Addaction Recovery Centre - Croxteth Liverpool

Quality Report

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

Ratings

Overall rating for this location

Are services safe?	
Are services effective?	
Are services caring?	
Are services responsive?	
Are services well-led?	

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

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

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

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

Summary of findings

Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- The service had robust management and storage procedures for prescriptions for substance misuse treatment. The service offered clients storage boxes to store their medicines safely at home.
- Staff completed a range of comprehensive health assessments, risk assessments and care plans for all clients. Client care records detailed how staff had involved clients in decisions regarding their care and treatment. Clients told us that they knew what their care plan was and had been involved in its creation and regular review with their assigned key worker.
- The service had established effective working relationships with other partners and agencies involved in the care of its service users. This included local GP practices, the local clinical commissioning group, local voluntary organisations, national substance misuse charities, hospitals and universities.
- The service had low levels of staff sickness and no staff vacancies. The service also had a low staff turnover rate. Staff morale was high and staff were passionate about working with clients that had difficulties with substance misuse.
- The service provided access to a wide range of training opportunities for staff to develop their professional skills and knowledge. All staff had completed mandatory training in safeguarding children, safeguarding vulnerable adults and substance misuse. All staff had completed mandatory training in the Mental Capacity Act and applied it appropriately within their practice.
- The service truly valued its clients and promoted their recovery. The service offered a range of psychosocial interventions to assist service users in their recovery. The service provided a wide range of groups, activities, voluntary and paid employment opportunities to support clients in their recovery and to stay well thereafter.
- The service had a full range of rooms and equipment to support treatment. This included group rooms, therapy rooms, a needle exchange room, urine testing suite and a clinic.
- The service provided extensive support for family members of clients that were experiencing a substance misuse difficulty. This included 1:1 counselling sessions, carer support groups and a wide range of literature and learning based sessions on substance misuse.
- The service had processes and systems in place to measure the effectiveness of treatment and its outcomes. Outcome measures were positive and benchmarked against national standards. Outcome measures evidenced that clients were recovering and staying well.
- There was strong leadership within the service. Members of the senior management team had completed training courses in management and leadership. Staff told us that they felt supported by senior management and that they were approachable and listened to their ideas and concerns. We saw positive interactions between staff and senior management during our inspection.
- The service participated in national and local research projects to develop more effective treatments for clients experiencing difficulties with substance misuse.

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

- In the twelve months preceding this inspection there had been five client deaths. Although the service completed serious incidents reports and conducted thorough investigations as per provider policy, they did not inform the Care Quality Commission of the deaths. Substance misuse services have a statutory responsibility to report all deaths of people using the service under the Care Quality Commission (Registration) Regulations 2009: Regulation 16: Notification of death of service user.

Summary of findings

- The clinic and needle exchange rooms were both carpeted, which was not in line with best practice in infection control. However, a service audit had identified the problem and plans were in place to install new flooring.

Summary of findings

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Background to Addaction Recovery Centre - Croxteth Liverpool

Addaction Recovery Centre – Croxteth Liverpool is an adult community substance misuse service provided by Addaction. The organisation Addaction was set up in 1967 and has 120 services across England. Addaction provides services for adults, young people, families and communities nationally.

Addaction Recovery Centre – Croxteth Liverpool registered with the Care Quality Commission on 9 August 2012 for the treatment of disease, disorder or injury and diagnostic and screening procedures. The service had a registered manager.

CQC last inspected the service on 17 June 2013. The service was found to be compliant with the requirements of the legislation at the time.

Our inspection team

The team that inspected the service comprised CQC inspector Lisa Bryant (inspection lead), two CQC inspectors, and an expert by experience. An expert by experience is a person who has personal experience of using, or supporting someone using, substance misuse services.

Why we carried out this inspection

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

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about the location, asked other organisations for information, and gathered feedback from staff members.

During the inspection visit, the inspection team:

- looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with 16 clients
- spoke with the registered manager and two team leaders
- spoke with eleven other staff members employed by the service provider, including a registered general nurse, counsellors, key workers, peer mentors, recovery workers, administrators, a pharmacist and a data management lead.
- spoke with one family member of a client who had previously accessed the service

Summary of this inspection

- spoke with a GP from a local medical practice and staff from a national charity that worked closely with the service
- attended and observed two clinical consultations, a blood borne virus awareness group, and a client focus group
- looked at five care and treatment records, including medicines records
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

Clients we spoke to were unanimously positive about the care and treatment they had received at the service. They told us that staff were passionate about working with people that experienced substance misuse difficulties and that staff were empathetic and had a good understanding of their individual needs. Many paid staff members had previously accessed the service as clients themselves; clients told us that this inspired them that recovery was possible and there was a clear pathway for client progression within the service. They said that the service was an invaluable resource for not only clients but also for the family members of clients within the local community. Clients and one relative of a client told us that family members had access to good support forums within the service; this included 1:1 counselling and a wide range of support groups. They also told us that the service considered their whole needs as a person and had helped them to develop skills and attain qualifications to aid their recovery. For some clients, this had the positive effect of helping them to find paid employment.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The service had effective systems and processes in place to ensure the safe storage of prescriptions and prescribing of medicines.
- All staff were up to date with mandatory training.
- The service had a lone worker policy that staff followed; this covered staff working in standalone sites.
- Staff knew what incidents required reporting and reported these as appropriate on the service's electronic incident reporting system.
- Staff were knowledgeable about safeguarding children and vulnerable adults and escalated any concerns as appropriate in line with the provider's safeguarding policy.
- There were good systems and processes to monitor project worker caseloads to ensure caseloads were safe, manageable and effective.

