

Humankindcharity

Cumbria Addictions Service

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

Overall summary

We have not previously rated this service. We rated it as good because:

- The service provided safe care. The premises where clients were seen were safe and clean. The number of clients on the caseload of the teams, and of individual members of staff, enabled staff to give each client the time they needed. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the clients and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The teams included or had access to the full range of specialists required to meet the needs of clients under their care. Managers ensured that these staff received training, supervision and appraisal. Staff worked well together as a multidisciplinary team and relevant services outside the organisation.
- Staff treated clients with compassion and kindness and understood the individual needs of clients. They actively involved clients in decisions and care planning.
- The service was easy to access. Staff planned and managed discharge well and had alternative pathways for people whose needs it could not meet.
- The service was well led, and the governance processes ensured that its procedures ran smoothly.

Summary of findings

Our judgements about each of the main services

Service

Community-based substance misuse services

Rating

Good



Summary of each main service

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- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the clients and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The teams included or had access to the full range of specialists required to meet the needs of clients under their care. Managers ensured that these staff received training, supervision and appraisal. Staff worked well together as a multidisciplinary team and relevant services outside the organisation.
- Staff treated clients with compassion and kindness and understood the individual needs of clients. They actively involved clients in decisions and care planning.
- The service was easy to access. Staff planned and managed discharge well and had alternative pathways for people whose needs it could not meet.
- The service was well led, and the governance processes ensured that its procedures ran smoothly.

Summary of findings

Contents

Summary of this inspection

Background to Cumbria Addictions Service	5
Information about Cumbria Addictions Service	5

Our findings from this inspection

Overview of ratings	7
Our findings by main service	8

Summary of this inspection

Background to Cumbria Addictions Service

Cumbria Addiction Services is a community substance misuse service serving the population of Cumbria. It offers a fully integrated county-wide approach from six sites. The service is provided by Humankind. Humankind is a national charity.

Cumbria Addiction Services provides harm reduction, substitute prescribing and detoxification programmes for those with addiction to alcohol or illicit substances. The service sub-contracts part of the service to a third sector organisation. That organisation manages low risk alcohol and non-opiate users.

Cumbria Addiction Services was registered with the Care Quality Commission in December 2021. The service is registered for treatment of disease, disorder or injury. This is the first inspection of the service under this provider.

What people who use the service say

We spoke with 10 clients who were using the service and 2 family members of people who were using the service. Clients and family members, we spoke with gave positive feedback on both the service and staff. They felt that staff were supportive and generally felt involved in their care and treatment. They considered staff to be caring, professional and respectful.

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about the service. During the inspection visit, the inspection team;

- Visited the service locations in Carlisle, Barrow in Furness and Whitehaven and reviewed the environment and facilities at each location
- Spoke with the regional operations director, service manager and three team leaders
- Spoke with 18 other staff, including nurses, specialist practitioner, recovery co-ordinators, health care assistants and administration support
- Spoke with 3 individuals who were volunteering in the service
- Spoke with 10 clients who were using the service and 2 family members / carers of clients using the service
- Reviewed 16 care and treatment records
- Observed 2 daily flash meetings
- Observed 1 patient appointment
- Reviewed the governance, policies and procedures used in the running of the service

Summary of this inspection

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

Outstanding practice

We found the following outstanding practice:

- The service had successfully implemented business continuity plans in relation to staffing pressures. The service had moved from a caseload management to a segmented approach using a red, amber and green scale. The implementation of business continuity plans had been well delivered and allowed the service to manage risk and need. The service had now recruited to vacancies and was due to exit the business continuity model.

Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a service **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the provider **MUST** take:

We did not identify any action that provider **MUST** take

Action the provider **SHOULD** take

- The service should continue to ensure that rooms are not left unlocked when they are not in use






Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community-based substance misuse services	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Community-based substance misuse services

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

Are Community-based substance misuse services safe?

Good 

We have not previously rated this service. We rated it as good.

Safe and clean environment

All premises where clients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose.

During our inspection we visited the sites at Carlisle, Barrow in Furness and Whitehaven. All areas were clean, well maintained, well-furnished and fit for purpose. Staff made sure cleaning records were up-to-date and the premises were clean. Staff completed and regularly updated thorough risk assessments of all areas and removed or reduced any risks they identified. Staff completed appropriate daily, weekly and monthly environmental checks. All premises had completed annual health and safety and fire safety risk assessments.

