

Addaction - Shropshire

Quality Report

1st Floor, Crown House,
Saint Mary's Street,
Shrewsbury
SY1 1DS

Tel: 01743 294700

Website: www.addaction.org.uk/services/shropshire-recovery-partnership

Date of inspection visit: 07 January 2019

Date of publication: 01/03/2019

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

Ratings

Overall rating for this location

Good



Are services safe?

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 and Deprivation of Liberty Safeguards

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

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

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

Summary of findings

Overall summary

We rated Addaction Shropshire as good because:

- The service provided safe care. The premises where clients were seen were safe and clean. The service did not have waiting lists and clients who required urgent support were given priority and seen promptly. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- The teams included or had access to the full range of specialists required to meet the needs of the clients. Managers ensured that these staff received training, supervision and appraisal. Staff worked well together as a multi-disciplinary team and with relevant services outside the organisation.
- Staff understood the principles underpinning capacity, competence and consent as they apply to young people and managed and spoke with confidence about how this applied to the young people they supported.
- Staff treated clients with compassion and kindness and understood the individual needs of clients. They actively involved clients and families and carers in care decisions. Clients were supported to take responsibility for their own recovery and staff supported them in a non-judgemental way to achieve this.
- The service was easy to access. The reception area was friendly and welcoming and reception staff and volunteers were available to greet clients. The service used a duty system with a dedicated team available to respond to phone calls and make initial assessments. The service did not exclude people who would have benefitted from care.
- The service was well led and the governance processes ensured that procedures relating to the work of the service ran smoothly.

However:

- Although staff did not routinely do lone visits in the community all staff had personal alarms to use in an emergency but not all staff checked that these worked on a regular basis.
- The adult service did not have good links with advocacy services. They had started work to improve this but there were no signs displayed for clients to know how to access this type of independent support.

Summary of findings

Our judgements about each of the main services

| Service | Rating | Summary of each main service |
|---------------------------|--|------------------------------|
| Substance misuse services | Good  | see detailed findings |

Summary of findings

Contents

Summary of this inspection

| | Page |
|--|------|
| Background to Addaction - Shropshire | 6 |
| Our inspection team | 6 |
| Why we carried out this inspection | 7 |
| How we carried out this inspection | 7 |
| What people who use the service say | 7 |
| The five questions we ask about services and what we found | 8 |

Detailed findings from this inspection

| | |
|---|----|
| Mental Capacity Act and Deprivation of Liberty Safeguards | 11 |
| Outstanding practice | 21 |
| Areas for improvement | 21 |

Good 

Addaction Shropshire

Services we looked at

Substance misuse services

Summary of this inspection

Background to Addaction - Shropshire

Addaction are a national charity who provide a range of services. They currently deliver 81 services across England and Scotland. They work with adults and young people in community settings, prisons and residential rehabilitation.

Addaction Shropshire are part of the Shropshire Recovery Partnership which offers information, advice and support for adult and young people with drug and alcohol issues. Shropshire Recovery Partnership is based at Crown House in Shrewsbury but offers services from hubs around the county, including Oswestry, Whitchurch, Ludlow and Bridgnorth. Addaction Shropshire's role within the recovery partnership is to deliver clinical services such as substitute prescribing, needle exchange, blood borne virus testing and vaccinations for hepatitis. They are responsible for qualified staff such as doctors, nurses and independent prescribers. The partner organisation is the lead in the partnership and delivers one to one and group work. They employ the recovery workers. This part of the service is not regulated by the Care Quality Commission and was not included in the inspection.

Young Addaction Shropshire is in a separate building, Fletcher House, in Shrewsbury. This is solely managed by Addaction. The young person's service is for those aged 10 to 18 and for care leavers up to the age of 25, young people in supported housing projects up to the age of 25 and young people under the care of community mental health teams up to the age of 25.

Both the adult and young person's service is commissioned through the local authority and is free for people to use.

Addaction Shropshire has a registered manager.

They were previously inspected in June 2017. The services were not rated as the Care Quality Commission has only rated substance misuse services since July 2018.

The service had the following breaches in regulation:

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

- All staff could access clinic room keys from an unsecured key safe located at reception.
- Clinic room and fridge temperatures were not consistently monitored and recorded.
- Staff had not taken necessary action to ensure that vaccines remained safe to use when fridge temperatures went outside of the accepted range.