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

- Although staff reported client deaths as appropriate on the provider's incident reporting system and conducted thorough investigations into client deaths, they did not notify the Care Quality Commission. This is a breach of a regulation. You can read more about it at the end of this report.
- The clinic and needle exchange rooms were both carpeted, which was not in line with best practice in infection control. However, a service audit had identified the problem and plans were in place to install new flooring.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff received regular supervision and had had an appraisal of their work performance within the last year.
- Staff were familiar with the Mental Capacity Act and used it appropriately within their practice.

Summary of this inspection

- The service offered a range of evidenced based psychosocial interventions for clients. All staff had received training in psychosocial interventions and the service employed two full-time counsellors.
- Staff completed comprehensive assessments and care plans for all clients that addressed their holistic needs.
- The service offered a range of training opportunities to staff to improve their professional skills and knowledge.
- The service used a wide range of outcome measures to measure the effectiveness of treatment. Results were used proactively to identify and drive areas for improvement within the service.
- The service had established effective working relationships with other organisations and groups involved in the care and treatment of its clients, including local GP practices, the local clinical commissioning group, local voluntary organisations, national substance misuse charities and local hospitals.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- All the clients we spoke to told us that staff were genuinely concerned about their well-being, respectful and knowledgeable of their individual needs and preferences.
- The service valued client engagement in the running and development of the service. There were various forums in which the service encouraged clients to become involved.
- The service offered support to families and carers of clients using the service. This included educational sessions on substance misuse, support groups and 1:1 counselling sessions.
- Staff involved clients in the compilation of their care plans and regularly reviewed them collaboratively thereafter.
- Clients were involved in the recruitment of new staff to the service including being a member of interview panels.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The service was meeting local targets to see new clients referred to the service within a specific time-frame.
- The service provided clients with a wide range of groups and activities to support their treatment and recovery.

Summary of this inspection

- The service operated extended opening hours twice a week to ensure that clients that could not access the service during weekday working hours could attend appointments.
- The service promoted client engagement with the wider recovery community in Liverpool. Clients could access other recovery hubs within the city.
- The service had a range of rooms and facilities to promote client recovery. This included computer suites with internet access and newly refurbished appointment rooms. Appointment rooms had been designed by clients to meet their needs and preferences.
- The service had a policy in place to process and address compliments and complaints. Clients knew how to make a complaint. Client suggestion boxes were positioned in waiting areas to encourage client feedback and improve service delivery.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following issues that the service provider needs to improve:

- The service did not report client deaths that were related to their care and treatment to the Care Quality Commission as per their statutory responsibility. This was a breach of a regulation. You can read more about it at the end of this report. The service manager was aware of this and had taken steps to address this concern at the time of the inspection.

However, we found the following areas of good practice:

- Addaction provided staff with a range of development opportunities to improve their professional skills and knowledge.
- Staff were well qualified and experienced to perform their roles well.
- There was strong leadership within the service to support staff.The registered manager held a Master's degree in leadership and management and other senior staff members had completed training, provided by Addaction, in management and leadership.
- There were effective systems and processes in place for monitoring staff and service performance. This included comprehensive audit tools and schedules. Results were used to drive service improvement.

Summary of this inspection

- The service demonstrated a commitment to research and innovation to improve the treatment they provided. This was done in partnership with local hospitals, national charities and universities.

Detailed findings from this inspection

Mental Health Act responsibilities

Mental Capacity Act and Deprivation of Liberty Safeguards

Start here...

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Substance misuse services	N/A	N/A	N/A	N/A	N/A	N/A
Overall	N/A	N/A	N/A	N/A	N/A	N/A

Notes

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- All interview rooms were fitted with alarms, which staff used to alert other staff members in an emergency. If an alarm was activated all available staff would respond and would check each room to locate where the alarm had been activated.
- The clinic room was well-equipped with the necessary equipment to carry out physical interventions. This included an examination couch, weighing scales, urine testing equipment and an electronic baseline physical observations monitoring machine. The service offered a syringe and needle exchange service and stored drug taking equipment safely within lockable cupboards.
- All areas of the service were clean and well-maintained. The service had a contract with an independent cleaning company who cleaned the building five times a week. Cleaning records demonstrated that the environment was being regularly cleaned and there was a cleaning task list to ensure that all areas were routinely attended. A clinical waste disposal company collected and disposed of clinical waste weekly.
- Staff adhered to infection control principles. The service displayed hand washing posters at each sink within the service. Hand sanitizer was available in all areas including the clinic room and reception area. Managers completed an infection control audit as required by Addaction's Infection Control and Hand Hygiene Policy. The clinic and needle exchange room were carpeted. Carpets should not be used in areas that have a high probability of body fluid contamination. The flooring in clinic areas should be seamless and smooth, slip resistant, easily cleaned and appropriately wear-resistant. However, the most recent infection control audit had identified that the carpet in the clinic and needle exchange rooms presented as a risk of contamination. The service manager had arranged for new flooring to be fitted by October 2016.
- Equipment was well maintained. Portable appliance testing was routinely carried out to check that electronic equipment was safe to use and fit for purpose.

