Requires improvement

North Staffordshire Combined Healthcare NHS Trust

Substance misuse services

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RLY88	Harplands	Edward Myers Unit	ST4 6TH
RLY00	Trust HQ	One Recovery North Staffs, Leek	ST13 5JF
RLY00	Trust HQ	One Recovery South West Staffs, Stafford	ST16 3AT

This report describes our judgement of the quality of care provided within this core service by North Staffordshire Combined Healthcare NHS Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by North Staffordshire Combined Healthcare NHS Trust and these are brought together to inform our overall judgement of North Staffordshire Combined Healthcare NHS Trust.

Summary of findings

Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

Overall rating for the service	Requires improvement 
Are services safe?	**Requires improvement** 
Are services effective?	**Requires improvement** 
Are services caring?	**Good** 
Are services responsive?	**Good** 
Are services well-led?	**Requires improvement** 

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

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

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

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

Summary of findings

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Summary of findings

Overall summary

We rated substance misuse services as requires improvement because:

- Services were not always well staffed. For example, each service had vacancies and maternity leave and sickness that had not been covered.
- Some locations, for example the Intoxication Observation unit (IOU) at the Edward Myers Unit, presented as a safety risk to staff. There had been a recent sexual assault on a female member of staff at the Edward Myers Unit and we saw no plans to mitigate these risks.
- There were inconsistent approaches to risk formulation and management across two of the services with the exception of ORS only. This meant that risks were not always highlighted or managed appropriately and could put staff, service users, families and the public at risk.
- There was no clear commitment from leadership to standardise a consistent supervision system across all of substance misuse services.
- Despite working with a particularly vulnerable group of service users, there was no role specific training programme in place for staff. For example, although staff reported high level of novel psychoactive substance misuse (legal highs) in the demographic, there had been no specific training for staff on the effects, forms or characteristics of the new drug patterns emerging locally.
- NICE Guidance recognises high levels of blood borne viruses (BBV) among drug users and that testing and vaccinations can reduce transmission. However, there were inconsistent approaches to BBV services. For example, ORS was preparing to offer a full BBV service and the other ORL was referring to GP's to manage.
- Naloxone is not used as standard to reduce the number of drug related deaths.

However:

- There were illustrations of outstanding practice and partnership working at One Recovery, Stafford. For example, good demonstration of joint working with health staff and ADS staff. Fully integrated clinical and medical services with recovery at the forefront. Clear and effective systems for case management, supervision and staff involvement in service delivery.

Summary of findings

The five questions we ask about the service and what we found

Are services safe?

Requires improvement

We rated safe as requires improvement because:

- Two locations were short staffed as a result of vacancies, maternity leave and staff sickness. For example, Edward Myers unit had a ward manager and a part-time consultant vacancy and an overall vacancy rate of 7%. One Recovery Stafford had 1.2 whole time equivalent (wte) nurse vacancies and maternity leave to cover.
- The IOU nurses were regularly used to cover other wards in the hospital which meant there were less staff available on the Edward Myers unit.
- The IOU was located in a non-clinical area (off the ward) and patients were admitted informally. This meant that patients admitted came with limited information and might only be observed by one member of staff, often female, this was confirmed by the ward manager and other qualified staff we spoke with. Three weeks prior to the inspection there had been a sexual assault on a lone female member of staff at the IOU by a patient. We saw no evidence of learning from this serious incident or changes in practice to mitigate the potential for further assaults.
- Risk assessments and risk management plans were not consistently completed. This meant that there was scope and potential for serious harm to service users and others.
- We saw that there were breaches of security at our visit to ORS. For example, the access code was visible on the door to staff areas and passwords were saved on the computer which meant anyone could access confidential information. The service remedied this immediately when we identified the issues.

However:

- Staff were trained in safeguarding and there was a safeguarding lead at the Edward Myers Unit and a Trust safeguarding lead accessible to all services. We saw some evidence of partnership working to support safeguarding needs.
- All staff at ORS told us they knew how to identify abuse. For example, they told us they did this through observation and information received from stakeholders and anonymous others.

