Addaction - Weston-Super-Mare

Quality Report

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Date of inspection visit: 12 February 2019
Date of publication: 04/04/2019

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	Good
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

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.

Summary of findings

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

Overall summary

We rated Addaction Weston-Super-Mare as good because:

- The service used a shared care agreement and actively engaged with commissioners, and other relevant stakeholders to ensure services were planned, developed and delivered that met the needs of the local population. The service had excellent multiagency working relationships and worked well with local services. They hosted professionals from maternity services Improving access to psychological therapies (IAPT) and criminal justice services weekly and clients could access these services through their attendance at Addaction.
- The service had enough skilled staff to meet the needs of clients. The service provided staff with a comprehensive induction and mandatory training on relevant subjects. Staff morale was good and the teams worked effectively together. Staff received regular supervision and appraisals and had individual development plans in place, with access to a range of training in specialist areas. The service provided evidence-based treatment and interventions in line with national guidance and best practice. This included National Institute for Health and Care Excellence guidelines and Drug misuse and Dependence: UK guidelines on clinical management (2017). Staff provided a range of care and treatment interventions and groups including relapse prevention techniques, cognitive behavioural approaches, motivational interviewing and mutual aid partnership groups.
- Clinical staff prescribed in line with National Institute of Health and Care Excellence guidelines. The service routinely offered blood borne virus testing and participated in a needle exchange scheme. Clients physical health needs were monitored and met through effective shared care arrangements with local GPs and access to community nurses providing services from the Addaction site.
- Staff completed initial needs assessment which were robust and included a holistic review of clients social, physical, psychological and cultural needs. Staff organised and offered support and treatment based on the needs identified during the assessment. The service provided treatment within five teams which included support with needs such as engagement, criminal justice intervention and family relationships.
- The service treated concerns, complaints and incidents seriously. The service provided a variety of forums for clients and staff to give feedback on the service and raise any issues. There were systems in place to record, review and discuss complaints and incidents and there was evidence of improvement in response to this. Managers did not use restrictive interventions and risk management was undertaken on an individual basis. Staff were proactive in reengaging clients back into the service and used individualised behavioural contracts to risk manage clients who had previously not adhered to the service code of conduct.
- Client and carer feedback was overwhelmingly positive regarding the commitment of staff and benefits of the service. Clients and their families attended service user forums and focus groups and could provide feedback on the service and be involved in the development and running of the service. Clients had taken part in staff interviews and were provided the opportunity to complete volunteer training and become recovery champions.
- The service recognised the value in and participated in research to improve the quality of the service. Managers were innovative and had implemented pilot initiatives in response to local need and new research outcomes. The service had developed a role for an Addaction staff member in the local emergency department to provide education and advice regarding drug and alcohol use. The service had recently been granted the first home office licence to become a drug testing service, assessing the safety of client's own drugs, and had started a pilot for the service in February 2019.

However:

Summary of findings

- Storage and management of blank and cancelled prescriptions was not implemented in line with policy. Clinical staff did not follow voided prescription procedures. Blank and void prescriptions were not stored and logged adequately to reduce the risk of misuse.
- Although staff completed an initial risk screening for clients, they did not consistently develop comprehensive risk assessments and management plans in response to risks identified during initial risk screening. Staff did not review and update risk management plans following client safety incidents and identification of new risk areas.
- We found that the majority of care records did not include a client-led recovery plan. The service expectation was for all clients to have a comprehensive person-centred and client-led recovery plan once they were using the service. Staff did complete brief recovery plans as part of clients' initial needs assessments but these were not detailed or client-led.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services	Good 	Addaction Weston-Super-Mare (WSM) is an open access integrated community-based drug and alcohol treatment service.

Summary of findings

Contents

Good

Addaction - Weston-Super-Mare

Services we looked at
Substance misuse services

Summary of this inspection

Background to Addaction - Weston-Super-Mare

Addaction is a national charity who provide a range of services. It work with adults and young people in community settings, prisons and residential rehabilitation.

Addaction Weston-Super-Mare (WSM) is an open access integrated community-based drug and alcohol treatment service. The CQC registered Addaction WSM in 2012 for the following regulated activities; treatment of disease, disorder or injury and diagnostic and screening procedures. There is a registered manager in place.

The service is commissioned by North Somerset Public Health England team. The service has a shared care agreement with local GPs and pharmacies. The service offers clinical and non-clinical treatment and support to people over the age of 18 with drug and/or alcohol problems in the community. This includes one to one support, structured group sessions, and a needle exchange scheme. The service also offers support to carers and family members through counselling and structured support groups. The service is split into four teams; assessment and engagement team, recovery and reintegration team, families and life skills team, and criminal justice team. Referrals are accepted from all sources including self-referral.

Our last comprehensive inspection of the service took place in December 2016.

Our inspection team

The team that inspected the service comprised of two CQC inspectors and one specialist advisor with experience of working in substance misuse services.

Why we carried out this inspection

We undertook an unannounced, comprehensive inspection of this service as part of our routine programme of inspecting registered services.

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

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

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

During the inspection visit, the inspection team:

- Visited the location, looked at the quality of the environment and observed how staff were caring for clients.
- Spoke with seven clients who were using the service.
- Spoke with the registered manager.
- Spoke with six staff including, non-medical prescribers, keyworkers and team leaders.
- Spoke with three volunteers.
- Looked at four staff personnel files.
- Received feedback from three stakeholders and the service commissioners.
- Looked at seven care and treatment records for clients.

