Swanswell Redditch

Quality Report

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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.

We found the following areas of good practice:

- Since the last inspection in August 2017, the service had acted upon our findings and had made significant improvements to the delivery of client care. They had introduced governance systems that demonstrated they met the regulatory activity requirements.
- The team was made up of a range of skilled staff such as substance misuse workers, nurses, young people workers, senior practitioners and team leader. The caseloads ranged from 22 to 66 dependant on the role the worker undertook.
- The environment was clean, well presented and the furniture was in good order. The privacy and dignity of clients was protected, as interview, clinic room doors had privacy glass stopping people looking in, the reception area had music playing to prevent conversations between worker and client being overheard when they were using the interview rooms.
- Staff offered clients blood borne virus testing (BBV) for hepatitis and HIV. Staff gave training to clients and supplied naloxone, a medicine to counter overdose, to clients who were at risk of overdose from opiate use.
- All staff completed an induction and a six-month probationary period. Staff had completed their

Summary of findings

mandatory and role specific training and had completed level 3 safeguarding training delivered by the local safeguarding board. This meant staff had the skills and knowledge to deliver safe care to clients.

- Staff received regular supervision, which included one to one sessions, performance reviews, group sessions (clinical) and caseload management and attended complex case reviews to discuss specific clients. The supervision notes were detailed and contained action points for workers to complete. Staff said the new supervision model was a supportive mechanism to develop their competencies.
- Strong multi-agency working had been developed with statutory and non-statutory agencies and clear client pathways were embedded in the practice. The service had a single point of contact system for referrers to use. This ensured any clients with increased or high risks were offered appointments quickly.
- Clients spoke highly of the service they received and said staff were caring and supportive. They said the workers helped them to achieve their recovery goals and the staff had the skills and knowledge to support them to achieve them.
- The service responded to the lessons learned from incidents, audits or complaints and implemented changes in practice to improve the service it offered to clients.

However, we also found the following issues that the service provider should improve:

- The provider should ensure the systems they have adopted to monitor the quality of the risk assessments, risk management plans and care plans continue to be monitored to assure the provider they are effective.

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Swanswell Charitable Trust, Redditch

Services we looked at:
Substance misuse services

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Background to Swanswell Redditch

Swanswell Charitable Trust is a wholly owned subsidiary of the Cranstoun Group. Swanswell are a specialist treatment provider for substance misuse. They have four individual sites in England registered with the Care Quality Commission. The local authority in Worcestershire commissions the service on behalf of Public Health England and the Police and Crime Commissioner.

Swanswell Redditch shares a registered manager with two other Swanswell services in Worcestershire. Swanswell senior managers are responsible for the delivery of services in fixed bases and countywide. Family workers, substance misuse workers, nurses, young person workers, peer mentors and volunteer coordinator, non-medical prescriber, doctors and criminal justice workers deliver specialist roles in a range of settings.

Swanswell Redditch provides community based substance misuse services to young people and adults who have drug and alcohol related problems. They provide group work and one to one interventions, substitute prescribing for opiate dependence, community detoxification from opiates and alcohol, needle exchange programme, harm reduction information, blood borne virus testing and administer hepatitis B immunisations, issue the emergency opioid overdose medication kits.

A family service provides support to individuals who have been affected by others drug and alcohol use. Swanswell Redditch service has disabled access, is close to the city centre, and easily accessed by public transport and public car parking is within a two minutes' walk. Swanswell Redditch offers a service from 9am – 5pm Monday to Friday, with extended opening hours every Thursday until 7pm. They offer a satellite service for service users living in Bromsgrove, Evesham and surrounding areas. The service was previously inspected on the 14 August 2017. The inspection found the service was in breach of:

- Regulation 12 (2) (a) (b) (c) (e) (g) HSCA (RA) Regulation 2014. Safe care and treatment
- Regulation 9 (1) (a) (b) (c) HSCA (RA) Regulation 2014. Person-centred care
- Regulation 10 (2) (a) HSCA (RA) Regulation 2014. Dignity and respect
- Regulation 17 (2) (a) (b) (f) HSCA (RA) Regulation 2014. Good governance.

The provider is registered with the Care Quality Commission to provide:

1. Diagnostic and screening procedures

2. Treatment of disease, disorder, or injury.

Our inspection team

The team that inspected the service comprised CQC inspector Julie Bains (inspection lead), two other CQC inspectors.

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

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.

During the inspection visit, the inspection team:

- visited the service at Redditch, looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with six clients
- spoke with the registered manager, a director and the clinical lead nurse
- spoke with six other staff members employed by the service provider, including substance misuse workers, team leaders and senior practitioners
- received feedback about the service from six stakeholders, which included the local authority substance misuse commissioner, women's aid, youth justice team, two mental health teams and a residential rehabilitation unit
- attended and observed a team meeting
- collected feedback using comment cards from one client
- looked at six care and treatment records, including medicines records, for clients
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

The six clients we spoke with were very positive about the service. They described the staff as accessible, caring and supported them to make changes in their lives. They said staff respected their confidentiality and the service was a safe place to come for treatment.