Summary of findings

- ORS had an onsite consultant psychiatrist and a good range of medical staff available which included good links with shared care GP's in the community.
- ORS had clear and robust risk assessment and management plans in place.
- ORS had very good processes in place to re-engage service users who were not attending their appointments.
- Patients who use opiates were a high risk of overdose group. Naloxone (a drug which reduces the effects of opiate overdose) was available on the Edward Myers Unit". Naloxone is considered in national clinical guidance as a potentially lifesaving treatment

Are services effective?

We rated effective as requires improvement because:

- There was no substance misuse specific training programmes at any of the locations we inspected, including, for example, training for group work facilitation. This meant that the recovery focussed groups were not as effective as they might be had the facilitators been trained.
- There was no consistent approach to supervision across two of the three of the services with the only exception of a robust system in place for ORS.
- There was an inconsistent approach to recovery and care planning. Service users were not always involved in care planning.
- At ORL there was no multidisciplinary team meetings.

However:

- The Trust pharmacy team and the infection control lead nurse for the trust had supported the initial set up of clinic rooms for Hepatitis B vaccines at ORS.
- We saw evidence in that there was a Clinical Audit Programme which included a range of relevant audits and action plans. However, one staff member told us that audits were not a standard discussion item at their team meetings.
- Service users at ORL were offered one to one interventions. Staff used the treatment effectiveness intervention mapping tool to promote recovery.
- ORS demonstrated good practice in all areas with an example being clinical staff participating in clinical audits.

Requires improvement

Summary of findings

Are services caring?

Good

We rated caring as good because:

- We observed staff treating patients with dignity, kindness and respect. At ORS, we saw service users given clear boundaries and structure as part of the service.
- Edward Myers unit had a newly established family and carer group, New Beginnings. The group was set up to support and help relatives and friends to talk about their experiences of supporting people with a dependence on drugs and/or alcohol.
- Patients told us that they knew how to access advocacy and we saw that posters were displayed on the walls.
- At ORS, we saw good evidence of focus on care and recovery planning. Service users were given copies of care plans.
- At ORS, we saw that service users, families and carers were encouraged to be involved in care. There were leaflets and posters in the waiting room and service users were involved in recruitment of staff.

Are services responsive to people's needs?

Good

We rated responsive as good because:

- All admissions were planned. We saw evidence that service users were not transferred between wards unnecessarily**.**
- Upon completion of treatment, patients were discharged back to the care co-ordinating service appropriately and with a clear plan of care.
- At ORS, we saw that there was a robust process in place for identifying service users who do not attend (DNA). The manager told us they were developing DNA policy with focus on drug related deaths.
- One Recovery services have 'recovery hubs' available to service users to focus on recovery in the community. Staff told us that the hubs offered activities such as gardening. ORS proudly showed us photos of their new purpose built recovery hub which has been developed with service user recovery in mind.
- Patients had a choice of food to meet their dietary requirements and cultural and religious needs. All five patients at the Edward Myers Unit told us that the quality of the food was of a good standard.

Summary of findings

- We saw patients on leave accessing the gym and local community to go shopping.
- One Recovery services offered a range of services to meet the needs of service users. For example, a needle exchange and home detoxes were offered and seen to be working effectively.
- ORS had a well-resourced waiting room for service users which included a good range of leaflets, posters and comments/ complaints box.
- ORS had an agenda item at their weekly team meeting to discuss concerns and complaints and staff told us there was also individual feedback.
- ORS had recently introduced a 'You Said, We Did' board in the waiting area for service users, however it was yet to be used at the time of the inspection.

However:

- There were no gender specific communal areas or rooms available at the Edward Myers Unit.
- A family room was available for visits but it was on the ward which is not an appropriate location. For example, there has been a recent incident of a violent exchange in the room during a visit which disrupted the unit.
- Patients did not have access to a secure place to store their possessions at the Edward Myers unit.

Are services well-led?

Requires improvement

We rated well led as requires improvement because:

- The Trust's vision was not embedded within the culture of substance misuse services. Staff reported being unclear about the overall vision and values for the services.
- There was an inconsistent approach to local governance structures. There were clinical leadership meetings that incorporated governance and the information from this meeting was fed through minutes to the local team meeting. However, the clinical director told us that a governance structure was not yet in place for the directorate.
- ORS had a robust system for sharing key performance indicators and objectives with the team. This approach was not consistent across all three locations.