Summary of this inspection

- Tracked documentation of four client incidents.
- Carried out a specific check of medicines management.
- Looked at a range of policies, procedures and documents relating to the running of the service.

What people who use the service say

- We spoke with seven clients and two carers who told us that staff were supportive, inclusive and non-judgemental. Clients, their families and carers were overwhelmingly positive about the care and treatment they received at Addaction Weston-Super-Mare.
- Clients told us that staff went above and beyond to support their recovery needs and goals. Families and carers told us that Addaction had 'saved' their families and its value as a service could not be overemphasised.
- Clients spoke positively about the support from staff around engaging with other services, including criminal justice teams, local charities and social services. They also praised reintegration work provided by the service which included access to work, education and volunteer opportunities.
- The service had received 83 compliments in the previous 12 months and had numerous positive feedback cards.

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?

Requires improvement

We rated safe as requires improvement because:

- Staff did not consistently complete comprehensive risk assessments and detailed management plans for clients with specific risks indicated during initial risk assessment.
- Although keyworkers detailed client incidents in continuous records, this information was not transferred to risk assessments and did not trigger a review of management plans.
- Staff did not document actions discussed during team meetings following risk incidents in client's risk management plans.
- Keyworkers did not complete disengagement plans for clients. The service expectation was for disengagement plans to be included in risk assessments but these were not consistently completed or completed with sufficient detail to manage the risks of disengagement from the service.
- Clinical staff did not follow voided prescription procedures. Blank and void prescriptions were not logged adequately to reduce the risk of misuse.
- The service did not ensure that access to blank prescriptions was monitored and controlled to reduce risk of misuse.

However:

- The service had enough skilled staff to meet the needs of the clients and had contingency plans to manage unforeseen staff shortages.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- The service had personal safety protocols for staff, including lone working policies in place.
- Staff knew 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 recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and wider service. When things went wrong, staff apologised and gave clients honest information.

Are services effective?

Good

We rated effective as good because:

Summary of this inspection

- Staff from different disciplines and agencies worked together as a team to benefit clients. The service had shared care agreements in place with local GPs and pharmacies. The service had excellent inter-agency working relationships. The service hosted professionals from relevant other services and supported clients to engage in multiagency meetings.
- Staff completed timely and comprehensive initial needs assessments of clients' mental and physical health.
- Staff provided a wide range of care and treatment interventions suitable for the patient group, in line with guidance from the National Institute for Health and Care Excellence.
- Clinical staff routinely offered blood borne virus testing and the service participated in a needle exchange scheme.
- The service recognised the value in and participated in research to improve the quality of the service.
- Managers made sure staff had the skills needed to provide high-quality care. They supported staff with appraisals, supervision and to further develop their skills.
- Staff supported clients to make decisions on their care themselves. They understood the service policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly.

However:

- Keyworkers were not consistently completing and reviewing recovery plans with the involvement of clients. Although the service expectation was for clients to have an initial recovery plan documented at the end of the initial needs assessment and develop a client led recovery plan on entry into the service. We found that the majority of care records did not have a client-led recovery plan.

Are services caring?

Good

We rated caring as good because:

- Clients reported staff attitude and behaviour was overwhelmingly positive. Staff demonstrated compassion, dignity and respect, and provided responsive, practical and emotional support.
- Clients told us that staff went above and beyond to support them in every aspect of their recovery.
- Staff involved clients and those close to them in decisions about their care, treatment, and changes to the service.
- Staff directed clients to other services when appropriate and supported them to access those services.

Summary of this inspection

- Keyworkers engaged with people using the service, their families and carers to develop responses that met their needs and ensured they had information needed to make informed decisions about their care.
- The service enabled families and carers to give feedback on the service they received. The service also provided a variety of forums for clients to give feedback and participate in the design and running of the service.
- The service provided a structured family and carers group which was peer led and supervised by a member of staff. The group was well attended and clients reported that their family members were positive about the group. We spoke with volunteers from the group who told us that Addaction's family work had 'saved our family'.

Are services responsive?

Good

We rated responsive as good because:

- The service actively engaged with commissioners, social care, the voluntary sector and other relevant stakeholders, to ensure services were planned, developed and delivered that met the need of the local population.
- The service was meeting its identified targets for time from referral to triage to comprehensive assessment to treatment. The service had processes in place for when clients arrived late or failed to attend their appointments which were fair and reasonable and did not place clients at risk.
- Staff supported clients with activities outside the service, such as work, education and family relationships.
- The service was accessible to all who needed it and took account of clients' individual needs. Staff demonstrated an understanding of the potential issues facing vulnerable groups and offered appropriate support.
- The service had developed a role for an Addaction member of staff to work from the local emergency department to provide advice and education on drug and alcohol use. This role was in collaboration with a local domestic abuse charity to improve access to substance misuse services for victims of domestic abuse.
- The service had a full range of rooms to support treatment and care.
- Staff provided clients with opportunities to complete City and Guild qualifications in their IT suite and to engage in the 'releasing new potential' initiative which provided education opportunities to offenders.

Summary of this inspection

- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

Are services well-led?

Good

We rated well led as good because:

- Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision and plans. These were developed with involvement from staff, clients and key groups representing the local community.
- The service encouraged creativity and innovation to ensure up to date evidence based practice was implemented and imbedded. The service had recently initiated two innovative projects to improve outcomes and care for its target population.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff felt positive and proud about working for the provider and their team.
- Staff had the opportunity to contribute to discussions about the strategy for their service. The service had won an Addaction national award for innovation following its implementation of a co-production and staff and client focus group.
- There was a clear framework of what must be discussed at provider and service level in team meetings to ensure that essential information, such as learning from incidents and complaints, was shared and discussed.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service collated, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.

