

Addaction - Shropshire

Quality Report

Crown House
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Date of inspection visit: 21st and 27th June 2017
Date of publication: 30/08/2017

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

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

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

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

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

Overall summary

We do not currently rate independent standalone substance misuse services.

- Records did not demonstrate that staff regularly checked room temperatures, fridge temperatures, and emergency defibrillators. Staff did not seek advice regarding the stability of vaccines after they had recorded that fridge temperatures were outside of accepted ranges. Cleaning records did not demonstrate regular cleaning.
- The transition to electronic care records was incomplete and not all staff uploaded completed documentation to the electronic record. This meant that some electronic files did not contain a complete client record.
- Records did not routinely demonstrate client involvement in developing recovery plans or that staff shared plans with them. However, people with experience of using the service reported that staff provided information and choices about treatments.

Summary of findings

- Addaction had not ensured that buildings and fire risk assessments were present and responsive to building work at Crown House. Complete and up-to-date environmental risk assessments were only provided to CQC following the inspection.
- Addaction had not ensured that prescribing and treatment interventions were supported by completed and current client documentation. This included risk assessment, risk management plans, unexpected treatment exit plans and recovery plans.

However,

- Staffing levels at the service were safe. Addaction held no staff vacancies, there was a low staff sickness rate and the service did not use temporary staff to

deliver the service. Addaction made sure that all staff were appropriately qualified, experienced, and gave them access to a range of specialist training suitable to their roles.

- Staff received Mental Capacity Act training and demonstrated good understanding and application to practice. We saw 'quick guides' and case studies to support staff in making assessments.
- People with experience of using the service told us that staff were respectful, polite and caring. We observed positive interactions between staff and clients.
- Between April 2016 and April 2017, Addaction Shropshire had not received any complaints. The provider displayed information about how to complain in the waiting area.

Summary of findings

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Addaction Shropshire

Services we looked at

Substance misuse services

Summary of this inspection

Background to Addaction - Shropshire

Addaction Shropshire is part of the Shropshire Recovery Partnership that provides services across the county to support and treat young people and adults with drug and alcohol related problems. Although Addaction Shropshire is not the lead provider in the Shropshire Recovery Partnership, it is the CQC registered body for the regulated activity of treatment of disease, disorder, or injury.

Within the partnership, Addaction Shropshire is responsible for all substitute prescribing, detoxification interventions, blood borne virus interventions, vaccinations, and alcohol liaison services at the Royal Shrewsbury Hospital. They also provide all administration and data systems to the partnership. Addaction's partner provider, and lead in the Shropshire Recovery Partnership is responsible for all keyworkers, group based psychosocial interventions, the criminal justice service, volunteers, buildings, and information technology systems. Services are based at Crown House, Shrewsbury with remote clinics provided at four locations across the county.

Referrals are made to the Shropshire Recovery Partnership; keyworkers make an initial assessment of

client's needs before referring to Addaction staff for prescribing or detoxification interventions. Keyworkers maintain responsibility for clients throughout their treatment journey.

Addaction Shropshire is also the sole provider of services to young people aged between 10 and 18 years, Young Addaction. The service is based at Fletcher House, Shrewsbury.

The Shropshire Recovery Partnership has provided services since April 2016 following retendering and transfer of services from the NHS and local authority partnership. Until April 2019 Shropshire County Council commission the service, with an option of a two year extension.

The first CQC comprehensive inspection of Addaction Shropshire took place in February 2017. However, insufficient evidence was gathered to complete a report and give an accurate assessment of the service. CQC decided with Addaction Shropshire to repeat the inspection in June 2017

Our inspection team

The team that inspected the service consisted of four CQC inspectors and a CQC pharmacist inspector.

Why we carried out this inspection

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

Summary of this inspection

How we carried out this inspection

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

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

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

During the inspection visit, the inspection team:

- visited Addaction Shropshire at its adult team base and Young Addaction's team base in Shrewsbury, looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with the registered manager
- spoke with Addaction's medical lead
- spoke with five other staff members employed by Addaction, including nurses, Young Addaction workers and administration staff
- spoke with four people that had experience of using the service
- spoke with the local commissioner
- observed two medical reviews
- observed one assessment interview by the Young Addaction
- observed one team meeting at Young Addaction
- looked at six client records from the adult service and four from Young Addaction
- looked at policies, procedures and other documents relating to the running of the service

What people who use the service say

We spoke with four people that had experience of using the service. All spoke very positively about their experiences and described staff as polite, supportive, and caring. They reported that staff provided information and choice in the care offered to them. One person described how a member of staff had listened and responded to the individual needs of their partner.

We spoke with the local commissioning manager. They reported that Addaction provided robust policy

approaches; thorough management of people receiving substitute prescribing and an experienced doctor led the team. They had found that Addaction had managed the transition of client prescriptions smoothly and engaged clients effectively during this process. They reported that Young Addaction had developed strong and effective relationships with other service providers in this sector, including safeguarding teams and child and adolescent mental health services.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We do not currently rate independent standalone substance misuse services.

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

- Records did not demonstrate that staff regularly checked room temperatures, fridge temperatures, and emergency defibrillators.
- Unregistered staff had access to the clinic and medicines within it. When we inspected we found that the service kept clinic keys in an unsecured key safe.
- Staff did not seek advice regarding the stability of vaccines after they had recorded that fridge temperatures were outside of accepted ranges.
- Cleaning records did not demonstrate regular cleaning. When we inspected we found a used urine pot in client toilets.
- Staff did not report all events that needed to be recorded as incidents.
- Documentation to support prescribing decisions and client's recovery was often missing from records, incomplete or out of date. This included risk assessments and unexpected exit from treatment plans.