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 standalone substance misuse services.

We found the following areas of good practice:

- The service had a buzzer and CCTV camera system to allow people access to the service. Administration staff monitored the system to ensure the safety of people whilst on the premises. All rooms had alarms and designated staff responded to the alarm call.
- The service was visibly clean, tidy and well furnished. The service used external contracts to clean the building. The cleaning schedule and daily cleaning rotas were completed and up to date.
- The service had up to date environmental risk assessments such as fire, health and safety and legionnaire's disease. Systems were in place to monitor medical supplies use by dates and the calibration of medical equipment.
- Staffing levels were in line with the estimated levels set by the provider and managers reviewed caseloads regularly to ensure they were manageable. Staff received an induction at the start of their employment and completed mandatory training. There was one vacancy at the time of the inspection.
- At the time of the inspection, the service had no waiting lists. The service offered high-risk clients assessment appointments within 48 hours of referral and, if required, fast track access to substitute prescribing.

Are services effective?

We do not currently rate standalone substance misuse services

We found the following areas of good practice:

- Staff carried out comprehensive assessments with clients at the start of treatment and offered appointments in a timely manner.
- Client information was stored securely on an electronic system. Staff accessed the system by entering their individual log in and password details. This ensured client information was kept secure. Any paper files were kept secure in locked filing cabinets in the staff office.
- The service undertook basic health checks such as blood pressure, height and weight checks and staff referred the clients to their GP for a full health screen, if required.

Summary of this inspection

- Staff received training in psychosocial interventions, such as motivational interviewing and solution-focussed therapy to support clients to make positive changes in their lives.
- There was good multi-agency working with statutory and non-statutory agencies to support clients during treatment and on discharge. This included the transitional arrangements to transfer clients from young people's service to adult services.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff had a good knowledge of their clients and were aware of the client's needs to achieve their recovery goals. The staff understood the need for confidentiality and demonstrated this in their discussions with us. Clients spoke highly of the support they received and said staff were caring and supportive.
- Clients were empowered to take ownership of their treatment and encouraged to include family members and carers in the creation of their recovery plans. Staff offered clients copies of their recovery plans.
- Staff treated clients with respect and dignity, taking time to explore treatment options and support clients to access other services including mutual aid support groups such as alcohol anonymous and narcotics anonymous.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The service was open Monday to Friday, with a late night opening on Thursday, so clients who worked could access the service and there was a telephone service on bank holidays. It operated a single point of contact for agencies to refer clients to the service. Clients could self-refer and had access to a duty worker for assessments and advice. The duty worker responded to telephone calls from clients and other agencies.
- The service was accessible for people with disabilities, with stair lift access to the reception area. To increase the access to the service, appointments could be offered at different venues, which included clients being seen at home, in GP practices or at other agencies.
- The provider had an engagement policy to keep clients safe, which staff followed in the event clients disengaged from treatment or failed to attend their appointments.

Summary of this inspection

- The service displayed information on noticeboards relevant to the clients, which included treatment options, how to make a complaint, how to access the advocacy service and mutual aid. One noticeboard displayed information in Polish to meet the needs of the local population. Staff and clients had access to information in a range of languages via the provider's website and staff could book translators and signers for the deaf easily.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The staff promoted the provider's values and culture in their practice. They worked together and were positive about the local management team, who they said were approachable and supportive.
- The provider had an overarching governance structure, which included reviewing incidents, complaints and audit findings and they used the lessons learned to change practice. Policies and guidelines were updated to reflect changes in national guidance and systems were in place, which ensured the senior leadership team could assure themselves safe care was being delivered.
- Staff received mandatory and role specific training and they said they had the knowledge and support to undertake their roles. Staff morale was high and staff told us they enjoyed their roles. Managers told us they had the authority to manage the team and deliver the service.
- The service had quarterly meetings with the local authority commissioner and public health England to review performance against key performance indicators set against national performance and outcome measures.

However, we also found the following issues that the service provider should improve:

- The provider should ensure the systems they have adopted to monitor the quality of the risk assessments, risk management plans and care plans continues to be monitored to assure the provider they are effective.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

All staff had received training in the Mental Capacity Act and described their understanding of mental capacity and what they did to support service users. Staff described which agencies or professionals should be involved to undertake a capacity assessment.

