Addaction - Hereford

Quality Report

6 Bridge Street, Hereford,HR4 9DF
Tel:01432 802487
Website: www.addaction.org.uk/services/addaction-herefordshire

Date of inspection visit: 04 October to 05 October 2016
Date of publication: 29/12/2016

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 issues that the service provider needs to improve:

- The service was not consistently managing risk, staff did not always complete client risk assessments and where completed, they did not always contain a risk management plan. Staff were not recording team discussions about client risk.
- Not all staff understood lone working procedures; three staff did not know the code word to use if there was an emergency.
- Recovery planning was not always effective. Staff did not routinely complete recovery plans with clients. Clients that we spoke with were not familiar with their recovery plans and had not received a copy. However, clients talked about staff offering them choices in their treatment. Staff were not consistently recording clients' consent to treatment.
- At the Hereford team there were not always enough rooms for staff to see clients, this meant that staff sometimes had to see clients in a public place or communal area in the building, this could make it difficult to maintain confidentiality.
- The service had a waiting list for young people who wanted to access treatment, despite low numbers of young people in treatment.

Summary of findings

- The service had not been providing the CQC with regular notifications as set out in their registration requirements.

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

- The service was prescribing in line with National Institute for Health and Care Excellence guidance and staff assessed clients' progress in treatment.
- Ninety-eight percent of staff had completed mandatory training. Staff could access a range of training, including specialist training in substance misuse. Managers and team leaders were able to develop as leaders.
- The Hereford team was open access, this meant clients and people not yet in treatment could access support and staff could help people in crisis. There was no waiting list for adults entering treatment.
- Staff were confident in managing safeguarding issues, they had support from managers who also monitored safeguarding. All staff completed safeguarding training.
- Staff treated clients kindly, were warm in their interactions and treated them with respect. Staff supported clients to give feedback. Carers and families were offered support and the service ran a regular carers group.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services		See overall summary

Summary of findings

Contents

Addaction Hereford

Services we looked at
Substance misuse services

Summary of this inspection

Background to Addaction - Hereford

Addaction Herefordshire is a community substance misuse service that provides drug and alcohol treatment to people in the county of Herefordshire.

The main treatment team is situated in Hereford and there are outreach bases in Ross-on-Wye and Leominster. They also provide a service one evening a week from a hospital in Ledbury. We inspected the Hereford team only. The team provides support and treatment for people aged 11 and older who use drugs and alcohol. They also provide support clients family and friends where appropriate.

Addaction is a national organisation and was founded in 1967. It has150 services across the UK that provide a range of services for drugs, alcohol and mental health.

The Addaction Herefordshire service provides advice, support and treatment for people with drug and alcohol issues. It offers a range of services to support medical and psychosocial rehabilitation.

The service is open Monday, Wednesday, Thursday and Friday between 9.00 and 5.00 and on Tuesdays between 9.00 and 8.00. The service also opens on the first and third Saturday of each month between 10.00 and 13.00.

The team does not provide community detoxification; the team refer clients to another provider for in-patient detoxification.

They offer a young people's service and children and young people are seen by the service in separate community venues or their own homes.

Addaction Herefordshire is registered to provide regulated activities in the treatment of disease, disorder or injury and diagnostic and screening procedures.

The acting manager is in the process of becoming the registered manager for the team.

This is the first inspection of this team since Addaction became responsible for the service in December 2015.

Our inspection team

The team that inspected the service comprised of Care Quality Commission inspector Liz Millet (inspection lead), two other CQC inspectors, a specialist advisor who was a nurse working in substance misuse services and an expert by experience. An expert by experience is a person who has personal experience of using, or supporting someone using, substance misuse services.

Why we carried out this inspection

We inspected this service as part of our inspection programme to make sure health and care services in England meet fundamental standards of quality and safety

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?

Summary of this inspection

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 team based in Hereford
- spoke with eight clients
- spoke with the acting manager
- spoke withother staff members employed by the service, including a nurse practitioner, all team leaders, administration staff, a community engagement worker, and recovery workers, including two young people's workers and acriminal justice recovery worker
- spoke with a local commissioner
- spoke with a volunteer
- spoke with one carer
- looked at 13 staff personnel files
- attended and observed two groups, three prescribing appointments and one needle exchange
- collected feedback using comment cards from two clients
- looked at 11 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

Seven of the eight clients we spoke with said they were happy with the service they received and felt staff treated them respectfully, were kind and worked in the clients' best interests. One client said he was anxious staff would reduce his prescription because of the increased focus on recovery and abstinence. Another client said not all staff were kind and did not always think about the best interests of clients.

One of the two comment cards received was positive; it said that they found staff were non-judgemental and that they were able to see a doctor quickly, however it also said that his friend had experienced inconsistent care due to staff leaving. The other comment card described a client's concern about staff reducing medication too quickly.

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 issues that the service provider needs to improve

- We reviewed 11 care records, six of these contained an up to date risk assessment with a description of risk but only two of these six had a risk management plan, including a plan for how staff should respond to clients who drop out of service.
- Staff had not ensured that annual checks of the thermometer and blood pressure monitor had been completed; this meant that equipment might not work properly.
- Not all staff knew the emergency code word to use if there was an issue when they were lone working. One staff member was not aware of the lone working policy and three staff did not know the code word to use in an emergency.

