

Isle of Wight NHS Trust

Substance misuse services

Quality Report

102 Carisbrooke Road, Buccleuch House ,
Newport, Isle Of Wight, PO30 1DB
102 Carisbrooke Road, Buccleuch
House , Newport, Isle Of Wight, PO30 1DB
Tel: 01983 526654
Website: www.iow.nhs.uk

Date of inspection visit: 22-24 November 2016.
Date of publication: 12/04/2017

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
R1FX4		IRIS Buccleuch House	PO30 1DB

This report describes our judgement of the quality of care provided within this core service by Isle of Wight 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 Isle of Wight NHS Trust and these are brought together to inform our overall judgement of Isle of Wight 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

Good 

Are services safe?

Good 

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 / 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

Contents

Summary of this inspection

	Page
Overall summary	4
The five questions we ask about the service and what we found	5
Information about the service	8
Our inspection team	8
Why we carried out this inspection	8
How we carried out this inspection	8
What people who use the provider's services say	9
Good practice	9
Areas for improvement	9

Detailed findings from this inspection

Locations inspected	11
Mental Health Act responsibilities	11
Mental Capacity Act and Deprivation of Liberty Safeguards	11
Findings by our five questions	12

Summary of findings

Overall summary

We rated this service as good because.

- The building was accessible, with a clean and well-maintained environment. The clinic room contained appropriate equipment for physical health monitoring; for example, there was a couch and an electrocardiogram machine to check clients' heart rhythm and electrical activity.
- There were sufficient numbers of staff to meet the needs and safety of the clients using the service. The trust provided all staff with mandatory training. There was a robust staff induction programme and staff attended mandatory training. Staff morale was good despite recent pressures of redesign and reductions in staffing.
- Staff interacted with clients in a respectful and supportive way. Staff were warm, kind, respectful, enthusiastic and positive. Full risk assessments and risk management plans were in place. They were clear and comprehensive. Staff discussed risk with partner agencies on an ongoing basis. Staff used a robust assessment tool called 'client evaluation of self' at the point of referral. All the care records we reviewed were comprehensive and clear. Staff assessed the physical and mental health of the clients and continued to review and update the records. Where appropriate, staff involved clients and family members fully in care planning.
- Staff supported clients in line with 'drug misuse and dependence: UK guidelines on clinical management (2007)' during detoxification treatment, and followed the trust's 'operational guidelines for alcohol and opioid prescribing' as well as the Royal College of General Practitioners guidelines (first edition 2011). All the guidelines for interventions and prescribing pathways were adapted from appropriate National

Institute of Clinical Excellence (NICE) guidelines. Prescribers recorded appointments and outcomes on the electronic records and a client's prescribing pathway was clear and legible.

- There was a good choice of activities to suit individual needs such as the 12-step programme, and informal group sessions designed to help clients discuss and improve skills in coping with dependency and avoiding relapse, although the service did not have access to a psychologist
- The provider had a robust incident reporting process. Staff knew how to report incidents. Staff were open and honest when things went wrong.

However,

- Although the service had a detailed health and safety environmental risk assessment, including fire risk assessments, and staff told us their policy was to review the document annually, the environmental risk assessment had not been updated since January 2015 and staff had not monitored progress against the identified actions. Staff had also not updated all other policies, including for children visiting the service.
- Although supervision took place, this was not regular and documentation was of poor quality.
- Staff did not formally document a daily handover of client information at the end of each shift, which meant staff did not evidence how they monitored client progress.
- Staff did not have a clear system in place for documenting when they administered medication
- The service operated in isolation from the rest of the trust and staff did not feel the service was an integral part of the trust.

Summary of findings

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

Are services safe?

We rated safe as good because:

- The environment was clean warm and welcoming.
- Staff were experienced and competent to identify and respond to risk.
- Staff followed safe prescribing procedures and clients had regular medical reviews throughout their treatment.
- Managers ensured there were sufficient staffing levels to manage client caseloads.
- Staff were aware of safeguarding policies and procedures.
- Staff knew how to report incidents and there was clear learning from incident reviews.