However, we also found the following areas of good practice:

- Staffing levels at the service were safe. Addaction held no vacancies, there was a low sickness rate and the service did not use temporary staff to deliver the service.
- Prescribing staff assessed risk; obtained information from GPs and followed National Institute for Health and Care Excellence (NICE) guidelines prior to prescribing for clients
- Addaction trained staff in the supply and administration of Naloxone, the emergency opiate overdose antidote.

Are services effective?

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- Prescribing staff recorded prescribing decisions and plans in progress notes and GP summary letters

Summary of this inspection

- The provider trained staff in the Mental Capacity Act 2005 and staff demonstrated good understanding and application to practice. We saw 'quick guides' and case studies to support staff in making assessments.
- Addaction staff were appropriately qualified, experienced, and had access to a range of specialist training suitable to their roles.
- Staff regularly met as a team. Meetings followed an agenda, were recorded and the minutes of meetings available to staff that had not been able to attend.

However,

- Recovery plans to support prescribing decisions and client's recovery were often missing, incomplete, not individualised or recovery focussed.
- The transition to electronic care records was incomplete and not all staff uploaded completed documentation to the electronic record. This meant that some electronic files did not contain a complete client record.

Are services caring?

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- People with experience of using the service told us that staff were respectful, polite and caring. We observed positive interactions between staff and clients.
- The service offered a friends and family group for those affected by someone's substance misuse. People with experience of using the service reported that their family or partners had felt involved and supported by the service.

However,

- Records did not routinely demonstrate client involvement in developing recovery plans or that staff shared plans with them. However, people with experience of using the service reported that staff provided information and choices about treatments.
- The service had practices in place to collect client evaluation and feedback. However, the provider did not have an agreed method to report outcomes and changes back to clients.

Summary of this inspection

Are services responsive?

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- The service had clear criteria for which people they would offer a service to. This included criteria under which staff would see referrals urgently.
- Referral to treatment times were within the national target of 21 days.
- Between April 2016 and April 2017, Addaction Shropshire had not received any complaints. The provider displayed information about how to complain in the waiting area.
- The service had a range of rooms to support the care and treatment of clients. Interview rooms were adequately soundproofed and blinds protected client privacy.

However,

- Clients in some parts of the county experienced waiting times to be allocated to a keyworker's caseload in the Shropshire Recovery Partnership.

Are services well-led?

We do not currently rate independent standalone substance misuse services.

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

- Addaction had not ensured that buildings and fire risk assessments were present and responsive to building work at Crown House. The provider only made risk assessments available after CQC raised concerns about client and staff safety.
- Addaction had not ensured that prescribing and treatment interventions were supported by completed and current client documentation. This included risk assessment, risk management plans, unexpected treatment exit plans and recovery plans

However, we also found the following areas of good practice:

- Staff consistently reported that they felt good about their jobs and supported in their roles, particularly by the service manager.
- The provider had good links with local safeguarding teams and provided staff with safeguarding training.

Summary of this inspection

- Young Addcation had developed a screening tool that had was being used locally by professionals working with young people.

Detailed findings from this inspection

Mental Health Act responsibilities

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 who to contact. Some of the nursing staff had been trained as registered mental health nurses that meant they were aware of signs and symptoms of mental health problems.

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff had received Mental Capacity Act 2005 training as part of mandatory requirements. Staff we spoke with demonstrated a good understanding of the Mental Capacity Act 2005 and its application to practice.

Staff could access and refer to policy guidance on the Mental Capacity Act 2005. We saw that Addaction had

produced a 'quick guide' to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards for staff to refer to and required staff to complete case studies as part of ongoing training.

There were no clients subject to Deprivation of Liberty Safeguards (DoLS). The service was not required to make any DoLS applications.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- The adult service was located on the first floor of Crown House in Shrewsbury town centre. Reception staff operated an intercom system with a camera to control entrance to the service. Reception staff were based in the waiting area. The service included a waiting area, interview rooms, needle exchange, clinic and group room. Staff only areas were behind locked doors accessed using staff held swipe cards. Young Addaction was also located in Shrewsbury town centre. The service included staff office areas, a meeting room and two interview rooms.
- Fixed-point emergency alarms were located in every room where staff saw clients. Personal alarms were also available. Staff regularly tested alarms.
- All staff had access to the clinic room. The key to the clinic was in a key safe at reception, when we inspected we saw that staff left the door to reception and the key safe open. The service kept no controlled drugs or medicines for substance misuse on site.
- The clinic held necessary equipment to carry out basic physical health checks including weight, blood pressure, substance testing and physical examinations. We saw that equipment was calibrated and in date.
- Staff did not regularly monitor the fridge and clinic room temperature. There was a locked medicines fridge containing vaccines in the clinic room. Nurses held keys to access the vaccine fridge. All vaccines were in date. Between February and June 2017, staff recorded fridge temperatures on only 56 out of a possible 97 days. Staff had monitored the clinic room temperature on only four days in the week prior to the inspection. We saw four thermometers in the clinic, all indicating different temperatures. The service manager reported that a new thermometer was on order to replace these and ensure that medicines were consistently stored at the right temperature.
- Staff did not regularly check emergency equipment. When we inspected we saw that staff had recorded daily defibrillator checks on only 31 occasions since March 2017. This meant that in an emergency staff could not be sure that equipment was in full working order. The service had two defibrillators on site, one needed a battery change, and staff told us that this was on order. The medical lead told us that all staff in the Shropshire Recovery Partnership were having basic life support training. This training included the use of automated external defibrillators.
- When we inspected we identified concerns about fire safety at the Shropshire Recovery Partnership. Staff had not completed the weekly fire evacuation schedule since 30 May 2017 and omissions were present in the months before this. We were also concerned that fire escape routes were not adequately lit or free from obstacles. There was no up to date fire risk assessment for us to view. Addaction's partner provider in the Shropshire Recovery Partnership was responsible for this assessment. Addaction Shropshire's manager demonstrated that they had requested a fire risk assessment and escalated this within Addaction and to commissioners when it had not been provided. On the 29 June 2017, we saw a fire risk assessment that the partner provider had completed three days earlier. The assessment identified 12 areas for action but concluded that no persons were in immediate danger from fire at this site.
- We saw that there had been a ceiling collapse in an area of the main office. Props were supporting the ceiling and access to the area was restricted. We were also unable to inspect the needle exchange room on the 21 June

