

Spectrum Community Health C.I.C.

York Drug and Alcohol Service

Inspection report

3 Blossom Street
York
YO24 1AU
Tel: 01904464680

Date of inspection visit: 27 April 2022 and 28 April
2022
Date of publication: 14/07/2022

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

Outstanding 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive to people's needs?

Outstanding 

Are services well-led?

Good 

Summary of findings

Overall summary

We rated this location outstanding because:

- The service provided safe care. The premises were safe and clean, the provider was also in the process of upgrading and refurbishing some of the facilities. Staff caseloads were manageable. Staff assessed and managed risk well ensuring they had capacity to prioritise clients who may need to be seen promptly.
- Clients were all extremely positive about the care and treatment they received, all clients commented on how staff listen, do not pass any judgements and help people to achieve their goals. Staff respect confidentiality and work well with other agencies, working collaboratively to enable ongoing access to support after discharge from treatment.
- Staff undertook and engaged in regular clinical audits to evaluate the quality of the care provided.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment and in collaboration and partnership with clients, 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 worked collaboratively within multi-disciplinary teams to co-ordinate and deliver treatment that met the needs of clients.
- Managers ensured staff received regular training, supervision and appraisal. Staff felt supported by their managers and staff were empowered to raise concerns.
- There was a strong culture of openness and transparency as well as continuous improvement and innovative practice.
- The service worked exceptionally well in partnership with multiple organisations and professionals to enable clients to access person-centred pathways.
- There were strong lessons learned and reflective practice systems in place.
- The service was well-led, there were strong and effective governance processes in place to ensure the service ran smoothly.

Summary of findings

Our judgements about each of the main services

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

Summary of findings

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Summary of this inspection

Background to York Drug and Alcohol Service

York Drug and Alcohol Service has been registered with CQC since May 2019, there is a registered manager in post, and this was the first inspection of this service.

York Drug and Alcohol Service provides community substance misuse treatment for adults and young people.

Local commissioners fund a joint integrated substance misuse service which is formed of two organisations. Clinical treatment, including the prescribing of substitute medication and detoxification from alcohol and/or drugs is provided by Spectrum Community Health Community Interest Company. A non-for-profit organisation hold the contract for providing care co-ordination and psychosocial interventions. The two organisations work together to deliver a seamless drug and alcohol service to clients and local community.

During this inspection, we only focused on the services provided by Spectrum as this service is registered with the Care Quality Commission (CQC) to provide the regulated activities Diagnostic and screening procedures and Treatment for disease, disorder or injury.

How we carried out this inspection

We carried out an on-site inspection of the York Drug and Alcohol Service on 27 April 2022 and we completed remote interviews with clients and people close to them on 28 April 2022.

The inspection was carried out by one inspector and one specialist advisor who was an experienced nurse with a professional background in substance misuse and mental health services.

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

During the inspection, the inspection team:

- Toured the premises and clinic rooms.
- Spoke with the registered manager and service manager.
- Spoke with two registered nurses and one clinical lead.
- Spoke with six clients and two carers.
- Spoke with one General Practitioner (GP).
- Observed how staff were interacting with clients.
- Reviewed six care and treatment records.
- Reviewed the location health and safety records.
- Looked at a range of audits, policies, procedures and other documents relating to the running of the service.
- Obtained feedback from local commissioners.

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>.

Summary of this inspection

Outstanding practice

We found the following outstanding practice:

- Strong and effective systems were in place to prioritise clients according to risk. This meant that staff had capacity to respond and adjust clinic appointments in unexpected or urgent circumstances with clients who are deemed vulnerable or high risk.
- During the pandemic the service remained flexible to the needs of clients and continued to support clients with access to the service. The provider invested in clear face coverings to support clients who experienced hearing loss meaning they could only lip-read.
- The service works extremely well with external stakeholders and pathways, this included local palliative care teams, hepatology, maternity and domestic abuse services. In one example staff worked closely with a local hostel and domestic abuse service to develop a pathway, this included implementing a grab bag of essential items, including a phone to support women experiencing domestic abuse.
- The service participate and promote health campaigns, for example during flu season the service worked within the local community, visiting local hostels to deliver flu vaccinations to vulnerable people.
- Leaders had an inspiring shared purpose and strived to deliver and motivate staff to succeed. They had embedded and promoted a culture in which the focus was on a positive client experience and in which staff felt motivated to deliver high quality care and treatment.
- There were high levels of satisfaction within the staff team. Staff felt respected, supported and valued. They felt proud, positive, satisfied, part of the organisation's future direction.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community-based substance misuse services	Good	Good	<div>☆ Outstanding</div>	<div>☆ Outstanding</div>	Good	<div>☆ Outstanding</div>
Overall	Good	Good	<div>☆ Outstanding</div>	<div>☆ Outstanding</div>	Good	<div>☆ Outstanding</div>



Community-based substance misuse services

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

Are Community-based substance misuse services safe?

Good



We rated safe good.

Safe and clean environment

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

The premises and equipment were all clean and safe, these were managed and maintained by the partner organisation who worked alongside Spectrum. Health and safety checks were carried out within the building to ensure it remained safe.

Furnishings were clean and in good condition, the provider had invested in new furniture and the premises were undergoing some refurbishment work to ensure this remained welcoming and comfortable for clients.

We carried out a tour of the premises and found that rooms had emergency alarms in place to enable staff to call for assistance should this be required.

Clinic rooms were clean and safe, all equipment had been calibrated and tested. Staff completed a daily audit to ensure all equipment and supplies for appointments were replenished and that equipment was working correctly.

Staff managed infection, prevention and control well, they followed guidance and conducted regular hand washing as well as using personal protective equipment (PPE) correctly. A recent infection control audit had been completed which showed compliance with no issues identified.

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 patients safe.



Community-based substance misuse services

The clinical team managed by Spectrum were a small team and consisted of 4.44 whole time equivalent qualified nurses. The compliment of staff included one band eight clinical lead, one band seven nurse, two band six nurses who were also non-medical prescribers and one band five wellbeing nurse. There was only one part-time vacancy for a band four staff member.

The service did not use agency staff routinely and in the last twelve months had only used eighty-eight hours of agency nurse cover.

Managers had good oversight of staffing and processes were in place to respond to any unexpected sickness or other absence.

Staff sickness rates were 12.93% for the last twelve months, this includes absences relating to COVID-19. Managers supported staff who were absent due to ill health and staff told us managers and the organisation supported their wellbeing.

The service had very low turnover, there had been no leavers within the last twelve months.

Medical staff

The service had enough medical staff, this included two general practitioners (GPs) who were experienced within substance misuse. GPs were accessible to staff and clients.

The provider had systems in place to enable managers to obtain medical support from other Spectrum services if needed, this included access to a psychiatrist if required.

GPs worked closely with staff, this included attending weekly multi-disciplinary team meetings, complex case review and detox meetings.

Mandatory training

Staff had completed and kept up to date with their mandatory training. Training compliance rates at the time of our inspection was 76.97%, the providers target rate was 80%. This was lower at the time of our inspection due to some staff being absent on long term leave.

The mandatory training programme was comprehensive and met the needs of clients. Training included basic life support, level two and three safeguarding for adults and children, mental capacity act, equality and diversity, information governance, infection control, conflict resolution and health and safety.

Staff also completed additional mandatory training called prevent, this training provides staff working within public-sector organisations an awareness of understanding the risks associated with extremism, radicalisation and terrorism.

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

Assessing and managing risk to patients and staff

Staff assessed and managed risks to clients and themselves well. They responded promptly to sudden deterioration in clients' physical and mental health. Staff made clients aware of harm minimisation and the risks of continued substance misuse. Safety planning was an integral part of recovery plans.



Community-based substance misuse services

Assessment of patient risk

Risk assessments were completed for each client. Initial risk assessments were completed by key workers who worked with the partner organisation, and these were further developed by clinical staff. Staff reviewed risk assessments regularly and these were amended as risk levels increased or decreased.

Managers had oversight of risk assessments, dashboards were in place within the providers system to assure managers that risk assessment reviews were being completed within agreed timescales.