However,

- When staff dispensed medicines, it was not easy to identify where they documented it.
- Staff had not updated some of the local policies such as the lone working policy or children visiting the service.
- Staff had not monitored the environmental risk assessment that meant they did not know if staff had completed the actions identified.
- Staff did not record client activity throughout the day to evidence how they monitored client progress.

Good



Are services effective?

We rated effective as good because:

- Assessments were holistic, comprehensive and client-centred, and clinical care records contained clear recovery care plans.
- Staff supported people in line with 'Drug misuse and dependence: UK guidelines on clinical management (2007)' alongside consideration of appropriate NICE guidelines.
- Staff were sufficiently skilled, knowledgeable and experienced to carry out their roles.
- Managers provided and ensured staff attended both mandatory and specialist training.

However,

- The service did not have a psychologist as part of the multidisciplinary team.

Good



Summary of findings

Are services caring?

We rated caring as good because:

- Staff interacted with clients in a warm, supportive, and positive way. Clients told us they felt supported and that staff treated them with respect.
- Staff involved clients throughout their treatment. Staff created recovery care plans with clients. Clients told us they felt empowered to contribute to their treatment.
- Staff and managers promoted a client-centred culture within the service.

Good



Are services responsive to people's needs?

We rated responsive as good because:

- The service had set targets of seeing clients within fifteen working days; this was being met, with many clients seen sooner than this.
- Clients could receive a rapid prescribing service and could be seen on the same day.
- The service offered specialised support to vulnerable people, such as young people and pregnant women.
- Staff followed procedures to engage people who did not attend appointments. They made efforts to contact them and worked closely with relevant agencies such as the local pharmacist.
- Staff and clients knew how to make a complaint and understood the complaints process.

Good



Are services well-led?

We rated well led as good because:

- The managers were visible, and supportive of their teams.
- Staff morale was good despite recent pressures of redesign and reductions in staffing.
- Staff we spoke with were positive about their contribution to the services.
- Staff and managers knew the vision and values of IRIS, and shared best practice and ideas with each other to improve their own performance.
- Staff received specialist training to be confident and competent in their roles.

Good



However,

Summary of findings

- Staff did not receive regular supervision and documentation was poor.
- Staff felt that senior managers at the trust did not consider the service an integral part of the trust.

Summary of findings

Information about the service

Through its Integrated Drug and Alcohol Service (IRIS), the Isle of Wight NHS Trust provides a single point of contact to anyone suffering from drug and alcohol problems.

In 2014, the Isle of Wight NHS Trust was successful in acquiring the contract to deliver an integrated substance misuse service to adults and young people across the island.

The service provides assessment and recovery-focused treatment for clients who misuse drugs and alcohol. This includes substitute prescribing for primary heroin users (who may also use other drugs, including alcohol), drug detoxification (subject to assessment), and one-to-one and group support. Advice and information is also available, alongside needle exchange, safer injecting practices, acupuncture, hepatitis C and HIV testing and hepatitis B vaccination.

All clients receive an initial assessment. The alcohol team offer a full assessment for harmful and dependent alcohol users. It also provides one-to-one work and signposting as well as access for alcohol detoxification, subject to meeting essential criteria. Clients who are assessed as having a crack cocaine or heroin dependency are eligible for detoxification support and rehabilitation.

In addition, it also provides a family and carer service. This offers information and support to anyone affected by someone else's drug or alcohol use providing one-to-one support and a quarterly drug and alcohol carers' forum.

We last inspected the Isle of Wight NHS trust in June 2014. We published the report in September 2014. At the time of the last inspection, we rated IRIS as good overall.

Our inspection team

The team that inspected the substance misuse service consisted of three people: Sharon Dyke (inspection lead), one assistant inspector, and one specialist adviser who had clinical practice experience in substance misuse services. The team that inspected the substance misuse

service consisted of three people: Sharon Dyke (inspection lead), one assistant inspector, and one specialist adviser who had clinical practice experience in substance misuse services.

Why we carried out this inspection

We inspected this core service as part of a responsive follow up focussing on areas for improvements arising from last inspections and concerns from ongoing monitoring.

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 this service, and sought feedback from eight staff members, nine clients, and nine carers at three focus groups.