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2017 because of construction work in another part of the building. Staff told us that they had concerns about the safety and suitability of Crown House during building work to convert upper floors to flats. There was no building risk assessment for us to view. Addaction's partner provider in the Shropshire Recovery Partnership was responsible for this assessment. Addaction Shropshire's manager demonstrated that they had requested a buildings risk assessment and escalated this within Addaction and to commissioners when it had not been provided. On the 29 June 2017, we saw a building risk assessment that the partner provider had completed the day before. The assessment identified actions to reduce risk to clients and staff using the offices at Crown House.

- The service kept a cleaning record but cleaning staff did not complete this daily. The cleaner noted information for staff's attention in the record; but it did not act as a schedule of cleaning or demonstrate completion of cleaning activities. When we inspected we found a used urine pot on a windowsill in the men's toilet. It had remained there overnight following an evening clinic.
- We found all areas of Young Addaction to be clean, tidy and well maintained. However, there were no cleaning records available for us to view. Staff reported that the caretaker of the building held these.
- There were hand-sanitising stations at each location and posters advising staff and clients correct hand-washing techniques. Staff completed urine drug testing on foldaway shelves in client toilets. However, when we inspected the foldaway shelf in the female toilet was broken. Staff instead used the windowsill to complete urine drug testing. We saw no equipment to clean surfaces or record of cleaning between tests. Toilets contained clinical waste bins for the disposal of items used during urine test.
- The needle exchange room was well ordered, private and furnished with comfortable chairs. Staff locked the room when not in use. Staff accessed keys from a key safe at reception. Clients could choose from a selection of harm reductions items including needles, syringes, condoms, sterile water ampules, and personal sharps boxes. All items available to clients were in date. The service displayed safer injecting and health promotion posters and leaflets around the room.

- A registered waste collection company collected the clinical waste regularly.
- Fire extinguishers and portable appliance testing stickers were visible and in date.

Safe staffing

- Staffing requirements had been agreed with commissioners during the tendering process based on historical staffing compliments and the number of clients accessing treatment.
- Addaction employed one whole time equivalent (WTE) service manager, four nurses of whom three were WTE, a medical lead providing 22.5 hours and two GP's with specialist interest providing 22.5 and 21.5 hours. Young Addaction employed one WTE team manager and four young person keyworkers of which three were WTE. Addaction employed seven administrators that served the whole of the Shropshire Recovery Partnership, three of whom were WTE. Addaction also employed two nurses in alcohol liaison roles at Royal Shrewsbury Hospital, one of which was WTE.
- Staff sickness between April 2016 and April 2017 was low at 2%.
- Staff planned cover in advance for annual leave. Staff covered sickness locally or arrangements existed for staff to provide cover across the county. For example, the medical lead covered all prescribing staff annual leave.
- Addaction held no current staff vacancies. There was no reported use of bank or agency staff at the service. The service manager reported that they had access to specialist staffing agencies if they required temporary staff.
- When we inspected, the Shropshire Recovery Partnership identified 800 active clients in service. Of these 461 were in receipt of substitute prescribing from Addaction. Addaction employed four staff in prescribing roles, offering 10 clinics per week across the county. The largest prescribing caseload was 246 clients and the smallest was four clients, held by a newly qualified non-medical prescriber in receipt of preceptorship. Prescribing staff reviewed clients at least every three months. Clients assessed as high risk were reviewed every two to four weeks. Young Addaction reported 30 active clients. Keyworkers in Young Addaction had

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capacity to manage up to 15 clients each. The medical lead and service manager held an overview of clients seen by Addaction. Staff reviewed caseloads regularly during managerial supervision and clinical governance meetings.

- Addaction's partner provider led on providing a duty system for the Shropshire Recovery Partnership. This provided clients and professionals with a point of contact if an allocated keyworker was not immediately available.
- Addaction provided staff with mandatory training in areas including safeguarding children and adults, health and safety, information governance and infection control. The service held a training matrix that demonstrated that the staff they employed were up to date with mandatory training requirements.
- The service manager ensured staff had current Disclosure and Barring Service (DBS) checks during their employment with Addaction. We were unable to view staff references in records held at the service. The manager explained that these were held centrally at a business support centre.
- Addaction's partner provider led on the provision of volunteers for the Shropshire Recovery Partnership. Addaction's service manager reported that they had plans to recruit volunteers as part of Young Addaction's service development plan.

Assessing and managing risk to patients and staff

- When we inspected we reviewed six client records in the adult service and four in Young Addaction.
- The service used an electronic risk assessment tool that looked at risk in a number of areas including neglect, violence, vulnerability, and suicide. Staff could attach an electronic marker to risk assessments to alert other staff of identified risk. Addaction prescribing staff completed an assessment of risk at initial and ongoing medical reviews, and summarised this in client's progress notes and GP letters. Keyworkers from Addaction's partner provider also attended medical reviews and were responsible for completing and updating the risk assessment tool. We found the electronic risk assessment present in five of the adult records we reviewed, three of which were up to date.