Staff attended weekly multi-disciplinary team meetings as well as daily flash meetings. Staff could discuss any arising risks or concerns relating to a client and their treatment and collectively agree any further action if required.

Management of client risk

Staff ensured clients were made aware of risks associated with continued substance misuse, this included involving clients in developing harm reduction and recovery plans.

Staff responded to deterioration in client's health, regular physical health checks were carried out and clinical staff supported clients to access further medical care if required. Staff worked closely with other organisations and pathways were in place to refer clients to other specialist services.

We observed staff reviewing risks associated with possible side effects to medication within a clinic appointment with a client. Staff ensured the client was referred for a blood test and a review of the results arranged at the next appointment.

Staff also occasionally facilitated home visits if clients could not attend clinic due to physical health issues.

The service issued naloxone kits for clients who were at high risk of overdose from opiates. Naloxone is a medicine administered via injection that reverses the effects of an opiate overdose. Staff provided guidance and training to clients and any carers when offering these.

Staff followed the providers policy and processes when clients did not attend appointments or unexpectedly left treatment. Staff understood the steps to follow in these situations and worked with the client's family, pharmacy and other agencies such as social care and the police.

Safeguarding

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

Staff completed training in equality, diversity and human rights and safeguarding adults and children, the completion rates for this at the time of our inspection was 83.3%. Staff kept up to date with their safeguarding training, this included completing level three safeguarding adults and children training.

Staff we spoke with knew how to recognise the signs of abuse and knew the reporting procedures to follow, there was also a safeguarding lead within the service.

The service had made one safeguarding referral to the local authority in the last twelve months, the service worked collaboratively with partner organisations to ensure clients were protected from harm. The service knew who their vulnerable clients were and staff ensured they were supported.



Community-based substance misuse services

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 records were stored securely on an electronic password protected system, staff could access records easily and locate information they required.

We reviewed six care records and these contained comprehensive and up to date information.

Medicines management

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

Staff prescribed medicines safely, records in relation to the prescribing of medicines were accurate and up to date. The service did not stock any medicines on the premises except for naloxone.

Non-medical prescribers followed processes to safely prescribe medicines, they followed best practice including following the Department of Health drug misuse and dependence guidance, also known as the orange book. Staff also had access to the current British National Formulary (BNF) which is a pharmaceutical reference book that contains a wide spectrum of information and advice on prescribing and pharmacology, along with specific facts and details about medicines.

Staff worked closely with local pharmacies to ensure clients identified as high-risk collected their prescriptions, systems and process were in place that staff followed in the event clients had not collected these.

Managers monitored prescribing, audits and checks were carried out to ensure prescribing was safe and in accordance with the client's treatment plan and providers policies and procedures.

Track record on safety

The service had a good track record on safety.

There had been no serious incidents within the last twelve months.

Managers we spoke with told us that in the event of a serious safety event, steps followed would include root cause analysis and debrief meeting with staff as well as offering support and sharing any learning.

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. Staff we spoke with told us the provider use a centralised system to capture incidents such as violence and aggression, safeguarding concerns, prescribing issues, deaths and other concerns relating to client welfare.

The service had no never events however staff knew how to report serious incidents in line with the providers policy.



Community-based substance misuse services

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. We saw evidence of staff proactively following duty of candour processes when dealing with a recent incident.

Managers reviewed incidents; we saw evidence of incidents being reviewed within monthly clinical management meetings.

Managers monitored death in service data, the total of client deaths in treatment remained at sixteen each year for the last three years. The service conducted reviews into each of these to explore if any improvement to practices was required as well as to demonstrate where processes had been followed positively.

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

We saw evidence of how lessons learned practice was shared across all services, this included bulletins issued to staff with guidance, these topics and themes were then further discussed in staff meetings.

Are Community-based substance misuse services effective?

Good



We rated effective good.

Assessment of needs and planning of care

Staff completed comprehensive assessments with clients on accessing the service. They worked with clients to develop individual care plans and updated them as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery oriented.