During the inspection visit, the inspection team:

Summary of findings

- visited the service, looked at the quality of the environment and observed how staff were caring for clients
 - spoke with the manager and deputy manager of the service
 - spoke with the lead clinicians in substance misuse detoxification treatment and the 12-step programme
 - spoke with five other staff members including, nurses, social workers and administration staff
 - attended and observed one handover meeting
 - attended and observed one external agency meeting
 - collected feedback from 14 clients using comment cards
 - looked at six treatment records of clients
 - looked one medication record
 - carried out a specific check of the medication management on site
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the provider's services say

- Clients who used the Integrated Drug and Alcohol Service told us they felt staff treated them with respect and involved them in their care wherever possible. All clients we spoke with said they felt safe and listened to. One client said it was the most influential therapy they had tried. Clients told us they had had the same worker and that they felt care was consistent.
- Clients we spoke with told us staff treated them with respect and always helped them to cope better. Clients said staff understood their needs and were flexible. One client said even though the course was three months long, staff allowed them to do it over nine months. Clients said staff taught them how to 'deal with life'.
- We also spoke with carers who told us that the service supported them well and they had access to a family liaison worker who answered all their questions. One carer said staff accompanied them to the hospital, while another said staff arranged for people from the health team and probation to meet them to discuss their family member's care.
- Carers told us the name plaque on the wall advertised the old service, Island Drug and Alcohol Service. They felt this was confusing.

Good practice

- All staff were trained to administer Naloxone (used to treat an opioid overdose in an emergency). The team had three Naloxone champions who provided robust training on using the medication to clients, carers, and external agencies.
- The service was running an opiate dependency pilot. This meant staff could support clients on high doses of Methadone to convert to lower doses in a much shorter time.
- The service offered testing for hepatitis C. This meant clients no longer had to travel to Southampton for this service.

Areas for improvement

Action the provider **MUST** take to improve

Action the provider **SHOULD** take to improve

- The provider should consider having access to a defibrillator for use in the event of an emergency.
- The provider should ensure there is access to Naloxone in the service in line with its Naloxone programme and national guidance.
- The provider should ensure cleaning records are in place and kept up-to-date.

Summary of findings

- The provider should ensure the environmental risk assessment is up-to-date and regularly monitored.
- The provider should ensure policies are reviewed, and up to date.
- The provider should develop clear procedures for parents bringing children into the service.
- The provider should display the correct name of the service on the outside of the building.
- The provider should ensure staff have regular access to formal supervision and that a record is kept of this.
- The provider should document formal handovers.
- The provider should ensure medicine administration is clearly documented.
- Senior trust managers should ensure the service is fully integrated into the wider trust.

Isle of Wight NHS Trust

Substance misuse services

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Substance Misuse service	Island Recovery Integrated Service

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider. There were no detained patients at this service.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff we spoke with knew the principles of the Mental Capacity Act and its relevance within a specialist

substance misuse service. They were able to identify how substances could affect mental capacity, the need for assessments to be decision specific and how this could trigger issues around consent or treatment.

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

- The building we visited was accessible, with a clean and well-maintained environment. The internal decoration was bright, and painted in a way to support partially sighted people.
- The clinic room contained appropriate equipment for physical health monitoring. For example, there was a couch and an electrocardiogram to check a client's heart rhythm and electrical activity. This was particularly important for clients prescribed high dose Methadone.
- The clinical area was clean with visible stickers that stated the date's staff checked the equipment. Staff checked the equipment regularly. However, there was no access to a defibrillator that could be used in the event of an emergency. Staff used the local emergency services, for example dialling 999.
- Blood-borne virus equipment (blood vials, needles, plasters) was stored safely in a locked room. These items were well stocked and kept in a well-ordered way. There were clear procedures for collection and disposal of clinical waste products and sharps.
- The clinical area was a private consultation room. Conversations taking place in this room could not be overheard from outside. If staff identified clients as a risk, they had access to mobile alarms for their safety.
- Staff carried out all urine or blood screening in a separate private clinical area with a toilet, ensuring clients' privacy, and dignity.
- The provider offered Naloxone (used to treat an opioid overdose in an emergency). There was always a member of staff available trained in the use of Naloxone, and plans were in place to train clients and carers. However, staff did not keep Naloxone on site, which meant they would not be able to respond quickly in the event of an emergency.
- Where prescribed medicines were kept on site they were monitored and audited, and stored securely. Staff carried out regular stock checks and audits. Prescribing

staff kept prescriptions secure in a locked area. Staff documented when they dispensed medication to a client. However, this was at the bottom of the prescription card and not easy to identify.