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

- Daily checks of the defibrillator had not been regularly completed and recorded.

Regulation 17 HSCA (RA) Regulations 2014 Good governance

- Addaction had not introduced measures to ensure that buildings and fire risk assessments were present and responsive to building work at Crown House.
- 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.

We found that these breaches had been resolved before this inspection.

Our inspection team

The team that inspected the service comprised three CQC inspectors, one CQC assistant inspector and a specialist advisor.

Summary of this inspection

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme.

How we carried out this inspection

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

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

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

During the inspection visit, the inspection team:

- visited the adult service at Crown House and the young people's service at Fletcher House;

- spoke with three clients who were using the service and one carer;
- spoke with the registered manager;
- spoke with 14 other staff members; including doctor, nurses, independent prescribers, recovery workers, young person's workers, administration staff, community engagement workers and recovery champions;
- Looked at seven care and treatment records of clients, 12 records for prescribing and six staff personnel files;
- carried out a specific check of the medication management for the adults' service; and
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

Clients and the carer we spoke with said that staff treated them with kindness and respect. They stated that staff

understood their needs and always had time for them. They said that progress in their recovery was due to the caring nature of staff and the patient way support was provided.

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 rated safe as good because:

- All premises where clients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- The service had enough staff, who knew the clients, and received training to keep people safe from avoidable harm.
- Staff assessed and managed risks to clients and themselves. They developed risk management plans and responded promptly to sudden deterioration in a client's health.
- Staff understood how to protect clients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service managed client safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave clients honest information and suitable support.

However:

- Although staff do not undertake lone visits they were given personal alarms. Not all staff checked these on a regular basis so would not know if they would work in an emergency.

Good



Are services effective?

We rated effective as good because:

- Staff provided a range of care and treatment interventions suitable for the patient group. They ensured that clients had good access to physical healthcare and supported clients to live healthier lives.
- The teams included or had access to the full range of specialists required to meet the needs of clients under their care. Managers made sure they had staff with a range of skills need to provide high quality care. They supported staff with supervision and opportunities to update and further develop their skill. Managers provided an induction programme for new staff.
- Staff from different disciplines worked together as a team to benefit clients. They supported each other to make sure that

Good



Summary of this inspection

clients had no gaps in their care. The teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.

- Staff supported clients to make decisions on their care for themselves proportionate to their competence. They understood how the Mental Capacity Act 2005 applied to young people aged 16 and 17 and the principles of Gillick Competence as they applied to people under the age of 16. Staff assessed and recorded capacity or competence clearly for clients who might have impaired mental capacity or competence.

Are services caring?

We rated caring as good because:

- Staff treated clients with compassion and kindness. They understood the individual needs of clients and supported clients to understand and manage their care, treatment or condition.
- Staff involved clients in care planning and risk assessment and actively sought their feedback on the quality of care provided.
- Staff informed and involved families and carers appropriately. They held a regular weekly group for carers and provided family support through the young person's service.

However:

- Managers had contacted local advocacy providers to improve access to this independent support for clients but did not display information on how this could be accessed.

Good



Are services responsive?

We rated responsive as good because:

- The service was easy to access. Its referral criteria did not exclude people who would have benefitted from care. Staff assessed and treated people who required urgent care promptly and people who did not require urgent care did not wait too long to start treatment. Staff followed up people who missed appointments to ensure they were safe.
- The teams met the needs of all people who use the service – including those with a protected characteristic. Staff helped clients with communication and information.
- The service provided a welcoming environment for clients at both sites. Staff were available to greet clients and knew most clients well. Clients could access food donated by a local company and staff always offered drinks on arrival.

Good



Summary of this inspection

- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff. Staff used this to help develop the service and continually improve good practice in the support they offered.

Are services well-led?

We rated well-led as good because:

- Managers had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed and were visible in the service and approachable for clients and staff.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.
- Teams had access to the information they needed to provide safe and effective care and used that information to good effect.
- Managers worked closely with other organisations (schools, public health, local authority, voluntary, public health and independent sector) to ensure that there was an integrated local system that met the needs of young people living in the area.

Good








Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff understood the Mental Capacity Act and how this was used to support clients. They could give example of when clients had presented under the influence of substances and the decisions that had to be discussed as to whether they could prescribe treatment to the individual.

