates. There was some long-term sickness in the team and the manager was sensitive to this while meeting the needs of the service.

Managers had made cost improvements due to reduction in budgets and acknowledged that this often put stress on the delivery of the service. The service was involved in a tender process at the time of the inspection and was working closely with the local authority. The provider was hopeful that there would be increased investment in substance misuse services.

Information management

Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.

The service used systems to collect data that were not over-burdensome for frontline staff.

Staff had access to the equipment and information technology needed to do their work. The information technology infrastructure, including the telephone system, worked well and helped to improve the quality of care.

Information governance systems included confidentiality of client records.

Team managers had access to information to support them with their management role. This included information on the performance of the service, staffing and client care.

Information was in an accessible format, and was timely, accurate and identified areas for improvement.

Staff submitted data and notifications to external bodies as needed.

Substance misuse services

All information needed to deliver care was stored securely and available to staff, in an accessible form, when they needed it.

The service had developed information sharing processes and joint working arrangements with other services where appropriate to do so.

Staff ensured the service confidentiality agreements were clearly explained to clients in relation to the sharing of their information and data.