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

- The service had a robust system for reporting, reviewing and learning from incidents. The team discussed incidents and staff received support following incidents.
- Ninety eight percent of staff had completed mandatory training.
- Staff completed safeguarding referrals and there was a system in place for managing safeguarding.
- Our inspection team saw evidence of staff being open and honest with clients.

Are services effective?

We do not currently rate standalone substance misuse services.

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

- Of the 11 care records we reviewed, three contained a recovery plan. There was no consistent evidence of client involvement in recovery planning.
- Not all client case records contained a thorough assessment; we reviewed 11 files and two of these contained summaries only.
- Although multidisciplinary team meetings took place, where the team discussed risk issues and concerns about clients, there were no minutes or action points from these discussions.

Summary of this inspection

- Staff were not consistently recording clients' consent to treatment and these were not always regularly updated.
- Nurses were not consistently carrying out baseline physical health examinations.

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

- The team were providing prescribing in line with National Institute of Health and Care Excellence (NICE) guidelines.
- Staff assessed clients' progress using treatment outcome profiles to measure change and progress.
- Staff could access specialist training in substance misuse. Managers supported them to complete this if they did not have a substance misuse qualification.
- All staff had completed Mental Capacity Act training and demonstrated a good understanding of the principles contained in the act and how they applied them.

Are services caring?

We do not currently rate standalone substance misuse services.

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

- Staff did not always maintain confidentiality; we observed a confidential conversation take place between a member of staff and client in a communal area.
- Clients that spoke to our inspection team told us that they were not familiar with their recovery plan and had not received a copy of their recovery plan; however, they said staff offered them treatment options.
- Staff were not aware of the local independent advocacy service.

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

- Staff treated clients kindly; they were warm in their interaction and treated them with respect.
- Staff supported clients to give feedback; clients knew how to make a complaint and said that they felt comfortable to do so, there was a box for this in the reception area.
- Staff offered carers and families support and the service ran a regular carers group.
- A member of the Herefordshire service user group visited the service weekly and was working with clients from the service

Are services responsive?

We do not currently rate standalone substance misuse services.

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

Summary of this inspection

- Eight children and young people had been waiting for a service since July, despite there being low numbers of young people in treatment and young people's recovery workers having low numbers on caseload.
- At the Hereford team there were not always enough rooms for staff to use. This meant that staff sometimes had to see clients out of the building in a public place or that appointments could be interrupted if the room needed to be used for another reason.
- Information translated into other languages was not freely available for clients to read.

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

- The Hereford team was open access; clients and people who were not in treatment, could access support and staff could help people in crisis.
- There were no waiting lists for adults entering treatment and assessments were offered within five days of referral.
- There was a range of information relevant to clients' welfare in the reception area.

Are services well-led?

We do not currently rate standalone substance misuse services.

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

- The service had not been providing the CQC with regular notifications as required as a part of their registration.

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

- The staff that our inspection team spoke to felt supported by their managers
- Team leaders were supported in their leadership development through a management training programme.
- All staff had received an annual appraisal.

Detailed findings from this inspection

Mental Health Act responsibilities

The service was not registered to accept clients detained under the Mental Health Act. If a client's mental health deteriorated, staff were aware of who to contact. The team's doctor was a consultant psychiatrist this meant that staff were supported by a specialist who was aware of signs and symptoms of mental health problems.

Mental Capacity Act and Deprivation of Liberty Safeguards

All staff had completed a Mental Capacity Act e learning course

Staff were able to describe an understanding of the principles contained in the act and gave examples of applying this through their daily practice.

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

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- The Hereford Addaction team was open access. Clients and visitors could walk into the reception area without using an intercom. Staff sat at the open reception desk with a signing in book for clients and visitors. The duty staff and volunteers welcomed clients in the reception area. Staff and clients felt safe and liked the reception area. Clients said it was welcoming. The Hereford team was situated in a three-storey building. Clients used the ground floor and staff used the office spaces on the second and third floor. Staff secured offices with coded keypads.
- There were clear signs that described the fire evacuation plan. Staff tested the fire alarm and emergency lighting weekly and kept a log of this. The manager was the fire warden. All fire extinguishers were in date. The local fire brigade had completed an independent inspection in November 2015 and the service met their requirements.
- All rooms, including the reception area had an alarm system in place for staff to summon assistance if needed in an emergency.
- The clinic room had an examination couch, weighing scales and height measure to monitor clients. There was a blood pressure monitor and thermometer. The clinic room had a washbasin and sufficient space for consultations. There was a fridge in the room, but this was not in use. There was suitable clinical flooring in both the needle exchange and clinic room and staff could carry out urine tests in these rooms. There was no emergency medication or resuscitation equipment. If there was an emergency, the team would call emergency services.
- The service did not have naloxone on the premises; naloxone is an antidote for opiate overdose and can reverse the effects of an overdose and save people's lives. National clinical guidance considers naloxone to be potentially lifesaving medication. However, the service was starting a naloxone scheme at the end of October 2016. The scheme was to include giving naloxone to opiate users and their families to use if overdose arises and the service will have naloxone on their premises that staff can use if a client overdoses on site.
- The environment was visibly clean and tidy and the building well maintained.
- An independently contracted cleaning company cleaned the building five days per week. There was no record of completed activities therefore; the manager could not access cleaning records.
- There were anti-bacterial wipes throughout the service for staff to clean their hands; staff could also use these for cleaning surfaces. There were handwashing posters throughout the service. There were sharps bins available for needles that clients returned to needle exchange and for clinical waste from dry blood spot testing. There was also a clinical waste bin in the disabled toilet; this could not be stored in the clinic room as there was insufficient space. The clinical waste collection took place on a weekly basis, as there was not enough space to secure clinical waste in a bin outside the building. Body fluid and spill kits were available. A nurse took the lead for infection control.
- There were staff trained as first aiders and there were signs to indicate the staff responsible for first aid.
- The clinic room contained a log evidencing cleaning of equipment and the clinic room. Staff had not ensured that equipment in the clinic room had been calibrated; the blood pressure monitor and thermometer had not