Safe staffing

- The service employed a registered manager, four team leaders, sixteen project workers, ten education, training and employment workers, one registered adult nurse, a part time non-medical prescriber, three part time doctors, a data management lead, peer mentors, recovery champions, administrators and volunteers. The service also had input from a nurse specialist who worked three days a week. The service employed two full-time counsellors that specialised in a variety of psychological and therapeutic interventions.
- The service had no vacancies at the time of our inspection. Between June 2015 and June 2016 three staff had left the service. The three posts had since been recruited into. Within the same time-period, the service reported their staff sickness rate at 0%.
- The average caseload size was 30 clients per project worker. The registered manager told us that some project workers had a caseload of up to 90 clients. However, the frequency of contact between client and project worker varied depending on the client's individual needs and circumstances. For example, clients who were in custody would not be seen by their project worker until their release, but would remain on their caseload. Project workers would only see some clients once a month to issue maintenance dose prescriptions. Some project workers would have smaller caseloads because they had more complex cases that required more intensive support.

- Project workers told us that caseloads were manageable. Team leaders reviewed caseloads and new referrals to the service in case management meetings once a week. The purpose of the review was to ensure fairness and equity in project worker caseloads. The service data lead submitted a weekly report to the registered manager and team leaders that identified the size and type of project workers' caseloads. The service classified each client as red, orange or green to indicate their level of risk and the amount of input they required from their project worker; red being high need, amber medium and green low need within active recovery.
- The service did not use bank or agency staff to cover staffing shortfalls. The service would source additional staffing support from another local Addaction service should they require, however this was not common due to the low sickness and absence rate within the service.
- All eligible staff had completed mandatory training in safeguarding children, safeguarding vulnerable adults, safeguarding information, health and safety (including infection control and first aid), equality and diversity, substance misuse and mental capacity.

Assessing and managing risk to clients and staff

- We reviewed five client care records. All clients had risk assessments including an initial risk screening on referral to the service. The initial risk screening process involved collecting risk information relating to clients released from prison and their offending history, such as assaults and sexual offences. Risk screening also included risks associated with a client's mental health, physical health, social circumstances and substance misuse use history. Staff used this information to develop action plans and put measures in place to ensure clients and staff were kept safe when visiting the service. This could include alerting reception staff when the client was due to visit or the allocation of the client to a key worker of a specific gender. Risk assessments were comprehensive and holistic and covered risk to self, risk to others, personal safety, neglect, child care, mental health, physical health and relationships. Project workers reviewed and updated risk assessments at a minimum of every 12 weeks, however we found that project workers routinely did this more frequently following individual contact with the client or where a change in client risk had been identified.
- Client risk assessments included a plan for unexpected exit from treatment. Staff were aware of the process to follow should a client disengage from the service; this included contacting the client directly and their next of kin. The service had an enhanced process in place for clients that were prescribed medication; this included contacting the client's GP and pharmacy service. The service maintained an electronic database which would also alert staff if a client missed an appointment.
- The service responded promptly to a sudden deterioration in clients' health. The service had good links with local pharmacies that dispensed medication to clients. Pharmacies contacted the service if they saw a deterioration in the clients health. The service had also established good working relationships with local GP practices that they would refer to should there be a deterioration in clients' physical health. Staff routinely completed physical health assessments for patients, such as bloods, baseline physical health observations and body mass index before issuing prescriptions such as methadone. During our inspection we observed that a client's health had deteriorated and staff requested the necessary medical assistance immediately. Staff dealt with the incident calmly and professionally to ensure the safety of the client and to cause minimal disruption and concern to other clients accessing the service at that time.
- The service had a system in place to assess a client's suitability to collect their prescription and keep it at home. A key worker, medical staff and client would complete the initial assessment, review the client's home environment and supervise initial consumption at home if necessary. The client's ability to continue self-administration at home would be reviewed within regular key worker reviews.
- The service's electronic database captured clients' level of risk on their waiting list and the registered manager reviewed this weekly. In instances where clients needed to be seen urgently staff appointments could be rearranged to accommodate this.
- All eligible staff had completed mandatory training in safeguarding children and safeguarding vulnerable adults. A safeguarding process flow chart was visible in staff areas of the service to remind staff of the referral process. Staff we spoke to were knowledgeable of what would constitute a safeguarding concern and made

referrals where appropriate using the service's incident reporting system. Staff knew who the safeguarding lead for the service was and told us that they were contactable and supportive should they have any safeguarding concerns. The electronic care record system had a safeguarding tab for every client open to the service. The tab allowed staff to see safeguarding alerts for each client including both current and historic concerns. The most frequently reported safeguarding concerns related to children living at home with clients who had taken illicit substances and risks relating to the prescribing of methadone and needle exchange.

- Staff did not see clients in their own homes. The service had a host premises assessment tool that staff used to assess the risk of lone working within host premises for contact with clients. This included GP surgeries and health and well-being centres. We found that staff had completed host premises assessments as appropriate, which included mitigation plans where risks had been identified.
- The service did not keep medication on site. The service employed a non-medical prescriber and medical practitioners that were responsible for issuing prescriptions on site following an assessment of individual clients' needs. Medications would then be dispensed at the client's chosen pharmacy. The service provided lockable storage boxes for clients to store their medicines in at home; these were always provided to clients that had children living at home. The service had an audit process in place for the management of prescriptions, including storing, issuing, logging and destruction of prescriptions.