All interview rooms had alarms and staff available to respond. All clinic rooms had the necessary equipment for clients to have thorough physical examinations. However, at the Whitehaven site we found that the clinic room was unlocked due to the existing lock having been removed. The clinic room was located in an area where clients could not access without staff. We raised this concern with the service and following our inspection they provided evidence that a new lock had been fitted to the door.

Staff made sure equipment was well maintained, clean and in working order. There were records of regular checks, maintenance and cleaning of equipment. Staff completed daily checks on the temperature of fridges containing medication and vaccines.

Locations we visited provided needle exchange services. Needle exchange rooms were appropriately furnished and laid out. Appropriate information was available for clients. Staff completed regular stock checks. However, at the Whitehaven site we found that the needle exchange had been left unlocked. The needle exchange was in direct line of sight of a staffed reception area into which clients had to use an intercom to access. We raised this concern with the service and following our inspection they confirmed that the issue had been discussed with staff and the needle exchange was checked to ensure it was locked when not in use.

Community-based substance misuse services

Staff followed infection control guidelines, including handwashing. Staff completed infection control training. Training compliance was 97%. There were appropriate facilities and procedures for clinical waste.

Safe staffing

The service had enough staff, who knew the clients and received basic training to keep them safe from avoidable harm. The number of clients on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each client the time they needed.

Nursing staff

The service had enough nursing and support staff to keep clients safe. At the time of our inspection the service was implementing business continuity measures around staffing due to pressures that had now eased. Staffing pressures had been created in the months prior to our inspection due to staff turnover following the provider taking over the service from the previous provider and through staff absence. The service had successfully recruited to vacancies and reduced staff sickness and was due to exit business continuity measures in the weeks following our inspection.

The service had low and reducing vacancy rates. At the time of our inspection there were 3.77 wholetime equivalent vacancies for recovery co-ordinators across the 3 localities against a budgeted establishment of 26.6 wholetime equivalent. There were 0.8 wholetime equivalent independent prescriber vacancies across the 3 localities against a budgeted establishment of 3 wholetime equivalent. Vacancies were being covered by use of agency staff and cross-team working. The service had low and reducing rates of bank and agency staff. Managers used consistent agency staff where possible. Managers made sure that agency staff had a full induction and understood the service before starting. Vacancies were being recruited to.

Managers made arrangements to cover staff sickness and absence. The service had arrangements in place to cover leave, absence and vacant posts. Staffing and cover arrangements were discussed in daily 'flash' meetings each morning.

At the time of our inspection staff had an average caseload of 56. Staff caseloads had reduced as a result of the recruitment to vacancies. Staff caseloads were reviewed and discussed in supervision meetings.

The service had enough medical cover to support staff and clients and meet need.

Mandatory training

Staff had completed and kept up to date with their mandatory training. Training compliance with mandatory training was 94%. The mandatory training programme was comprehensive and met the needs of clients and staff. Mandatory training included information governance, infection prevention and unconscious bias training. Managers monitored mandatory training and alerted staff when they needed to update their training.

Assessing and managing risk to clients and staff

Staff assessed and managed risks to clients and themselves well. They responded promptly to sudden deterioration in clients' physical and mental health. Staff made clients aware of harm minimisation and the risks of continued substance misuse. Safety planning was an integral part of recovery plans.

Community-based substance misuse services

Assessment of client risk

Staff completed risk assessments for each client on admission and reviewed this regularly, including after any incident. We reviewed 16 care records and found that each one had a comprehensive risk assessment in place. Risk assessments covered all relevant area and had been updated in response to a change in circumstances. Records included a risk management plan which reflected the findings of the risk assessment. Risk management plans were up to date and had been reviewed at a minimum of three-monthly periods or in response to a change in risk.

Staff developed plans for clients in case they unexpectedly dropped out of treatment. These included information on other support and crisis services.

Management of client risk

Staff responded promptly to deterioration in client's health and responded to changing risks. Staff identified these changes through regular engagement with clients, reviews of assessments and care plans and through liaison with other stakeholders such as pharmacies, GPs, safeguarding authorities and other health services. Staff understood processes for responding to a deterioration in health or a change in risk.