The Mental Capacity Act 2005 is not applicable to children under the age of 16. Gillick competence and Fraser guidelines, which balance children's rights and wishes with the responsibility to keep children safe from harm, should be used for those under 16. Staff in the young people's team showed an understanding of the Gillick competence and Frazer guidelines.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- The service had a camera and buzzer entry system to allow access to the building and reception area. Staff, based in the staff area, monitored the camera system and controlled access to the service to ensure the safety of clients, visitors and staff.
- Interviews rooms had alarms that staff could activate in the event of an emergency or if they felt at risk of violence or aggression from clients.
- Doors to staff areas, treatment, counselling or group rooms had keypad entrances systems to prevent unauthorised access.
- Staff maintained the needle exchange and clinic room to a high standard. It was visibly clean, well ordered and clutter free. The room had the necessary equipment to carry out physical health checks and the equipment was calibrated and in date. Vaccines, adrenaline, naloxone were stored correctly and in date. The needle exchange programme was well stocked and the supplies were in date. Staff checked and recorded the fridge and room temperatures daily.
- All areas of the service were clean and well maintained. The service used external cleaning contractors and we saw completed cleaning records for the previous three months.
- The service adhered to infection control principles, we saw hand-washing notices in place, and hand gel was available.
- First aid boxes and biohazard kits were available and the contents were in date. The service displayed posters to identify the trained staff who were fire marshals and first aiders.
- The service had up to date health and safety assessments, which included certificates or contracts for clinical waste removal, legionella testing, fire extinguisher certificates and fire risk assessments. Electrical equipment was tested and safety stickers were in place.

Safe staffing

- The service had 13 substantive staff based at the Redditch office. This included five whole time equivalent (WTE) substance misuse workers, one WTE young people worker, two WTE criminal justice workers, one senior practitioner, two administrators and one team leader.The service currently had one vacancy for a substance misuse worker.
- The clinical team was a countywide team that provided sessions in the three Worcestershire sites. This included doctors, a clinical lead, non-medical prescribers, nurses and a team leader. The family team and young people team operated their services cross county and each consisted of team leaders, family workers and substance misuse workers, providing sessions in each site.
- Data sent to us by the provider showed caseloads varied between roles, the lowest being for the young person workers at 22 and the highest at 66 for substance misuse workers. Staff we spoke with said caseloads were manageable. The caseloads were reviewed in the team meeting, held every fortnight to ensure they were manageable for staff. At the time of the inspection, the service had no waiting lists.
- The morning meeting discussed unplanned sick leave and the cover required, emerging risks for clients such as reports of violence or self-harm and criminal activity leading to arrest and environmental issues. The meetings had a set agenda and minutes recorded for monitoring purposes.

- All staff had disclosing and barring checks before employment started and the provider had systems in place to identify when they required renewing. At the time of the inspections all staff had up to date checks, showing they were safe to work with clients.
- All staff received an induction to the service. The induction and actions to be completed within the probationary period were clearly set out in the probationary policy, which included regular review meetings with the inductee's manager, a buddy system and the required mandatory and role specific training to be completed within the period. During the inspection, we saw evidence of the policy being followed for a new member of the team.
- At the last inspection in August 2017, we found staff mandatory training did not meet the compliance rate of 80%, set by the provider. During this inspection and from data submitted prior by the provider, we saw compliance was now above 95% for all mandatory training, which included safeguarding children and adults, infection prevention and control, equality and diversity, health and safety, data protection, hidden harm and domestic abuse. Staff received training in the supply and administration of naloxone, the emergency opiate overdose antidote.

Assessing and managing risk to clients and staff

- The provider used a single point of contact for referrals from other agencies and started assessing risk on receipt of the referral. They used a rating system of red, amber and green, those identified as a high priority would be offered an appointment within 48 hours.
- At the last inspection in August 2017, we found risk assessments and management plans had not been completed consistently, were out of date and did not reflect the risks records in the case note records. During this inspection, we saw an improvement in the risk assessments and management plans. Staff completed a full risk assessment at first appointment. Assessments included an exploration of risk to self and others, safeguarding, substance misuse history and vulnerabilities such as homelessness.
- We examined six client records and found all had risk assessments and management plans in place, had been reviewed and were in date. Since the last inspection, there had been an improvement in the detail captured within the risk assessment and management plans. The plans still did not detail how a client's unexpected exit from treatment would be managed. However, case notes recorded emergency contact information. Managers reviewed all closures to ensure the worker had tried to reengage the client. The clients we spoke with said they had discussed with their worker what actions to be taken if they dropped out of treatment.
- As part of the assessment staff used nationally recognised tools to assess the severity of the client's alcohol use, alcohol use disorder identification test (AUDIT) and severity of alcohol dependence questionnaire (SADQ).
- Staff were able to refer clients to other services, which included GPs, mental health services, domestic abuse services, if the client's health deteriorated or risks from others were identified.
- The service did not have a waiting list for clients and saw clients within the national target of three weeks.
- Staff completed mandatory safeguarding training for children and adults. In addition, all staff had received level 3 training from Worcestershire safeguarding board. Staff we spoke with demonstrated a good understanding of safeguarding. They knew what to report and gave examples of when they sought advice. Staff regularly discussed safeguarding cases in supervision, case management, and team meetings. They had the opportunity to discuss specific cases at the fortnightly complex case review meetings, attended by the clinical lead, service manager, team leader, and senior practitioner.
- Pharmacists contacted the service if a client failed to pick up their medication on three consecutive days or they had concerns about the client. The service would try to make contact with the client. If not possible, and dependant on the consent to share information, they would contact other agencies or the police to conduct a safe and well visit.
- The provider had a clear policy on assessing risk where clients had children or frequent contact with children. Measures to keep children safe included the client having to attend the pharmacist daily to be dispensed their medication. If after the completion of a risk assessment, it was deemed safe for substitute medication to be taken home, the service provided safe storage boxes for the client to store their medication in at home. We saw this was documented in the client's case notes.
- Staff adhered to the provider's lone working policy. The staff we spoke with gave examples of how they adhered