Summary of findings

- ORS staff were involved in clinical audits. We observed very clear clinical and operational leadership within this team but this was not reflected consistently across all three services.
- ORS were the only service with a robust case management and clinical supervision system in place.

However:

- We observed good relationships between leadership staff at ORS. As such, clear processes and systems were in place for all staff to work safely and effectively at all levels within the service.
- One staff member told us that they felt pride in the Edward Myers unit.
- All staff at One Recovery services told us they felt good about their job and that they had good relationships with senior staff.
- We saw some evidence of responding to complaints and using recommendations to improve services.

Summary of findings

Information about the service

Substance misuse services comprise of an inpatient service; the Edward Myers Unit and community drug teams in partnership with Addiction Dependency Solutions (ADS) across three different locations.

At this inspection we visited:

- Edward Myers inpatient unit which offers inpatient detox and stabilisation for drug and alcohol users.
- One Recovery teams at Leek and Stafford (ONS), both of which are recovery focussed drug services offering a combination of psychosocial interventions and substitute prescribing.

Our inspection team

The substance misuse team was comprised of two CQC inspectors and one registered nurse and a registered addictions psychotherapist.

Why we carried out this inspection

We inspected this specialist service as part of our on-going comprehensive mental health inspection programme.

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 these services, asked a range of other organisations for information and sought feedback from patients at focus groups.

During the inspection visit, the inspection team:

- visited one inpatient ward and looked at the quality of the ward environment and observed how staff were caring for patients
- visited two community substance misuse teams and looked at the quality of the services delivered to service users accessing treatment for addictions
- spoke with three of the thirteen patients at Edward Myers Unit, one service user at One Recovery in Leek and six service users at One Recovery in Stafford.
- spoke with one acting manager at Edward Myers Unit and a clinical service manager and operational manager at each of the One Recovery sites
- spoke with twenty four other staff members; including doctors, nurses and volunteers
- interviewed the clinical director with responsibility for these services
- attended one group meeting at the Edward Myers unit and visited the One Recovery in Leek 'Recovery Hub'

We also:

- Looked at twenty treatment records of patients and service users
- carried out a specific check of the medication management at all sites
- looked at a range of policies, procedures and other documents relating to the running of the service

Summary of findings

What people who use the provider's services say

Over the past twelve months, the Edward Myers Unit has received a number of compliments from patients who have received treatment. Overwhelmingly, patients thanked staff for their kindness and support during their stay which had contributed to successful detox and discharge into the community.

Good practice

The new beginnings service user group, which was set up in 2013, has a well established peer support network which primarily focuses on the inpatient provision but also has wider connections with the Stoke-on-Trent and Staffordshire community services.

Areas for improvement

Action the provider MUST take to improve

- Have consistent approaches to risk formulation and management across all substance misuse services to ensure the safety and wellbeing of staff, service users, families and the public who could be at risk and doing all that is reasonably practical to mitigate those risks.
- The Trust must provide staff with appropriate training, supervision and support to enable them to carry out the duties they are employed to perform.

Action the provider SHOULD take to improve

- The Trust should ensure that staffing levels across all services adequate so as to ensure that patients' needs are safely met.
- The Trust should introduce a standardised clinical and managerial supervision system across all of the substance misuse services.

North Staffordshire Combined Healthcare NHS Trust

Substance misuse services

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Edward Myers Unit	Harplands
One Recovery North Staffs, Leek	Trust HQ
One Recovery South Staffs, Stafford	Trust HQ

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff at Edward Myers unit received mandatory MCA training. We saw evidence of this in training records.
- ORS staff told us that people were supported if they had impaired capacity and people were given assistance where needed.