had annual safety checks. The thermometer had not been checked to see if it was working properly since 2011. Staff did not know when the blood pressure monitor was last checked. The manager said she would rectify this and they would purchase these two items and then ensure calibration takes place when required. Safety testing of electrical equipment had not been carried out as all computers and electrical equipment were purchased when the service was set up in December 2015 and the equipment was not yet one year old. Staff carried out legionella checks on a weekly basis and kept a record of this.

- The needle exchange room was well stocked and clean and all supplies were within date. Clients could choose from a range of harm reduction items such as sterile water, syringes, needles and personal sharps containers. Staff had displayed harm reduction information in this room.

Safe staffing

- Addaction Herefordshire comprised of a consultant psychiatrist, two nurse prescribers each in 0.5 whole time equivalent (WTE) posts, three team leaders who took responsibility for one of the three locations where the service was delivered in Leominster, Hereford and Ross-on-Wye respectively. There were 12 recovery workers and two recovery workers worked specifically with criminal justice clients in the Hereford team. There were also 1.6 WTE young people's workers who worked with children and young people and a community engagement coordinator.
- The service had recently recruited a service manager and they were waiting for a starting date for this post. At the time of our inspection, there was an acting manager who had a senior role in the organisation and took a key role in setting up the service last year. Currently there were two full time vacancies for nurses and the service were recruiting for these posts. The manager of the service told us that there had been problems recruiting nurses. There was also one full time vacancy for a recovery worker. Between December 2015 and June 2016, staff sickness was at 3%, three members of staff we spoke tofelt that sickness affected managing the service, in particular covering reception and duty responsibilities. The turnover of staff was at 13%. Seven staff had left since the service Addaction took over the service; this was a third of the staff that who had worked for the previous service. The previous provider transferred staff contracts to Addaction in December 2015. It had taken time to recruit staff and there had been difficulties finding staff with the right skills and experience for roles, particularly nursing staff.
- The average caseload in this service for full time recovery workers working with adults was between 40 and 50 clients, most staff had caseloads of 40 to 45. Caseloads consisted of clients who used drugs and alcohol. Managers and team leaders used a case management tool to review caseloads. Staff used the caseload tool to produce a report; staff could identify risk issues for individual clients and actions that needed to be completed. The young people's workers had smaller caseloads than staff holding adult caseloads. A newly employed young people's workers held a caseload of two clients, and the other young people's worker had six clients on caseload.
- Team leaders allocated client cases to a recovery worker on average within 48 hours of staff having completed their initial assessment, although this sometimes took longer in the Ross-on-Wye and Leominster teams. Staff told us that this was because of caseload capacity.
- Staff planned their diaries in advance for annual leave; another member of staff would see clients with urgent needs in their absence.
- Addaction did not have any agency staff working with them at the time of inspection. They had recently used agency nurses, but struggled to retain them due to the rural nature of the team, which meant they did not have sufficient nursing staff.
- Addaction Herefordshire employed a psychiatrist who worked four days a week. The non-medical prescribers provided prescribing when the psychiatrist was unavailable. A locum doctor covered annual leave. If there was an issue with a prescription and no one could deal with this in the team, a doctor who worked in another Addaction team in Shropshire helped them with this.
- Mandatory training completion levels were 98% across the whole team, all staff completed a programme of online mandatory training at induction and managers reviewed this annually. This training included; safeguarding children and young people, safeguarding

vulnerable adults, Mental Capacity Act, health and safety, equality and diversity, information governance and infection control. Our inspection team saw evidence of this in staff files.

Assessing and managing risk to clients and staff

- Addaction had recently implemented an electronic risk assessment tool. Most staff had completed training about how to complete these risk assessments, those staff that had not completed the training either had recently returned to work or were new starters with the organisation. Staff could use a function of the electronic risk assessments to alert other staff to client risk by attaching risk marker flags where they identified risk.
- We reviewed 11 sets of care records. Six of these contained an up to date risk assessment that described risk factors, but four of them did not contain a risk management plan. The other five care records did not have a risk assessment or risk management plan present.
- The risk assessment included a plan for dealing with the possibility that a client might disengage from the service, either temporarily or permanently. The re-engagement plan detailed how staff would try to re-establish contact with the client, however because staff were not completing risk assessments consistently this was not present in all care records.
- The team had a duty worker system, this meant that if clients were in crisis they could access support without an appointment. The open access system meant that people who were not in service with the team could also access immediate support.
- There was no adult waiting list, but there was a waiting list of eight children and young people wanting to access services. They had been waiting since July 2016. Staff monitored people on the waiting list for risk and prioritised urgent referrals. Given caseloads were so low the service was not able to give a rational why there was a waiting list.
- All staff had completed mandatory safeguarding training. Staff were able to complete up to level three safeguarding training on line. They understood how to make a safeguarding referral and knew how many clients with safeguarding issues they had on caseload. The team has made 34 referrals to the Multi Agency Safeguarding Hub (MASH) and adult safeguarding team since December 2015. The caseload management tool enabled managers and team members to efficiently review caseloads and identify safeguarding issues. Staff knew who their safeguarding lead was.
- The team gave clients safe storage boxes for medication; these were lockable, childproof containers. Staff gave these to clients with children as well as clients where there was risk issues associated with medication. Staff visited clients at home who had children of five years old or younger to assess safeguarding.
- Herefordshire had a multi-agency safeguarding hub (MASH) that included staff from health, social care and the police. The MASH collated information from partner organisations to ensure safeguarding for children and young people. The service made referrals to MASH. Staff could seek advice and support from them.
- Most staff were aware of lone working procedures, the lone working policy was available on the intranet, however, one member of staff was not aware of this and three staff did not know the code word to use if they had to telephone the team in an emergency. Staff signed in and out of the building, they communicated the address they were visiting and how long they would be there. If the service identified staff would visit in pairs.
- Staff stored blank prescriptions in the safe when the service was closed. However staff left prescriptions out in the administration office during the day, they were not unattended but this was not secure. We spoke to the service manager and they rectified this situation immediately, putting the prescriptions in the locked safe.