However:

- Although the service had an action plan in place to respond to an internal audit from August 2018, managers had not ensured the service was compliant with the issues raised. These included; lack of comprehensive risk assessments, recovery plans and disengagement plans.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff had a good understanding of the Mental Capacity Act and were aware of its principles. All staff had completed mandatory Mental Capacity Act training. The service had a policy on the Mental Capacity Act which staff were aware of. Staff told us they would not complete consent paperwork with clients while they were intoxicated. Keyworkers used the comprehensive assessment to consider and document whether there were any concerns regarding client's capacity to consent. If staff raised concerns this would be referred to the non-medical prescribers or consultant psychiatrist to be assessed.
- Staff ensured clients consented to care and treatment, that this was assessed, recorded and reviewed in a timely manner.

Overview of ratings

Our ratings for this location are:

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

Good

Substance misuse services

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

Are substance misuse services safe?

Requires improvement

Safe and clean environment

- Areas that people using the service had access to were clean, comfortable and well-maintained. The rooms had been decorated in response to clients' requests for them to be cosier. One to one rooms were fitted with alarms to call for assistance which sounded throughout the building. At least two staff facilitated group sessions and there was no lone working in group rooms. Staff escorted clients throughout the building, except when using bathroom facilities. The service had three clinic rooms, including an accessible ground level clinic room.
- We visited the clinic rooms which were generally clean and well maintained. However, one sink was too small to avoid splashes while in use and had staining above it. Non-medical prescribers completed weekly cleaning of the clinic rooms and documented this on a checklist. Nursing staff completed daily monitoring of room and fridge temperatures. Staff adhered to infection control principles, including handwashing and the disposal of clinical waste.
- There was access to an examination couch and necessary equipment to monitor physical health, including a blood pressure monitor and scales.

Safe staffing

- There were 39 substantive staff employed by the service and no vacancies.
- The service had enough skilled staff to meet the needs of clients and had contingency plans to manage unforeseen staff shortages. Managers had a proactive approach to anticipating potential future problems including staffing levels and staff absence. Clients and staff told us that sessions and groups had not been cancelled due to staff absences.
- The service had in post; registered nurses, non-medical prescribers including a clinical lead, a consultant psychiatrist, clinical psychologist and key workers. The service had a shared care agreement in place with local GPs and pharmacies.
- The clinical lead for the service had completed the Royal College of General Practitioners certificate in the management of drug misuse part 1. All key workers had completed a 'gateway qualification' at level 3 or above in alcohol and drugs.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it. All mandatory training was up to date. Team leaders kept a training matrix for staff members within their team and ensured staff accessed and attended training as required.
- Staff received basic training to keep people safe from avoidable harm. Mandatory training sessions included health and safety, infection control, and safeguarding.
- Staff had completed training in and understood their responsibilities in relation to the Mental Capacity Act 2005. Staff understood the principles of the Mental Capacity Act and were able to apply these as necessary.

Assessing and managing risk to clients and staff

- Staff completed initial risk assessment screening during triage and expanded on this during the comprehensive risk assessment on admission into the service. Where staff identified specific risk areas for clients, a comprehensive risk assessment should have been completed on the client's electronic care record. However, in five out of seven care records, comprehensive risk assessments had not yet been completed or were completed over a month after the specific risks had been identified.
- Staff recognised and responded to warning signs and deterioration in client's health. Service managers attended weekly meetings to discuss high risk clients. We saw records of staff contacting relevant agencies regarding deterioration in people's health and increase in risks, such as the police and mental health community teams. The consultant psychiatrist attended the service once a week and was available, during this time, to discuss any change in the health of clients with dual diagnosis. Keyworkers could discuss deterioration in client's physical health and increased risks with a clinical member of staff. The service had positive working relationships with local GP surgeries and could refer and support clients for physical health reviews.
- Staff did not update or record risk management plans after a new risk was identified. The service policy on risk management required staff to review risk assessments every 12 weeks or in response to changing risks. For example, four records did not contain risk management plans following incidents of harm, or threats to harm others. However, there was some evidence that staff had verbally discussed a management plan.
- Staff completed a personalised behaviour contract with clients following any threatening behaviour whilst using the service. The service used behavioural contracts to reduce the need for discharge from treatment. The managers also arranged for appointments to take place with the police for clients who posed continued risk to staff and others. On the rare occasions that clients had continued to put staff or others at risk they would be discharged from the service, with an opportunity to re-access the service following a 12 week period.
- Staff did not always complete disengagement plans with clients. We were told by staff that these should be completed for all clients engaged in the service. However, we saw postcards completed by clients, containing steps they should take if they disengage from the service. Staff sent these postcards to clients after they had not attended two planned appointments. The service had a process in place to contact other services such as the GP, community mental health team, police, and social work to advise if a client had disengaged. Keyworkers attended the local homeless shelter to provide outreach work and reengage people back into the service.
- Staff adhered to best practice in implementing a smoke-free policy. The service offered smoking cessation and the clinical lead provided smoking cessation support and prescribed nicotine replacement therapy.
- The service had a process in place for staff to follow if a client gave their medication to a third-party. Keyworkers assessed risks through regular one to one sessions and discussed outcomes with non-medical prescribers.