Requires improvement

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Our findings

Safe and clean environment

- Although the Edward Myers Unit had separate bedroom corridors for male and female patients, the ward does not provide separate communal areas such as a female only lounge.
- All ward areas were clean, had good furnishings and were well maintained. The Edward Myers ward had a full time domestic and we saw cleaning schedules during our visit.
- Staff adhered to infection control practices including hand washing. Equipment was clean and recording systems were in place to monitor good infection control practice.
- We saw evidence that equipment was well maintained and checked to ensure it was safe, all electrical equipment had been PAT tested at appropriate intervals.
- One Recovery services were in community settings. One Recovery Leek (ORL) was a very small building which was clean and tidy and had appropriate hand washing. We saw no evidence of cleaning schedules and the cleaner and staff exchanged notes if there were any specific cleaning requirements.
- One Recovery Stafford (ORS) was an old GP surgery and had been suitably adapted to meet the needs of the service users. For example, there was a well-equipped BBV clinic room and a good range of private and quiet interview rooms.
- ORS had a recent infection control inspection with clear recommendations and feedback. The clinical service manager gave us clear plans to implement recommendations which included descaling the clinic room sink.
- There was not a seclusion room on the ward as this was not required.

Safe staffing

- At Edward Myers Unit four of the staff spoken with told us they were often short staffed as a result of vacancies, maternity leave and staff sickness. During the day with 14 patients there were three qualified nurses and two health care assistants. At night there was one qualified nurse and two health care assistants. One of the nurses were allocated to the Intoxication Observation Unit (IOU) which meant that they were not always available on the ward.
- The Edward Myers Unit had two intoxication observation beds in the 'Intoxication Observation Unit' (IOU) and one of the nurses allocated to the unit were used to observe these patients when admitted.
- The IOU nurses are regularly used to cover other wards in the hospital which meant there were less staff available on the Edward Myers unit.
- There was a ward manager vacancy and this had been filled awaiting a start date. We were told that recruitment processes were slow and this added pressure to staff to cover while vacancies were waiting to be filled.
- The bank and agency staff were not used regularly however there was a temporary staffing function available within the Trust. The Edward Myers Unit sometimes used substantive staff to work long days to cover shifts.
- The ORS group worker (employed by ADS) was on leave and groups had been cancelled as a result.

Assessing and managing risk to patients and staff

- The IOU was located in a non-clinical area (off the ward) and patients were admitted informally. This meant that patients admitted came with limited information and might only be observed by one member of staff, often female. Three weeks before the CQC inspection there had been a sexual assault on a lone female member of staff at the IOU by a patient.
- Four of the nursing staff at the Edward Myers Unit told us that risk management plans were only formulated if there were identified risks. We looked at the risk assessment records of five patients and none of them had a risk management plan despite risks being

Requires improvement

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

identified. For example, an assessment identified three weeks earlier an overdose and attempted hanging by one patient. There were no supporting risk management plans for this patient.

- Staff were trained in safeguarding and there was a safeguarding lead at the Edward Myers Unit. We saw some evidence of partnership working to support safeguarding needs. For example, one staff told us at the Edward Myers Unit that they had carried out joint working with Multi-Agency Risk Assessment Conference (MARAC). One staff told us they had raised around four safeguarding alerts in the last six months.
- At One Recovery Leek (ORL) we looked at eight care records and saw that they did not have robust risk management plans.
- We saw one record that had outstanding safeguarding issues and the service immediately took action to resolve the issue.
- A service manager 'hoped' that risks were regularly reviewed but had no supervision system in place to ensure risks were appropriately managed.
- The service manager was not based at ORL. The service manager was unclear about who was in charge and was responsible for the service in her absence.
- We saw that there were breaches of security at our visit to ORS. For example, the access code was visible on the door and passwords were saved on the computer which meant anyone could access confidential information. The service remedied this immediately when we identified the issues.
- ORS and ORL had an onsite involved consultant psychiatrist and a good range of medical staff available which included good links with shared care GP's in the community.
- ORS had clear and robust risk assessment and management plans in place. At inspection we saw good practice, for example, in clinic, we saw a service users dispensing arrangements amended to accommodate change in risk levels.
- At ORS we saw that they had very good DNA processes in place to re-engage service users who were not attending their appointments.
- All staff at ORS told us they knew how to identify abuse. For example, they told us they did this through observation and information received from stakeholders and anonymous others.
- Patients who used opiates were a high risk of overdose group. Naloxone (a drug which reduces the effects of opiate overdose) was available on the edward myers unit. Naloxone is considered in national clinical guidance as a potentially life-saving medicine.