Staff assessed clients' suitability to collect their prescription and to keep their medication at home. Where children were present in the home environment staff provided safe storage boxes and completed home visits to ensure their correct use and to assess the environment. Staff regularly discussed harm minimisation with clients and provided information around the risks relating to substance misuse.

Staff assessed and managed risks relating to the use of illicit substances on top of prescribed opiate substitution medication. Clients completed urine samples where required. Prescribing was reviewed regularly. Staff assessed and managed risks relating to diversion. Staff regularly reviewed the frequency with which clients collected prescriptions and utilised supervised consumption where appropriate.

Staff continually monitored clients for changes in their level of risk and responded when risk increased. At the time of our inspection the service was following business continuity plans due to previous staffing pressures. Staffing pressures had developed due to staff turnover following the transfer of the service from the previous provider, the impact of the pandemic and sickness. Service managers risk assessed the service and staffing against need. They moved into a business continuity plan and moved from a caseload to segmented model. Staff risk assessed all clients as either green, amber or red. This enabled a focus on risk. Red clients were seen a minimum of every 2 to 4 weeks, amber clients were seen a minimum of every 6 to 8 weeks and green clients were seen a minimum of every 12 weeks and supported with additional telephone contact. Clients were reviewed following each contact and their rating reassessed. The service had been able to meet need and prioritise risk during this period. At the time of our inspection the service had recruited to vacancies and was due to revert to a caseload model. However, the red, amber and green risk triage process was being incorporated into this change.

Staff followed clear personal safety protocols, including for lone working and home visits. Staff we spoke with were aware of safety protocols and related policies.

Safeguarding

Staff understood how to protect clients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.

Community-based substance misuse services

Staff received training on how to recognise and report abuse, appropriate for their role. Staff kept up to date with their safeguarding training. Staff completed 3 safeguarding courses as part of their training. Training compliance with safeguarding awareness training was 92%, compliance with safeguarding responder training was 88% and compliance with safeguarding alerter training was 81%.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. They knew how to make a safeguarding referral and who to inform if they had concerns. Staff could access support from an identified safeguarding lead within the service and from the providers safeguarding team. Safeguarding was discussed within each teams' daily flash meetings. The safeguarding lead ran a weekly safeguarding check-in meeting where staff could seek support and advice.

Staff could give examples of how to protect clients from harassment and discrimination, including those with protected characteristics under the Equality Act. Records we reviewed demonstrated effective safeguarding practice and good liaison with local safeguarding agencies.

Managers took part in serious case reviews and made changes based on the outcomes.

Staff access to essential information

Staff kept detailed records of clients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.

Staff had easy access to clinical information and were able to maintain and access clinical records. Clinical records were both paper and electronic. Records were stored securely, and electronic records were password protected.

Medicines management

The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each client's mental and physical health.

Staff followed systems and processes to prescribe, monitor and where appropriate administer medicines safely. Medicines were prescribed by doctors and non-medical prescribers within the service. Medicines were dispensed at local pharmacies. Staff reviewed prescribing regularly and provided advice to clients about their medicines. There were appropriate governance structures in place to support prescribing including patient group directions and relevant policies to support staff. There was a programme of audit to provide assurance around appropriate prescribing. Staff completed medicines records accurately and kept them up to date. Prescribing records we reviewed were completed appropriately and in line with relevant guidance. Staff reviewed the effects of each client's medicines on their physical health according to National Institute for Health and Care Excellence guidance. Staff stored and managed all medicines and prescribing documents safely.

Staff provided clients with naloxone kits. Naloxone is a medicine used in emergency treatment to reverse the life-threatening effects of an opioid overdose. Staff trained clients on the use of naloxone before issuing the kit. The storage and issuing of naloxone were included in medicine audits.

Clients had access to blood borne virus testing and vaccination. Vaccines were kept in fridges whose temperature was regularly monitored. Vaccinations stored in fridges at the time of our inspection were in date.

Community-based substance misuse services

Track record on safety

The service had a good track record on safety.

Reporting incidents and learning from when things go wrong

The service managed client safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave clients honest information and suitable support.