Staff in the young person's service were competent in the use of Gillick competence which is the term used to decide whether a child (under 16) could consent to their own medical treatment without parental consent. They gave examples of how this was used with the young people they supported.

Substance misuse services

| | |
|------------|--|
| Safe | Good  |
| Effective | Good  |
| Caring | Good  |
| Responsive | Good  |
| Well-led | Good  |

Are substance misuse services safe?

Good 

Safe and clean environment

Addaction Shropshire had accessible rooms for staff to see clients in. This was the case for both the adult and young person's buildings. All areas were clean and well maintained and we saw records that showed cleaning took place regularly maintained however the main male toilets at Crown House could have been cleaner. Records showed that cleaning took place on a regular basis. Records showed that regular testing of equipment had taken place and was up to date.

Staff adhered to infection control principles and ensured measures were in place for this. The service displayed posters for handwashing and gel was available for staff and visitors to use.

Both sites had alarm call buttons in rooms used to meet clients. Staff had personal alarms to use although it was not clear if these had been tested on a regular basis.

Safe staffing

At the time of the inspection the adult service had a total of 448 prescribed clients. Of these 65 were seen in Bridgnorth, 41 in Ludlow, 100 in Oswestry, 197 in Shrewsbury and 45 in Whitchurch. Clients accessed the service for a range of treatments including 21 for alcohol use, nine for non-opiates use, 4 for non-opiates and alcohol use and 414 for opiates use. The adult service had an additional 475 clients who were working with key workers provided by the partner organisation. The young person's service had 67 clients receiving a range of psychosocial interventions

Both parts of the service had enough staff with a range of skills to meet the needs of the clients. For the adult service at Crown House this included doctors, nurses and non-medical prescribers as well as managers and an administration team. The partner organisation who were not inspected provided non-clinical staff. The young person's service at Fletcher House had a full range of staff who were all employed by Addaction. The manager had contingency plans in place to support the teams during periods of sickness and this included using agency staff who had previously worked for the service and knew them well.

The service had a 100% completion rate for mandatory training at the time of the inspection. This included training on clinical governance, incident reporting and health and safety. Most mandatory training was completed as part of induction and then updated at regular intervals. All staff had completed training in basic lifesaving skills. Staff demonstrated that they understood the lone working policies and procedures and gave example of how these were followed including two people undertaking a home visit.

Staff had completed training in the Mental Capacity Act 2005 and understood their responsibilities under the Act. Staff in the young person's service understood Gillick Competence which is the term used to decide whether a child (under 16) could consent to their own medical treatment without parental consent. Staff understood and gave examples of how this related to the young people they supported.

Assessing and managing risk to patients and staff

We reviewed seven sets of records. We found that all had risk assessments in place. Of these four had been updated

Substance misuse services

and five had risk management plans in place. Staff spoke about responding to warning signs and deterioration in people's health and how this would be managed. We found that the amount detail in patient records varied and this had been highlighted in an audit carried out by Addaction in September 2018. The service manager had highlighted the issue to the partner organisation whose staff had responsibility for the updating of records and it had been added to the local risk management plan so that the issues would continue to be monitored and raised. From the 01 April 2019 Addaction will become the sole provider for this contract and these concerns will be fully resolved at that point.

The young people's service had developed a safe screening tool which had been adopted across services in Shropshire. This tool supported organisations to look at concerns about substance misuse in young people and support them to identify risk factors for individuals and make an early referral to the young person's service.

Staff discussed harm minimisation with clients and information relating to this was available for clients to read. We saw evidence in the records of how staff responded to changing risks for clients. Staff discussed risks in weekly meetings and flagged up concerns daily to ensure clients were supported. The dedicated engagement team who managed the phone lines and took referrals could arrange for clients to speak to someone and receive support if they were in crisis.

Staff ensured that clients understood that the buildings were smoke free and that this policy was followed.

Safeguarding

All staff including the administration team had received safeguarding training to level 3 for adults and children. The service manager had made this training available to all staff including those from the partner organisation so that everyone had been trained to the same level.

Staff understood how to protect clients from harassment and discrimination including those with protected characteristics under the Equality Act 2010 such as gender, disability, race and religion. They worked in a way that was non-judgemental and showed respect for the people they supported.

Staff ensured safeguarding was a high priority. They discussed this in team meetings and had good links with

local authority safeguarding teams. The manager from the young person's service represented Addaction at the local safeguarding board. They were also actively involved in County Lines which was an initiative which looked at the criminal exploitation of children across county boundaries. Staff regularly completed safeguarding audits of client records to ensure all safeguarding was reported.