Safeguarding

- Staff had up to date safeguarding training for vulnerable adults, children and young people. Staff could give examples of how to protect clients from harassment and discrimination, including those with protected characteristics under the Equality Act. Managers had organised level 3 safeguarding external training, including hidden harm and supporting traumatised adults, for all staff.
- Staff knew how to identify adults and children at risk of, or suffering, harm. Staff told us that they could report safeguarding concerns to managers and the local authority. The service had an identified safeguarding lead who provided advice to staff and discussed concerns with the local authority.
- Staff worked effectively within teams, across services and with other agencies to promote safety including systems and practices in information sharing. Managers and team leaders attended local authority meetings and external client safeguarding meetings. The management team had recently spent time with safeguarding leads from the local authority to identify criteria for safeguarding referrals to ensure the service was reporting concerns appropriately.

Staff access to essential information

- The service used electronic client records. Assessments and documents which were completed on paper were scanned on to the system. All staff had access to the electronic system and access could be restricted in line with staff members roles and requirements.

Medicines management

- Clinical staff ensured prescribing of medication was safe and followed national guidance and Addaction policies. This included National Institute for Health and Care Excellence guidelines and 'Drug misuse and dependence: UK guidelines on clinical management' (2017). This was demonstrated in clinical records, our observation of prescribing clinics and reviewing policies and procedures.
- Addaction had a range of evidence-based medicines management policies and procedures in place including an Addaction formulary and controlled drugs policy. These were easily accessible to staff and reviewed regularly.
- Clinical staff used nationally recognised tools to assess the acuity of a client's withdrawal symptoms. This included the Clinical Institute Withdrawal Assessment for alcohol scale (CIWA) and the Subjective Opiate Withdrawal Scale (SOWS).
- In line with the shared care agreement, the clients' GP took the lead role in monitoring their physical health. Addaction staff also reviewed the effects of medication on clients' physical health, especially when the patient was prescribed a high dose medication. Keyworkers utilised the expertise of non-medical prescribers in relation to concerns around clients' physical health. The service also involved community nurses based in the same building to monitor and assess physical health of clients.
- Emergency medications including adrenaline and naloxone were available and stored securely.
- Staff did not follow policy and procedure with regard to the storage, administration and access to prescriptions. Although prescriptions were locked in a safe, all staff had access to the safe and not all staff used the safe key log.
- Staff did not follow policy when voiding prescriptions. Staff did not record all prescriptions in the void log or their reason for cancellation. Staff did not clearly void prescriptions and a valid prescription was found amongst the voided prescriptions. This increased the risk of misuse of the prescription.
- Although staff recorded when blank prescriptions were received, staff did not sign out blank prescriptions or monitor the balance of blank prescriptions.
- We discussed concerns with the storage of blank prescriptions and procedures for void prescriptions with the registered manager. The registered manager and the clinical lead developed an action plan to mitigate the risks and ensure procedures were followed in future. This included implementation of new logs, and storing prescriptions in a separate safe with monitored access only accessible by authorised staff.
- Staff individually assessed the risk of clients storing medication at home and prescribed supervised medication and organised home visits to manage high risks. Further to this, staff automatically visited and assessed home environments prior to clients with children under five living in the home receiving their prescriptions.
- The service did not complete local audits of medication management but the provider completed an annual medication audit which the service had created an action plan in response to. However, we found that the audit was not up to date and procedures for void prescriptions and access to the safe key had been identified as compliant which were not.
- The providers national medicines management team developed reports on key performance indicators for prescribing within the service.

Track record on safety

- There had been 15 serious incidents in the past 12 months, which had included client deaths in the community. The service manager attended drug related death critical incident meetings held by the North Somerset public health team to monitor this, consider trends and learning from these.
- The provider had a mortality and morbidity review group who reviewed deaths of clients across the organisation and disseminated learning bulletins based on these reviews.

Good

Substance misuse services

Reporting incidents and learning from when things go wrong

- Staff were clear about their roles and responsibilities for reporting incidents. They knew what incidents to report and how to report them. Managers reviewed incident forms to ensure these had been completed in full. Details of incidents were documented in clients care records as part of the continuous notes. However, the comprehensive and risk management plans were not always reviewed in response to patient safety incidents.
- Managers investigated incidents and shared lessons learned with the whole team and wider service. The service kept a tracker of incidents online which included details of immediate actions taken and any lessons learned. Incident forms were sent to a provider central hub where they were scrutinised and feedback on lessons learned disseminated throughout the organisation. The registered manager kept a log of all local incidents and learning to inform the managers meeting agenda. Team leaders discussed incidents during weekly management meetings and communicated these weekly during sub team meetings.
- Critical incidents were referred to the Critical Incident Review Group (CIRG). The CIRG monitored trends and themes and disseminated learning as required via the Service Delivery and Clinical Governance Group.
- The service received and disseminated Addaction bulletins named 'medsmatters' which included a section on learning from medication incidents across the organisation.
- Staff identified recent learning from incidents and provided examples of how they had applied the principles of duty of candour following a recent prescription error.

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

Good

Assessment of needs and planning of care

- Following triage and acceptance into the service, staff completed comprehensive and high-quality needs assessments with clients which covered social, psychological and physical health needs. Staff assessed client's substance use and the associated risks with blood borne viruses. Staff offered support and treatment based on the needs identified during the assessment.
- Although the service had developed a person-centred, client-led template for recovery plans, this was not being consistently used. We found only two recovery plans across seven care records. These were not being reviewed within the service expectation of at least 12 weeks. Staff told us that recovery plans were not completed until staff had an opportunity to meet with clients on a few occasions to develop an understanding of their needs and goals. However, some clients had been in the service for over six months and did not have a recovery plan stored within their care record.
- Staff were documenting initial recovery plans within the initial needs assessment and action plans for clients were recorded on one to one keyworker note entries. However these were not detailed, client-led or reviewed. Following the inspection, the service updated the initial needs assessment to include a more detailed recovery plan based on the identified needs which staff could work towards whilst supporting clients to develop their own recovery plans.