to the policy in their practice. The daily morning meeting discussed the planned home visits for the day, which included lone working. This meant the team leaders and senior practitioners were aware of the staff planned activity for the day.

Track record on safety

- The service reported five deaths of clients since September 2016. All the incidents were reported on the provider's electronic incident reporting database and the service had undertaken an internal investigation after each death to establish lessons learned. The learning was shared within the team and across the provider and appropriate changes to practice made. The service submitted timely death notifications to the Care Quality Commission and provided copies of the completed investigation and coroner's outcomes.
- The service had an engagement policy, which staff followed . If a client failed to attend an appointment the worker would try to make contact with the client by phone, text or send a letter. The worker had concerns they spoke with the dispensing pharmacist, the GP practice and other agencies, subject to an information sharing consent being in place. In addition, the worker would discuss the non-attendance with the medical prescriber, if on medication and team leader or senior practitioner. This meant the service acted upon reducing the risk to clients who failed to engage with the service at the earliest opportunity.

Reporting incidents and learning from when things go wrong

- Staff we spoke with described how to report incidents and what incidents to report. We saw evidence of appropriate incident reporting that included an incident of violence and aggression and a pharmacy dispensing error.
- Staff were encouraged to report incidents and received feedback and lessons learned through team meetings and supervision. The provider issued a quarterly lessons learned bulletin via email to all staff.
- Team leaders had the autonomy to deal with low to moderate reported incidents at a local level, with an escalation procedure in place for more serious incidents. The care quality team reviewed all incidents and made recommendations for change to practice, policy and procedure. Additional, scrutiny of the most serious incidents were undertaken at provider level to ensure actions taken were appropriate and comprehensive.
- Staff said they received debriefs after incidents and had access to the employee support scheme, which they could self- refer to or be referred by the team leader.

Duty of candour

- Staff we spoke with said they understood the need for open and transparent discussions with clients especially when dealing with risk and safeguarding. Following a recent incident, a number of clients had been contacted by the service and we saw the service had been open, honest and transparent with the clients and apologised appropriately. In addition, the provider had contacted the Care Quality Commission to inform them of the incident and the subsequent actions taken.

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

Assessment of need and care planning

- Staff offered all clients a welcome appointment to discuss their needs and gave the opportunity to explain what the service offered. The assessment process started at this appointment but could take several sessions to complete, dependant on the client. The six case notes records we reviewed all had completed comprehensive assessments.
- At the previous inspection in August 2017, we found the recovery plans were inconsistent. During the inspection we found the quality of the recovery plans had improved, they were more personalised, holistic, recovery orientated and we could see work had been undertaken to develop a consistent approach in the completion, which included the introduction of caseload management during supervision. The case notes records reviewed had recovery plans present and they were up to date. Staff stated they gave a copy of the recovery plans to clients and clients said they had a copy. However, staff did not routinely record this in the electronic records.
- There were inconsistencies in the recording of psychosocial intervention in the records reviewed. We reviewed supervision notes that included staff being

observed by their supervisor, which evidenced the interventions were being delivered. Staff were able to describe how theyused psychosocial interventions in their practice. The provider had identified that recording interventions in the case notes records was an issue and had submitted a proposal to update the electronic records software to simplify the capture ofinterventions delivered.

- Electronic client records were stored securely on a password protected website care record system, accessible at any location that had an internet connection. Paper records were stored in alphabetical order in lockable filing cabinets in the secure staff area.