Staff completed a comprehensive assessment for each client, we reviewed six records and found these were all in place and up to date.

Staff made sure that patients had a full physical health assessment and knew about any physical health problems. We saw evidence in records and observed staff reviewing physical health and discussing the importance of hydration and balanced diet.

Staff developed a comprehensive care plan for each client that met their mental and physical health needs.

Staff worked collaboratively with the client and partner organisation to collaborate and share information to support clients reaching goals related to their individual recovery plans. We found staff promoted and encouraged clients to access other services and pathways as part of their recovery.

Staff regularly reviewed and updated care plans when clients' needs changed. Staff were flexible to the needs of the client however ensured clients requiring prescriptions for opiate substitution were assessed in person.



Community-based substance misuse services

Best practice in treatment and care

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

Staff provided a range of care and treatment suitable for the clients. These included substitute prescribing, alcohol detox, drug misuse prevention, needle and syringe programmes, hepatitis B and C testing, alcohol reduction and opiate detoxification.

Staff ensured clients had good access to physical healthcare and supported clients to live healthier lives, this included encouraging participation in group work programmes and smoking cessation.

Staff participated in clinical audits, benchmarking, quality improvement initiatives and delivered care in line with best practice and national guidance from bodies such as the National Institute for Clinical Excellence (NICE).

The service collected and monitored treatment data to measure outcomes. The number of clients who successfully completed treatment within the last twelve months was 134.

Staff used technology to support clients. During the pandemic staff were flexible to the needs of clients and offered remote consultations, this remains an option if clients are unable to attend in person.

Clients were able to utilise dedicated computers and the internet at the service should they require this, staff also supported clients develop their IT skills and knowledge within a digital support service they had established.

We saw an example of one client who was receiving treatment at the service for drug and alcohol dependency. Staff supported the client develop IT skills, they attended regular sessions to build their knowledge and are now able to access various on-line services that they could not previously. They had told staff "I really knew nothing 6 months ago, and now I don't know how I've been living without an iPad this whole time!"

Managers used results from audits to develop their systems and processes 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 staff team included or had access to a range of specialists to meet the needs of clients. Managers ensured staff had the right skills, competence and qualifications to be able to meet the needs of clients.

The staff team were experienced and established within the service as had worked there for some time, staff knew clients and their needs well.

Managers ensured new staff completed a comprehensive induction programme as well as frequent probation reviews.

Managers ensured staff had protected time on a weekly basis to come together and complete constructive managerial and clinical supervision. Managers ensured annual appraisals were completed.



Community-based substance misuse services

Staff met regularly in a range of meetings to share information relating to the service, discuss and review changes to guidance as well as participate in thematic training sessions to continually develop clinical practice.

Staff told us they felt the training and opportunities for development they received were appropriate and felt they could approach management to discuss any additional training needs. We saw evidence of staff undertaking specialist Buvidal training. Buvidal is a medicine used to treat opiate dependence.

Managers recognised poor performance and had performance management systems and processes in place to ensure issues were addressed should they arise.

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 teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.

Staff held regular multidisciplinary meetings, complex case meetings and detox meetings to discuss clients and review their care and treatment. These meetings were made up of doctors, non-medical prescribers, clinical lead, recovery workers as well as members of external agencies such as social workers where appropriate.

Staff we spoke with told us teams work together well. Staff also attend daily flash meetings to discuss caseloads as well as any concerns, risks or issues. Feedback received from staff was these meetings had been having a positive impact within the service.

Staff maintained strong and effective working relationships with other organisations this included working with the local authority, criminal justice services, homeless shelters, local pharmacies, NHS trusts, the Police, and local GPs.

Good practice in applying the Mental Capacity Act

Staff supported clients to make decisions on their care for themselves. They understood the service's policy on the Mental Capacity Act 2005 and knew what to do if a client's capacity to make decisions about their care might be impaired.

Staff received and kept up to date with training in the Mental Capacity Act and had a good understanding of at least the five principles.

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

Staff knew where to get accurate advice on Mental Capacity Act, the provider had a Lead Nurse for Mental Capacity who staff can approach to seek advice, guidance and support.