- Addaction prescribing staff recorded prescribing decisions and plans in progress notes and GP summary letters. However, supporting documentation was often missing from records or incomplete. For example: plans for unexpected exit from treatment were missing from five records.
- In Young Addaction, we saw risk and safeguarding assessments present in the records reviewed. We found that some staff reviewed and updated risk in different ways. Some used a risk review document and others used the original risk assessment tool.
- Staff described how they obtained a physical health history and record of prescribed medications from GPs prior to prescribing and detoxification interventions. Staff also requested physical health checks such as blood tests and electrocardiograms from GP's when required. For example, Addaction had a policy requiring clients prescribed methadone 100ml or over to have an electrocardiogram. Staff monitored physical health at medical reviews and clients could contact the 'duty worker' if concerned about sudden deteriorations.
- Addaction provided staff with safeguarding training of both adults and children. Addaction trained all staff in safeguarding at level two and at level three for staff with direct client contact. The service held a training matrix demonstrating that all staff, except for one newly appointed member, was up to date with safeguarding training requirements. Staff could also access additional safeguarding training from the Shropshire Safeguarding Board. The service had two safeguarding leads, one of which was in Young Addaction and was part of the Shropshire safeguarding board. Staff who we spoke with showed a good understanding of when and how to make a safeguarding referral. Staff accessed local safeguarding policies online and knew how to contact local leads
- Staff assessed risks and followed National Institute for Health and Care Excellence (NICE) guidelines prior to providing prescriptions to clients. This included three months supervised consumption in a pharmacy before clients could take their medication home. Staff assessed the safe storage of medication in the client's home and issued lockable safe storage boxes when required.
- Staff saw clients at office bases, outreach clinics or at client's homes. The provider's policy supported lone

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working practices and included an assessment of risk. Staff adhered to this policy by carrying mobile phones and texting administration staff at the start and finish of each home visit. There was a process of escalation in place if staff failed to contact administration staff.

- Staff stored prescription stationary securely in a locked cupboard along with a record of prescription numbers. Staff had not regularly completed audits of recorded prescription stationary. Staff should have completed this audit monthly but we saw they had only completed it twice in six months. Staff recorded and destroyed unwanted prescriptions under the supervision of another staff member.
- Addaction used a batch prescribing system for established clients. This is a series of repeat prescriptions issued to pharmacists for dispensing. Prescribers signed prescription for clients that were not on their caseload. To ensure safety, prescribers checked all client details on a prescription and checked records of any high or out of the ordinary prescriptions. For example, clients prescribed methadone 80ml or above. Clients assessed as high risk were not part of batch prescribing. Staff issued prescriptions at medical review appointments only.
- Staff sent completed batch prescriptions to community pharmacies in bright envelopes, using a signed delivery service.
- Local Addaction services shared a contracted pharmacist that attended the Shropshire Recovery Partnership twice a month. Their role included audit, supporting prescribing administrators, investigating incidents and training community pharmacists.
- Addaction trained staff in the supply and administration of Naloxone, the emergency opiate overdose antidote. We saw staff asking clients about Naloxone in the medical reviews we observed. The Shropshire Recovery Partnership had plans for an event to promote the use of Naloxone in August 2017.
- The service did not provide separate facilities for clients with children in the building. Although clients were encouraged not to bring children to appointments, staff reported that children would not provide a barrier to treatment. Staff assessed individual risks and worked with clients to make appropriate arrangements.

Track record on safety.

- Addaction had reported six serious incidents to the CQC between April 2016 and April 2017. All of these incidents were deaths of clients. None of these occurred whilst on Addaction premises but all had occurred whilst clients were in receipt of substitute prescribing. When we inspected we saw that staff had reported these as incidents and escalated them within the organisation.
- The service manager gave an example of how the process of medical reviews had changed following the death of a client. Because of the incident, the service had taken a more robust approach to providing cover for appointments when keyworkers were not available. The service had also introduced a naloxone champion, steering group and planned an event to promote the use of naloxone in August 2017.

Reporting incidents and learning from when things go wrong

- Staff we spoke with gave examples of the types of incidents they should report. This included safeguarding concerns, attendances by emergency services, and occurrences of client harm or death. Staff recorded incidents on an electronic reporting system and, where a client was involved, on their electronic record.
- When we inspected we found two events that staff should have reported as incidents, but had not. Both involved the medicines fridge going above its maximum temperature. Staff had identified the temperature as high but there was no record of any action taken as a result. Local policy stated that staff should have recorded this as an incident, separated vaccines affected and taken advice from a pharmacist. The quality and effectiveness of vaccines can be damaged by changes in storage temperatures.
- The service manager investigated all reported incidents. The clinical governance meeting discussed and recorded in minutes resulting action points and learning.
- Staff escalated and discussed at Addaction's monthly national critical incident review group (CIRG) incidents meeting a threshold. Addaction distributed feedback and learning from this group to all staff in a monthly bulletin.

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- Staff received feedback from both local and national incidents. Staff met to discuss feedback at clinical meetings, operational meetings, and supervisory practices. Staff received summaries and had access to meeting minutes.
- Staff we spoke with reported that de-brief and support was available following serious incidents. The service manager reported that this took place at clinical and operational meetings or during supervision sessions. Addaction provided an employee assistance scheme that staff could access if they required any additional support.

Duty of candour

- The service followed Addaction's national duty of candour policy. Staff we spoke with commented that the team was open and transparent, which included apologising when things went wrong.

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

Assessment of needs and planning of care (including assessment of physical and mental health needs and existence of referral pathways)

- When we inspected we reviewed six client records in the adult service and four in Young Addaction.
- Keyworkers in Addaction's partner provider completed a comprehensive assessment tool with clients before referring those needing prescribing or detoxification interventions to Addaction staff. These assessments were complete in five of the six records reviewed and included an assessment of substance use, physical and mental health needs.
- Addaction staff re-assessed the needs of clients referred for prescribing or detoxification interventions. Staff recorded these in progress notes and summarised to GP's in letters. Records included treatment plans and reasons why staff had decided on the prescribed treatment.
- Supporting documentation such as recovery plans were present in three of the records we reviewed. We found two of these to be complete, demonstrating recovery focussed and individualised goals. We found that staff

used a standardised plan for clients accessing community or inpatient alcohol detoxifications. The plan was prescriptive and did not account for client's individual needs.