Track record on safety

- The service did not report any serious incidents in the 10 months prior to inspection. They gave examples of learning from critical incidents and learning following the deaths of clients. We looked at a review for a client death, this review demonstrated support put in place for staff including debriefing and a planned lessons learnt meeting for the wider staff team.
- There had been five drug related deaths in Herefordshire since Addaction took over the community substance misuse services. Addaction had not notified the Care Quality Commission about these deaths. The service had worked with local commissioners to start a

naloxone scheme to help with the aim of reducing drug related deaths. There were staff who had been trained to offer naloxone to clients and they were due start the scheme before the end of the month.

Reporting incidents and learning from when things go wrong

- The service reported 61 incidents from December 2015 until October 2016. The highest numbers recorded were nine for dispensing errors and eight for client deaths.
- Staff used an electronic system for recording incidents. All staff were clear about what they should report and how they should report incidents. Addaction's incident reporting system provided staff with feedback from their managers within 48 hours.
- Addaction Herefordshire had a process for reporting and investigating incidents and complaints. They were analysed and reviewed monthly via the national critical incident review group (CIRG.) In addition, the regional hubs and the CIRG also reviewed any serious untoward or critical incidents and reported to Addaction's national clinical social governance committee. The team currently discussed incidents in team meetings.
- Managers offered debriefs to staff following incidents and could refer them to the employee support and assistance programme. This was an independent support service for staff where they could access counselling and help.

Duty of candour

- All staff understood the importance of being open and honest with clients. Our inspection team saw staff responding to a complaint where staff apologised to a client. Staff gave us examples of when they had made mistakes and had apologised to clients.

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

Assessment of needs and planning of care

- We looked at 11 care records and nine of these contained an assessment of clients' needs. Two care records that did not contain assessments but did contain summaries of client needs; however, these were not full assessments. Care records had not transferred with clients when Addaction took over provision for the service; therefore, the initial assessments were not available. Staff told us they sometimes had to record historical information about clients from memory or make a data request for client's information to the organisation that had provided services previously.
- Four of the 11 care records we reviewed had recovery plans present and one of these was out of date. The recovery plans, where present in care records staff completed these in mapping format, mapping is the use of drawings or maps to problem solve and explore issues. The maps demonstrated a holistic personalised approach where clients had been involved in their recovery planning. We did not see evidence that staff had given these recovery plans to clients; although we saw a client had signed one recovery plan.
- When we reviewed care records, we identified that staff had not followed up some client issues. The service manager reviewed these issues and spoke to the staff concerned. The issues identified related to the quality of note keeping and staff not having completed notes in a timely manner. We identified that staff had not responded to a client within a reasonable time and that staff sickness had meant that staff had not seen a client. The manager rectified these issues when our inspection team were there.
- All paper and electronic records were secure. The team kept paper records in a locked cupboard in the administration room. Paper records still contained information as the team was in the process of transferring to a secure electronic care record system. All staff could access both paper and electronic records.

Best practice in treatment and care

- Doctors and non-medical prescribers all followed the National Institute for Health and Care Excellence (NICE) guidance when prescribing medication (Methadone and buprenorphine for the management of opioid dependence, NICE, 2007; DH 2007: NICE 2011) and when prescribing for alcohol use (Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence NICE, 2011.) They also used the Drug Misuse and Dependence: UK Guidance on Clinical Management.
- Staff supported clients in their recovery encouraging them to become abstinent of prescribed medication

and illicit drugs. The majority of clients attending the service did so for opiate dependence 61% were opiate users, the majority of these were prescribed opiate substitute medication. Forty-five percent of alcohol users were receiving prescribed medication to help them to remain abstinent from alcohol.