Staff showed a good level of knowledge about safeguarding and how to make referrals. They understood what to report and where to go to for guidance and support.

Staff access to essential information

The service was in the process of moving to an electronic records system. They had some paper records containing historical information which they were putting on to the system. Staff used the electronic records for current recording. Staff understood the systems and did not report an issue with this. Staff had the equipment required to access records as they needed to.

Medicines management

The service followed Addaction's policies and procedures in relation to the management of medication. We looked at prescribing in detail over a range of 12 records and found that in two the rationale for prescribing was unclear. This was raised with the manager who agreed to review these cases. The young person's service did not offer prescribing to clients. Staff provided clients with safe boxes for storing medication in for those who had children living in their household. This was individually risk assessed to ensure safety of the children was the priority.

Staff ensured good practice was used in medicines management. They followed guidance set out by the National Institute of Health and Care Excellence and the orange book Drug Misuse and dependence: UK guidelines on clinical management. Client records showed that there had been multi-disciplinary input into decisions taken about prescribing.

Staff ensured monitoring of physical health took place. The service offered blood borne virus testing and vaccinations for hepatitis. Clients had access to naloxone and training on how to use this. Naloxone is a medication used to block the effects of opioids in overdoses. Naloxone was

Substance misuse services

monitored and staff completed paperwork to say when it had been given out. Both naloxone and vaccinations were stored at appropriate temperatures which were recorded daily.

Track record on safety

The service had recorded eight deaths from 01 July 2018 to 03 January 2019. These had been investigated locally through clinical governance meetings and nationally by Addaction. Following a death by suicide it was identified that staff would benefit from suicide prevention training which was provided for them.

Reporting incidents and learning from when things go wrong

The service used an electronic recording system for incidents and staff knew how to use this and understood what they should be reporting. From 01 July 2018 to 03 January 2019 staff had reported 109 incidents. These included needle stick/infection control, safeguarding, prescribing errors, and records management. Incidents were investigated and discussed at local and national governance meetings within Addaction so that themes could be identified and actions taken.

Staff understood their responsibility to inform clients when things went wrong and we saw this was recorded in the client's notes.

Staff discussed feedback from incidents in team meetings and we saw evidence that individual discussions took place in supervision. Staff received a national bulletin from Addaction which looked at learning from incidents. Every quarter Addaction circulated a case study for staff to review in team meetings to help develop skills and good practice. Managers had addressed incidents relating to prescribing and the local pharmacies by introducing yearly mandatory training for all the pharmacies they worked with. This had helped to reduce the number of incidents reported.

Staff, volunteers and recovery champions received a debrief following incidents and managers offered support through informal discussions and supervision.

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

Assessment of needs and planning of care

Staff completed an initial assessment during first contact with the client. This could be face to face or by telephone and was completed by a member of the engagement team. Once allocated to a worker recovery plans were developed with the client focussing on goals identified during the assessment process. Plans were developed by recovery workers employed and line managed by the partner organisation. Managers at Addaction highlighted concerns with paperwork and areas where more detailed information was needed so that the partner organisation could follow this up with individual workers. Plans for prescribing and treatment with medication were developed by Addaction staff and were person centred and recovery focussed.

The young person's service developed care plans and risk management plans which were specific, measurable, attainable, relevant and timely. This allowed staff to look at both short term and long-term goals with the young people they supported. They used a nationally recognised tool which used mind mapping tools to support conversations with young people around a range of topics which could then be linked together giving a structure for psychosocial interventions

Risk management plans were in place and the service had a policy for those clients who unexpectedly stopped attending. Plans included information from clients about who they would want to be contacted and alongside this staff would contact pharmacies and other organisations involved in supporting the client.

Best practice in treatment and care

Staff provided a range of care and treatment to meet the needs of the client groups. This included one to one sessions, group work and prescribing. This is in line with guidance from the National Institute of Health and Care Excellence. The seven sets of records we reviewed showed that clients on 100ml or more of methadone or those with issues with their physical health had received an electrocardiogram. This would monitor their heart for any

Substance misuse services

abnormalities and was in line with Department of Health, 2007; Guidance for the use of substitute prescribing in the treatment of opioid dependence in primary care, Royal College of General Practitioners, 2011.