Staff knew what incidents to report and how to report them. Staff used an electronic system to report incidents. Staff we spoke were aware of the providers adverse incident policies and were able to discuss the type of incidents they would report. Staff reported incidents such as health and safety incidents, incidents of violence or aggressions and prescribing or medication errors. Reported incidents were reviewed by managers. Service managers had access to a weekly dashboard which captured each incident and what stage the incident response was at. Trends and themes in incidents were monitored through monthly governance meetings.

Managers debriefed and supported staff after any serious incident. Staff we spoke with told us they had been supported following incidents.

Managers investigated incidents thoroughly. Clients and their families were involved in these investigations where appropriate. Managers flagged incidents for investigation during the incident review process and allocated a staff member to lead the investigation. The service had a monthly death review group. The service had opened the meeting up to include other agencies and stakeholders to ensure more effective learning and information sharing. The service also contributed to local death and mortality reviews.

Staff received feedback from investigation of incidents. Feedback was provided verbally, in supervision and through the electronic reporting system. Staff met to discuss the feedback and look at improvements to client care. Task and finish groups were established to implement recommendations. For example, a task and finish group had reviewed and refreshed criminal justice pathways and multi-agency working. Learning was discussed in team meetings and at ad-hoc learning events.

There was evidence that changes had been made as a result of incident reviews. For example, the service had developed an information campaign around specific illicit substances that had been linked to deaths in services in the west of the county.

Staff understood the duty of candour. They were open and transparent and gave clients and families a full explanation if and when things went wrong.

Are Community-based substance misuse services effective?

We have not previously rated this service. We rated it as good.

Community-based substance misuse services

Assessment of needs and planning of care

Staff completed comprehensive assessments with clients on accessing the service. They worked with clients to develop individual care plans and updated them as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery oriented.

Staff completed a comprehensive mental health assessment of each client. We reviewed 16 care and treatment records and found that each client had an up to date assessment in place. Assessments were comprehensive and covered all key areas including physical and mental health, safeguarding, substance misuse history, social needs and forensic history.

Staff developed comprehensive care plans for each client which reflected their assessment and met their needs. Each of the 16 records we reviewed contained a care plan. Care plans were generally personalised, holistic and recovery orientated. Care plans were written collaboratively with clients and identified the clients' goals, recovery capital and the support and interventions they required. Staff regularly reviewed and updated care plans when clients' needs changed.

Staff made sure that clients had a full physical health assessment and supported the management of physical health conditions. Clients had access to healthcare assistants at each location who provided support and advice around physical health concerns.

Best practice in treatment and care

Staff provided a range of care and treatment interventions suitable for the client group and consistent with national guidance on best practice. They ensured that clients had good access to physical healthcare and supported clients to live healthier lives.

Staff provided a range of care and treatment suitable for the clients in the service. Staff delivered care in line with best practice and national guidance including those laid out by the National Institute for Health and Care Excellence. Clients had access to harm reduction advice and resources, including needle exchanges as well as opiate substitute prescribing, community detoxification, psychosocial interventions and counselling. The service employed Individual Placement and Support workers. The Individual Placement and Support workers worked with clients to support access to education and employment opportunities. In line with national guidance and best practice the service supported and promoted mutual aid and peer support.

The service had a volunteer programme in place. The service employed a volunteer lead and at the time of our inspection had individuals with lived experience volunteering in roles including supporting group work and needle exchange facilities. Further volunteer roles were in development. Clients and staff were able to suggest possible volunteer roles and help develop supporting role descriptions. An appropriate governance structure was in place around the volunteer scheme including recruitment, supervision and performance management. Clients had access to peer mentor schemes through a third sector provider subcontracted by Cumbria Addiction Services.

Staff made sure clients had support for their physical health needs, either from their GP or community services. The service employed health care workers at each location who supported clients with their physical health needs, completed relevant observations and liaised with GPs and other health professionals. Care records we reviewed

Community-based substance misuse services

demonstrated good management of physical health concerns. Staff supported clients to live healthier lives by supporting them to take part in programmes or giving advice. This included around areas such as smoking cessation, healthy eating and exercise. Staff had arranged for health and well-being coaches from the local county council to attend for ad-hoc sessions with clients.