- We found completed comprehensive assessments in the Young Addaction records we reviewed. The service used a mapping tools booklet with clients that recorded the views of clients and identified goals for treatment. Mapping tools provide a visual map of decision-making and goal setting.
- The service used both electronic and paper files. Staff accessed electronic records with individual passwords and paper records were stored securely. The service manager reported that the goal was to become 'paper light'. The transition to electronic care records was incomplete and not all staff uploaded completed documentation to the electronic record. This meant that staff accessing electronic files remotely did not have access to a complete client record.

Best practice in treatment and care

- Prescribers at Addaction Shropshire followed the National Institute for Health and Care Excellence (NICE) guidance when prescribing medication (Methadone and buprenorphine for the management of opioid dependence, NICE, 2007; DH 2007; NICE 2011) and when prescribing for alcohol use (Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence NICE, 2011.) They also used the Drug Misuse and Dependence: UK Guidance on Clinical Management and a range of Addaction policy guidance. When we inspected, no client in Young Addaction was receiving a prescribing intervention.
- Addaction's partner provider offered psychosocial interventions to clients accessing the Shropshire Recovery Partnership. The National Institute of Health and Care Excellence (NICE) guidance recommended these. They included opportunistic brief interventions, motivational interviewing, and mutual aid. Staff at Young Addaction offered these interventions to clients attending there.
- Keyworkers from Addaction's partner provider led in supporting client's access to employment, housing, and benefits assistance. During the observed medical reviews, we saw Addaction staff asking clients about their housing, employment, and financial needs.

Substance misuse services

- Staff considered physical healthcare needs as part of the initial and routine medical reviews for prescribing. Staff obtained a physical health history and record of prescribed medications from GPs prior to prescribing and at medical reviews. Staff recorded results of urine drug screen tests prior to medical review and recorded physical observations during detoxification interventions.
- The service offered clients blood borne virus testing for hepatitis and HIV. The service also offered hepatitis vaccinations.
- Staff completed the Treatment Outcomes Profile (TOP) to measure change and progress in key areas of the lives of their clients. Staff recorded this at the start of treatment, at three monthly intervals and at discharge. The service shared this information with the National Drug Treatment Monitoring Service. We also saw examples of staff completing the Severity of Alcohol Dependence Questionnaires (SADQ) and the Clinical Institute Withdrawal Assessment for Alcohol (CIWA), both indicated in National Institute of Health and Care Excellence (NICE) guidance.
- The service manager and medical lead provided examples of completed clinical audits. This included infection control, detoxification and supervised consumption rates. All doctors working at the service were required to participate in clinical audit as part of their appraisal process. Staff shared outcomes of clinical audits at the clinical governance group and team meetings.
- Staff had access to managerial and clinical supervision. Staff received managerial supervision from the service manager. The service manager scheduled this to occur monthly or to a minimum of 10 sessions per year. Nurses accessed clinical supervision from the service's medical lead or in groups led by Addaction's regional nurse lead. Supervision records were detailed and demonstrated regularity, although not always to the Addaction policy standard of 10 sessions per year.
- The medical lead provided clinical supervision to the GP's with special interests and non-medical prescriber. The medical lead participated in group supervision practices with other Addaction medical leads.
- Staff received annual appraisals, reviewed after six months. Records demonstrated that all non-medical staff had received an annual appraisal.
- Addaction staff met as a team once every three months. We saw that meetings followed an agenda and staff took minutes.
- Addaction staff had access to a range of specialist training suitable to their roles. Addaction offered workshops on a range of topics pertinent to substance misuse and mental health. Staff provided examples of attending national conferences and shadowing opportunities with experienced colleagues. GP's working at the service had completed parts one and two of the Royal College of General Practitioners management of drug misuse courses.
- Managers followed Addaction's human resources policy for the management of staff performance. Initially, managers addressed performance through supervision practices and escalated in line with policy thereafter. The service manager reported that no Addaction staff were being performance managed.

Skilled staff to deliver care

- Addaction staff included a range of appropriately qualified and experienced staff. This included a medical lead, GP's with a special interest in substance misuse, and nurses. Workers in Young Addaction included staff that held social work and counselling qualifications. Records demonstrated that the service checked staff's professional qualifications to ensure they were registered and in date.
- Addaction provided an induction package for staff joining the service. The process of induction included the completion of mandatory training and shadowing of established staff.

Multi-disciplinary and inter-agency team work

- Addaction staff met monthly at a clinical governance meeting. The medical lead, nurses and keyworkers from Addaction's partner agency were amongst those who attended. We saw that meetings followed an agenda and staff took minutes. Discussions included actions arising from the last meeting, clients with safeguarding concerns and pregnant clients.
- Staff were able to hold multidisciplinary meetings for clients with complex needs. These were often because

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of discussions held at the clinical governance meetings. Staff reported that multidisciplinary meetings would include the client and involved professionals from external agencies.

- Keyworkers from Addaction's partner provider were required to accompany their clients to medical reviews. Keyworkers were responsible for updating the electronic record with up to date information prior to the review and arranging staff cover when they could not attend. Addaction staff followed a process of escalation when this did not happen. We saw that keyworkers were present at the two medical reviews we attended.
- Addaction staff recorded a summary and outcomes of medical reviews on the electronic record. This meant that all staff in the Shropshire Recovery Partnership had access to up to date information.
- Addaction staff and staff from the partnership provider met monthly at a Shropshire Recovery Partnership team meeting. We saw that meetings followed an agenda and staff took minutes. Discussions included service updates, safeguarding, development opportunities, and feedback from incidents and complaints. The meeting helped staff to maintain communication throughout the partnership.
- Shropshire Recovery Partnerships had systems in place to facilitate the handover of information between the two partner providers. All staff accessed the same paper and electronic care records. Electronic records were available to staff working in remote clinics. Keyworkers were required to attend medical reviews across the county with clients and prescribing staff. Addaction led on data recording in the partnership and we saw evidence of data sharing. For example: an email from the data officer identified 117 clients in the Shropshire Recovery Partnership that either did not have a risk assessment or the one on record was out of date.
- The managers of the providers in the Shropshire Recovery Partnership held regular managers meetings that followed an agenda and they recorded these. Addaction's manager reported an additional informal meeting on a weekly basis but did not record discussions or outcomes of this meeting.
- The service manager reported that there were good working links safeguarding teams, inpatient detoxification services, GPs and the commissioner. The

service had not developed a pathway specific to mental health and used the standard local referral pathway. The young people service described good working links with child and adolescent mental health services and child services.