Staff used the alcohol use disorders identification test, a national screening tool for excessive drinking and the severity of alcohol dependence questionnaire to support the quality care they provide. The service offered blood borne virus testing to all clients within the adult service and record this in the records. They did not offer this type of testing within the young person's service.

Staff supported clients to live healthier lifestyles. Information was available for clients throughout the service. Recovery champions supported clients to participate in groups which focussed on healthier lifestyles. This included a cycling group where a local business had donated bicycles which were stored at the service for the group to use. The service was working on a partnership where sexual health clinics would be provided by another organisation at clinics held within Crown House.

Monitoring and comparing treatment outcomes

Staff provided information to Public Health England through the national drug monitoring system. This helped staff to compare progress with other areas in the country with a similar demographic and to look at areas for improvement. Managers used this monitoring and the information supplied to commissioners to identify areas where the service could improve. An example of this was that the service had identified that they had not been providing as much community detoxification as they had done previously. This was due to long term sickness of staff and measures had been put in place to ensure this was something they could safely offer to clients in the community.

Skilled staff to deliver care

All staff received a comprehensive induction to the service. This included volunteers and recovery champions. The induction included the completion of mandatory training as set out by Addaction. Managers identified the learning needs of staff through supervision and annual appraisals. Staff were offered other opportunities for developing skills such as additional training or attending the road show

delivered by Addaction where they could meet colleagues from other areas. The manager had arranged for staff from the partner organisation to attend Addaction training so that all staff received the same level of training.

The young person's service included workers who delivered Addaction's 'Breaking the Cycle' programme. This was a family centred programme which focussed on the importance of family based interventions to tackle substance misuse for young people.

Recruitment of staff was in line with Addaction's national policy. Staff received regular supervision. This took place every four to six weeks and was up to date for all staff. We reviewed six personnel files and saw that supervision notes were detailed and included actions which were followed up. Clinical staff received clinical supervision from the clinical nurse lead and the medical lead. The annual appraisals completion rate as of 10 October 2018 was 75% for the adult service and 50% for the young person's service. Some staff had not worked for the service long enough to have had an appraisal and two staff were on maternity leave which accounted for the 50% in the young person's service and 25% in the adult service.

Managers addressed poor staff performance through supervision and if necessary using the formal process set out in Addaction's policies and procedures. Staff from the partner organisation followed the process set out in their own policies. This meant that although Addaction provided overall management of the service they were not involved in managing performance issues for these staff and could only raise this with the partner organisation.

The service employed a community engagement coordinator who trained and supported volunteers and recovery champions who are individuals with experience of using substance misuse services. Volunteers and recovery champions provided a range of support including meeting clients in receptions, supporting clients with external appointments and supporting group work. The service had five volunteers and nine recovery champions.

Multi-disciplinary and inter-agency team work

The service held regular multidisciplinary meetings to discuss clients and changes to risk. They worked closely with other organisations such as the community mental health teams, youth offending service, housing, benefits agencies and homeless charities. A worker from the job centre offered appointments at the service every fortnight

Substance misuse services

for clients and it had been agreed that clinics for clients who were hepatitis c positive will be run from the adult service. This will mean clients will no longer need to go to the hospital for treatment unless they choose to. Information was requested from GPs for clients so that prescribers had a complete medical history before prescribing.

The service had a shared care arrangement with some GPs where the prescribing of medication was done through the GP while the client received support from workers from the service. Managers had worked to improve pathways into other services such as mental health and had an arrangement in place where joint assessments for clients could take place. The young person's service provided programmes in schools to support the education of young people about substance misuse. They liaised with the community child and adolescent mental health teams and the youth support services.

In 2018 the service held a professionals' open day at the Crown House site. This was attended by over 50 professionals from across Shropshire who came to find out more about the recovery partnership and the types of support provided by the service. This has helped to increase referrals from third parties.

Staff ensured that when a client was discharged relevant information would be sent to other supporting services if this was appropriate. Clients would be given information on mutual aid groups and support groups such as alcoholics anonymous and narcotics anonymous.

Good practice in applying the Mental Capacity Act

The service had a policy on the Mental Capacity Act. Staff were aware of this and understood how the act would be used with their client group.

Where appropriate staff supported clients to make decisions about their treatment. If staff had concerns about a client's ability to make the decision for themselves they would seek guidance and support from managers or qualified staff to ensure that decisions would be taken in the best interests of the client.