Track record on safety

- Data provided by the service before our inspection identified that between June 2015 and June 2016, the service reported no serious incidents that required investigation. However, during our inspection we found that between June 2015 and June 2016 the service reported five client deaths on their electronic incident reporting system. We reviewed the five incident reports relating to the deaths. Four of the reports identified that the clients had died in a local acute hospital due to chronic physical health problems. Some of the chronic physical health problems were due to the effects of long-term substance misuse. Incident reports included a chronology of events that had occurred in the 12 months before the client had died. These events detailed the service's contact with the client and detailed how the service had liaised with other health professionals to ensure that the clients' physical health needs were being addressed promptly. One of the deaths was awaiting review at Coroner's Court.
- The service had a system in place to ensure that improvements in safety were made following the death of clients. The service reported all client deaths to a local university that recorded, monitored and reviewed all drug related deaths in Liverpool. The senior management team attended monthly multi-disciplinary team meetings, chaired by the university, to review deaths and facilitate shared learning.
- Although the service had a policy in place for reporting and reviewing serious incidents, this did not include notifying the Care Quality Commission that a client that was using the service had died. It is a condition of registration with CQC that we are notified of all deaths of people using services.

Reporting incidents and learning from when things go wrong

- Staff knew what would constitute an incident and how to report it using the electronic incident reporting system. This was with the exception of client deaths which senior management reported appropriately to Addaction's central office governance team. Staff reported incidents in relation to missed appointments, client overdoses, safeguarding concerns and violence and aggression towards staff. Staff rated incidents in their severity; green being low risk, amber medium risk and red high risk. Senior management reviewed all incident reports weekly and escalated high-risk concerns to Addaction's central governance team.
- Staff received feedback on incidents relating to the service and wider organisation through weekly case management meetings. Addaction also ran a monthly critical incident review group, attended by senior managers from local Addaction sites. Senior management disseminated minutes from these meetings to all staff by email. This meant that staff were made aware of any changes to the service following serious incidents.

- Staff told us that the senior management team were supportive and that they provided debriefs following serious incidents. Counselling was also available to staff should they require, provided by the two counsellors based at the service.

Duty of candour

- Staff were aware of and acting in accordance with their responsibility under the duty of candour. This included being open and transparent with clients when things had gone wrong with their care and treatment, giving them reasonable support, truthful information and a written apology where appropriate.

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

Assessment of needs and planning of care

- Staff completed comprehensive assessments with all clients at the start of treatment. They assessed the client's substance misuse history, safeguarding history, physical health (including medical history and current GP provision), blood borne virus screening, mental health, financial status (including access to benefits), housing, contact with the criminal justice system, social support and family dynamics.
- We reviewed care records for five clients. All care plans were holistic, addressing the full range of individual clients' needs. This included mental health, physical health, medication, social circumstances, housing and benefits, offending behaviour, substance misuse and child protection. All care plans were recovery orientated and written from the client's perspective. Care plans clearly identified each client's skills and strengths to improve their future. Key workers and clients collaboratively reviewed care plans at a minimum of every 12 weeks. Care plans we examined were up to date and had been reviewed within the last month.
- Client care plans and risk assessments were paper based and stored within lockable cupboards in a staff only office in the service. Other information containing personal client details, such as appointment dates, waiting lists, outcome measures, safeguarding information and incident reports were logged and stored on the service's electronic systems. The electronic systems allowed staff access to client information from other Addaction services within Liverpool.This was beneficial because some clients accessed more than one Addaction service in Liverpool. This meant that staff could maintain an oversight of a client's contact with the service and what different treatments and support they were receiving to ensure consistency and to minimise the risk of staff providing conflicting interventions.

Best practice in treatment and care

- Staff followed the Department of Health's Drug misuse and dependence: UK guidelines on clinical management. The service employed a non-medical prescriber (who was a pharmacist by background). Their prescribing was overseen by the medical clinical lead for the service as set out in Addaction's non-medical prescribing policy. The non-medical prescriber received monthly newsletters on medicines issues from the Addaction area pharmacist.
- The service provided training to all key worker staff in a range of evidence based psychosocial interventions that are recommended by the National Institute for Health and Care Excellence 2016 (CG51: Drug misuse in over 16's: psychosocial interventions). This included a two day course in motivational interviewing, cognitive behavioural therapy and relapse prevention. The service provided enhanced psychosocial interventions training to team leaders so that they were able to supervise key worker staff in providing these interventions. Client care records identified that key workers were using motivational interviewing techniques to encourage clients to identify their strengths. This included identification of what had helped them to get well in the past and how they
- The service employed two full-time counsellors.They provided a range of evidenced based psychological interventions recommended by the National Institute for Health and Care Excellence for the treatment of drug use disorders in adults (QS23) and co-morbid anxiety (CG113: generalised anxiety disorder and panic disorder in adults: recognition and management) anddepression (CG90: depression in adults: recognition and management). This included psycho-dynamic therapy and cognitive behavioural therapy. Counsellors delivered individual sessions with clients and this could be face to face or via telephone depending upon client preference. Appointments were also available in the

evening and there was no set time limit regarding how long a client would receive one to one treatment. This would depend on the individual need and progress of the client. Counsellors also delivered life skills workshops for clients that were preparing to leave the service. Topics covered included maintaining positive social networks in the community, building self-esteem and relapse prevention.