- The previous providers of the service had prescribed medication, such as benzodiazepines or anti-depressants that are not routinely prescribed for treatment of drug and alcohol use. The team were working to help people reduce this medication or transfer prescribing to clients' GPs. Our inspection team saw evidence of staff supporting clients to manage medication in a way that responded to individual client's needs.
- The team offered psychosocial interventions, over 60% of clients were receiving a psychosocial intervention. The team offered a variety of interventions including mapping, motivational interviewing and solution-focused approaches, cognitive behavioural approaches and group interventions including education groups and staff facilitated mutual support groups.
- The local authority had commissioned the service to provide community detoxification (where staff support clients to detoxify from either drugs or alcohol in their own home.) The service was unable to provide community detoxification, due to a shortage of nurses. This was due to on-going issues recruiting nurses and staff talked about their frustration regarding this. The service was keen to start this as soon as possible, but needed to recruit more nurses. Clients were able to access inpatient detoxification from another provider for opiate and alcohol detoxification. The service manager told us that the team had not refused any referrals for in-patient detoxification. Clients continued to receive support from the Addaction team when they returned from their inpatient stay.
- There was limited local authority funding for clients to complete inpatient rehabilitation (following a period of detoxification). The annual budget was enough for two clients to do this, and the service manager was concerned about how to use this funding in an equitable way. Since December 2015, there had been no referrals for inpatient rehabilitation.
- Staff considered clients' physical health; there were good relationships with local GPs and clients were encouraged to see their GP for physical health issues. Prior to starting prescribing the staff liaised with client's GPs to check if there were any physical health issues which would contraindicate prescribing. Due to a shortage of nurses, the service manager told us that they had not offered all clients transferred from the previous service a physical health assessment, but that nurses were now offering new clients this. We reviewed 11 care records and did not see evidence of base line physical health checks taking place. The nurses were reviewing clients who had transferred from the previous service provider so that they could start to offer them physical health checks.
- Staff used alcoholmeters to monitor blood alcohol concentration.
- Clients' GPs were responsible for carrying out electrocardiograms (ECG) to monitor for heart abnormalities and the doctor and non-medical prescribers would refer people for this if the service prescribed them more than 100mg methadone.
- The local authority commissioned the service to provide vaccinations for blood borne viruses, but at the time of our inspection they were not able to do this due nurse vacancies. Staff had completed appropriate training and offered blood tests for hepatitis and HIV. This is in accordance with best practice (DH 2007).
- Staff completed treatment outcome profiles (TOPs) which measured change and progress in key areas of the lives of clients treated in drug and alcohol services. Staff measured outcomes when clients entered and exited treatment and at three monthly intervals. The service shared this information with the National Drug Treatment Monitoring service.
- The service had taken part in audits. A pharmacist had recently audited prescribing practice and nurses had audited prescriptions. The nurses had identified good practice relating to how prescriptions are processed and the team shared this with the wider organisation. The inspection team reviewed an audit of case records in May 2016. The audit identified action points to improve

case records, however when we reviewed care records it was unclear whether all of these action points had been followed as not all care records contained correct documentation.

Skilled staff to deliver care

- The service consisted of a service manager, three team leaders who were responsible for the teams delivering services in Hereford, Ross-on-Wye and Leominster and a range of recovery workers who managed a mixed caseload of drug and alcohol using clients. There were daily clinics provided by the doctor and the non-medical prescribers. The non-medical prescribers offered prescribing to stable clients and the doctor would see clients with more complex needs.
- Staff accessed a range of training in addition to their statutory and mandatory requirement. This training included face-to-face training in motivational interviewing, solution focused techniques, cognitive behavioural approaches, harm reduction, alcohol awareness and medication management. Managers and team leaders recorded training in staff files. Some recovery workers had professional qualifications in social work or probation and one member of staff had completed a counselling qualification. Staff who did not have professional qualifications completed a level three national open college network (NOCN) qualification in substance misuse. They had 12 months to complete this from their induction date. Staff that had transferred from the previous provider were also offered the opportunity to complete this.
- Managers told us they had access to the Addaction leadership development programme. This included management of self, service and people. Managers and team leaders were also able to complete training in human resource management.
- All staff completed an induction programme including a corporate induction where they shadowed staff and completed training. Two staff told us that they did not have sufficient support during their induction period. Our inspection team saw completed induction checklists in staff files.
- Addaction supervision policy required staff to receive supervision on a monthly basis and to have completed a minimum of ten supervisions during a 12-month period. All staff had a named supervisor but they had not received supervision every month. Since the service had recruited more staff, the regularity of supervision had increased.
- Managers kept detailed supervision records. Supervision included business supervision and case management supervision. Business supervision included conduct, managing change, team performance, personal development, and a section for staff to feedback on their experiences. In case management supervision staff used the case management tool to review clients on caseload and there was opportunity for reflective practice. The team leaders had recently started live supervision where team leaders observed client appointments; two members of staff had completed this.
- The doctor supervised nursing staff; they could also attend peer supervision with nurses from other teams and accessed support from Addaction's chief nurse.
- All staff that should have had an appraisal had completed one with their manager. Appraisals were contained in staff files; managers updated these when required and staff members signed them.
- Managers addressed staff performance through supervision; evidence of this was contained in staff files. There were no formal performance management issues at the time of the inspection.

Multidisciplinary and inter-agency team work

- The team had weekly multidisciplinary team meetings. Team leaders, the doctor, nurses and recovery workers attended them. Meetings were an opportunity for discussion about strategic and management issues, learning from complaints and incidents, team performance and training. The team also discussed updates to policies and procedures, diversity, risk and safeguarding. The manager of the service told us that specific discussions about clients and risk took place at the end of the meeting. There was a standard agenda item for risk but there was no record made of these discussions or relevant action points. The manager noted that this was not taking place and said that she would rectify this situation and make sure that this happened in the future. In addition to this staff could ask the doctor for advice and support about client risk. These conversations took place on an informal basis.

