

Humankindcharity

Staffordshire Substance Misuse Service - Browning Street

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	
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Are services safe?	Good	
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Are services effective?	Good	
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Are services caring?	Good	
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Are services responsive to people's needs?	Good	
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Are services well-led?	Good	
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Summary of findings

Overall summary

This was our first inspection of this service. The service provides support and treatment for children and adults affected by substance misuse who live in Staffordshire.

Our rating of this location was good because:

- The service provided safe care. All premises where clients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose. Staff followed good practice with respect to safeguarding.
- The service provided a range of treatments suitable for the needs of clients' and in line with national guidance about best practice.
- Managers ensured that staff received regular supervision and appraisal. Staff told us they felt supported by their managers.
- Staff treated clients with compassion and kindness and understood the individual needs of clients. Clients that we spoke to were happy with their treatment and they felt they were actively involved in their recovery.
- The service was operating out of hours telephone and virtual appointments to reduce waiting list times.
- The service was well led, and the governance processes ensured that its procedures ran smoothly.

However:

- Care records were brief and lacked detail and goals particularly around recovery planning.

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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- Managers ensured that staff received regular supervision and appraisal. Staff told us they felt supported by their managers.
- Staff treated clients with compassion and kindness and understood the individual needs of clients. Clients that we spoke to were happy with their treatment and they felt they were actively involved in their recovery.
- The service was operating out of hours telephone and virtual appointments to reduce waiting list times.
- The service was well led, and the governance processes ensured that its procedures ran smoothly.

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Summary of findings

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Summary of this inspection

Background to Staffordshire Substance Misuse Service - Browning Street

We undertook this unannounced comprehensive inspection of Staffordshire Substance Misuse Services known as Staffordshire Treatment and Recovery Service (STARS) as part of our ongoing monitoring and inspection of registered services.

STARS is commissioned by Staffordshire County Council to provide community substance misuse services for adults and children living across the county. At the time of inspection, the service had 3 main hubs (Stafford, Burton-upon-Trent and Newcastle-under-Lyme) and 3 satellites (Leek, Cannock and Tamworth) providing care and treatment to 2041 people. Humankind runs STARS. They are a national provider of substance misuse services.

STARS is registered to provide treatment of disease, disorder or injury.

There was a registered manager in post at the time of the inspection.

We have not previously inspected this service.

What people who use the service say

Clients we spoke to were complimentary about the service and treatment they were receiving. Clients told us the staff were helpful and supported them in their recovery. One client described their care co-ordinator as awesome.

Clients felt they were in control and led their journey to recovery.

One client we spoke to told us they had to wait a long time for detox centre admission.

How we carried out this inspection

The inspection team for this inspection consisted of two CQC inspectors and an expert by experience.

This inspection involved on-site visits on two days at three of the hubs. We also undertook interviews by teleconference.

During this inspection, the inspection team:

- Visited the service and observed the setting and how staff were caring for clients
- Spoke with the registered manager
- Spoke with 15 staff including service managers, team leaders, care co-ordinators, registered nurses, clinical administrator, clinical lead and prescribing nurse
- Spoke with six clients and two family members
- Reviewed seven care and treatment records
- Looked at policies, procedures and other documents relating to the running of the service.

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>.

Summary of this inspection

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 doing something required by regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in the future, or to improve services.

Action the service SHOULD take to improve:

- The service should ensure that recovery plans in care records are goal and recovery focused.

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 

Safe and clean environment

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

Staff completed and regularly updated thorough risk assessments of all areas and removed or reduced any risks they identified. Staff conducted regular health and safety audits.

Staff wore personal alarms as well as having alarms on laptops and staff were available to respond.

All clinic rooms had the necessary equipment for clients to have thorough physical examinations.

We visited three locations this service provides. All areas were clean, well maintained, well-furnished and fit for purpose. There were clear floor markings in reception areas and throughout the services to promote social distancing.

Staff made sure cleaning records were up-to-date and the premises were clean. Contracted cleaning staff visited the services daily and signed daily cleaning schedules, these schedules were observed at the time of inspection.