Good practice in applying the Mental Capacity Act

- All Addaction staff had received Mental Capacity Act 2005 training as part of mandatory requirements. This was provided through e-learning and staff were required to be updated every three years. We saw that Addaction had provided a number of Mental Capacity Act case studies for staff to complete in groups at their team meeting.
- Staff we spoke with demonstrated a good understanding of the Mental Capacity Act 2005 and its application to practice. Staff provided examples of where they deferred decisions if clients with high levels of intoxication. Staff were able to escalate and discuss concerns with the service manager or medical lead.
- Staff could access and refer to policy guidance on the Mental Capacity Act 2005 as part Addaction's safeguarding adults policy. We also saw that Addaction had produced a 'quick guide' to the Mental Capacity Act and Deprivation of Liberty Safeguards. This was displayed and accessible to staff on notice boards.
- Addaction staff working in Young Addaction were aware of and understood Gillick competence. We observed staff discussing its application to practice during a team meeting. Gillick competence is a test in medical law to decide whether a child under 16 years of age is competent to consent to medical examination or treatment without the need for parental permission or knowledge.
- Staff reported that they assumed the capacity of clients accessing treatment and did not routinely record this. Staff reported that they would record concerns about a client's capacity providing details of the assessment, concerns, and process of escalation.

Equality and human rights

- Equality and diversity was part of the Addaction's mandatory training. All Addaction staff had completed this training.

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- The service was accessible to people from all communities and did not discriminate against clients based on a person's sex, gender, disability, sexual orientation, religion, belief, race or age. However, the service manager was not aware of any specific projects within the Shropshire Recovery Partnership to engage hard to reach communities.
- Posters and leaflets on display were written in English. However, the service could access information in different languages and spot purchase translators and signers. Addaction's partner provider employed a Polish worker to meet the needs of this community accessing the Shropshire Recovery Partnership.

Management of transition arrangements, referral and discharge

- The service had a standardised policy for the transfer of clients that included the completion of a template for transfer. Clients who accessed the service following release from prison had a prison release pack and staff offered them urgent prescribing appointments.
- The service had a pathway for accessing inpatient detoxification. Addaction was not part of the pathway to access residential rehabilitation placement for clients.
- The service had a recruited a nurse to lead on hepatitis and blood born viruses. Part of the role was to liaise directly with hepatology services. The service also had plans to provide a hepatitis C clinic at Crown House.
- Staff supported clients to transition from Young Addaction to the adult service. This took clients three months to complete. We spoke with a client who reported that they had found the transition to adult services easy and staff had given them plenty of time to get to know their new keyworker.

Are substance misuse services caring?

Kindness, dignity, respect and support

- We observed Addaction staff interacting with clients at two medical reviews and one assessment with Young Addaction. We saw these interactions to be caring, warm and respectful. The approach of staff was relaxed and non-judgmental. Staff asked about and offered support over a range of areas including employment, mental health and housing.

- We spoke with four people that had experience of using the service. All spoke very positively about their experiences and described staff as polite, supportive, and caring.
- Staff we spoke with demonstrated an understanding of clients' needs and spoke positively about the support they provided. We saw staff responding effectively to clients' needs during assessments and medical review.
- Staff maintained client confidentiality by using only the approved electronic records, storing paper records securely, and meeting with clients in private interview rooms or settings.

The involvement of people in the care they receive

- Records did not routinely demonstrate client involvement in developing recovery plans or that staff shared plans with them. Clients we spoke with did not recall that staff had offered them copies of treatment or recovery plans. However, they did tell us that staff had provided them with information and choices about the treatments they could receive.
- The Shropshire Recovery Partnership offered a friends and family group for those affected by someone's substance misuse. Three of the four people with experience of using the service reported that the service had involved and supported their family or partners.
- We saw details of advocacy services displayed in reception areas where clients could see them.
- The service manager reported that the inclusion of ex-clients on staff interview panels was standard practice for Addaction. Young Addaction had recently introduced a service user forum that was due to meet for the first time in August 2017.
- The service provided a locked suggestion box and feedback cards in waiting areas. The service also gathered feedback from detox evaluation and client feedback forms for the Shropshire Recovery Partnership. There were processes in place to log feedback and communicate to staff, but no process to feedback outcomes to clients. The service manager reported they had not agreed yet a feedback process with their partner provider.