In the seven files we reviewed only one showed that consent to treatment and sharing of information had not been recorded. We saw that this was reviewed on a regular basis.

Staff working in the young person's service talked with confidence about Gillick Competence and the use of Fraser guidelines. Gillick Competence which is the term used to decide whether a child (under 16) could consent to their own medical treatment without parental consent. They understood how this was used with the young people they supported and gave examples of how this was used.

Are substance misuse services caring?

Good 

Kindness, privacy, dignity, respect, compassion and support

The four clients we spoke with said staff treated them with dignity and respect. They stated that staff showed them understanding and were kind to them. We saw this was the case with all clients who came in to the service on during the inspection. We observed staff talking to clients on the phone and this was done in a caring way while giving out clear information.

Staff stated they could raise concerns about disrespectful, discriminatory or abusive behaviour towards clients and would be listened to by managers.

Staff spent time explaining things to clients and ensuring they had the information they needed to understand the treatment offered and remain safe and well.

Staff displayed a range of information for clients around the service about other organisations and supported clients to access other support such as housing and benefits when needed.

Addaction had clear policies on confidentiality and staff knew what these were and used them to protect the information about their clients safe. Information was shared with clients consent or in circumstances when significant concerns about a client's safety had been raised. This was explained to clients during their initial assessment and at other times during their support.

Involvement in care

Staff had a range of options available to communicate with clients so that they could understand their care and treatment. This included information in other languages and easy read formats. In the young persons service

Substance misuse services

information was available in an age appropriate format such as pictures. All clients received a welcome pack with information about the service and what they could expect during their treatment. This included contact times, details of other support organisations and how to make a complaint.

The young person's service had access to advocacy for clients with a learning disability. Managers stated that advocacy was available for adults and that they were working on building the links with providers to ensure clients knew advocacy was available. We did not see posters on display about advocacy however the service had good links with the local branch of Healthwatch and referred people to them if they wanted to give feedback about the service.

Clients had recovery plans and risk management plans which showed their preferences, goals and the skills they already have to help them achieve the recovery they want. Clients stated that staff support had been vital in achieving this during their time with the service and that they had been involved in the planning of their care and treatment.

Involvement of families and carers

Families and carers could give feedback on the service through speaking to a member of staff or completing a form available in reception. The service provided a group for carers every Tuesday which would give carers the opportunity to give feedback if they wanted to. The main aim of this group was to ensure carers felt supported and had access to information so that they could support their relatives during treatment. Information would include how they could access a carers assessment.

Are substance misuse services responsive to people's needs?

(for example, to feedback?)

Good 

Access and discharge

The service supports adults and young people over the age of 10 from across Shropshire. Referrals come from a range of organisations such as GPs and health services. Clients can also refer themselves for support by phone or dropping in to the service. The young person's service has the highest

number of self-referrals nationally at the time of the inspection. If a referral was inappropriate for the service they would ensure this was passed to another organisation for support to be provided.

The service had clear admission criteria and was open to anyone over the age of 18 who needed support with substance misuse issues. The young person's service was for those aged 10 to 18 and for care leavers up to the age of 25, young people in supported housing projects up to the age of 25 and young people under the care of community mental health teams up to the age of 25. The service responded to referrals as they came in to the service. A client would be contacted as soon as possible and offered an appointment or an initial assessment over the phone. Once this was completed the client would be allocated to a recovery worker or seen by the doctor or non-medical prescribers depending on the type of support they needed.

Clients who were high risk or in crisis would be seen as soon as possible after referral and could be fast tracked for clinical appointments. The service had a dedicated engagement team who managed all the calls in to the service and could ensure clients were listened to from the point of contact and triaged as quickly as possible.

Staff ensured that recovery and risk management plans reflected the diverse needs of the clients and indicated where clients had been referred to other services such as mental health teams and housing. Clients were supported to access these services by staff who ensured that plans were in place for when a client discharged from the service. Managers in the adult service checked the records for each client who was being discharged to ensure that the programme of treatment had been completed and that clients had the support they needed for continuing with their recovery.

The service used referral criteria as set out by commissioners in their contract. This was documented and explained to clients.

Staff followed a policy for contacting clients if they did not attend an appointment. This included following information set out in the risk management plans about who to contact, speaking to pharmacies about prescription collection and other service that might be involved with the client. Between 01 July 2018 and 31 December 2018 19% of clients had missed an appointment with a clinician.