- The service provided clients with support for employment, housing and benefits. These needs were addressed in individual key worker sessions. Key workers would signpost or refer clients to other services and organisations for additional advice and support.
- Addaction employed a nurse who specialised in the treatment of hepatitis. The nurse specialist was based at the service three days a week and completed a hepatitis screening for all eligible clients. In addition, the service had recently employed a full-time registered adult nurse. Following completion of their mandatory training programme, the plan was for the nurse to complete physical health screening of all clients. This would include monitoring and recording of clients' height, weight, body mass index, blood and urine testing. This was currently completed by medical staff prior to issuing prescriptions.
- The service ran a blood borne virus group to raise awareness of the condition. We attended and observed this group during our inspection and found that the session was informative and well-received by the client group in attendance. The service had also established good links with a specialist blood borne virus nurse at a local hospital. The blood borne virus nurse specialist provided one to one discussions around the condition and testing at the discretion of the client. Addaction had also provided formal training to volunteers in blood borne viruses to become blood borne virus buddies for eligible clients. The purpose of the role was to provide additional advice and support to clients who think they may have a condition or that had already tested positive for one.
- The service had access to a fully equipped needle exchange room. This complied with guidance on needle and syringe programmes (National Institute for Health and Care Excellence public health guideline [PH52] 2014) The needle exchange provided information and advice on safer injecting, preventing the transmission of blood borne viruses and access to treatment.
- Staff used a range of outcome measures to monitor client change and progress whilst engaged in treatment. This included the treatment outcomes profile to measure change and progress in key areas of the lives of clients. Senior management benchmarked client treatment outcome profile scores against other community substance misuse services' scores nationally. Results confirmed that the service compared favourably in reaching desired outcomes for clients. Other outcome measures used were the alcohol use disorders identification test.

Skilled staff to deliver care

- The service's multi-disciplinary team comprised a service manager, team leaders, project workers, a non-medical prescriber, doctors, registered general nurses, peer mentors, recovery champions, counsellors, administrators and volunteers.
- Staff were qualified and experienced to perform their role well. The service manager held a masters qualification in leadership and Addaction provided leadership and development training to team leaders. The service had a low staff turnover rate which meant that most staff had worked in the service for a long time and knew it well. Many staff had previously accessed the service as clients and progressed through a development pathway to become paid members of staff. This meant that many staff had a strong empathy with clients' substance misuse difficulties and this was reflected in their practice.
- All staff received supervision from their line manager once a month. Key workers were supervised by their allocated team leader and the team leader would escalate any concerns to the service manager. Team leaders also completed supervision with recovery workers and volunteers. This was to ensure that support workers were adequately supported in their role and knew what standards and goals they should be working towards. All staff had received an appraisal of their work performance in the last 12 months. We reviewed four recent appraisals. We found that these included personalised development plans for all four staff

members, including planned access to specialist training courses. We reviewed supervision records and found that all staff had had a supervision with their team leader or line manager within the last month.

- Staff had access to specialist training in substance misuse, domestic abuse and blood borne viruses. These courses were all delivered by a trainer in person, but further training courses were available via Addaction's electronic learning site. Addaction provided secondment opportunities for staff who wanted to develop their professional skills and experience. The service manager had recently completed a one year secondment as the blood borne virus lead for local Addaction services.
- At the time of our inspection, no staff were under a performance management review. However, we found one recent example where this had happened and senior management had acted both promptly and efficiently to ensure that the staff member was supported to improve their performance.

Multidisciplinary and inter-agency team work

- The service manager held monthly multi-disciplinary team meetings. These were well attended by staff within the service. There was a standing agenda to discuss new developments within the service locally and at provider level. Staff felt able to raise concerns and appropriately challenge others to improve service performance. Team leaders also facilitated smaller multi-disciplinary team meetings to discuss staff caseloads and share ideas regarding complex cases.
- The service had built strong working relationships with other agencies and organisations involved in the care of their clients. This included local dispensing pharmacies, local GP surgeries, criminal justice services and probation. We spoke to one local GP who had worked with the service in excess of twenty years. They described the professional support the service provided to their GP practice as invaluable. This included providing professional guidance around testing and treatment of Hepatitis C and the safe prescribing of methadone. The service also provided training to local mental health services to raise awareness of substance misuse difficulties and improve knowledge relating to treatments available.
- The service invited substance misuse voluntary organisations to provide specialist courses. This had included learning sessions on cocaine and narcotics. This meant that clients had access to a range of specialist information regarding substance misuse difficulties that could not always be provided by the service.
- We made contact with a staff member of a national substance misuse charity that had worked closely with the service on a research project to raise awareness of hepatitis C. They commented very positively on the service's drive to improve the service they offered to clients, which included actively encouraging their clients to partake in substance misuse research projects.

Good practice in applying the MCA

- In June 2016, the service had introduced an online training course in the Mental Capacity Act. At the time of our inspection, all eligible staff had completed this training.
- We spoke to five key workers. All displayed a sound knowledge of the Mental Capacity Act. This included the assumption that all clients have capacity unless proven otherwise, and that decisions regarding a client's capacity are decision specific. Staff told us that their main concern was clients attending the service to collect prescriptions while under the influence of alcohol or illicit substances. Staff explained the process of how they managed this, which included withholding the prescriptions and asking the client to return when they were no longer under the influence of substances or while intoxicated.
- The service had produced a mental capacity flow chart that was visible within staff areas of the building. The flow chart served as a visual prompt to remind staff of the process for assessing a client's mental capacity should this be required.
- Senior management were currently looking at ways in which they could further improve staff awareness of the Mental Capacity Act and its use in practice. Plans were in place to deliver face to face training that would include scenarios to explore issues relating to mental capacity that staff could be presented with in practice.