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

Access and discharge

- The Shropshire Recovery Partnership was open to anyone with drug or alcohol misuse concerns who was aged 18 years or older. The service also provided support to people in the criminal justice system and those leaving prison. The young people service supported clients aged from 10 to 18 years, or 21 years if leaving care.
- Clients referred themselves to the Shropshire Recovery Partnership, or professionals from other agencies referred them. Those wishing to self-refer could attend or telephone to speak to a keyworker.
- The Shropshire Recovery Partnership passed those clients with urgent needs straight to a keyworker, or gave them a priority prescribing appointment. They included those who were pregnant, had parental responsibility, had recently left prison, or were at high risk from drug or alcohol misuse.
- When we inspected, 52 service users were awaiting allocation to a key worker in the Shropshire Recovery Partnership. Waiting times were higher in the south and central areas of the county, with 64 days being the longest recorded wait. When referring these clients, staff had assessed their needs as non-urgent. Staff from Addaction's partner provider regularly contacted clients on the waiting list and monitored for changes in risk presentation. Clients on the waiting list could also access the duty worker at the service. Addaction reported that there were no clients waiting allocation in the young people service.
- Between April 2016 and April 2017, Addaction reported that non-urgent clients waited an average of 13 days from referral to a new start prescribing appointment. Addaction kept capacity in its prescribing clinics to see urgent referrals quickly. This was within the 21-day target time set by Public Health England.
- In the young people service, the average waiting time from referral to first appointment was 12 days. Young Addaction had a target to assess all new referrals within 10 days.
- Addaction had a policy for managing clients who did not attend appointments. Staff described actions they would take depending on the client's level of risk. This included contact through a pharmacy, a telephone call or letter, calling to a client's home, and liaison with the client's GP. If a client did not collect their prescription for three days staff suspended it and arranged a medical review. This was in line with Drug Misuse and Dependence: UK Guidance on Clinical Management (2007).
- Addaction offered prescribing appointments at five locations across the county. They offered evening appointments until 7pm at two of these locations. No part of the service offered by Addaction was available to clients at weekends.
- Addaction offered prescribing appointments lasting 40 minutes for new or complex clients and 20 minutes for clients on established prescribing regimes. Clients we spoke with reported that staff told them about cancellations or delays to their appointments. Staff also apologised when this happened.
- Between April 2016 and April 2017, Addaction recorded an average 'did not attend' rate of 15% to its prescribing appointment. The service had 259 planned discharges, 266 unplanned discharges and 79 transfers to other services during this period. Young Addaction recorded 38 planned discharges, 48 unplanned discharges, and two transfers to other services.

The facilities promote recovery, comfort, dignity and confidentiality

- The service had a range of rooms and equipment to support the treatment and care of clients. At Crown House, this included waiting areas, a needle exchange facility, and interview, group and clinic rooms. The service offered remote clinics at locations across the county. We did not visit these when we inspected. Young Addaction had only office areas, interview rooms and one meeting room.
- Addaction protected the confidentiality and privacy of clients. During our inspection, we found rooms where

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staff saw clients were adequately soundproofed. Staff used vacant/engaged signs on doors to show when rooms were in use. Where rooms had viewing panels, blinds were available to protect client privacy.

- We saw that information leaflets were available in waiting areas and from the needle exchange. This included information on how to complain, confidentiality, substances of misuse, advocacy, domestic violence, mutual aid groups, and a friends and family group.

Meeting the needs of all people who use the service

- The service at Crown House was on the first floor and did not provide access for clients with mobility problems or those using wheelchairs. The building's lift was out of use because of building work. The local authority had assessed a newly installed stair lift as unfit for purpose and advised its removal. However, staff assessed mobility needs of clients and made alternative arrangements to see them. This included home visits or community venues. Young Addaction had identified premises where staff saw clients who needed disabled access.
- We saw information leaflets and posters displayed in English. In the reception area, there was a sign in English offering advice if English was not a client's first language. Staff we spoke with knew how to access information in other formats and languages. Addaction subscribed to a service that provided information on treatments and medication in a range of formats for use with clients. Addaction's website had access for clients with visual or hearing impairments.
- The service used an external service to provide interpreters and signers for the Deaf community. Staff arranged these easily when needed. Addaction's partner provider employed a Polish worker to meet the interpreting needs of this community.

Listening to and learning from concerns and complaints

- The service manager reported that Addaction Shropshire had received no complaints between April 2016 and April 2017. There were no open cases with the ombudsman.
- Waiting areas displayed information about how to complain about or compliment the service. This

information was also available on Addaction's website and included how to obtain independent advice. Young Addaction included information about making a complaint and a complaints form in its client welcome pack. One of the two clients we asked specifically about complaints said that they knew how to make complaints, and felt confident to do so if needed.

- Staff we spoke with were aware of the complaints process and reported that they would first try to resolve complaints informally before escalating them in the organisation. Staff knew where to find complaints information and how to support clients through the process of complaining.
- The organisation had processes to escalate, and feedback, the outcomes and learning from complaint investigations. Addaction ran quality and clinical governance groups locally and nationally. Staff received feedback and learning from complaints through supervision, team meetings or Addaction's national learning bulletins.

Are substance misuse services well-led?

Vision and values

- Addaction's organisational values were for staff to be compassionate, determined and professional. Staff we spoke with were familiar with these and provided examples of how they applied these to practice. Vision and values specific to the Shropshire Recovery Partnership had not been developed.
- The service displayed posters and leaflets detailing Addaction's organisational values. Staff discussed the application of the values during supervision and appraisal practices. Addaction's organisational values were incorporated into its five-year strategy.
- Staff we spoke with were familiar with senior managers in Addaction. This included examples of senior managers visiting the service; sending regular emails to staff and attending an executive board question and answer session.

Good governance

- As the regulated provider for the Shropshire Recovery Partnership, Addaction had not introduced measures to ensure that buildings and fire risk assessments were

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available to view when we inspected. Addaction Shropshire's service manager was able to demonstrate a process of escalation to their partner provider, responsible commissioner and within Addaction. However, Addaction had not developed an action plan to hold their partner provider to account or to obtain an independent assessment of environmental risks. Completed and up-to-date, assessments and action plans were not provided to the CQC until after the inspection.