Track record on safety

- At ORL we were told there was a drug related death the weekend before our visit. We asked the manager about debrief for staff. We were told that a debrief was offered but not always accepted. This meant that there was no clear structure to debrief staff immediately following adverse incidents.

Reporting incidents and learning from when things go wrong

- The Edward Myers Unit carried out debrief following a recent incident where a female member of staff was assaulted. Staff were offered additional support following this incident. However, when asked, a member of staff told us there were no particular lessons learned following this incident and we saw no evidence of them sorting the significant incident out.
- We saw evidence of incidents being reported at the Edward Myers Unit. Five of the staff told us that knew how to report incidents and that there was feedback at handovers.
- Staff at the Edward Myers Unit told us they received weekly incident report feedback in the form of emails and weekly meetings.
- Staff had a shared data system to check for warning markers that highlight risk for patients admitted to the Edward Myers Unit.
- ORL reported incidents and learnt locally from these incidents by printing minutes off and putting on the staff board. There was also a set agenda item for incidents at the team meeting.

Requires improvement

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

- At ORS staff told us they knew what recordable incidents were and gave examples. This included how lessons were learned and how the lessons were fed back to staff, for example, through one to one supervisions and team meetings.

Are services effective?

Requires improvement

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Our findings

Assessment of needs and planning of care

- Patients at Edward Myers received an assessment on admission which included their physical health, mental health and social needs and this was seen in five sets of care records.
- Of the five sets of care records looked at, two patients did not have recovery plans and one patient had a recovery plan but it was incomplete.
- Of the five sets of care records looked at only one of them had evidence of a confidentiality agreement and sharing information.
- All patients had recorded evidence of assessment of mental capacity.
- Seven staff at ORS told us that they carried out comprehensive assessment of need, that they reviewed regularly, that looked at dynamic risks and that they received regular case management supervision.

Best practice in treatment and care

- The Trust were aware of the concerns nationally and locally of the lethality of a number of street drugs and had reported this in their 'trends' data.
- The Edward Myers Unit was consultant led and patients had access to professionals to address mental or physical health needs. For example, links with ante-natal services for pregnant patients.
- We were told that the client satisfaction survey was completed every couple of years and used to improve services. The surveys were available on the Trust website.
- ORS had a BBV clinic planned, the clinic room was set up and nearly ready to use.
- Pharmacy and the infection control lead nurse for the trust had supported the initial set up of clinic rooms for Hepatitis B vaccines at ORS.
- We saw evidence in that there was a Clinical Audit Programme which included a range of relevant audits and action plans. However one staff told us that audits were not a standard discussion item at their team meetings.
- There was some work going on with shared care doctors in the community which supported links to on-going treatment on discharge.
- Service users at ORL were offered one to one interventions and staff used the treatment effectiveness intervention mapping tool to promote recovery.
- ORS demonstrated good practice in all areas, for example, clinical staff participated in clinical audits.

Skilled staff to deliver care

- At Edward Myers unit, staff were experienced and qualified however there was little evidence of any on-going substance misuse specific training for the five qualified staff. The unqualified staff member spoken with did receive support in achieving an NVQ 2 & 3 in substance misuse in a specialist environment qualification.
- Staff at the Edward Myers unit did not receive group work training and group work was offered as part of the treatment package. We observed one of the groups at the Edward Myers and witnessed ineffective facilitation, no ground rules, interruptions and poor commitment to the process.
- The Edward Myers unit did not have a mandatory management, professional or clinical supervision system in place.
- The Edward Myers unit had a range of medical staff available to provide care to patients and they had a 24 on call service in the event of an emergency. A pharmacist visited the ward daily.
- All staff at the Edward Myers unit received appraisals every 12 months.
- Handovers occurred three time a day at the Edward Myers unit.
- There was no formal system for supervision at ORL.
- At ORL we spoke with four qualified nurses and only one had clinical supervision.
- At ORL one of the nurses had no form of supervision since they started in post over one year ago.
- Five staff at ORL told us that they did not receive any role specific training.

Are services effective?

Requires improvement

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

- At ORS we saw that staff were kept up to date with their skills sets and this was supported with supervision, appraisal and specialist training for non-qualified staff.