Staff used recognised rating scales to assess and record severity and outcomes. Staff completed treatment outcome profiles and submitted these to the National Drug Treatment Monitoring System.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. The service completed audits of assessments, care records and safeguarding. Managers used results from audits to make improvements. Findings of audits were feedback via email and in team meetings.

Staff used technology to support clients. Staff were able to complete appointments remotely through video calls.

Skilled staff to deliver care

The teams included or had access to the full range of specialists required to meet the needs of clients under their care. Managers made sure that staff had the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

The service had access to a full range of specialists to meet the needs of each client under their care. This included medics, nurses, non-medical prescribers, recovery co-ordinators, health care assistants, individual placement specialists and housing and criminal justice workers. Staff had significant experience of working with clients with a history of addiction. Staff we spoke with were knowledgeable about the client base, addiction and the local recovery community and support services. Staff were skilled at meeting clients' needs.

Managers supported staff with appraisals, supervision and opportunities to update and further develop their skills. Staff received regular supervision. Formal supervision was provided a minimum of 3 monthly and more often if required or requested. At the time of our inspection compliance with supervision was 94%. In addition to formal one to one sessions, supervision was also provided in other formats including weekly complex case forums. Specialist supervision was in place for non-medical prescribers. Staff we spoke with told us they felt supported and were able to get advice and guidance when they required it. Managers supported staff through regular, constructive appraisals of their work. Staff received an annual appraisal. At the time of our inspection compliance with staff appraisal was 100%

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Training needs were identified through supervision, from learning following an incident or audit or in line with service development programmes. Managers made sure staff received any specialist training for their role. Staff we spoke with had completed a range of additional training including in areas such as psychosocial interventions, counselling and blood borne viruses.

Managers made sure staff attended regular team meetings and gave information to those who could not attend. The service held daily flash meetings to review new assessments, ongoing concerns and the days planned activities. We observed 2 flash meetings. Both meetings were well structured and demonstrated effective information sharing, risk management and service planning.

Community-based substance misuse services

Managers recognised poor performance, could identify the reasons and dealt with these. There were appropriate policies in place and support from a HR service.

Managers recruited, trained and supported volunteers to work with clients in the service. The service was in the process of re-establishing its full volunteer programme after it had been paused during the COVID-19 pandemic. There was an identified lead for volunteers and policies and procedures to ensure effective recruitment (including disclosure and barring checks) and ongoing support for volunteers including a regular supervision and appraisal. During the inspection we spoke with 3 volunteers. Two volunteers were supporting a welcome group to the service and 1 volunteer supported a needle exchange facility and a recovery group. All 3 volunteers we spoke with were positive about their volunteering experience and the support that they had received.

Multidisciplinary and interagency teamwork

Staff from different disciplines worked together as a team to benefit clients. They supported each other to make sure clients had no gaps in their care. The team had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.

Staff held regular multidisciplinary meetings to discuss clients and improve their care. These included daily 'flash' meetings as well as multidisciplinary meetings. Staff completed multi-disciplinary reviews of clients and worked collaboratively to help the client achieve their goals. Staff made sure they shared clear information about clients and any changes in their care, including during transfer of care.

Staff had effective working relationships with other teams in the organisation. Staff had strong and effective working relationships with external teams and organisations. We reviewed 16 care records. Care records evidenced input from a range of internal and external professionals and demonstrated multidisciplinary working. The service contributed to

Good practice in applying the Mental Capacity Act

Staff supported clients to make decisions on their care for themselves. They understood the service's policy on the Mental Capacity Act 2015 and knew what to do if a client's capacity to make decisions about their care might be impaired.

Staff received and kept up-to-date with training in the Mental Capacity Act and had a good understanding of at least the five principles. Compliance with training was 89%. Staff had access to relevant policies and support in relation to the Mental Capacity Act. Staff supported clients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act and knew what to do if a clients' capacity to make decisions or consent to treatment might be impaired. There were good links with local mental health services.

Are Community-based substance misuse services caring?

We have not previously rated this service. We rated it as good.

Kindness, privacy, dignity, respect, compassion and support

Community-based substance misuse services

Staff treated clients with compassion and kindness. They understood the individual needs of clients and supported clients to understand and manage their care and treatment.