Best practice in treatment and care

- Doctors, non-medical prescribers and the detoxification nurse followed National Institute for Health and Care Excellence guidance that included 'Methadone and buprenorphine for the management of opioid dependence' 2007. The provider's clinical guidance and policies reflected the updated Department of Health 'Drug misuse and dependence UK guidelines on clinical management' 2017.
- The countywide clinical team provided a detoxification nurse who assessed, supported and supervised clients on community detoxification programmes. The service had a budget for clients to access in-patient detoxification, if their needs were too complex to detoxify in the community. This demonstrated the service offered a choice of treatments to meet the presenting needs of clients.
- Nurses completed basic health checks including blood pressure monitoring, height and weight checksat the service and staff supported clients to access their GP to address physical health needs and full health checks and liver function tests. Staff offered clients blood borne virus testing for hepatitis and HIV, in accordance with Department of Health (2017) best practice guidelines.
- Nurses were trained to provide electrocardiograms (ECG) to monitor for potential heart abnormalities for clients prescribed 100mls or over of methadone or had a history of heart conditions.
- Staff completed treatment outcome profiles (TOPs) with clients at the start of treatment and every three months during treatment and at the point of discharge. The tool measures change and progress in key areas of the client's recovery journey. The service provided anonymised information to the National Drug and Treatment Monitoring System (NDTMS).
- The service did not store drugs on site except naloxone and adrenaline for emergency use. Staff were trained to administer naloxone and nurses completed yearly training to administer adrenaline for if a client had an anaphylactic reaction.
- The team leaders and senior practitioners audited caseloads and the care quality team undertook audits for the service.
- The provider had undertaken a review of client deaths and the lessons learnt resulted in achange of practice to working with clients with chronic obstructive pulmonary disease, driven forward by the clinical lead for the service. The staff attended a workshop to increase their skills and knowledge in the disease including the impact of medication in suppressing therespiratory function.In addition, the service introduced micro spirometers to test lung function. The test was carried out during the medical review, if the reading was outside the normal range an urgent referral was made to the client's GP for further investigation. This demonstrated the service was proactive in identifying and managing the condition within the client group. This practice had been adopted across all of the provider's services.

Skilled staff to deliver care

- The staff team included a team leader, senior practitioner, substance misuse workers, young person's worker and administrators, with support from the countywide teams that included clinical, family and criminal justice.
- At the start of employment all staff received an induction, which included understanding the organisations culture and policies, training and shadowing opportunities to familiarise themselves with the service.
- Staff were experienced and received mandatory and role specific training such as psychosocial interventions, to carry out their roles. This meant the staff brought a range of skills and expertise to the service. If role specific training was not available in house, external training could be sought. The team leaders and senior practitioners monitored staff training in supervision to ensure staff were up to date.

- In accordance with Health Protection Associate minimum standards for immunisation training, nurses completed yearly training covering anaphylaxis, resuscitation, immunisation and vaccination.
- Doctors and non-medical prescribers had completed the Royal College of General Practitioners Certificate in Drug Misuse and Revalidation was in date. The GPs who were part of the shared care scheme had completed the Royal College of General Practitioners (RCGP) part 1 in the Management of Drugs and the RCGP part 1 in the Management of Alcohol.
- The provider had a model of supervision, which included one to one sessions, performance reviews, group sessions (clinical) and caseload management. All staff had received supervision every four to six weeks and had an appraisal set yearly and reviewed in supervision. The supervision records showed clearly defined actions to be taken by the worker to improve their competencies to deliver effective treatment. The supervision spreadsheet, completed by team leaders and senior practitioners, captured which element of the supervision model had taken place and when. This allowed managers to monitor the delivery of supervision within the service.
- Managers addressed staff performance issues informally through supervision and more formally through the provider's policy. There was evidence of the process being followed in the supervision notes and in the provider engagement meeting minutes between the provider and the Care Quality Commission.

Multidisciplinary and inter-agency team work

- The multidisciplinary team worked effectively together and staff said they valued the complex case reviews attended by a number of disciplines, as it gave them the opportunity to discuss individual clients and identified the best options to move the client forward safely in their recovery journey. The case notes records evidenced multidisciplinary working and substance misuse workers being involved in the medical reviews with the prescriber and client.
- The service had developed good working relationships with statutory and non-statutory agencies and had clear pathways in place, which ensured additional support. Some staff were co-located with other agencies to provide a holistic approach to the client's needs. Case notes records showed positive multi-agency working with criminal justice, local safeguarding, social services and local organisations.
- The service provided training and education to other professionals working with the client group including mental health services and those working with pregnant females.
- A nominated lead attended a multi-agency risk assessment conference regularly and fed back to staff on matters discussed about their clients. The service had representation at domestic abuse forums, safeguarding meetings, mortality reviews and other local forums.
- We spoke with six stakeholders and received positive about the multi-agency working between them and the service. They said access for clients was quick, the service responded well to requests for appointments and the clients had a positive experience. If a problem became known, the management responded appropriately and took action to rectify the issue.
- Posters displayed in the communal area of the service gave information on other services such as domestic abuse and support networks.

Good practice in applying the MCA

- At the time of the inspection, all staff had completed the Mental Capacity Act training and understood its five statutory principles.
- Staff we spoke with were able to explain what action they would take if a client presented to the service under the influence of drugs, which temporarily impaired their capacity to make decisions. The service involved a neuropsychiatrist to assess capacity during assessment of a client for a residential placement.
- The Mental Capacity Act 2005 is not applicable to children under the age of 16. Instead, the service used Gillick competence and Fraser guidelines, to balance the children's rights and wishes with the responsibility to keep the child safe from harm. Staff working within the young person service showed an understanding of the Gillick competence and Frazer guidelines and explained the process they would follow if they had concerns.
- The case notes records we reviewed all contained confidentiality agreements, consent to treatment and

consent to share information forms, signed by the client. These were reviewed every 12 weeks, as a minimum, to coincide with the review of risk management plans and recovery plans.