Staff followed infection control guidelines, including handwashing. Staff wore personal protective equipment (PPE) correctly when moving around the services. PPE was readily available in reception areas for clients and staff to access. Hand sanitiser stations were located throughout the buildings.

Staff made sure equipment was well maintained, clean and in working order. Staff completed weekly and monthly medical equipment audits.

Staff managed clinical waste safely, with needles deposited in sharps bins, and other waste in clinical waste bins. The service had a contract with a company for specialist disposal of clinical waste and staff were aware of the correct disposal.

Community-based substance misuse services

Safe staffing

The service had enough staff, who knew the clients and received 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.

The service had enough staff to keep clients safe. The service had a vacancy rate of 8.1%. This totalled nine vacancies across the service. Four of these vacancies were filled with locum or agency workers. The remaining vacancies were one Health Outreach Prevention & Engagement (HOPE) worker, one Hospital Alcohol Liaison Team (HALT) worker, one HALT nurse, one criminal justice worker and one clinical administrator. The service was actively recruiting and had incentives in place. The service had an average of 3 % turnover rate for the previous 12 months.

Managers made arrangements to cover staff sickness and absence with agency workers, this included maternity leave. Managers limited their use of bank and agency staff and requested staff familiar with the service.

Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift. Agency workers had to complete the induction process before being able to access client records.

Care coordinators told us caseloads could be up to 90 clients per care coordinator. The provider told us there wasn't a caseload cap in place, and they had been commissioned for approximately 90 clients per caseload. Staff reported their caseloads were high but manageable. The service had plans in place to recruit a new role to support care coordinators and their caseloads.

Managers supported staff who needed time off for ill health. Sickness levels were on average 5 % for the previous 12 months.

Medical staff

The service had enough medical staff. When the service was open there was always a doctor or nurse prescriber staff could contact if needed.

Managers used locums when they needed additional support or to cover staff sickness or absence.

Managers made sure all locum staff had a full induction and understood the service.

Mandatory training

Staff had completed and kept up to date with their mandatory training. All staff mandatory training completions were high with a compliance rate of 99%. Service records showed 38% of staff in their probationary period had not completed all training however training had been booked.

The mandatory training programme was comprehensive and met the needs of clients and staff. The training included health and safety, information governance, safeguarding awareness, infection, prevention and control and the Mental Capacity Act.

Managers monitored mandatory training and alerted staff when they needed to update their training. Staff monitored training compliance through the training portal. Managers would discuss staff training compliance during supervision.

Community-based substance misuse services

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.

Assessment of client risk

Staff completed risk assessments for each client when they were allocated onto their caseload and reviewed these regularly, including after any incident. The initial assessment covered potential risks including current and historic substance misuse, physical and mental health and other risk factors such as housing, safeguarding concerns and finances.

Staff could recognise when to develop and use crisis plans and advanced decisions according to client need.

Management of client risk

Staff responded promptly to any sudden deterioration in a client's health. Staff used knowledge of clients to recognise and respond to potential warning signs of deterioration in clients' health. Risk information was shared and discussed with health and wellbeing nurses and escalated where appropriate to managers.

Clients receiving over 100mg of methadone per day had a yearly electrocardiogram (ECG). This was to monitor clients for abnormal heart rhythms which can be associated with high doses of methadone. Such abnormal rhythms can be fatal, and this monitoring followed best practice guidance.

Staff made clients aware of continued substance misuse and harm minimisation. Clients were offered needle exchange and Naloxone was given to clients who may be at risk of an overdose of opiates. Naloxone is an injectable medicine that reverses the effects of an opiate induced overdose.

Staff continually monitored clients on waiting lists for changes in their level of risk and responded when risk increased. The service had dedicated duty workers and had recently been working extra hours to manage client risk for those on waiting lists.

Staff followed clear personal safety protocols, including for lone working. Staff told us they would only complete home visits following a risk assessment.

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.