- The service was developing a dual diagnosis pathway to improve the referral process between the local community mental health team and Addaction Herefordshire. The psychiatrist had written the pathway and the two teams were due to finalise this. The teams were working to understand each other's roles to ensure that clients with mental health and substance misuse problems were having their needs met. The teams had organised a joint event so that they could get to know each other better and understand each other's job roles. The pathway also included the referral process for the local improving access to psychological therapies team (IAPT.) Staff told us that they try to offer three way meetings to improve the referral process between mental health care and their team.
- Staff made referrals to the housing support agency that came to the team once per fortnight and worked proactively to engage the homeless community. They worked closely with local GPs and social services and had good relationships with local health visitors.
- The team worked effectively with police and the probation service. The criminal justice workers provided treatment to clients who the courts had sentenced to drug and alcohol treatment orders and saw people who police had arrested and identified with a substance misuse problem. Staff attended the multi-agency risk assessment conference meetings (MARAC) where agencies worked jointly to protect the victims of domestic violence.
- The service had recently recruited a community engagement worker who liaised with local organisations. The service organised a stakeholder event annually and communicated by newsletter with their partners each quarter. They also invited guest speakers from other organisations to their meetings to talk about their service and encourage interagency working.

Good practice in applying the Mental Capacity Act

- Staff received training in the Mental Capacity Act, this was mandatory training and 100% of staff had had completed this.
- Most clients using the service did so out of choice; all young people attended the service out of choice. A limited number of clients attended treatment as part of a court order.
- Staff assumed clients had capacity to make their own decisions and clients demonstrated consent by attending their assessment and appointments. However, staff did not systematically record consent to treatment. Five of the eleven care records we reviewed did not contain consent to treatment forms; of the six that were present, staff had updated three within the last three months in line with Addaction policy. The consent document also detailed if the client had given permission for staff to speak to other people such as family members or professionals in other organisations.
- Addaction did not have a specific Mental Capacity Act policy. The Mental Capacity Act was included in their safeguarding policy and this describes the Act, the five principles and the four areas to consider when assessing capacity.
- Staff demonstrated a good understanding of the Mental Capacity Act and could talk about the five principles and how they applied them. They gave examples of clients who had fluctuating capacity due to intoxication and talked about how they assessed capacity. Young people's workers understood Gillick competence, this relates to working with children without parental consent where the young person demonstrates sufficient maturity and understanding of their treatment.
- Staff said they would ask the doctor on the team if they had any queries about capacity.

Equality and human rights

- The service worked within the Equality Act 2010. All staff received training in equality and diversity and all staff had completed this.
- The service was accessible to people from all communities and the team worked with local organisations and attended events including Hereford Pride. The team were working with a local community group who supported people from the Polish community. Staff went to a homeless breakfast kitchen at a local church once every fortnight. The service offered a drop in for food and a drink each Tuesday evening. This gave people the opportunity to drop in informally and encouraged engagement with a wider community.

Substance misuse services

- All staff talked about equality and diversity issues and give examples of how they ensured their daily practice was non-discriminatory. A team leader represented Addaction at the Hereford equality and diversity board.

Management of transition arrangements, referral and discharge

- Staff were able to explain how they supported clients in the discharge process and they were clear that clients could always re-access the service if needed.
- Staff made referrals to other organisations such as domestic violence support, housing, counselling, mental health services and employment. Staff referred clients to mutual aid groups such as alcoholics anonymous and narcotics anonymous.
- The transition from the Addaction young people's service was flexible; there was an opportunity for young people who were vulnerable to stay in young people's services until the age of 25 if they wanted to.
- The criminal justice workers supported clients in the criminal justice system to access drug treatment and supported them with referrals and transition. These staff also supported newly released prisoners.

Are substance misuse services caring?

Kindness, dignity, respect and support

- Staff were observed to be welcoming and friendly to clients. Staff treated clients with dignity and respect; they were empathic in their interaction with clients when supporting them emotionally or practically. Our inspection team observed two group sessions and saw staff rapport with clients was positive and that clients responded well to staff.
- Seven of the clients that we spoke to told us the staff were compassionate and felt they were kind and respectful. One client who was unhappy with their treatment programme and had made a complaint said that not all of the staff were respectful and polite and that staff did not always think about the best interests of clients.
- All staff demonstrated a good understanding of the particular needs of clients who attended the service. They demonstrated a holistic approach to treatment and talked positively about the team's increased focus on recovery. We observed appointments where staff assessed and responded to clients' needs effectively.
- Clients were happy that they could speak to their worker confidentially; however, we observed that staff did not always maintain the confidentiality of clients. Our inspection team overheard a conversation between a staff member and client about their mood and substance misuse in a communal area behind reception.

The involvement of clients in the care they receive

- Clients told us they were not aware of their recovery plan and said staff had not given them a copy. However, they could talk about the care and treatment that they were receiving and said staff gave them choices about their treatment.
- Staff offered families and carers support at a group on Saturdays. We spoke to a carer who told us that she was confident about the care that her son received. She felt welcomed when she attended the team. Staff talked about the way that they involved carers in the service and worked hard to give carers information about substance misuse and treatment. Staff also made referrals to a local carers independent support group.
- Staff referred clients to the local service user group for support. We spoke to a representative from the Herefordshire service user group (HSUG) who said that there were five clients from Addaction currently involved in the group. The HSUG had a representative who spent time in the Hereford service each week; they carried out surveys of clients and then gave feedback to the team. Staff said they could refer people to Herefordshire Health watch if they were unhappy with the service they were receiving, however they were not aware of the local independent advocacy service for Herefordshire.
- The team did not have any peer mentors, peer mentors are people who have used substance misuse services and are in recovery from substance misuse. The team had recently recruited a community engagement worker to develop peer-mentoring roles.
- There was a feedback box in reception with a board outlining responses to client feedback. There were leaflets for clients to feedback about needle exchange.