Equality and human rights

- The provider demonstrated effectiveness in providing equal access for clients through national accreditation schemes such as Investors in Diversity level 2 and Positive about Disabled People.
- All staff had completed mandatory training in equality and diversity during their induction and yearly thereafter.
- The service supported clients from a range of communities, in particular the large Polish community in the area. In the communal areas a noticeboard was dedicated to Polish speaking clients, which displayed translated information about the service, treatment options etc. The Swanswell website had a facility to select a language, which translated information displayed. The service could book translators as well as signers for people with hearing difficulties.
- The service supported people with disabilities and had a criterion for fast tracking clients in to the service, including clients being released from prison or hospital and pregnant women.

Management of transition arrangements, referral and discharge

- The service provided both a young people's service and an adult service. The young people's service worked with people until discharge or until the age of 21. This could be extended if the client had needs that were better met in the young people's service. Staff managed the transition for clients from the young people's service to the adult service with the minimum of disruption, as transition were planned and packages of care were in place, and the staff had access to the case notes records on the electronic system.
- Clients were encouraged to think about their recovery from assessment and throughout their treatment journey. As part of their recovery they were encouraged to attend mutual aid groups such as self-managed and recovery training (SMART), alcohol anonymous AA and narcotics anonymous (NA) for support additional to treatment and for on-going support following discharge from the service. Some groups were available outside the opening times of the service including weekends. Noticeboards in the communal areas displayed information on mutual aid.
- The service prioritised the arrangements to support prisoners who required substitute prescribing or support prior to and on release from prison. During a custodial sentence, staff assessed the clients, offered harm minimisation and naloxone training. The support offered was aimed at reducing the risk of returning to substance misuse, reoffending and death from overdosing on release.
- The service had a 'did not attend' policy so clients knew what would happen if they missed appointments. The policy adopted the National Institute for Health and Care Excellence guidelines on re-engagement. The staff followed the policy in attempt to re-engage clients who failed to attend appointments or engage with the service. In the case notes records we reviewed, we saw copies of letters sent to clients, when they had missed appointments and attempts to contact the client by telephone. However, the re-engagement plans for clients were still an area of work that required addressing, as part of the ongoing risk assessment action plans produced by the service after the last inspection in August 2017.
- The service was open 9am to 5pm Monday, Tuesday, Wednesday and Friday, with a late opening until 7pm on Thursday. The late night opening allowed clients who work or have office hour commitments to access the service, which included a doctor's clinic. The service offered a telephone service on bank holidays and clients, whose GPs were part of the shared care scheme, had access to additional GP support.

Are substance misuse services caring?

Kindness, dignity, respect and support

- We observed staff interacting with clients in the reception area and speaking with them on the telephone. Staff showed patience and kindness when speaking with clients and showed concern about the clients' wellbeing and recovery.
- The six clients we spoke with said staff supported them to make changes in their lives. They said staff were caring, non-judgemental and they felt valued and

respected. They said they felt safe coming to the service, their confidentiality was respected, and staff were flexible in offering appointments, so the client could attend after work.
- The clients told us the group work they attended had a positive outcome on them, as it helped them understand the changes they needed to address their substance misuse and reach their goals.
- The staff we spoke with demonstrated an understanding of the needs of their clients and spoke passionately about the support they provided. They understood confidentiality and said client's information would not be shared without permission unless there was significant risk of harm to the client or others.

The involvement of clients in the care they receive

- Clients spoke of being actively involved in their care plan and mutually agreed this with their worker. The quality of the recovery plans had improved since the last inspection. However, some still lacked detail especially identifying the strength-based goals. Clients and staff said copies of recovery plans were offered to the clients. Clients were offered a choice of treatment options and understood the importance of attending appointments.
- The service offered support to the families and carers through the family support team. The team supported families and carers to deal with the impact of living with someone who used substances. The client had the choice of including family members in their treatment. However, if the client did not want their involvement the family member could still access the family service.
- Clients had the opportunity to complete feedback forms and post 'have your say' comment cards in the comments box in reception. The provider undertook national yearly client surveys, the latest was completed in January 2018, and the service was awaiting the findings to be published.
- A noticeboard in the reception area displayed details of the local advocacy provider, information on what the Care Quality Commission does, how to make a compliant and the provider insurance policy.