The facilities promote comfort, dignity and privacy

Substance misuse services

Both the buildings at Crown House and Fletcher House had facilities for clients with disabilities including lift access where appropriate. For clients who lived in remote parts of the county the service provided hubs that clients could visit. The service had been trialling using a video link for completing medical reviews for those clients where it was appropriate so that clients did not have to travel long distances for appointments.

The reception area at Crown House was welcoming and well laid out. Clients could wait in comfort to be seen and were greeted by friendly staff on the reception. Volunteers and recovery champions were available to greet clients and chat to them when they came in. Clients took part in a range of groups including art groups, book clubs and self-help groups relating to their addiction.

Patients' engagement with the wider community

Staff worked with clients to help them maintain contact with their families. They encouraged clients to build networks within their local communities by joining support groups such as alcoholics anonymous and narcotics anonymous and through the mutual aid groups that the service had set up.

Staff supported clients to access work and education opportunities. The job centre provided fortnightly appointments at the service for clients. Managers had set up links with a training provider who worked with groups to look at basic life skills and to improve areas such as English and maths.

Meeting the needs of all people who use the service

Staff understood the potential issues faced by vulnerable groups including those with protected characteristics under the Equality Act 2010. They worked closely with a local homeless charity and provided a drop in weekly at their site so that they could give advice and information to people about substance misuse.

The service did not have waiting lists but monitored clients between initial contact and their assessment to ensure increased levels of risk were monitored.

Staff had access to interpreters and signers for people with hearing loss. The Addaction website had the facility so that people could automatically translate information into a

language of their choice. In the reception area of the service staff had displayed a poster which gave information in a wide range of languages to meet the needs of anyone coming in to the service.

Staff produced a range of information leaflets for clients. At Christmas they produced a booklet that was given out to all clients which included information on opening times and who to contact during the holidays. The booklet also gave details of a wide variety of support organisations that clients could contact including places to go for a warm meal and hot drinks. In the reception area the service displayed a 'you said, we did' board where clients had made suggestions or raised concerns and this gave details of how the service had responded.

Listening to and learning from concerns and complaints

Staff supported clients who wanted to make a complaint and protected them from discrimination and harassment. We saw that they treated people in a way which was non-judgemental and supportive.

All complaints had been logged and dealt with by the manager of the service. They would be discussed locally and a response sent to the complainant within 20 days. Complainants were also invited to attend a meeting with staff to discuss the outcome of the complaint. All complaints were monitored by the national Compliance, Inspection and Audit team at Addaction. Staff received feedback on the outcome of any complaints which had been made through team meetings and supervision. In the 12 months from November 2017 to October 2018 the service had received one complaint and 47 compliments.

Are substance misuse services well-led?

Good 

Leadership

Managers at the service provided clinical leadership. They had the skills, knowledge and experience to perform their roles. They demonstrated a good understanding of the client group and the impact supporting clients with complex issues could have on staff. They ensured staff delivered high quality care and this was demonstrated in the way we saw staff working with clients.

Substance misuse services

Addaction nationally had a clear definition of recovery and how clients can achieve this and Addaction Shropshire and the staff team understood how this was delivered through their service. They work to the principle that with the right support anyone can recover.

Managers were accessible and visible in the service to both staff and clients. They had good knowledge of clients and could answer queries relating to individuals without having to refer to records.

Vision and strategy

Staff understood Addaction's values which were to be compassionate, determined and professional. Staff were passionate about the work they did and demonstrated the values through the support they provided.

All staff had a job description and knew what their role was within the organisation and the boundaries of that role when working with clients.

Staff were given the opportunity to contribute to discussions about the development of the organisation and potential changes. As the service was approaching the start of a new contract managers were arranging consultations for staff both as groups and one to one so that they could understand how this will affect the work they do and how the new budget will be managed.

Culture

Staff stated they felt respected and well supported by the manager who had overall responsibility for the service including staff from the partner organisation. Staff stated that since the service had changed to have one manager this had improved morale and generally staff said they were positive and satisfied in their roles. While the work could be stressful they said they could talk to managers and support each other so this was well managed. Staff felt valued and involved in the future of the organisation and were proud to be working for the service.

Staff appraisals included discussions about professional development and we saw in the personnel files that these were detailed with actions to be undertaken by managers and the staff member.