- Addaction had identified omissions in client care records with its partner provider. However, it had not ensured that prescribing and treatment interventions were supported by completed and current client documentation. This included risk assessment, risk management plans, unexpected treatment exit plans and recovery plans.
- Addaction provided staff with mandatory training. Records demonstrated that all staff employed by Addaction were up- to-date with mandatory training requirements.
- Staff had access to managerial and clinical supervision. While records did not demonstrate that supervisory practices met the local standard of 10 sessions per year, supervision records viewed during inspection were detailed and demonstrated regularity. Staff received annual appraisals.
- Staff participated in local audits. However, we found examples of staff not completing scheduled audits that were part of the audit programme.
- Staff gave examples of the types of incidents they should report. However, we found that staff had not reported two incidents that local policy identified as requiring reporting.
- The service had systems in place for staff to learn from incidents and complaints. Although client feedback was collected, there was no process in place to demonstrate outcomes to clients.
- Staff received safeguarding training as part of local mandatory requirements. Staff showed a good understanding of when and how to make a safeguarding referral, and knew how to contact local leads.

- Staff received Mental Capacity Act training as part of the local mandatory requirements. Staff we spoke with demonstrated a good understanding of the Mental Capacity Act and its application to practice. Systems were in place to escalate and discuss concerns at clinical meetings.
- The service manager worked to a monthly performance matrix and reported to senior Addaction managers on progress in meeting key performance indicators (KPI). These included targets for the numbers of clients in treatment and other recovery targets. The service manager also provided feedback on performance to staff during clinical supervision and team meetings.
- The service collated performance data for Public Health England and local commissioners and submitted performance information to the national drug treatment monitoring system (NDTMS) on a monthly basis. The NDTMS collects, collates, and analyses information from and for those involved in the drug treatment sector to identify trends and inform service development.
- The service manager reported the ability to work with authority locally and received good support from their administrative staff.
- Addaction Shropshire maintained a risk register and staff could place risks on it in consultation with the manager.

Leadership, morale and staff engagement

- Staff sickness between April 2016 and April 2017 was low at 2%. One member of staff left the service during this period.
- The service manager reported that there were no current bullying or harassment cases.
- All of the staff we spoke with were familiar with Addaction's whistle blowing policy and felt able to raise concerns without fear of victimisation.
- Addaction supported managers to develop through its leadership-training programme. Addaction offered a range of training to all staff members.
- Staff consistently reported that they felt good about their jobs and felt supported in their roles, particularly by the service manager. Staff that identified stress levels

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at work reported that it was manageable. Staff were less positive about working with their partner provider describing team divisions, frustrations and a lack of consistency in the partner organisation.

- Staff we spoke with demonstrated that they were open and transparent and would provide explanations to clients if things went wrong.
- Staff we spoke with felt that they were able to give feedback and help to improve the service. Staff achieved this by attending regional conferences where they discussed service developments and had the ability to email Addaction's chief executive directly. One staff member told us that Addaction encouraged development and sharing ideas.

- Young Addaction had developed the Substance Misuse and Risk Taking Early Referral (SMARTER) screening tool in conjunction with the Royal College of Psychiatrists. This was launched in March 2017 and adopted as the local screening tool for professionals working with young people.
- A worker in Young Addaction had won the Addaction Worker of the Year Award in May 2017. Addaction had chosen them from 17,000 people eligible to win the award.
- The service manager and medical lead described a number of planned improvements to the service including the introduction of hepatitis C and sexual health clinics.

Commitment to quality improvement and innovation

Outstanding practice and areas for improvement

Outstanding practice

- Addaction provided staff with a guides and resources to help them assess the capacity of clients using the service. This included group work exercises that staff completed during team meetings.
- Online resources that Addaction provided were available in a range of formats including languages other than English, hearing and vision impairment.

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that medicines are stored securely and only accessible to appropriately qualified and trained staff.
- The provider must ensure that they consistently record and maintain medicines at their correct temperature in all areas.
- The provider must ensure that staff seek advice, regarding the stability of the fridge medicines after fridge temperatures are found to be outside of the accepted range.
- The provider must ensure that staff check emergency equipment on a daily basis.
- The provider must ensure that assessments of risks to health and safety of all people that use the Shropshire Recovery Partnership are present and up to date. They should regularly review action points to minimise identified risks.
- The provider must ensure that care records are complete, accurate, and up to date to support the prescribing actions and decisions of its staff.

Action the provider **SHOULD** take to improve

- The provider should establish practices to feedback information gathered from client comments and evaluation of the service.

- The provider should ensure that staff supervisory activities meet the minimum standard of locally agreed policy.
- The provider should ensure that records demonstrate regular cleaning and that all areas used by Shropshire Recovery Partnership remain clean.
- The provider should ensure that staff report all incidents that require reporting.
- The provider should ensure that staff complete all scheduled audits.
- The provider should ensure that they record and share the minutes of all meetings with their partner provider in the Shropshire Recovery Partnership.
- The provider should ensure that they develop pathways with local mental health providers to meet the needs of clients experiencing substance misuse and mental health difficulties.
- The provider should continue to assess its locality for hard to reach communities and develop initiatives to engage communities identified.
- The provider should ensure that client electronic records are complete and up to date.
- The provider should ensure that all recovery plans and treatment plans are individualised and recovery focussed. Plans should demonstrate client involvement and be shared with clients.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>All staff could access clinic room keys from an unsecured key safe located at reception.</p> <p>Clinic room and fridge temperatures were not consistently monitored and recorded.</p> <p>Staff had not taken necessary action to ensure that vaccines remained safe to use when fridge temperatures went outside of the accepted range.</p> <p>This was a breach of Regulation 12 (2) (g)</p>
Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment</p> <p>Daily checks of the defibrillator had not been regularly completed and recorded.</p> <p>This was a breach of Regulation 15 (1) (e)</p>
Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Addaction had not introduced measures to ensure that buildings and fire risk assessments were present and responsive to building work at Crown House.</p>

This section is primarily information for the provider

Requirement notices

Documentation to support prescribing decisions and client recovery was often missing from records or incomplete. This included risk assessments, risk management plans, unexpected exit from treatment plans and recovery plans.

This was a breach of Regulation 17 (2) (b) (c)