Substance misuse services

Earlier in the year, Addaction had commissioned an independent organisation to gather feedback from clients across their services and Herefordshire Addaction had taken part in this. They had also recently used secret shoppers to give feedback about their service.

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

Access and discharge

- Referrals to the service were made in a number of ways; clients could self-refer or professionals and concerned others could refer on their behalf with the consent of the client. The needle exchange was accessible to people who were not in treatment.
- Staff typically completed an assessment within 5 days of referral and after assessment allocated within 48 hours. On average clients had to wait between two to three weeks to see a doctor, although there was capacity to see urgent referrals more quickly. There were eight young people on the waiting list for the young people's service. Staff had offered these young people appointments within the next month. The service manager and a manager from another Addaction service were reviewing the provision of the young people's service so that there was no further waiting list.
- The service offered prescribing appointments for medication to treat drug and alcohol use at the Hereford team on weekdays and Tuesday evenings. The service also had an agreement with a small number of client's GPs to prescribe substitute medication for them in the community The Hereford team was open until 8pm on Tuesday and offered a service on two Saturdays a month. The Ross-on-Wye team also offered a service one night a week in Ledbury from a local hospital.
- Addaction was not contracted to provide an out of hours service , however the open access service staff in Hereford could respond to people in crisis in normal opening times. Staff could deal with urgent referrals and assess them immediately. They could also offer immediate support to clients in the service if their recovery worker was unavailable.
- The service had referral criteria. The young people's service saw children and young people over the age of 11. The adult service saw people over the age of 18. To receive support and treatment clients had to use drugs or alcohol and want help and support to stop or reduce their use.
- In line with the National Institute for Health and Care Excellence guidelines, the service had a clear re-engagement policy, which clients agreed to from the outset of treatment. Staff were proactive in trying to re-engage clients who stopped attending appointments. They called, sent letters, liaised with professionals and families (if appropriate) and carried out home visits if they were concerned about a client. Staff also communicated with clients through pharmacies where they collected their prescriptions. If clients did not collect their prescriptions, pharmacies would inform the team. If a client failed to collect their prescription for three days or more staff would suspend the prescription until the client had their medication and circumstances reviewed. This is line with Drug Misuse and Dependence: UK Guidance on Clinical Management (2007)
- The service offered flexibility with appointment times. At assessment, staff asked clients when they would prefer their appointments and staff offered evening and Saturday appointments. Clients were able to attend the service for as long as they needed to. If clients wanted to be seen out of their local community because they were concerned about being seen using a substance misuse service they could choose to be seen at any of the outreach locations or in Hereford.
- The appointments that we observed ran to time. In August 2016, the service had cancelled 0.4 % of appointments offered. Clients had cancelled 13 % of appointments offered and there was a DNA rate of 27 %.

The facilities promote recovery, comfort, dignity and confidentiality

- Staff from the Hereford team told us that there were not always enough rooms to see clients. One staff member told us that they sometimes had to go for a walk with clients and find a quiet location to conduct a one to one session. Staff sometimes had to use the needle exchange to conduct individual client appointments; this could mean that another member of staff might interrupt the appointment if the needle exchange

needed to be used. The manager and team said that the room situation would improve when they moved into their new community outreach bases. The staff also used rooms in a local community building across the road from the Hereford team to try to manage their appointments. We observed a member of staff testing urine in the disabled toilet with a client present, staff normally carried out testing in the clinic room or needle exchange, but when these rooms were busy they had to use the toilet for this.

- Staff did not see children and young people on site, as the service did not have insurance for this. They decided to keep young people safer they would offer them appointments in community venues or their own homes. Young people's workers said that they could not always access suitable rooms in the community to see young people and that this could make it difficult for them to book appointments. They had recently found some new community locations and hoped that this would improve the situation.
- Staff told us that interview rooms were sufficiently soundproof and our inspection team observed this to be the case.
- The reception area had a range of accessible information for clients and carers about drug and alcohol use. There was information about local services including housing, domestic violence support, the Hereford (substance misuse) service user group and the local foodbank. There was information on health including blood borne viruses and liver disease. There were leaflets about mutual aid including alcoholics anonymous and narcotics anonymous. Staff had displayed information about how to complain in a clear and accessible way.

Meeting the needs of all clients

- The building was accessible for disabled people, including wheel chair users.
- The service had produced a range of leaflets for the local Polish speaking community.There were leaflets about the effects of different drugs and harm reduction leaflets about injecting and alcohol, however these leaflets were not available in the reception area.
- Staff told us that they could access interpreters or signers and they gave us examples of how they had organised translation of letters and interpretation services for clients speaking community languages. The Addaction website had translation facilities that cover a wide range of languages; it also had a 'listen with browser loud' facility that offers audio information on its web site. This could help people with dyslexia, literacy problems and visual impairments as well as people with English as a second language.

Listening to and learning from concerns and complaints

- There had been one complaint made in the last year. Our inspection team saw staff respond to this complaint when we carried out our inspection. We spoke to the client about the complaint that related to a reduction in prescribed medication. We saw a formal response in the client's care records and we observed an apology and the doctor increasing the client's medication.
- Patients told us that they knew how to complain and there was clear, accessible information explaining how they could do this.
- Staff described the complaints procedure to us and there was a standing agenda item for complaints and compliments in the team meeting minutes.