Staff were discreet, respectful, and responsive when caring for clients. Clients said staff treated them well and behaved kindly. We spoke with 10 clients during the inspection. Feedback from clients was positive. They described staff as considerate, caring and supportive. They felt staff were discreet, respectful and responsive when engaging with them. Staff and client interactions, we observed during the inspection were conducted in a caring and respectful manner. Clients said they were able to speak privately with staff when needed, and most clients said staff were responsive in returning calls and messages. Staff gave clients help, emotional support and advice when they needed it.

Staff understood and respected the individual needs of each client. Staff supported clients to understand and manage their own care treatment or condition. Staff directed clients to other services and supported them to access those services if they needed help. Care records we reviewed generally demonstrated a holistic and personalised approach to care. There was evidence of staff and client conversations around treatment and treatment options. Clients we spoke with told us staff had a good understanding of them and their needs. Care records evidenced referral into other support services. Clients gave us examples of staff supporting them to attend other services including making first contact and support with travel.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards clients and staff. Staff that we spoke to said they are aware of how to raise concerns and said they would be confident to do so. Clients said they feel safe attending the service and could raise concerns if they did not.

Staff followed policy to keep client information confidential. The one-to-one rooms were soundproof to give clients privacy. Client records were stored securely, and computer systems were password protected.

Involvement in care

Staff involved clients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that clients had easy access to additional support.

Involvement of clients

Staff involved clients in their care plans. Records we reviewed showed clients were involved in developing their care plans. However, records were not always clear if a client had been offered a copy of their care plan.

Staff made sure clients understood their care and treatment and found ways to communicate with clients who had communication difficulties. Clients we spoke with told us they were supported to understand information on their treatment if they struggled to understand. We observed 2 client appointments during the inspection. Staff encouraged clients to contribute to discussions around their care and facilitated them to do so by providing appropriate information. We did not review any records where the client had a communication difficulty but staff we spoke with were able to describe how they could access support for clients with learning difficulties and address communication needs.

Staff involved clients in decisions about the service, when appropriate. Clients could volunteer for a variety of positions within the service and help develop new roles. Clients had been involved on interview panels for new staff. The service had established a working together group to look at ways to enhance and further embed client involvement.

Community-based substance misuse services

Clients could give feedback on the service and their treatment and staff supported them to do this. Clients we spoke with said they felt confident to give feedback verbally to staff members. The service's website included a feature to provide feedback. Clients could also complete a service user satisfaction survey. Results of surveys were analysed and used to develop action plans. The most recent survey had resulted in actions around strengthening links with mental health services. Offering support around transport costs and better feedback on changes that have been made.

Involvement of families and carers

Staff informed and involved families and carers appropriately. We saw evidence in records of family or carer involvement, including family members attending appointments and family members ringing for advice.

Staff gave carers information on how to find the carer's assessment. Staff were able to signpost family members and carers into support services and make referrals for carers assessments.

Are Community-based substance misuse services responsive?

Good 

We have not previously rated this service. We rated it as good.

Access and waiting times

The service was easy to access. Staff planned and managed discharge well. The service had alternative care pathways and referral systems for people whose needs it could not meet.

The service was easy to access. Clients could self-refer or be referred by a healthcare professional or services. Clients could access the service without delay as there was no waiting list. The service had clear criteria to describe which clients they would offer services to. The service sub-contracted a third sector service to deliver care and treatment to lower risk and non-opiate clients. Referrals were triaged upon receipt and signposted to the relevant service. Staff saw urgent referrals quickly and non-urgent referrals within the service's target time. Staff could prioritise referrals in response to specific needs or risk indicators.

Staff tried to engage with people who found it difficult, or were reluctant, to seek support from services. Staff tried to contact people who did not attend appointments and offer support. The service had a did not attend policy which provided guidelines for staff to follow in the event of 1, 2 or 3 missed appointments.

Clients had some flexibility and choice in the appointment times available. The service ran satellite clinics and offered home visits where this was required. The service operated late night clinics for those unable to attend during the working day. Staff worked hard to avoid cancelling appointments and when they had to, they gave clients clear explanations and offered new appointments as soon as possible. Appointments ran on time and staff informed clients when they did not.