Equality and human rights

Substance misuse services

- The service supported both staff and clients with protected characteristics under the Equality Act 2010. For example, the service employed staff who had had previous experience of using substance misuse services and/or a diagnosed mental health problem, and ensured they had the same opportunities to professionally develop as other members of staff. Staff employed within the service were of different ages, races and sectors of the community to ensure that the diversity of the client group accessing the service were reflected in the staff delivering the service. Clients that had a serious mental illness told us that staff had gone the extra mile to ensure their additional needs were respected and met. Clients from an ethnic minority group told us that staff were respectful of their cultural needs and were mindful of this in their care delivery.
- The service had a blanket restriction in place regarding bringing illicit substances or alcohol onto the premises. This was appropriate due to the nature of the service being provided, and clients were made aware of this as part of the orientation to the service on initial referral.

Management of transition arrangements, referral and discharge

- The service accepted referrals from GP surgeries, criminal justice services, probation and client self-referral. The service also worked closely with the young Addaction team that was based in the North-West. Staff at young Addaction would refer clients who were approaching 19 years of age to the adult service if they continued to require support. The services conducted joint meetings to aid a gradual and manageable transfer to the service for the young person.
- Staff provided extended support to clients that were approaching the end of their active treatment programme. Support consisted of a post discharge, six month support package. This included support from recovery champions, peer mentors and volunteers. The purpose of this package was to minimise the risk of relapse and for clients with a higher level of need to maintain positive relationships and recreational activities within the local community.
- In partnership with a local mental health service, staff had developed a joint working protocol for transferring clients from secondary care mental health services to community substance misuse services. The protocol helped to break down any barriers that clients had accessing treatment.
- The service had established good links with local prisons. Clients that were being released from prison and had a current or previous problem with substance misuse were transferred in to the community service efficiently. This was done with a booked appointment to improve continuity of treatment and support on release. The service liaised with the prison to ensure that clients who required substitute prescribing on release were able to continue with their prescription.

Are substance misuse services caring?

Kindness, dignity, respect and support

- We attended and observed two support groups, attended by 12 clients, and run by staff at the service. We observed very positive interactions between staff and clients; staff were receptive to clients' ideas, preferences and concerns. Staff presented what were often complex ideas and information in an accessible and meaningful way to

  promote client understanding.
- All the clients we spoke to were very positive about the way staff interacted with them and their ability to do their job well. Clients described staff as very empathetic and knowledgeable. Staff were particularly complimentary about staff that had had previous, personal experience of using substance misuse services. They told us that they provided a real example of success in overcoming substance misuse difficulties and that they valued them as an inspiration for their own recovery.
- Staff displayed a good understanding of individual clients' needs. Clients told us that staff valued their individual needs and took a genuine interest in their individual pathway through the service.
- Staff respected clients' right to confidentiality. Clients' individual care records included a signed confidentiality agreement that was completed at the beginning of treatment. Information regarding the client's treatment

was only shared with other organisations, agencies or professionals involved in the care of the client and other significant people (such as family and friends) where a client had identified this was permitted.

The involvement of clients in the care they receive

- We reviewed five client care records and all demonstrated that the client had been actively involved in their care planning. Care plans included direct quotes from clients regarding what they wanted to achieve with their time with the service. Some clients had written aspects of their own care plan in the first person to make it more personal and meaningful to them. All the clients we spoke to said they had a copy of their care plan and knew what their care plan was.
- There were a wide range of opportunities for clients to become involved in the running of the service. There was a clear pathway for clients to progress through the service to become volunteers, peer mentors and paid members of staff such as recovery champions when treatment was complete. Current and previous clients working in the service told us that this was a really positive aspect of the delivery of the service because clients responded positively to real examples that recovery was possible.
- The service offered a good range of support for families of clients accessing the service. Counsellors ran family support groups. This involved presenting information in an accessible way to increase understanding of addictions and how this may affect the client and their family. A family member also told us that the support group provided carers and families with an opportunity to meet others who had been through a similar experience. They told us this helped to create empathy, shared understanding and build their own support network independent of the service.
- Counsellors also offered one to one counselling for family members. We spoke with one carer who had a relative that had previously accessed the service but had since been discharged. The carer told us that they continued to feel supported by the service to address issues relating to their relative's substance misuse.
- The service provided clients with access to advocacy services. Posters advertising the service were visible within communal areas of the building and advocacy held drop in sessions for all interested clients throughout the working week at Liverpool city centre. Clients told us that staff would help them access the service if they required support with this.
- Clients had the opportunity to sit on interview panels to recruit new staff members, however this was rare due to the historically low vacancy rate within the service. Recently clients had been members of an interview panel to recruit a registered adult nurse.
- Clients could give feedback regarding the care they received in a number of ways. This included a comments and suggestions box located in reception, a monthly service user feedback forum and an exit from treatment feedback form when clients were discharged from the service. The service manager contacted all clients who had submitted a comment to the suggestions box to further discuss their ideas, preferences or concerns.

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

Access and discharge

- The service had a key performance indicator for waiting times from referral to assessment for all clients that had self-referred, or from GP surgeries, of under three working days. The service had a 100% compliance rate for meeting this target from June 2015 to June 2016.
- Clients referred from other organisations such as hospitals, the criminal justice system or probation were seen on an individually planned basis. This was because clients accessing treatment from these services were still receiving treatment under their care.
- The service provided staff with business mobiles so that clients could contact their key worker directly if they required advice or support during business hours. The service operated extended opening hours two evenings during the week to make appointments more accessible to clients that worked full time or could not attend day time appointments. The service had recently piloted extended opening hours on a Saturday, however client attendance was low and feedback from clients was that they preferred to access appointments during the week.