- The service had a detailed health and safety environmental risk assessment, including fire risk assessments. Staff told us their policy was to review the document annually. However, this had not been done since 2015 and staff had not monitored progress of the identified actions.

Safe staffing

- The manager told us that they had 24 full time equivalent staff members. This ensured there were five staff in the building at all times. This number was set as part of the tender process in 2014 when the service had been reconfigured. As a result, some staff were made redundant which meant caseloads increased. The manager told us they had to report on staffing levels as one of the commissioner's key performance indicator requirements.
- The service had three recovery teams that included prescribers who were qualified and competent to assess and prescribe for drug and alcohol detoxification. All staff in the teams had the knowledge and skills to recognise and identify signs of deterioration in mental and physical health during client detoxification or withdrawal.
- The specialist drug and alcohol service overall sickness level was 6%. Twenty members of staff had had at least one period of sickness from December 2015 to November 2016. Managers monitored sickness and absence levels closely and told us this was high due to the effect of the redesign and reduction in staffing in 2014/15.
- Across the specialist substance misuse service, five staff members (21%) had left during the redesign and reduction period. One staff member was redeployed to another team within the trust, one moved out of area, one retired and two were made redundant. The manager had two bank workers in post and told us they were able to adjust staffing levels according to the needs of the service.

Are services safe?

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

- The service did not have a set number of clients it could work with. At the time of our inspection, it had more than 500 clients registered for treatment. Staff we spoke with told us they felt extra pressure due to the reduction in staff. However, they felt the caseloads were manageable despite the complexities of the clients' needs.
- The service had a competent and supportive administration staff member. They demonstrated a high level of understanding and commitment to the service and the clients. Staff told us the administration staff went 'above and beyond' to support the team and ensure the service they delivered was safe.
- The trust provided all staff with mandatory training. This included basic resuscitation, safeguarding adults up to level 5, safeguarding children levels 2 and 3, information governance, and infection control. Training records showed that 84% of staff had completed mandatory training, which was below the trust's target of 95%. Some of the gaps in completion of mandatory training were due to the trust setting training dates that did not coincide with when new staff started.

Assessing and managing risk to patients and staff

- Full risk assessments and risk management plans were in place in all the clinical records we looked at. They were clear and comprehensive. Staff reviewed and updated risk assessments at every meeting they had with a client.
- Staff discussed risk with partner agencies on an ongoing basis. All clients had an emergency contingency plan in place, in the case of a sudden unexpected exit from treatment, this included good relationships with the local pharmacist and access to community hubs. The service did not have a current waiting list.
- Staff discussed risk and safeguarding issues within regular team meetings. Staff told us they would discuss risk on a daily basis and felt confident they could manage the risk if they had to cover clinics or one to one meetings with clients due to their colleagues being off sick or unavailable.
- The young people's team conducted home visits. This team described the local lone working procedure that included signing in and out at reception and completing

a risk assessment at the location. The provider also had a lone working policy. However, the policy was dated 2013 and had not been reviewed on the specified date of November 2015.

- The general practitioner (GP) who worked at the service one day a week provided prescribing and support to pregnant women who used opiates. They ensured that these clients were involved with the local authority safeguarding teams. Staff told us safeguarding was a high priority and staff had good links with the local authority safeguarding teams.

Track record on safety

- The trust had a policy for reporting incidents. It highlighted what events staff should report. Staff reported incidents through the trusts electronic reporting system. The provider reported that there had been no serious incidents during the period of December 2015 and November 2016. Clients we spoke with told us they felt extremely safe in IRIS, and they had confidence that the staff managed risk quickly, professionally and discreetly.

Reporting incidents and learning from when things go wrong

- Managers reviewed the incidents and escalated them to the trust's governance team. We saw minutes that showed staff discussed incidents and learning at team meetings. For example, following the death of a client in 2015, the coroner requested that staff report any change with client circumstance to the GP in the future.
- Staff we spoke with knew how to report incidents and explained how managers would investigate them. One member of staff gave an example of learning that was identified and explained that changes made to service delivery included informing the GP when client circumstances changed.