Best practice in treatment and care

- Doctors and non-medical prescribers at the service prescribed in line with the National Institute for Health and Care Excellence guidelines. Non-medical prescribers had access to the 'Drug misuse and dependence: UK guidelines on clinical management' (2017), Addaction formulary and online prescribing policies. Clinical staff used nationally recognised tools to assess the acuity of client's withdrawal symptoms. The service used the Clinical Institute Withdrawal Assessment for alcohol scale (CIWA) and the Subjective Opiate Withdrawal Scale (SOWS).
- Staff provided a range of care and treatment interventions suitable for the patient group. The interventions were those recommended by, and were delivered in line with, guidance from the National Institute for Health and Care Excellence and National Treatment Agency. These included mutual aid

partnership approaches (such as alcoholics anonymous), cognitive behavioural approaches, relapse prevention techniques, counselling and a range of psychosocial intervention groups.

- Clinical staff routinely offered blood borne virus testing and offered a needle exchange service. The service also provided access to nurses from a local hospital who provided Addaction clients with Hepatitis C treatment and hepatitis B vaccinations.
- Staff supported clients with their physical health through physical health needs assessments. Staff worked alongside community nurses and midwives to provide physical health support. The service had a shared care agreement with local GPs and clients' ongoing physical health was monitored by their GP.
- The service had a health trainer who attended the service weekly to offer healthy eating advice, smoking cessation, walking sessions and local gym and swimming vouchers to clients. There was health promotion literature displayed throughout the building which provided information and advice which was specifically tailored to issues relating to substance use.
- The service used technology in the form of an online chat facility, 'whatsapp' carers group and text messaging to provide further access to support and advice.
- The service recognised the value in and participated in research to improve the quality of the service. The consultant psychiatrist was in the process of conducting research in the treatment of detoxified clients with alcohol use disorder funded by Imperial College London. The research had been approved at Addaction board level to allow recruitment of participants from the service. Keyworkers were involved in identifying potential participants and supporting and following up client progress within the study.
- The service had also conducted client focus groups to discuss research into Routine Enquiry of Adverse Childhood Events (REACE). The registered manager and clinical psychologist were part of a steering group in Addaction to implement and tailor services in response to this research.

Skilled staff to deliver care

- The service provided staff with a comprehensive induction. Staff completed mandatory training and were assigned a buddy as part of their induction. The service had an induction checklist and team leaders had developed personal induction programs to provide opportunities for staff members to shadow team members from a range of disciplines and roles. Induction was completed over six months and progress was reviewed at eight, 16 and 24 weeks.
- Managers identified the learning needs of staff and provided them with opportunities to develop their skills and knowledge. Staff identified their learning needs and special interests and created individual development plans as part of their appraisal. The service had provided funding for registered nurses to complete non-medical prescriber training. The clinical lead for the service had completed part one of the Royal College of General Practitioners certificate in drug and alcohol. Recovery workers had been provided training for level three 'gateway qualifications' in drug and alcohol. The service provided regular topical training sessions in addition to mandatory training and these included, exploitation and cuckooing (taking over a person's home to deal drugs and/or other criminal activities), chemsex (which is, the use of drugs before or during planned sexual activity to alter the experience), naloxone, and level three safeguarding.
- The service had a recruitment policy in place and ensured that robust recruitment processes were followed.
- Staff told us that they received regular supervision and appraisal and this was documented within personnel files. Staff were provided supervision and debriefs following facilitation of group sessions and incidents. The service also provided psychosocial interventions supervision for staff as a group.
- Managers followed policy for performance management and responded to concerns with performance promptly through supervision.
- Managers recruited volunteers when required, and trained and supported them for the roles they undertook. Volunteers told us that they felt well supported in their roles and were provided regular supervision and debriefs.

Multi-disciplinary and inter-agency team work

Good

Substance misuse services

- The service had shared care agreements in place with local GPs and pharmacies. This ensured that clients could access support from each service and utilise the different skills of staff at each service. The shared care agreement clearly defined the roles for GPs, pharmacies and Addaction prescribers. The service ensured consistent communication between agencies and staff reported positive working relationships. The service had recently joined connecting care which allowed access to GP, hospital and Community Mental Health Team medical records for clients.
- The service had four teams, criminal justice intervention team, family and life skills, recovery and reintegration, and engagement. Each team had a team leader and a clinical member of staff to provide clinical advice and support to keyworkers. The teams worked well together and met weekly to discuss current issues and high-risk client cases. Team leaders attended a weekly managers meeting.
- The service had excellent inter-agency working relationships. The criminal justice team ensured the involvement of criminal justice services in assessment and care planning. The family and life skills team had three allocated workers who worked with pregnant clients and involved social workers, family services and midwives in assessment and planning of care. A midwife from a local hospital attended the service to provide appointments to pregnant clients.
- The service worked well with local services and hosted professionals from maternity service, Improving Access to Psychological Therapies service (IAPT) and community nurses weekly. Clients could access these services through their attendance at Addaction. The service sent representatives to engage in multiagency meetings to contribute to decision-making, care pathway planning and support clients with their attendance.
- The service provided training to local dry houses and homeless charities in the use of naloxone and to raise awareness of drug and alcohol issues.
- The service had weekly multidisciplinary team meetings, as a management team and within their smaller teams. Staff discussed client progress and high-risk clients. The team leader provided an opportunity to discuss safeguarding issues and provided feedback from any lessons learned in response to incidents or complaints.
- The service discharged people when specialist care was no longer necessary and worked with relevant supporting services to ensure the timely transfer of information.