- Between 13 May 2015 and 13 May 2016 123 clients did not attend their appointments. The service had an established procedure to re-engage with clients who had not attended their appointments. This included contacting the client by telephone and/or letter on the same day. The service had an enhanced process to re-engage clients that were prescribed medications by the service. This included contacting the client's GP and discussing the client's disengagement with the doctor or non-medical prescriber regarding their prescription.
- The service had a system in place for monitoring 'did not attend' appointments on one of their electronic databases. The database collated information relating to individual clients' contact with Addaction services in the Liverpool area. This meant that although clients may have failed to attend one of their booked 1:1 appointments, staff could still identify if the client had engaged in any other contact with services. This included unplanned drop in sessions at other Addaction sites. This was useful because staff maintained a good oversight of client activity within the service and could make contact with other Addaction sites regarding a client's progress in the event of a missed appointment.
- The service took active steps to engage with people that were reluctant to engage with the service. Most recently the service manager had attended local gyms to raise awareness of the risks associated with steroid use and cross infection when using syringes and needles. This had had the positive effect of an increase in attendance at the service's syringe and needle exchange clinic.
- Clients told us that appointments were rarely cancelled. If a client's key worker was off work when an appointment was scheduled the service would ensure that another member of staff was available to support the client. Ideally this would be another member of staff that knew the client well.

The facilities promote recovery, comfort, dignity and confidentiality

- The service had a full range of rooms and equipment to support treatment. This included rooms for individual sessions, larger rooms for group sessions, a clinic and needle exchange room and computer rooms. Rooms used for individual sessions were welcoming with comfy chairs and pastel coloured walls to promote a relaxing environment; furniture and décor within the therapy rooms had been chosen by clients as an aid to their recovery.
- The service provided a wide range of literature to clients regarding treatment options, the compliments and complaints procedure and information on other useful resources such as local charities and voluntary organisations. Staff had originally made these leaflets available in the waiting room, however many clients had asked for these to be removed as they wanted the waiting room to encourage relaxation and calmness to prepare them for attending their appointment. They said that the presence of leaflets prevented this from happening. Clients asked for literature to be made available to them via their key worker or within the clinic. Staff listened to these concerns and changed the way in which literature was offered to clients. The service also screened educational videos on health topics such as blood borne virus testing and hepatitis C in their clinic waiting area instead of the main waiting area.
- The service provided clients with a wide range of groups and activities to support them in their recovery. This included a mindfulness group, life skills workshop, hepatitis C, blood borne virus workshop, men's group and football training groups. They also provided an information technology support group. This group supported clients to improve their confidence in using computers and the internet, to access jobs boards, set up email accounts and use social media appropriately.
- In April 2016 the service had established an education, training and employment team. The team's function was to support clients in their development of personal, educational and occupational skills to improve their employment prospects. Between April 2016 and July 2016, 12 clients using the service had gained employment. The team ran two six-hour sessions at the service per week. The training courses provided included gaining an accredited qualification, developing social skills and enhancing self-esteem, building information technology skills, customer service skills, personal finance management training and access to local work placements.

- The service provided clients with a monthly timetable of groups and activities available at the service. This included those provided at the two other Addaction services in Liverpool which all clients were invited to access.

Meeting the needs of all clients

- The service was accessible for people requiring disabled access; this included adapted toilet facilities on-site.
- The service provided clients with literature and leaflets in languages other than English at their request. We saw that the service manager had recently requested leaflets in Polish due to the increased number of people from an eastern European background accessing the service. Staff accessed support from language line interpreters if required, or booked interpreters to support clients in person if they preferred.

Listening to and learning from concerns and complaints

- In the twelve months before our inspection the service had received no complaints. The service manager told us that where clients had raised concerns these were addressed immediately and informally with the client with the support of the service manager and the client's key worker. However, the service manager knew their responsibilities, as outlined in Addaction's complaints procedure, to escalate the complaint in the event it could not be resolved informally.
- Clients we spoke to confirmed that they knew how to make a complaint and were provided with verbal and written information regarding this on initial contact with the service.
- Although the service had not received a formal complaint between May 2015 and May 2016, informal concerns that had been raised by clients were discussed and addressed in team meetings and within individual staff supervision. Staff we spoke to during our inspection confirmed this was happening.

Are substance misuse services well-led?

Vision and values

- Staff strongly identified with Addaction's vision and values and this was reflected in the service they provided to clients. Addaction's values were:
- Compassionate
- Determined
- Professional
- Staff and clients had recently designed a feature wall in a communal area of the service that displayed Addaction's vision and values. Staff invited clients to comment on whether staff were displaying Addaction's values in the care they had received.
- Staff we spoke to told us that senior management within the organisation visited the service occasionally. Staff also told us that senior management communicated with them regularly via the organisations intranet. This was through staff bulletins where information regarding organisational developments was shared. Addaction's chief executive also completed a professional log of their work within the service that was accessible to staff via the intranet.

Good governance

- Addaction had a clinical social governance committee that was responsible for reviewing all clinical governance and performance matters for the service. This included maintaining an oversight of service compliance with mandatory training, appraisals, appropriate and timely submission of incident reports.
- All eligible staff had completed the service's mandatory training programme and all staff had received an appraisal of their work performance within the last 12 months. Staff participated in clinical supervision with their team leader or line manager every four to six weeks. The registered manager and team leaders monitored staff completion of supervision via Addaction's electronic database. This meant that the service manager and team leaders could book staff supervision meetings before it was due to expire at six weeks.
- The service had auditing processes to ensure that service performance was monitored and shortcomings were adequately addressed. The service's data lead used an electronic auditing tool to capture significant data relating to every key worker's caseload. This

included the number and type of contact they had had with individual clients, client stage of recovery, safeguarding concerns and referrals and appropriate referrals to other service's and organisations. The data lead completed this case management audit once weekly. Audit results were used by the service manager and team leader to discuss with staff individually in case management reviews.