Multi-disciplinary and inter-agency team work

- Edward Myers had MDT's with a range of professionals, for example, doctors, social workers, nurses and psychology.
- Edward Myers unit had good links with partner organisations both internal to the Trust and external. For example, mutual aid groups (AA) who provided onsite services.
- At ORL there was no evidence of multi-disciplinary team meetings.
- At ORS we saw a good range of multi-disciplinary staff, including a family worker and integration of partner agencies. For example, Changes who offer a dual diagnosis service and there were weekly meetings as well as minutes from meetings accessible to all.
- ORS told us they had good links with partner agencies including social services and mutual aid, for example, Alcoholics Anonymous.

Adherence to the MHA and the MHA Code of Practice

- All patients at the Edward Myers Unit were informal, however all staff received mandatory MHA code of practice training. There was a mental health act administrator within the Trust and staff reported knowing how to access additional information on the intranet.

Good practice in applying the MCA

- Staff at Edward Myers Unit received mandatory MCA training, staff told us this and we saw evidence in training schedules.
- ORS gave examples of joint working and planning using the Trust legal department and referenced the statutory principles.
- ORS told us people were supported if they had impaired capacity and people were given assistance were needed.

Good

Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Our findings

Kindness, dignity, respect and support

- We observed staff treat patients with dignity, kindness and respect across all three sites.
- Three patients at the Edward Myers Unit told us that staff were friendly, caring and that they felt safe.
- One patient at the Edward Myers Unit told us that they felt they were receiving a good service.
- Seven service users across all three sites told us they felt staff were respectful and polite.
- We observed a home detox and saw that the nurse was compassionate, caring and mindful of dignity throughout the process.
- At ORS we observed respect and support between staff and service users but with clear boundaries.

The involvement of people in the care they receive

- The Edward Myers Unit had a newly established family and carer group, New Beginnings to support and help relatives and friends to talk about their experiences of supporting people with a dependence on drugs and/or alcohol. The group met every Wednesday from 7-8pm.
- Only two of the five care records at the Edward Myers Unit indicated that patients were involved in their recovery planning while in treatment.
- Patients at the Edward Myers Unit told us that they knew how to access advocacy and we saw posters were displayed on the walls.
- All three patients we spoke with at the Edward Myers Unit told us they were given the opportunity to feedback about services, for example questionnaires.
- We saw inconsistent involvement of service users at ORL in their care or recovery in the form of recovery plans.
- At ORS we saw good evidence of focus on care and recovery planning, service users were given copies and staff were sent email reminders to always give service users copies of their care plans.
- At ORS we saw that families and carers were encouraged to be involved in care. There were leaflets and posters in the waiting room and service users were involved in recruitment.

Are services responsive to people's needs?

Good

By responsive, we mean that services are organised so that they meet people's needs.

Our findings

Access and discharge

- The deputy manager told us that the Edward Myers Unit tried to keep occupancy up and that only out of area referrals go on a waiting list and that they met their 21 day target**.**
- All admissions at the Edward Myers Unit were planned and no patients were moved from ward to ward**.**
- Patients were discharged back to the care co-ordinating service appropriately and with plans.
- At the Edward Myers Unit, we saw that only two of the five care records had a plan in place for unexpected treatment exit. This could leave services users vulnerable to a number of risks including an increased risk of relapse or overdose.
- At ORL we saw little evidence of discharge planning and only one of the records looked at planned for unexpected exit from treatment. However, they did have a good 'did not attend' (DNA) process in place and all staff told us that this was robust and encouraged engagement in services.
- At ORS we saw that there was a robust process in place for identifying DNA's and the manager told us they were developing a joint DNA policy with focus on drug related deaths.

The facilities promote recovery, comfort, dignity and confidentiality

- At the Edward Myers Unit there were a range of rooms available to patients on the ward however no gender specific rooms available.
- At the Edward Myers Unit, a family room was available for visits but it was on the ward which is not an appropriate location. For example, there had been a recent incident of a violent exchange in the room during a visit which disrupted the unit.
- At the Edward Myers Unit, staff told us that children were allowed on to the ward to access the family room and visit their relatives; this was clearly not a safe or appropriate location for children.
- One Recovery services all had 'recovery hubs' available to service users to focus on recovery in the community. Staff told us that the hubs offered activities to promote service user recovery for example, gardening.
- ORS proudly showed us photos of their new purpose built recovery hub which had been developed with service user recovery in mind.