Duty of candour

- Duty of candour is a legal requirement, which means providers must be open and transparent with clients about their care and treatment. This includes a duty to be honest with clients when something goes wrong.
- Staff we spoke with understood the need to be open and honest with clients. For example, there had been an incident when staff had reported information to the

Are services safe?

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

safeguarding team inappropriately. Staff discussed in detail and recognised that they needed to apologise to the client. Staff explained the situation to the client and offered an apology.

Are services effective?

Good 

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

- Staff used an assessment tool called 'client evaluation of self' (CESI) at the point of referral. This was from the Birmingham treatment effectiveness initiative (BTEI). The CESI consisted of set screening questions that look to evaluate a person's motivation, psychological functioning, and social functioning. Staff completed the CESI at the start of treatment.
- There were three client evaluation of self and treatment (CEST's) in use. The first two evaluated and measured progress compared to the start of the client's journey through treatment with regard to their psychological functioning and their social functioning. The third was for treatment, asking the client questions such as how satisfied they were with the treatment they received, how was the rapport with their counsellor, did they participate in treatment, peer support and social support.
- Staff told us they both helped them work collaboratively with the client and supported the client and keyworker in care planning. By completing the CEST at regular intervals, it allowed for evaluation and reflection of interventions provided.
- All the care records we reviewed were comprehensive and clear. Staff assessed the physical and mental health of the clients and continued to review and update the records. All comprehensive assessments had recovery care plans created with the individual. The care records included urine screening results, and detoxification/withdrawal assessment and monitoring tools.
- Staff completed electrocardiograms for all clients receiving over 100 millilitres of Methadone per day. This was to check they were not experiencing a lengthened heartbeat cycle, which could result from receiving high dose Methadone.
- Prescribers recorded appointments and outcomes on the electronic records and a client's prescribing pathway was clear and legible.

Best practice in treatment and care

- Staff supported people in line with 'Drug misuse and dependence: UK guidelines on clinical management

(2007)' during detoxification treatment, and followed the trust's 'operational guidelines for alcohol and opioid prescribing' as well as the Royal College of General Practitioners guidelines (1st edition 2011). Staff told us all the guidelines for interventions and prescribing pathways were adapted from appropriate NICE guidelines.

- Clients attended one to one and group meetings based on a recognised model of treatment. Staff delivered these therapies in line with the National Institute for Health and Care Excellence (NICE). The Island Recovery Integrated Service (IRIS) also had medical staff that supported dual diagnosis and provided detox for pregnant women. Clients we spoke with were enthusiastic about the programme offered at the (IRIS). The service also referred clients to the local Improving Access to Psychological Therapies (IAPT) team for psychological therapies.
- Staff used Clinical Institute Withdrawal Assessment of Alcohol Score (CIWA) and Clinical Opiate Withdrawal Scale (COWS). These were measuring scales used for assessing monitoring and managing alcohol and substance misuse withdrawal symptoms. Staff completed them regularly and appropriately.
- There was a good choice of activities to suit individual needs such as the 12-step programme, informal group sessions designed to help clients discuss and improve skills in coping with dependency and avoiding relapse.

Skilled staff to deliver care

- The team had a manager and deputy manager. Clients using the service had access to staff with a variety of skills and experience. The team included doctors, registered nurses, non-medical prescribers, consultant psychiatrist, social workers, support and treatment access and recovery workers, and administrators. However, the service did not have a psychologist as part of their multi-disciplinary team.
- Staff told us they each had a professional lead role. This included blood-borne viruses, criminal justice, dual diagnosis, psychosocial, drug and alcohol, and a detoxification speciality lead nurse prescriber. However, as the service did not have access to a psychologist they

Are services effective?

Good 

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.

relied on the local Improving Access to Psychological Therapies team (IAPT) for psychological interventions. Staff did not know how long clients had to wait to see a therapist within this service.