- The service manager also completed audits of wider service performance, including health and safety matters, twice a year. Members of Addaction's central governance team completed an audit of service performance once a year. We reviewed the areas for improvement and actions that had been identified from the last central governance team's audit of the service in June 2016; the only actions for improvement related to the building environment and these were being addressed at the time of our inspection.
- Although the service completed serious incidents reports and conducted thorough investigations as per provider policy, they did not inform the Care Quality Commission of client deaths. We raised this concern with the service manager during our inspection and they advised that this was the responsibility of Addaction's central governance committee following appropriate notification of the respective client death from the service manager. The service manager acknowledged that this was a concern and that the central clinical social governance committee were currently reviewing their own processes to ensure that future deaths were reported in line with their statutory responsibility.
- Senior management shared and discussed learning from incidents, compliments and complaints with staff via regular team meetings and individual supervision. Staff told us they also received regular emails from their line manager.
- All staff and volunteers had a current Disclosure and Barring Service check.
- The service used key performance indicators to gauge the performance of the team. Key performance indicators included waiting times of under three days to see all client self-referrals, percentage of clients offered and accepted diagnostic testing for blood borne virus and hepatitis C, clients leaving treatment in a planned way and percentage of clients actively engaging in treatment. The service submitted compliance results in meeting key performance indicators to their local clinical commissioning group every four months. They were meeting all key performance indicators set out for the service. The service also submitted data regarding treatment outcome profiles to measure the effectiveness of treatment to the local clinical commissioning group. Results were benchmarked against other community substance misuse services nationally to gauge service performance in relation to their peers. Results collated in July 2016 identified the service was in the top 30% nationally for achieving effective outcomes for clients. Successful outcomes for clients included abstinence from illicit drug use and increased social functioning (for example, gaining employment and successful completion of accreditation schemes).
- The service manager had good administrative support to perform their role effectively. This included support from a full-time data lead who completed regular audits regarding team performance and a range of administrative staff. The service manager had sufficient authority to lead the team well.

Leadership, morale and staff engagement

- The service had no permanent staff sickness between June 2015 and June 2016.
- Staff knew how to use the whistleblowing process and felt able to raise concerns without fear of victimisation.
- Staff morale at the service was high.Staff told us that they felt valued and supported to develop their professional skills and knowledge. The service provided staff with relaxation days, mindfulness sessions and counselling if required to support the personal well-being. We saw positive interactions between staff of different grades and professions during our inspection. Staff demonstrated a genuine enthusiasm for their roles and clients.
- The service manager and team leaders had completed leadership and management training. Training was provided by a designated leadership and management trainer within Addaction. The service provided staff with

a wide range of opportunities to develop their leadership skills and knowledge. This included the opportunity to take part in the auditing of other Addaction services twice a year.

- There were clear pathways for staff and client progression within the service. Many of the current staff had previously been clients and the service had supported them to attain the necessary skills, training, qualifications and accreditations to become paid members of staff.
- Staff told us that they felt able to input into developments within the service. Staff had set up a staff and client football group, fundraising activities to raise awareness of substance misuse and blood borne virus awareness group.

Commitment to quality improvement and innovation

- The service demonstrated a commitment to quality improvement and innovation.
- The service were working with stakeholders, including academic and charitable organisations, to identify barriers (including social stigma) to accessing treatment for clients diagnosed with hepatitis C. The research findings of the pilot study were awaiting publication by the Department of Health.
- The service had recently completed a research project with two local hospitals. The project included facilitating increased access to spirometry testing for clients accessing substance misuse services. Spirometry is lung function testing to identify lung efficiency. The research project was important because clients who have inhaled illicit substances were at an increased risk of developing physical health problems such as chronic obstructive pulmonary disease, asthma, pulmonary fibrosis and cystic fibrosis.
- In April 2016 the service had established an education, training and employment team. The purpose of the team was to develop clients' employment prospects, social skills and self-esteem to aid and maintain their personal recovery. This involved offering accreditation schemes, local work placements and training in using information technology. Between April 2016 and June 2016 the team had achieved good outcomes for clients accessing the service with 12 clients having gained permanent employment following successful completion of the training programme.

Outstanding practice and areas for improvement

Outstanding practice

The service demonstrated a commitment to quality improvement and innovation. They participated in local and national research projects to further the understanding of substance misuse difficulties and its associated physical and mental health complications. This included working closely with other stakeholders, including national substance misuse charities, the Department of Health, local hospitals and universities. Research projects explored the effectiveness of treatment for clients with substance misuse difficulties and tackling stigma in accessing timely and effective treatment.

Areas for improvement

Action the provider MUST take to improve

The provider must ensure that all client deaths (clients that are in receipt of services) are reported to the Care Quality Commission as per their statutory responsibilities as a registered provider.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 16 CQC (Registration) Regulations 2009 Notification of death of a person who uses services How the regulation was not being met: The service did not report the deaths of people in receipt of services to the Care Quality Commission as per their statutory responsibility under the Care Quality Commission (Registration) Regulations 2009. This was a breach of Regulation 16 (1)(a)(b)

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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