Are substance misuse services well-led?

Vision and values

- Addaction's organisational values were for staff to be compassionate, determined and professional. Most staff were able to describe the organisation's values and demonstrated how they applied these in practice.
- The organisational values were accessible to staff, they were displayed in the building. Managers and team leaders discussed the values of the organisation in appraisals. Addaction's five-year strategy incorporated these values that staff were aware of.
- Staff were aware of who the regional manager was and could name other senior managers. The regional manager had visited the service twice in the last three months and had met with some staff.

Good governance

- All staff received mandatory training, managers ensured that staff completed this and monitored when staff were due to refresh this training.
- Team leaders and managers completed staff appraisals and offered both business and caseload supervision to the staff that they managed.
- All staff understood how to report incidents and why they should report incidents; however, Addaction Herefordshire had not been providing the Care Quality Commission with notifications about incidents including safeguarding and client deaths.
- Clinical audits took place and these identified areas for improvement and good practice.
- There was a standard process for reviewing incidents both nationally and at team level. Managers shared lessons learnt from incidents with staff at team meetings. The team discussed feedback from clients and complaints at their meetings.
- Staff followed Mental Capacity Act procedures and considered capacity when working with clients. All staff described how they identified safeguarding issues for children and adults and how they made referrals. Managers and team leaders monitored safeguarding issues.
- The service had key performance indicators set by their local commissioners and by the National Drug Treatment Monitoring Service (NDTMS). Information from the treatment outcomes profiles (TOPS) informed NDTMS of whether the team was successful in the work it carried out. The information gathered included how many clients had exited drug and alcohol free and whether they had gained housing and employment. The information also encompassed what work the service had carried out with carers and families, harm reduction interventions and how long clients spent in treatment.
- The service manager described a supportive management structure and described having sufficient authority and administration support in her role.
- Addaction had a central risk register for the organisation; the team could add risks to this. The difficulty in recruiting nurses was recorded on the national risk register.

Leadership, morale and staff engagement

- Sickness rates in between January and June 2016 were at 3%. Staff files indicated that managers followed Addaction sickness and absence policy.
- Managers and staff did not report bullying and harassment in the team.
- All staff knew how to whistle blow and where to locate the policy, staff said they would feel comfortable to whistle blow.
- Most staff felt that they could raise concerns without victimisation, although one member of staff said that some staff did not feel comfortable to speak up about their concerns relating the transfer of their contract and their terms and conditions.
- All staff members told us that they liked their job; staff described what had been a difficult few months since Addaction took over the service. Staff who had worked for the previous provider described a change of organisational culture that some team members had found difficult to adapt to. Two staff did not feel Addaction had managed the transition from the previous provider effectively. Staff said that there had been pressure placed on teams due to low levels of staffing, although this had improved and numbers on caseload had reduced. The service manager had recently resigned and staff said that this had a negative impact on the team. Overall staff described morale in the team improving and everyone said their managers were visible and that they supported them.
- Staff told us there had been difficulties and tension within the team but this was improving, and overall the team were supportive of each other.
- The team leaders told us their manager offered them support to develop as leaders through Addaction's leadership training programme. Addaction offered a range of training for all team members.
- Staff understood the importance of being honest and open with clients. They gave examples of when they had apologised to clients and we observed a face-to-face apology.
- Staff were provided with the opportunity to give feedback about the service during supervision and there was opportunity to feedback at team meetings. Most staff said they felt listened to when they talked about new ideas or problems.

Substance misuse services

Commitment to quality improvement and innovation

- In April 2016, staff delivered substance misuse training to local social work students to support their learning and better support families and individuals that they worked with. A young people's worker had recently delivered training on child exploitation to local partners.
- The service has recently trained staff in other local organisations such as the homeless street outreach service and the local ambulance service to give naloxone to people who use opiates to reduce the risk of opiate related overdose.,

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure all clients have a comprehensive risk assessment and risk management plan. This is to ensure staff manage risks to their health and safety appropriately. Comprehensive risk assessments and other assessments of client's needs must include historically accurate information.
- The provider must ensure all clients have an up to date recovery plan that they feel that they have participated in and signed.
- The provider must ensure that they send notifications to the CQC as set out in the registration regulations

Action the provider SHOULD take to improve

- The provider should ensure that clinical equipment is checked annually in line with manufacturing guidelines.
- The provider should ensure staff maintain the privacy of clients at all times when providing support to them.
- The provider should ensure that staff carry out baseline physical health examinations.
- The provider should ensure all staff are familiar with the lone working policy.
- The provider should ensure staff record clients' consent and update this every three months in line with local policy.
- The provider must ensure that they can offer children and young people a service without unnecessary delays.
- The provider should ensure information translated into community languages is available for clients to read.
- The provider should ensure all clients have a thorough assessment of their needs documented.
- The provider should ensure team discussions and action points about client risks are recorded.
- The provider should ensure that they manage room availability for client appointments effectively.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The provider did not ensure that each client had a completed risk assessment and risk management plan.** **This was a breach of Regulation 12 (1) (2) (a)**

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care **The provider did not ensure that each client had a recovery plan. Staff had not completed recovery plans with clients.** **This was a breach of Regulation 9 (3)(a) (b) (c)**

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents **The service was not notifying the Care Quality Commission of incidents that required notification.** **This was a breach of Regulation 18 (2)**