Staff supported clients when they were referred, transferred between services, or needed physical health care.

The facilities promote comfort, dignity and privacy

Community-based substance misuse services

The design, layout, and furnishings of treatment rooms supported clients' treatment, privacy and dignity.

The service had a full range of rooms and equipment to support treatment and care. Premises had disabled access. Reception areas were welcoming and displayed relevant information for clients, including information on the service, on support services and mutual aid within the wider community and harm reduction. Clients had access to needle exchanges, clinic rooms and group rooms.

Interview rooms in the service had sound proofing to protect privacy and confidentiality. Staff had access to a full range of equipment.

Clients' engagement with the wider community

Staff encouraged clients to maintain contact with their families and carers and seek support from them where possible. Records showed that families and carers were involved where clients consented to this.

Staff encouraged clients to access the local community and social activities. The service had good links with the local recovery community and support services. The service worked with local stakeholders to support clients with access to education, volunteering and employment opportunities.

Meeting the needs of all people who use the service

The service met the needs of all clients, including those with a protected characteristic or with communication support needs.

The service met the needs of all clients, including those with a protected characteristic.

The service could support and make adjustments for people with disabilities, communication needs or other specific needs. Staff completed home visits for clients whose health or mobility meant they could not attend on-site. Locations the service was delivered from had disabled access and lifts for those who required them.

Managers made sure staff and clients could get hold of interpreters or signers when needed. Staff had access to translation services including face to face, telephone and document translation. Staff we spoke with knew how to access these services and were able to give examples of when they had been used.

Staff we spoke with demonstrated an understanding of the potential issues and barriers to access facing vulnerable groups. There were outreach workers who engaged with the homeless population and those within the criminal justice system.

Staff made sure clients could access information on treatment, local service, their rights and how to complain. Information leaflets on display in team buildings were predominately in English but translated versions were available. This included easy read versions. Staff made sure patients could access information on treatment, local service, their rights and how to complain.

Listening to and learning from concerns and complaints

Community-based substance misuse services

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.

Clients, relatives and carers knew how to complain or raise concerns. Information on how to complain was advertised on sites and available in leaflet form. None of the clients we spoke with had reason to raise a complaint but told us they would feel comfortable doing so if they needed to.

Staff understood the policy on complaints and knew how to handle them. Staff attempted local resolution as a first step and moved to a formal complaint if this was unsuccessful.

Managers investigated complaints and identified themes. Managers shared feedback from complaints with staff and learning was used to improve the service. Feedback was an agenda item on team meetings. Clients received feedback from managers after the investigation into their complaint.

In the 12 months prior to our inspection the service had received 14 formal complaints. Two complaints were upheld, 5 complaints were partially upheld, and 5 complaints were not upheld. Two complaints were under investigation at the time of our inspection. In the same period the service received 10 compliments.

Are Community-based substance misuse services well-led?

Good 

We have not previously rated this service. We rated it as good.

Leadership

Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for clients and staff.

Managers we spoke with were knowledgeable about the service and the local recovery community and support services. They were able to describe a vision of recovery and explain how the service contributed to achieving that. They had an understanding of the challenges and risks the service faced and were able to describe plans to address them.

Leaders were visible in the service and approachable for clients and staff. Staff we spoke with knew who senior managers were and understood their roles. Managers were described as open and approachable. Staff we spoke with told us managers were supportive and open to challenge.

Managers had led the service through the implementation of business continuity plans around staffing. Managers were able to explain the rationale for this decision, how staff were engaged through the process and how they would exit business continuity safely in the weeks following our inspection.

Leaders had access to specialised training and development programmes.

Vision and strategy

Community-based substance misuse services

Staff knew and understood the service's vision and values and how they (were) applied to the work of their team. Staff we spoke with were able to explain concepts of recovery, what recovery looked like and how the service worked with clients to achieve and maintain that recovery.

Culture

Staff felt respected, supported and valued. They reported that the service promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.

Staff we spoke with felt respected, supported and valued. They spoke positively about the provider organisation and local managers. Staff had been involved in discussions around managing risk and staffing levels as well as the decision to move into business continuity plans. Staff were positive about how these processes had been managed and the support and engagement from managers during it. Staff feedback in the provider staff survey was generally positive. Managers had developed an action plan based on staff responses. Staff appraisals and supervision included conversations about career development and staff felt there were opportunities for this within the organisation. Staff had access to employee assistance services for additional support. This included a counselling service if appropriate.