Managers responded quickly to concerns about bullying and harassment and had developed an open culture where staff could speak out. They followed the policy set out by Addaction nationally for staff employed by Addaction.

Managers acted promptly to difficulties within the team and this enabled the teams to work well together and we saw this during the inspection as staff provided informal support and guidance to each other when discussing clients.

Addaction provided additional support for staff who needed it through their welfare service and staff could access this as they needed it.

Managers encouraged and supported staff to be responsible for their own work loads and to make decisions within the remit of their roles. Managers promoted equality and diversity through providing career opportunities for any staff who were interested in developing. They gave opportunities to ex-clients of the service who could come back as recovery champions and apply for roles within the service.

Governance

Overall governance of the service was good. Managers had effective ways of monitoring the service and for raising concerns with the partner organisation. They ensure all staff no matter who they worked for received the same training and regular supervision. Staff had a good understanding of safeguarding, Mental Capacity Act and Gillick Competence and used these to ensure clients received safe care.

Addaction regularly reviewed its policies and procedures and managers ensured that staff knew and understood these. Team meetings had a structure in place that ensured information was passed to staff in a timely manner and managers were involved in governance meetings both locally and nationally.

Managers ensured that themes from deaths, incidents and complaints were looked at and addressed. This included introducing additional training both internally and for external organisations and looked at ways of improving communication.

Staff took part in audits including those for case records and safeguarding. Managers used information from the audits to support staff to consider their own practice and make changes where necessary.

Managers ensured data and notifications were made to the appropriate external organisations as required. This included the Care Quality Commission.

Substance misuse services

Staff had a wide knowledge about external organisations they worked with and this helped them to provide a holistic range of support to clients.

Addaction had a policy in place for whistleblowing and staff knew about this and how to use it.

Management of risk, issues and performance

Managers had a clear quality assurance and performance frameworks in place. This included a local risk plan and actions relating to this and how they would be achieved. Staff could raise concerns around risk for the service with managers who had these added to Addaction's national risk register through governance meetings.

The service had plans for emergencies such as adverse weather. They were clear about how cover would be provided and gave information to clients by phone and through the website about how they could access support if they needed to.

Managers had a dashboard which helped them to monitor absence and sickness rates. The manager had worked to improve morale and this had in turn improved staff sickness rates which for the 12 months between September 2017 and October 2018 was at 1%.

Information management

Staff had access to the equipment and technology they needed for their roles. The service collected data for both their own use to develop the service and to add to the national recording for substance misuse services and Public Health England. Staff explained the way data was used to clients so that they understood how this was used and all data was anonymised. Staff had access to computers and in the main offices the internet worked well. It was less reliable in the rural areas but staff could access a desk in the main office if they needed to.

Managers had a dashboard which they used to monitor performance of the service, staff and patient care. Information was easy to access and meant managers could identify areas for improvement which they discussed in regular team meetings.

Staff stored information to deliver care securely. They used an electronic recording system which they had their own log in details for. Paperwork was scanned into the system and the paper copy was destroyed. Staff were familiar with the system and knew where to go for support if they needed it.

The service had developed information sharing protocols for joint working with other organisations when appropriate such as community mental health teams and probation. Staff explained confidentiality to clients as part of their initial assessment and how information would be used. Reminders about this formed part of their regular meetings with clients.

Engagement

Staff, clients and carers had access to up to date information about the service. This was clearly displayed on notice boards, through Addaction's website and on the intranet and via newsletters for staff. Feedback could be given through several routes including feedback forms and exit interviews for clients. Staff could feed back through meetings and supervision.

Members of the senior leadership team visited the service and staff and clients could contact them if they wanted to.

Managers engaged with external organisations such as the commissioners for the service and the local Healthwatch groups to gain their feedback and use this for service development. They had developed an agreement with the local branch of a national bakery who provided food for the service to distribute to clients.

Learning, continuous improvement and innovation

The service continually assessed quality and sustainability and the impact of changes to the budget they received from local commissioners. They adapted the service they offered while maintaining the quality of the service using group work and volunteers as well as one to one appointments.

The service and staff objectives reflected the organisations values and objectives focussed on improvement and learning.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure that staff regularly check personal alarms in case they need to use them in an emergency.
- The provider should ensure that they continue to build links with advocacy for adult clients and display information about the service.