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

Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision. We observed staff obtain consent during clinic appointments.



Community-based substance misuse services

We saw evidence of staff working in partnership with other services where there were concerns relating to a client's mental capacity. Staff supported a client with a brain injury, staff and the GP worked with the local neurology team to support the client obtain the correct specialist treatment.

The service ensured they kept up to date with changes to practice and ensured these were shared with staff.

Are Community-based substance misuse services caring?

Outstanding



We rated caring outstanding.

Kindness, privacy, dignity, respect, compassion and support

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

Staff were consistently discreet, respectful, and responsive when caring for clients. We spoke with six clients who were all extremely positive and complimentary about the care they received from staff. Clients all told us they had positive relationships with staff and that staff knew them well.

Staff provided clients with emotional support and advice when they needed it. We observed clinic appointments and found staff demonstrated compassion and understanding towards people.

Clients all provided significantly positive feedback about their care, they told us “staff are friendly and supportive”, “staff listen to me and do not rush me”, “staff do not judge me, they treat me with respect and dignity” and “staff show an interest in my care needs and future goals”.

Staff actively encouraged clients to access local services and supported people to access pathways, this included housing services, mental health support and other primary care services. In one example staff worked closely with a local hostel and domestic abuse service to develop a pathway, this included implementing a grab bag of essential items, including a phone to support women experiencing domestic abuse.

Staff took clients individual, cultural, social and religious needs in to account. Staff supported a pregnant client who had not attended any midwife or doctor appointments. Staff arranged for a GP registrar to come into the service and supported the client with access to transport to attend scan appointments.

Clients all told us that staff go over and beyond their expectations, one client told us about the way staff supported them during their recovery throughout the pandemic, whilst appointments could not be held inside the building due to restrictions, staff were creative in utilising the outdoor garden within the service to continue to provide consistent support.

Staff ensured clients privacy was maintained when attending appointments. Staff had all completed information governance training and ensured client information was kept confidential.



Community-based substance misuse services

Involvement in care

Staff involved clients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that clients had easy access to additional support.

Involvement of clients

Staff empowered clients to take a lead in their care and treatment whilst offering ongoing support and direction. Clients we spoke with told us they had been fully involved in their care planning and had been involved in regular reviews of treatment. One client told us, “the care and treatment has met my needs and staff went over and beyond to support my recovery”.

One client expressed a desire to change their substitute medication. The client had various physical health needs and had recently undergone surgery, however the client was clear in how they wanted to move forward with their treatment plan.

Staff worked with the client, recovery worker, GP and Pharmacy to develop a plan to make this happen despite challenges managing the client’s other physical health issues at the same time.

The client successfully started on this new medication and this was going well, they told staff “I can’t thank you enough”.

Staff had access to tools and resources to enable effective communication with clients where this may be restricted due to a learning disability or different language. This included access to interpreter services, leaflets and documents in alternative languages and formats.

Clients were able to provide feedback to staff about their care and treatment, managers told us that staff were often able to handle any concerns and support the client in reaching a solution to a problem without escalation.

Clients were able to share their experience about the service through feedback processes. The provider collected and analysed this to make improvements within the service.

Managers shared the feedback received from clients on a you said, we did board in the reception area for all clients and visitors to see. At the time of our inspection clients had told the service they would like to see a peer-to-peer naloxone project within the city. Staff acted and work has started to explore setting up this project.

Involvement of families and carers

Staff informed and involved families and carers appropriately with client consent.

We spoke with two carers who were complimentary about the service. One carer told us, “staff are good at maintaining confidentiality, they respect [clients] wishes”.

Records showed where family members were involved, and important contact numbers were contained within client records. One carer told us “staff are flexible with appointments, [client] has to attend other appointments due to other health issues but staff work with us to arrange these”.

Carers told us that the staff work well with other professionals and organisations.

Carers told us that staff support them with advice to help them understand addiction, one carer said, “staff support me and are brilliant, they listen, are respectful and compassionate”.



Community-based substance misuse services

Are Community-based substance misuse services responsive?