Meeting the needs of all people who use the service

- At the Edward Myers Unit, patients did not have access to a secure place to store their possessions
- At the Edward Myers Unit, patients had a choice of food to meet their dietary requirements and cultural and religious needs and all five patients told us that the quality of the food was good.
- At the Edward Myers Unit, three patients told us there were activities on the ward and we saw patients on leave accessing the gym and local community to go shopping.
- The Trust were developing more integrated services for people with alcohol-related brain damage and had built links with the Royal Stoke University Hospital to review care pathways and explore the need for service developments in relation to patients with alcohol-related brain damage.
- One Recovery services offered a range of services to meet the needs of service users. For example, a needle exchange and home detoxes were offered and seen to be working effectively.
- At ORL there was an in-service blood borne virus service which operated within the NICE guidance outlines on reducing drug related harm. The nurses were trained to do dry spot blood testing and the service was delivered out of the Russell Street access hub.
- ORS had a well-resourced waiting room for service users which included a good range of leaflets, posters and comments/complaints box.

Listening to and learning from concerns and complaints

- Three service users told us that they knew how to complain.
- One service user told us there was no need to complain because staff were very professional.
- Staff told us that they know how to complain, they were aware of Patient Advice and Liaison Service (PALS) and they learnt from complaints at staff meetings.

Are services responsive to people's needs?

Good

By responsive, we mean that services are organised so that they meet people's needs.

- At ORL all staff told us they knew how to complain, they were aware of the organisation's whistleblowing policy and that they learned from complaints at team meetings.
- ORS had an agenda item at their weekly team meeting to discuss concerns and complaints and staff told us there was also individual feedback.
- ORS had a 'You Said, We Did' board in the waiting area but it was unused.

Are services well-led?

Requires improvement

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Our findings

Vision and values

- We saw no evidence of the services vision or values in practice or displayed anywhere on the Edward Myers unit or One Recovery services.
- Staff told us that the trusts values and visions were not yet familiar to them. For example, the Trust promote 'SPAR' (Safe, personalised, accessible, recovery focussed) in their vision and values material, staff told us they heard about this just weeks before the CQC inspection and some staff had no knowledge of the SPAR statement.
- Staff knew who the most senior managers in the trust were and these managers had visited the ward.

Good governance

- At the Edward Myers Unit, there were no separate local governance meetings however there was a clinical leadership meeting that incorporated governance and the information from this meeting was fed through minutes to the local team meeting. The clinical director told us that they had yet to work governance out for the directorate.
- There was a separate governance meeting for One Recovery services.
- ORL did not share key performance indicators or targets in a structured way with staff.
- ORS had a robust rating system for sharing key performance indicators and objectives with the team.
- ORS involved clinical staff in clinical audits and we observed very clear clinical and operational leadership.
- We observed good relationships between leadership staff at ORS and clear processes and systems in place for all staff to work safely and effectively at all levels.

Leadership, morale and staff engagement

- The Edward Myers Unit had a manager's vacancy which has been filled but the manager is not yet in post.
- At the Edward Myers Unit, there had been no commitment to management or clinical supervision to ensure good practice and on-going learning.
- One staff at the Edward Myers Unit told us that they felt pride in the unit
- All staff at One Recovery services told us they felt good about their job and that they had good relationships with senior staff.

Commitment to quality improvement and innovation

- We saw some evidence of responding to complaints and using recommendations to improve services.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Regulation 12 HSCA 2008 (Regulated activities) Regulations 2014** **Safe care and treatment** Substance misuse services were not consistent in their approaches to risk formulation and management to ensure the safety and wellbeing of staff, service users, families and the public who could be at risk and doing all that is reasonably practical to mitigate those risks. Staff did not receive appropriate training, supervision and support to enable them to carry out the duties they are employed to perform. This was a breach of Regulation 12 (2)(a) and (b) assessing the risks to the health and safety of service users of receiving the care or treatment and doing all that is reasonably practicable to mitigate any such risks.