Staff felt able to raise concerns without fear of reprisal. Staff described an open and honest culture. They felt managers were supportive and approachable. Staff felt empowered to suggest improvements or changes to the service and felt managers were receptive to ideas.

Staff teams worked well together. Staff spoke positively about their colleagues and the local team. They described collaborative team working and a supportive environment. There were good relationships with managers and senior staff within the multidisciplinary team. There were no cases of bullying or harassment reported.

Governance

Our findings from the other key questions demonstrated that governance processes operated effectively at ward level and that performance and risk were managed well.

Performance and risk were managed well. There were processes in place to monitor the safety and quality of premises, equipment and the delivery of care and treatment. Managers had effective oversight of systems and processes to ensure the service was safe. Staff discussed incidents, performance, risk and quality improvement in governance meetings. There was a clear framework of what was to be discussed at team meetings. Action plans were monitored and delivered.

Staff had access to a suite of policies and procedures to support them in their work. Policies and procedures were appropriate and up to date. Staff we spoke with told us they were always able to get support and advice, either from senior staff locally or from a specialist team within the provider.

Staff understood the arrangements for working with other teams, both within the provider and externally. The service submitted data and appropriate notifications to external bodies when required.

Management of risk, issues and performance

Community-based substance misuse services

Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

There was a clear quality assurance management and performance framework in place. Managers had access to regular performance reports and effective oversight of risk. Managers we spoke with demonstrated a good understanding of the risks the service faced and could describe actions in place to mitigate them. Staff had access to a risk register held at service level. Staff were able to raise issues for inclusion on the risk register. The service submitted quarterly performance reports to commissioners.

The service had plans for emergencies such as adverse weather, loss of information technology systems or closure of premises. The service had implemented its business continuity plans around staffing in the months prior to our inspection. Staff we spoke with told us they had been involved in decision making and felt that the process had been well managed. Implementation of the plan had meant that risk was managed, and need met during a period of low staffing. The service had recruited to vacancies and was due to exit its business continuity plan in the weeks following our inspection.

Information management

Staff collected analysed data about outcomes and performance.

Teams had access to the information they needed to provide safe and effective care and used that information to good effect. Staff had access to the equipment and information technology needed to do their work. Electronic documents were password protected. Paper records were stored securely.

Staff followed policies and procedures to protect client confidentiality. Staff ensured that clients understood how their information was stored and who it was shared with. Clients signed consent forms to support this. Staff made notifications to external organisations when necessary. This included the Care Quality Commission and the local authority.

Managers had access to information to support them in their management role. They had access to up-to-date performance data including a range of agreed key performance indicators. Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities. The service submitted data to the National Drug Treatment Monitoring System and contributed to local death reviews.

Engagement

Staff, clients and carers had access to up to date information. Information was available via the service's website and social media channels. Information was also displayed on site.

Staff, clients and carers were able to give feedback on the service. There were established systems for clients and carers to give feedback. Staff were able to give feedback informally or in staff surveys.

Managers engaged actively with other local health and social care providers and support services. There was strong multi-agency working which supported clients with their physical health, housing, employment and mental health. The service worked effectively with local bodies including safeguarding teams, commissioners and other healthcare providers.

Community-based substance misuse services

Learning, continuous improvement and innovation

The service was committed to learning, continuous improvement and innovation. There was evidence of learning from when things had gone wrong. Shared learning was disseminated through the governance structure.

The service promoted improvement and innovation. There had been several task and finish groups set up by the service undertaking actions to improve areas including a review of pathways for alcohol and probation and criminal justice clients, safeguarding documentation and incident management. The service identified learning and improvement opportunities through adverse incident and complaint investigations, audits and staff and client feedback. Managers developed action plans which were monitored through the governance framework.

The service was actively engaged in research projects. These included research with universities and external bodies covering area including co-occurring alcohol and mental health problems in over 55s, Overcoming Adverse Childhood Experiences (ORACLE) and mortality risk assessments. The service was linked into a research department in the provider organisation