Outstanding



We rated responsive outstanding.

Access and waiting times

The service was easy to access. Staff planned and managed discharge well. The service had alternative care pathways and referral systems for people whose needs it could not meet.

The services provided by Spectrum and the partner organisation were accessible to anyone who had a dependency on substances or alcohol. The service was easy to access, clients can self-refer or can be referred from other professionals or organisations.

Referral criteria did not exclude clients who would have benefitted from care and included offering addiction support to clients with a dependence to over-the-counter prescribed medication. The service was meeting target times for seeing clients from referral to assessment and assessment to treatment.

Staff continually assessed and prioritised clients who were the most at risk or who may require urgent care. Staff were able to respond to any urgent or changing priorities due to effective planning processes that were in place. This meant if clients required an urgent appointment or discussion with their nurse, this could be facilitated. Clients and their carers told us that staff enabled flexibility in appointments to meet individual need.

Staff followed the provider's agreed processes to follow up with clients who missed appointments, figures were low in this area. Staff followed steps to contact people who did not attend appointments to understand if there were any issues and offer further support. Staff were proactive in their attempts to re-engage with clients who had failed to attend their appointments. Staff maintained contact with carers, local pharmacies and the police.

At the time of our inspection there were no clients on a waiting list.

Staff offered clients alternative treatment options when they were unable to comply with specific treatment requirements. Clients who were unable to attend clinic appointments in person due to physical or mental health issues were offered home visits or visits at alternative locations or appointments with the use of technology.

Staff were pro-active in supporting clients to navigate and access other services where clients required additional support with physical or mental health needs.

The facilities promote comfort, dignity and privacy

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

The service was located centrally within the city, however it was discreet. The building had a full range of rooms and equipment to support treatment and care. These included private rooms, fully equipped clinic rooms, one to one rooms for client appointments and larger rooms for team meetings.

The provider was making improvements to the facilities which included redecoration and new furnishings to ensure the environment was therapeutic and met the needs of clients.



Community-based substance misuse services

The service also had its own large and secure private garden area that was popular. During the pandemic this area was pivotal to help clients continue to attend appointments and interventions with staff in outside space. The provider had received a donation in which they re-invested in the service to make improvements to the garden space to ensure this was accessible and welcoming for clients.

Meeting the needs of all people who use the service

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

The service could support and make adjustments for people with disabilities, communication needs or other specific needs. In one example, we saw staff had developed a new deaf support group for clients with a hearing impairment and addiction who felt isolated. Clients had raised there was a large proportion of the community who had a hearing impairment or were deaf with an addiction to drugs or alcohol. Staff, with the consent of the deaf clients formed this group to enable deaf clients to hold sessions where they could speak about their experiences and provide ongoing peer to peer support.

Staff made sure clients could access information on treatment, local service, their rights and how to complain. Clients we spoke with told us staff respected their rights and decisions and that they knew how to raise a complaint should they need too.

The service provided information in a variety of accessible formats including information leaflets available for clients in alternative formats and languages. Staff were also able to access language interpreter services.

The service worked exceptionally well in collaboration with multiple organisations and professionals to enable clients to access person-centred pathways.

The service was well known within the city and the service built and maintained pathways with domestic abuse services, palliative care teams, mental health services, the local homeless community, criminal justice teams, young people's service including local universities.

The service engaged in local events to promote the service and reach out to the community, some of this work included having stalls at York Pride celebrations reaching out to the LGBT+ community, working with the local homeless shelters to deliver clinics and vaccinations as well as with university students to increase awareness of addiction and offer support in helping students access treatment pathways.

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.

The service worked in partnership with another organisation; however, both services jointly reviewed and investigated complaints.

Complaints and concerns about the service were taken seriously. Clients and carers we spoke with told us they knew how to complain if they needed too.

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



Community-based substance misuse services

Managers investigated complaints, in the last twelve months there had only been one complaint.

We reviewed this complaint and found this had been dealt with in accordance with the providers policy, an investigation was completed and the client was contacted with the outcome as well as signposted to the next stage or ombudsman.