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

Access and discharge

- At the time of the last inspection in August 2017, the service had a waiting list of 37 clients. The service has put measures in place, which included the use of an agency worker to clear the waiting and at the time of this inspection there was no waiting list. Clients and stakeholders told us the service saw clients quickly after referral. The national target for referral to assessment was three weeks and the service met this target.
- Referrals for the service came from other organisations, such as local voluntary sector groups, national offender management service, GP's, community mental health teams, acute hospitals and prisons. Clients and families could refer themselves. The Worcestershire services had a single point of contact to streamline contact. The service had a duty system, where clients could drop in to be seen, assessed and allocated immediately. They also offered clients the opportunity to attend welcome groups, which allowed the opportunity for clients to familiarise themselves with the service and the treatment options on offer.
- The provider website detailed all the services they offered, the location of the services, which included directions and opening times. The website provided useful information and links for potential clients, clients, families and carers. The website had a translation facility for those whose first language was not English.
- The data provided by the service recorded 424 clients in treatment. They reported offering 7683 appointments in the period November 2016-October 2017 of which 5865 were attended, resulting in a non-attendance rate of 24%. These figures included clients seen in the six GP shared care practices.
- When clients did not attend appointments, the worker would attempt to contact the client by phone, text or letter. If the first assessment appointment was missed, the referrer would be contacted. Subsequent missed appointments, if the worker had concerns about the client and could not be reached, the worker would contact other professionals involved with the client, subject to information sharing consent, such as the GP, mental health teams or dispensing pharmacist.

- Treatment offered was not subject to time limits, as the service worked with clients until they had achieved their recovery goals. The service was proactive in supporting clients with complex needs and working with other agencies to meet those needs.
- Criminal justice workers would only close clients files who had disengaged from the service after discussion with the probation officer or if the client received a custodial sentence.
- There were clear arrangements in place for the continuation of care, including substitute prescribing for clients entering or being released from prison or transferring to or from another service.

The facilities promote recovery, comfort, dignity and confidentiality

- During the August 2017 inspection, clients were using the toilets in the staff area. Staff did not monitor if clients had left the area and there was no protocol or risk assessment in place for managing this. During this inspection, we saw this had been addressed and staff monitored all clients entering and leaving the staff area. In addition, during the August 2017 inspection we found staff had not been able to monitor the movements of clients and visitors, as the CCTV monitoring equipment situated in the reception area was unmanned. During this inspection, we saw the equipment had been moved to the staff office and the administration staff monitored client movement whilst on the premises.
- During the same inspection in August 2017, we found not all rooms were soundproofed and conversations were heard through the walls, especially in the smaller rooms. This meant staff could not guarantee the client's appointment was confidential. During this inspection, we found music played in the reception area, which was at a volume that stopped client conversations being heard.
- The service had used the limited space well to provide a clinic room with a couch for examinations, needle exchange (used as an additional clinic room), a testing room, interview rooms, and two group rooms. All the rooms had opaque glass panels; this protected the privacy and dignity of clients in the rooms from others passing by the rooms. The furniture in all areas was clean, comfortable and in good condition.
- A range of noticeboards in the reception area, were well laid out and contained information on a range of topics, which included mutual aid, drug alerts, domestic violence, mental health issues. There was a specific noticeboard for Polish speakers.

Meeting the needs of all clients

- Access to the service was up a flight of stairs. However, the service had installed a chair lift for clients with reduced mobility. The service had separate male and female toilets and a toilet for disabled clients.
- The service displayed information in other languages and there was a translation facility on the provider website to allow information to be printed in a range of languages.
- Staff could book translators and signers for deaf clients. The booking system was easy to use.

Listening to and learning from concerns and complaints

- The service received three complaints in the period November 2016-October 2017. The complaints policy had been followed and the complaints were resolved at a service level. The minutes from the monthly provider engagement meetings with the Care Quality Commission recorded the complaints had been discussed and the service had taken the appropriate action.
- Lessons learned from complaints were discussed in team meetings, supervision and the provider sent out a quarterly lessons learned bulletin to all staff via email.
- The staff we spoke with were able to describe the process they would follow if someone made a complaint. Three of the clients told us they would complain if they needed to but did not know how to complain.
- Client feedback was gathered through comments cards and surveys, which the service used to improve services delivered.
- The service received compliments from clients and we saw a number of thank you cards, from clients, displayed in the staff office.

Are substance misuse services well-led?

Vision and values

- Staff knew the vision and values of the organisation, which included being positive, collaborative, innovate, clear, trustworthy and holistic. They demonstrated these in the support provided to each other, clients and working with other agencies.
- Staff reported feeling part of a team and received support from their peers. They said they knew who the senior managers were and felt supported by them. They had high praise for the registered manager, clinical lead and local managers.
- The service was committed to supporting clients in their recovery journey and there were opportunities for clients to become peer mentors and volunteers