- The service had a competent and supportive administration staff member. They demonstrated a high level of understanding and commitment to the service and the clients. Staff told us the administration staff went 'above and beyond' to support the team to ensure the service they delivered was safe.
- There was evidence that staff completed specialist training in addition to mandatory training to ensure they had the specific, specialist skills to support clients effectively. For example, staff trained to deliver Naloxone training and domestic abuse training had been booked for December 2016.
- All new staff received a trust induction and a service specific induction. Staff told us they felt they had sufficient skills, support, and training to carry out their roles.
- Staff told us formal one to one managerial supervision was not regular and when they did take place we found that managers did not record the meeting well. However, staff told us they felt supported and received supervision verbally on a daily basis. Staff had all recently received an appraisal of their work performance. There were no poor performance issues identified at the time of the inspection.

Multi-disciplinary and inter-agency team work

- Managers met with the clinical leads quarterly. At these meetings, staff discussed team performance and

identified issues as well as sharing good practice and learning from incidents. This information was cascaded to the team members through three weekly staff meetings. We saw minutes that confirmed this.

- We observed staff discussing clients regularly throughout the inspection. Information was clear and detailed, covering physical and mental health. Staff demonstrated an in-depth thorough knowledge of needs and risks, and spoke with warmth, understanding and kindness. However, staff told us they did not have formal handovers each day and information discussed was not recorded which meant staff who had not been involved in the verbal handover could miss important information about client progress.

Adherence to the Mental Health Act and the Mental Health Act Code of Practice

- There were no patients detained at this service. The service was not registered to accept clients detained under the Mental Health Act. If a client's mental health were to deteriorate, staff knew whom to contact. Some staff were registered mental health nurses, which meant that they were skilled in recognising the signs and symptoms of mental health problems.

Good practice in applying the Mental Capacity Act

- Staff had an understanding of the Mental Capacity Act (2005) and its principles. Clinical records showed that staff had sought consent to treatment as well as consent to share information. Staff told us they had several members of the team that had expertise in applying the Mental Capacity Act; this included mental health nurses, specialist GP, specialist consultant, and the dual diagnosis team. There were no detained patients at the time of the inspection.

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 interacting with clients in a respectful and supportive way. Staff attitudes towards clients who came in to the service at the time of the inspection were warm, kind, respectful, enthusiastic, and positive. Without exception, staff demonstrated genuine care and concern, listened carefully to the clients and demonstrated a high level of empathy and support.
- Clients told us they felt supported and guided by staff, they felt positive about the care provided. We received a large amount of very positive feedback from clients and carers involved in the service; for example, they told us the staff went 'above and beyond' and that they were approachable and knowledgeable and made them feel respected.
- Clients told us staff treated them as individuals and staff supported them to achieve their goals. One client pulled out his care plan from his pocket and showed us how he had been able to draw his goals and how staff had facilitated this.
- Staff and managers promoted and achieved a strong client-centred culture within IRIS. Due to the redesign

process and reduction in staffing there was increased pressure on staff. Staff had not let this affect their attitudes or level of care and visibly prioritised clients' well-being and needs.

- Staff told us they were committed to improving the care and support provided to clients by working in a creative and innovative way under pressure. The redesign of the service had prompted closer partnership working and increased communication with other agencies that ensured staff did not compromise care.

The involvement of people in the care they receive

- Clients we spoke with told us they had been involved in their care planning. One client pulled his care plan out of his pocket and told us how he had created it with the help of staff. Clinical records we viewed showed involvement with clients and clear communication during progress. Staff worked hard to build positive and meaningful relationships with the clients.
- Family members were involved in the treatment process when this was appropriate. For clients wishing to have family involvement, family meetings were encouraged. However, the provider did not have a policy in place to safeguard children visiting the service and expected parents visiting their family members to take full responsibility for their children whilst they were in the building.

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 trust had a set target of 15 working days from referral to assessment for the specialist drug and alcohol team. The team had met this target 100% over the previous 12 months. Staff told us they did not have a waiting time and that managers allocated the client to a staff member within 24 hours.
- Staff saw urgent and high-risk clients very quickly. For example, those released from prison, pregnant women, or those with high risk safeguarding issues. The teams were flexible and re-prioritised appointments when an urgent issue arose.

The facilities promote recovery, comfort, dignity and confidentiality

- The service had comfortable rooms available for one to one meetings and assessments, including interview rooms, group and clinic rooms. All rooms were adequately sound proofed, had good lighting and were well kept.
- The service had a variety of information in the waiting area and interview rooms relevant to substance misuse, such as mental and physical health, medication, treatment and interventions, helplines, safeguarding,

harm reduction advice, safer injecting, overdose prevention, advocacy services, groups, and local services. There was also advice on domestic violence and counselling services.