Learning from complaints and compliments was shared with staff and used as an opportunity to improve the service and celebrate success.

Clients were involved in developing and improving the quality of the care being provided.

Staff had previously tried to hold forums with clients however engagement with these were low.

Staff reflected on this and set up listening sessions to allow clients to share their experience and help staff understand what is working well or what could be improved. These sessions were held informally within a local café.

We reviewed the feedback collected from one of the sessions that was held recently and we found clients who were living in hostels asked for more outreach support in venues they feel more comfortable. Staff took this away and have now set up monthly visits to hostels to provide intervention and support based upon the feedback received from clients.

Are Community-based substance misuse services well-led?

Good



We rated well-led good.

Leadership

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

Staff felt supported and told us teams worked well together. The registered manager had a good understanding of the service and worked collaboratively with the clinical lead and service manager of the partner organisation.

All leaders understood the services they managed and were dedicated to ensuring high quality care was provided within the service.

Staff told us they all worked together exceptionally well especially when ways of working had to be adapted in response to the COVID-19 pandemic.

Vision and strategy

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

Staff we spoke with could tell us the organisational vision and values. We saw evidence of leaders engaging with staff to review progress against business priorities in order to deliver high quality services.



Community-based substance misuse services

Staff were encouraged and involved in changes and continuous improvement initiatives. We saw examples of roadshows staff attended with the chief executive to share and contribute to the future ambitions of the service.

Staff were given autonomy and were empowered to participate in quality improvement workstreams and projects to develop the service.

Culture

Staff felt respected, supported and valued. They reported that the service promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.

Staff felt proud, positive, satisfied, valued and part of the organisation's future direction. Staff knew how to raise concerns in accordance with the providers whistleblowing policy. Staff we spoke with felt they could raise any concerns at any level without fear.

One staff member told us "I feel respected and valued by staff and clients".

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

Managers were open and approachable at all levels. Staff members praised the support they had received from the managers.

Staff spoke positively about their engagement with leaders during supervisions and appraisals, these meetings were two-way supportive conversations with a focus on career progression.

Staff surveys were carried out and results were positive, staff were consistently complimentary on the health and wellbeing support from leaders and the organisation.

During the COVID-19 pandemic, and implementation of new ways of working with many staff working remote, staff reported to leaders they felt disconnected. Leaders were pro-active and listened to staff and, when it was safe to do so facilitated time out to enable staff to come together for an outdoor team building exercise.

Governance

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

There were robust systems and processes in place to ensure the service operated effectively.

Leaders ensured that the premises were safe and fit for purpose, appropriate staff were in place to meet client demand, staff training, supervision and appraisal were up to date.

Staff managed risks well and records were up to date that demonstrated client's involvement in their care.

Effective meetings and governance processes were in place across the service to ensure ongoing review of clinical risks, client risk and organisational risks.



Community-based substance misuse services

Clinical governance systems were in place across the organisation with the ongoing reviews of performance.

Staff understood the arrangements for working with other teams, both within the provider and externally, to meet the needs of the clients.

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.

The service had clear quality assurance management and performance frameworks in place that were integrated across all organisational policies and procedures. The service also had business continuity plans and procedures in place in the event something went wrong.

The service had a contract in place with commissioners and had good links with the local public health community. The contract contained key performance indicators which were regularly reviewed. We spoke with commissioners who told us leaders and managers engage and work positively with them, they hold regular meetings together and the service meets the many KPIs set, the service also continues to develop and build on feedback in the meetings to improve.

Risk registers were in place at service and board level. At the time of our inspection there were no entries on the local risk register. Leaders attended regular risk and issue meetings and information from the wider organisation was shared across services.

Information management

Staff collected analysed data about outcomes and performance.

The service collected data and analysed this to determine overall performance in meeting client outcomes.

Staff had access to equipment and information technology systems needed to do their jobs effectively.

Staff adhered to information governance processes and ensured client information was stored securely and confidentiality was upheld.

Leaders reviewed performance data to identify themes and trends, celebrate what is working well as well as use data to drive improvements in care.

Notifications were submitted as required to CQC as well as other external bodies.