Good governance

- At the last inspection in August 2017, we found several areas where governance of the service was poor, which included lack of processes in place to monitor supervision, medical supplies and equipment and visitors on the premises. During this inspection, we found the service had implemented systems to improve and strengthen governance. The provider had implemented a number of changes to practice and the provider was now able to oversee and monitor practice more effectively. Systems were now in place to monitor medical supplies expiry dates and calibrations of medical equipment. Clients and visitors to the service were monitored via a CCTV system operated by the administrator. Staff received supervision in line with policy, a tracking system recorded the supervision sessions and was monitored by the provider. Staff received mandatory and role specific training, which the provider monitored via the supervision process and internal recording systems.
- Since the last inspection, we found a signification improvement in the quality of the risk assessments, risk management plans and care plans. The provider had introduced appropriate systems to monitor the quality through the supervision process, which the provider needs monitor to ensure the system remains effective.
- The service used an electronic incident reporting system. Staff knew how to use this and what to report. Lessons learned from incidents and complaints were shared throughout the organisation.
- Since the provider had become part of the Cranstoun Group, they had adopted the Cranstoun governance structure and policies. Reviews of incidents and complaints and lessons learned were still communicated across the organisation using a number of avenues, which included the quarterly lessons learned bulletin, leadership and local team meetings, during supervision or in one to one sessions with the care quality team.
- The care quality team undertook audits, which included audits of shared care provision, domestic violence and deaths of service users in treatment. Outcomes of the audits were shared at team level and through the governance structure to board level.
- The provider submitted monthly data to the National Drug Treatment Monitoring System used by Public Health England to produce the National Diagnostic Outcome Monitoring Executive Summary. The summary showed key performance indicators for services against others with similar demographics. The summary information was used by commissioner for the local authority to monitor the provider's contract, which had an element of payment by results for key deliverables including successful discharge of clients from treatment.
- Public Health England and the local authority met quarterly with the regional director and service manager to review progress against the contractual obligations. The local authority provided us with a copy of the minutes from the last meeting, which were detailed and highlighted the progress the service continues to make in meeting their obligations and the delivery of multi-agency working.
- The service manager and team leader felt they had sufficient authority to do their job and to manage the needs of the service. The service manager had recently become responsible for the budget for the contract.
- Cranstoun Group had an organisational risk register. Staff could add to this through the local management structure.

Leadership, morale and staff engagement

- A local staff survey was completed in July 2017 and the findings were circulated and discussed with staff.
- The service reported sickness levels for the Redditch team up to December 2017 was 2.18%. The service followed the provider policy for monitoring sickness and offered support through the employee assistance programme.
- There were no reported incidents of harassment and bullying within the service in the last 12 months.

Substance misuse services

- Staff told us they were aware of the whistleblowing policy. They knew how to access it and how to raise their concerns, if they needed to, without fear of recriminations.
- Staff told us they had opportunities to give feedback in team meetings and supervision and felt they could raise concerns without fear of victimisation.
- Team leaders and senior practitioners were present in the service and made themselves available to staff. The service manager and clinical lead made regular visits to the service, staff reported them as being available, contactable, open and honest, and staff spoke of highly of the management team.
- Since the last inspection in August 2017, there had been a significant improvement in staff morale at the service. Staff told us their caseloads were still high but the changes made in the delivery of the service, which included the use of agency staff to fill vacancies, had eased the pressure on them and made their workload less stressful. Staff gave positive feedback about the new supervision model, as it was delivered regularly and was comprehensive.
- The provider had a development strategy in place for team leaders and managers with management training and leadership delivered through Aurelia training and verified by Edexcel. The provider encouraged opportunities for staff to develop such as taking on the lead for delivering projects and career progression through the internal recruitment process.

Commitment to quality improvement and innovation

- The service had reviewed the deaths of clients in treatment to establish if any themes or trends could be identified. As a result, the findings staff undertook training to increase their skills, knowledge and competencies in working with clients who had chronic obstructive pulmonary disease. They introduced a the use of micro spirometers in medical reviews, with urgent referrals to the GPs for follow up, if the reading was outside permitted norms.
- Following a recent audit on shared care practices, the service introduced a shared care implementation worker, whose remit was to improve the current model, build relationships with the GP practices and support substance misuse workers working in the practices. They supported GP's in accessing medical and prescribing training, offered support in specific areas or themes identified in audits undertaken, such as the completion of physical health checks and acted as a liaison between the service and the GP practice. They also attend locality meetings, clinical meetings and, complex case reviews to ensure shared care was used appropriately in the treatment offered to clients.

However, we also found the following issues that the service provider should improve:

- The provider should ensure the systems they have adopted to monitor the quality of the risk assessments, risk management plans and care plans continues to be monitored to assure the provider they are effective.

Outstanding practice and areas for improvement

Outstanding practice

The provider had undertaken a review of client deaths and the lessons learnt resulted in a change of practice to working with clients with chronic obstructive pulmonary disease, driven forward by the clinical lead for the service. The staff attended a workshop to increase their skills and knowledge in the disease including the impact of medication in suppressing the respiratory function. In addition, the service introduced micro spirometers to test lung function. The test was carried out during the medical review, if the reading showed concern an urgent referral was made to the client's GP for further investigation. This demonstrates the service was proactive in ensuring the staff were skilled in identifying and managing physical health conditions.

Areas for improvement

Action the provider SHOULD take to improve

The provider should ensure the systems they have adopted to monitor the quality of the risk assessments, risk management plans and care plans continues to be monitored to assure the provider they are effective.