Good practice in applying the Mental Capacity Act

- Staff had a good understanding of the Mental Capacity Act and were aware of its principles. All staff had completed mandatory Mental Capacity Act training. The service had a policy on the Mental Capacity Act which staff were aware of. Staff told us they would not complete consent paperwork with clients while they were intoxicated. Key workers used the comprehensive assessment to consider and document whether there were any concerns regarding client's capacity to consent. If staff raised concerns this would be referred to the non-medical prescribers or consultant psychiatrist to be assessed.
- Staff ensured clients consented to care and treatment, that this was assessed, recorded and reviewed in a timely manner.

Are substance misuse services caring?

Good

Kindness, privacy, dignity, respect, compassion and support

- Clients reported that staff went above and beyond to support them in every aspect of their recovery and lives. They reported that staff were non-judgemental and would always make themselves available if they were in crisis or needed extra support.
- We observed staff interactions with clients in a self-empowerment group which were inclusive, respectful and tailored to individual needs. Staff demonstrated compassion, dignity and respect when interacting with and discussing clients.

Good

Substance misuse services

- Staff said they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes to clients without fear of the consequences.
- Clients told us that staff supported them to understand and manage their care and treatment.
- Staff directed clients to other services when appropriate and, if required, supported them to access those services. This included accompanying clients to appointments and organising staff from other services to meet with clients at Addaction. Staff members had taken time to visit clients in general hospital and provided food to homeless clients.
- The service had clear confidentiality policies in place that were understood and adhered to by staff. Staff maintained the confidentiality of information about clients. The service had a record that confidentiality policies had been explained and understood by clients.
- Clients were provided with access to appropriate emotional support through keyworker one to one sessions and access to mutual aid groups.

Involvement in care

- Clients reported feeling involved in their recovery plans and were aware of the goals of their treatment. One to one sessions were documented to include person-centred action plans with a review of progress and outcomes.
- Staff communicated with clients so that they understood their care and treatment, including finding effective ways to communicate with clients with communication difficulties. Staff provided clients and families with general information about time, frequency and duration of appointments.
- Recovery workers supported clients to complete disengagement plans on postcards which could be posted to them if they disengaged from the service. These included the client's own advice on where they could access support and the benefits of reengaging. Clients were also provided direct phone numbers which they could text their recovery workers on for support and advice.
- The service provided details of two local advocacy services and supported and empowered clients to access these.
- Staff engaged with clients, their families and carers to develop care plans that met their needs and ensured they had information needed to make informed decisions about their care.
- The service provided a variety of forums for clients to give feedback and participate in the design and running of the service. This included feedback forms in reception, a staff and client led focus group and a service user forum. The service user forum provided an opportunity for clients to discuss the service, proposed changes and make suggestions for improvement. The outcomes of the meetings were displayed on a "you said, we did" board.
- The criminal justice team had provided opportunities for clients to be involved in staff interviews which clients had stated was a really positive experience.
- The service provided a structured family and carers group which was peer led and supervised by a member of staff. The group was well attended and clients reported that their family members were positive about the group. We spoke with volunteers from the group who told us that Addaction's family work had 'saved our family'.
- Family and carers could access a program of one to one counselling through the service and the service supported them to access carers assessments as needed.
- The service provided a weekly carer drop in lunchtime session for an informal meeting and also organised a social gathering for families and carers twice yearly.
- There were three family support workers who supported pregnant clients and families under social work services. These staff members had additional qualifications and training to support families and carers.
- Managers from the service supported families and carers emotionally, with appropriate consent, following any serious incidents involving their family members.

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

Good

Substance misuse services

Good

Access and discharge

- The service actively engaged with commissioners, social care, the voluntary sector and other relevant stakeholders, to ensure services were planned, developed and delivered that met the needs of the local population.
- The service used the triage assessment to identify high risk clients and prioritise their comprehensive assessment and subsequent treatment. The service was commissioned to provide a service to high risk priority groups. The service had an agreed response time for accepting referrals and were meeting this. Staff organised comprehensive assessments within one week of triage. Prescribing appointments took place within three weeks.
- The service provided leaflets and information to clients and involved them in decisions around treatment options and requirements.
- Keyworkers were proactive in contacting clients to reengage them with the service. The service had processes in place for when clients arrived late or failed to attend their appointments which were fair and reasonable and did not place the client at risk. The service had an engagement team and outreach workers attended local homeless shelters and organisations to encourage clients to attend. Clients told us that keyworkers would go above and beyond to offer time and support whenever they needed it.
- The service developed care pathways and treatment plans which reflected the diverse and complex needs of the person, including clear care pathways to other supporting services. Clients were allocated a team, such as the criminal justice team or family and life skills team to enable multiagency working with other supporting services such as probation, social work and maternity services.
- Staff planned for clients' discharge and this included good liaison with care co-ordinators. Keyworkers developed discharge plans which were checked by team leaders and disseminated to the relevant teams involved in the client's care.