- The service provided information on how to make a formal complaint.

Meeting the needs of all people who use the service

- Information was available in different languages if required, and staff could access interpreters if required. The building was accessible to everyone, and had disabled access.

Listening to and learning from concerns and complaints

- The provider reported that there were no formal complaints made during the period of December 2015 to November 2016.
- Clients we spoke with told us they knew how to make a complaint. However, they also told us when they raised a problem staff would deal with this quickly.
- Staff we spoke with described the complaints procedure and what steps would take place if a complaint was raised.
- The manager communicated concerns in team meetings. This included compliments received. We saw examples of this in team meeting minutes.

Are services well-led?

Good 

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

- Staff we spoke with could not describe the visions and values of the trust. They did not feel part of the wider trust and felt that the trust did not consider the service as an integral part of the trust. However, staff did know how to access information through the trusts intranet.
- Staff had a clear understanding of the direction of the Island Recovery Integrated Service (IRIS) despite the pressures of the service redesign. Staff and managers knew the vision and values of IRIS, and shared best practice and ideas with each other in order to improve their own performance.
- The manager and deputy manager had engaged with other agencies including the commissioners to create a forward thinking, high quality vision for the future for the service.
- The service was flexible and proactive. Staff and managers were keen to provide care based on current best models of practice.

Good governance

- There were systems to manage and monitor risk and decision-making. The managers monitored the impact of the new strategy and systems closely to ensure financial pressures did not affect care provision.
- The service was meeting contractual targets set by the commissioners. Staff provided information required for the National Drug Treatment Monitoring System (NDTMS), (the system that provides national statistics about drug and alcohol misuse). This included referral to treatment times, types of drug misuse and successful treatment outcome statistics. Staff we spoke with understood the importance of collecting these figures and their purpose.
- The managers provided opportunity for the service to review practice and for staff to share learning. Staff told us they felt well informed through team meetings, training, and supervision. We looked at some team meeting minutes and saw clear documentation and actions. Managers carried out audits on all areas of service provision to ensure high quality.

- Mandatory training completion levels were 84% overall against the trust target of 95%. The manager alerted staff when training was due through the trusts monitoring systems.
- Staff we spoke with told us they felt supported and happy with the level of supervision received. However, this was not formal one to one managerial supervision. Records were limited and of poor quality.
- All staff received an annual appraisal of their work and professional performance.
- The manager had returned from seven months sick leave at the time of the inspection. During their absence, a deputy manager in post had a good oversight of the service. We observed a detailed handover between the deputy manager and the service manager.
- The service had sufficient, knowledgeable and effective administrative support in place.

Leadership, morale and staff engagement

- The manager, deputy manager, and clinical leads were passionate about the service. Staff we spoke with told us they respected the leadership in the service and understood that although they were under a lot of pressure, the recent restructuring of the service was a necessary part of the re tender process. There was a determination within all the teams to make the new model a success.
- The deputy manager told us they felt supported by their manager. They told us prior to the manager going off on sick leave they received regular support and supervision and felt safe to discuss and raise any concerns or problems. The manager told us they had only met their line manager the week of the inspection and they could not say how they would support them in their role; however, this was because they had off on long-term sick leave for several months and their line manager was new in post.
- Managers at the service told us they did not feel part of the wider trust. They confirmed that senior managers from the trust had not visited the service in recent times and they were not invited to attend meetings at the trust. However, they did have access to the intranet and kept up to date with changes through this process.

Are services well-led?

Good 

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.

- Staff morale was good. Staff told us although they felt under pressure sometimes; they were very proud of the service and understood why the changes were taking place. Staff we spoke with told us they felt supported and informed, and felt they had a voice within their team. Staff recognised the hard work put in by the managers, and equally the managers held their staff in high regard for their professionalism.

Commitment to quality improvement and innovation

- There was a clear drive and passion to provide the highest quality care despite the challenges. The management team were dynamic in their commitment to finding further creative means of innovative practice. For example, staff offered external training in the use of Naloxone.