The facilities promote recovery, comfort, dignity and confidentiality

- The service had accessible rooms to see people in which were well equipped and fit for purpose. This included group rooms and rooms for one to one sessions. The service had recently reduced its building space which had caused some inconvenience and limits to available rooms. However, the management team had ensured the service was planning care to make the best use of the rooms.
- The service utilised three floors of space and had a stair lift to ensure the building was accessible. A ground floor room had been renovated to provide a more accessible clinic and needle exchange.
- Interview and clinical rooms had adequate soundproofing and privacy. Staff played music outside of interview rooms to improve soundproofing.

Clients' engagement with the wider community

- Staff supported clients to maintain contact with their families and carers and provided a weekly support group for families and carers.
- Staff encouraged clients to develop and maintain relationships with people that mattered to them, both within the services and the wider community. This was through arranging multiagency meetings, family sessions and targeting relationship skills in one to one sessions.
- The service provided opportunities for clients to complete City and Guild IT qualifications in their IT suite and staff were trained to provide this. The criminal justice team supported clients to engage in the releasing new potential initiative which provided education opportunities to offenders. Clients were supported to attend the community resource centre.
- Clients were offered volunteer opportunities to become recovery champions and peer mentors, following treatment and a set period of abstinence.
- A health trainer worker provided activities in the community such as a walking group and gym and swimming passes.

Meeting the needs of all people who use the service

Good

Substance misuse services

- Staff demonstrated an understanding of the potential issues facing vulnerable groups e.g. Lesbian Gay Bisexual Transgender (LGBT), Black and minority ethnic, older people, people experiencing domestic abuse and sex workers and offered appropriate support. This included inviting relevant local charity workers to attend multidisciplinary meetings and providing outreach work from relevant services.
- The service had an identified equality and diversity champion. Staff from the service attended the LGBT local authority board meetings, attended conferences and the service held an Addaction stall at the yearly local pride event. Staff also regularly attended the council's homeless meetings and the Multicultural Friendship Association.
- The local homeless service told us that they had a long and successful relationship with Addaction. A member of the Addaction team attended the service on most days that it was open to talk with clients using both services. An Addaction member of staff attended the service at least once per week to provide advice and offer support to clients using both services.
- Addaction provided training on a number of relevant topics, such as blood viruses and naloxone to other services used by Addaction clients including these local charities.
- The service had developed a role for an Addaction member of staff to work from the local emergency department to provide advice and education on drug and alcohol use. Part of this role was in collaboration with a local domestic abuse charity. Staff from both services could provide support to victims presenting at the local emergency department who may have been subject to domestic abuse and have underlying needs for substance or alcohol use.
- The service utilised a triage assessment and monitored people on waiting lists and liaised with other services such as probation and mental health services, to detect increases in level of risk. Outreach workers engaged people with the service through working from local GP surgeries and attending homeless shelters. Staff completed welfare checks if they had concerns about a client's non-attendance at the service.
- Clients reported that treatment and care was never cancelled and staff would ensure they were always seen by a member of the team when they needed support or were in crisis. The service provided a duty clinic daily for clients to access support outside of planned sessions.
- The service made adjustments for people in response to their needs, which included providing treatment in accessible rooms, utilising late opening pharmacies during fasting periods, offering later opening times during the week and providing telephone consultations for clients who could not easily attend the service.
- Clients were encouraged to contribute to delivery of the service and staff provided interventions and groups based on client's requests. This had included a women's group for clients whose children had been adopted. The service was running a general women's group and peer support group which had developed and evolved through client suggestions.

Listening to and learning from concerns and complaints

- There was a complaints policy in place and clients and staff were aware of the process for complaints. The service displayed details on how to make a complaint in interview rooms and throughout the building. Staff told us they would initially attempt to resolve client's issues, but support clients to follow the formal process if required.
- In the previous 12 months the service had received three complaints which had all been upheld. Managers recorded complaints on an online system and the service treated concerns and complaints seriously, investigated them and learned from the results, and shared these with all staff.
- The service provided a variety of forums for clients to raise concerns. This included feedback boxes, evaluation forms, client meetings and focus groups and through one to one sessions.

Are substance misuse services well-led?

Good

Leadership

- Leaders provided clinical leadership and were visible in the service and approachable for clients and staff. Team leaders had completed Institute of Leadership and Management (ILM) level 3 management training and attended leadership conferences within the organisation.
- Each team within the service had a team leader with the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and could explain how the teams were working to provide high quality care.
- The organisation had a clear definition of recovery and this was shared and understood by all staff.

Vision and strategy

- The service had a clear vision and set of values which had been developed in consultation with relevant stakeholders and commissioners. Staff knew and understood the vision and values of the team and organisation and what their role was in achieving that.
- The commissioners for the service completed contract reviews, which considered service outcomes and key performance indicators.
- Staff had the opportunity to contribute to discussions about the strategy for their service, especially where the service was changing. The service had won an Addaction Innovation award in 2017 for the implementation of co-production focus groups where staff, recovery champions and clients had an opportunity to contribute to design and running of the service.
- Staff could explain how they were working to deliver high quality care within the budgets available.

Culture

- Staff told us they felt respected, supported and valued. Staff retention levels were good and the staff we spoke to had worked at the service for many years.
- The staff group felt positive and satisfied in their roles and experienced low levels of stress. Staff members felt they could approach colleagues for support and that they worked well as a team and could challenge each other professionally during case discussions.
- The service had recognised staff contributions through an employee of the week award.
- Managers had ensured that all staff had received an annual appraisal. Staff appraisals included conversations about career development and how it could be supported. Staff had accessed training in special interest areas based on their individual development plans.
- Staff and volunteers were provided supervision following group sessions and could access psychosocial interventions supervision. The service also provided staff access to an employee assistive programme and occupational health service to support their own physical and emotional health needs.
- Teams worked well together and where there were difficulties managers dealt with them appropriately.

Governance

- There was a clear framework of what must be discussed at a provider, team and directorate level in team meetings to ensure that essential information, such as learning from incidents and complaints, was shared and discussed.
- The service received regular feedback through learning bulletins produced by the providers groups including the Mortality and Morbidity review group and Critical Incident Review Group. Staff had implemented recommendations from reviews of deaths, incidents, complaints and safeguarding alerts at the service level.
- An Addaction Clinical Governance Directorate oversaw clinical effectiveness and ensured that the delivery framework and policies were evidence-based and aligned with national guidance. Managers used the policies, procedures and protocols set out by Addaction, which had been regularly reviewed.
- Staff understood the arrangements for working with other teams, both within the provider and externally, to meet the needs of the clients.
- The service had a whistleblowing policy in place and staff told us they knew how to access it.

Management of risk, issues and performance

- The service utilised key performance indicators to monitor service performance for prescribing, optimal

dosing, and supervised consumption. Reports were generated to provide data against national averages and across the organisation. These reports were used to develop action plans when performance indicators were not being met.

- The provider completed annual audits of the service. The service had an improvement plan in place following an internal audit which had considered key lines of enquiries aligned with Care Quality Commission inspection processes. This audit had taken place in August 2018. A medications management audit had also been completed internally by the provider in March 2018. Although there were action plans in place to respond to the concerns, these had not been effective and the main issues remained non-compliant. This included risk management plans having insufficient details and not being reviewed in response to incidents, and disengagement and recovery plans not being consistently completed.
- Team leaders reviewed care records with a client record audit measures form. However, this form did not allow for qualitative review of the standards for care records and development of clear action plans. The service had recently implemented peer to peer audits of care records and we saw evidence of discussions between team leaders and staff on issues identified in the quality of record keeping through supervision and performance reviews.
- The service had a risk register which was kept up to date. The manager also had access to a regional and provider risk register and staff from the service could access this and add new concerns when required.
- The service had contingency plans for emergencies, such as adverse weather or temporary loss of access to the service building, to ensure the service could continue to be provided to high risk clients.
- Managers reported no concerns with absence and sickness rates and monitored these. Sickness and absence for the previous 12 months was 2.41%.
- Where cost improvements were taking place in relation to commissioning of the service, managers had adapted their ways of working to ensure these did not compromise client care.

Information management

- Staff had access to the equipment and information technology needed to do their work.
- Information governance systems included confidentiality of patient records. Staff explained the use of data to clients on entry in to the service and completed consent to share information agreements with them.
- The service had developed information-sharing processes and joint-working arrangements with other services where appropriate to do so. The service had effective shared care agreements in place with local GPs and pharmacies. The service used a secure NHS email address and had recently acquired access to connecting care.
- Team managers had access to information to support them with their management role. This included information on the performance of the service, staffing and patient care.
- Staff made notifications to external bodies as required.

Engagement

- Staff, clients and carers had access to up-to-date information about the work of the provider via Addaction's website, social media, leaflets and bulletins.
- Clients and carers had opportunities to give feedback on the service through feedback boxes in reception, group evaluation forms and the service user forum.
- Clients and staff told us they could meet with members of the provider's senior leadership team and governors to give feedback.

Learning, continuous improvement and innovation

- The organisation encouraged creativity and innovation to ensure up to date evidence based practice was implemented and imbedded.
- The service was the first drug and alcohol service to receive home office licencing and approval for the premises to pilot a drug testing service. This service enabled clients to bring samples of drugs for testing in relation to their safety. This service had been approved at board level and the service had linked in with the Universities of Durham and Hertfordshire to provide the

testing and training for staff had been provided by 'The Loop'. The pilot project had been initially agreed for one month starting in February 2019 and was funded by Addaction and The University of Hertfordshire.

- The service was responsive to local need and innovative in the design of the service. Where the service had identified unmet needs for its target population it had developed innovative practice, such as an emergency department worker, exploitation presentations to the local authority safeguarding team, and deploying outreach workers to GP practices, charities and homeless shelters.

Outstanding practice and areas for improvement

Outstanding practice

- The service had recently been the first drug and alcohol service to receive home office licencing and approval for the premises to be used for a pilot drug testing service. This service enabled clients to bring samples of drugs for testing in relation to their safety. The pilot project had been initially agreed for one year starting in February 2019 and was funded by Addaction and The University of Hertfordshire.
- The service had developed a role for an Addaction member of staff to work from the local emergency department to provide advice and education on drug and alcohol use. Part of this role was in collaboration with a local domestic abuse charity.

Areas for improvement

Action the provider MUST take to improve

- The service MUST ensure that comprehensive risk assessments and management plans are completed, and reviewed in response to changing risks.
- The service MUST ensure that client-led recovery plans are developed and reviewed with clients in order to meet their treatment preferences and needs.

Action the provider SHOULD take to improve

- The service should continue to implement and embed procedures for the management and storage of blank and void prescriptions.
- The service should review its audit framework to ensure that regular audits of medicines management and care records take place and action plans are developed and reviewed.

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 9 HSCA (RA) Regulations 2014 Person-centred care Staff did not ensure that all clients had a treatment recovery plan in place to ensure their needs and preferences were met. This was a breach of regulation 9 (3)(b)

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Staff did not consistently create and review risk management plans for clients. This was a breach of a regulation 12 (1), (2)(a)(b).