Staff received training on how to recognise and report abuse, appropriate for their role. Staff kept up to date with their safeguarding training. At the time of inspection, 99% of staff had completed safeguarding children and adults training.

Staff could give examples of how to protect clients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. There was a named safeguarding lead in each hub and staff attended multi-agency risk assessment conferences

Community-based substance misuse services

(MARAC). A multi-agency risk assessment conference is a meeting where information is shared on the highest risk domestic abuse cases between representatives of local police, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs), probation and other specialists from the statutory and voluntary sectors.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff told us they would discuss safeguarding concerns with their manager.

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

Staff access to essential information

Staff did not always keep detailed records of clients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.

Client notes were not always comprehensive and lacked structured detail around recovery planning.

When clients transferred to a new team, there were no delays in staff accessing their records.

Staff used an electronic records system. Records were stored securely. All staff could access them easily. Staff had their own laptops which allowed them to work from interview rooms and outreach locations when visiting clients. Staff used this system to record and access each client's care plan, risk assessments and other information relating to care and treatment.

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 and administer medicines safely. Controlled stationery was stored securely. Records were kept of their use. Prescriptions were either given directly to the client or were posted or hand delivered to the pharmacy. All prescriptions were logged which allowed staff to follow up if there were any issues of loss or theft. There were no controlled drugs (CD) stored at the service.

Staff reviewed each client's medicines regularly and provided advice to clients and carers about their medicines. Naloxone was offered to every opiate client at each appointment along with lock boxes for those clients with prescribed take home medication. Clients who did not have adequate safety checks in place, had supervised consumption of medication.

Staff completed medicines records accurately and kept them up to date. When prescriptions were generated there was a checking processes in place to ensure prescriptions were issued correctly.

Staff followed national practice to check clients had the correct medicines prior to treatment commencing. Prescribing staff followed guidance from the Department of Health Clinical Guidelines for the management of Substance Misuse, 2017 (Orange Book) and National Institute of Health and Care Excellence (NICE) to support and underpin best practice in the service.

Staff learned from safety alerts and incidents to improve practice.

Community-based substance misuse services

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Clients had regular reviews with nurse prescribers and reviews with their care co-ordinators.

Staff reviewed the effects of each client's medicines on their physical health according to NICE guidance, especially clients who were prescribed high dose medication. Electrograms (ECGs) were recorded for clients who were prescribed over 100mgs of methadone, and those who were taking illicit drugs on top of prescribed medications.

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 spoke about receiving feedback from managers following an incident.

Staff raised concerns and reported incidents and near misses on the internal reporting systems in line with the service's policy.

Staff reported serious incidents clearly and in line with the service's policy. There had been 44 incidents recorded in the previous 12 months. There was a death in service lead and meetings were held quarterly to escalate concerns and discuss complex cases.

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.

Managers debriefed and supported staff after any serious incident. Staff told us they felt supported by their manager following any incidents.

Managers investigated incidents thoroughly. Where appropriate clients were involved in these investigations.

Staff received feedback from investigation of incidents, both internal and external to the service and this formed part of the team meeting agenda.

Staff met to discuss the feedback and look at improvements to client care. We saw evidence of feedback within supervision notes as well as in team meeting discussions.

There was evidence that changes had been made as a result of feedback. We saw evidence of learning and improvements following incidents. One example if this was all new prescriptions issued by the clinical team go through a log sheet checking system. This process was put in place to ensure that prescriptions are issued to clients correctly.

Are Community-based substance misuse services effective?

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 did not always reflect the assessed needs, were not always personalised, holistic and recovery oriented.

Staff completed a comprehensive mental health assessment of each client. Clients were referred to local community mental health teams where appropriate.

Staff made sure that clients had a full physical health assessment and knew about any physical health problems. We saw examples where clients had a physical health assessment and there was evidence of ongoing physical health care reviews. Staff requested GP summaries for each client on a quarterly basis.

Staff developed care plans for each client that met their mental and physical health needs and considered their social circumstances. Staff regularly reviewed and updated care plans when clients' needs changed. Care records were reviewed every 12 weeks as a minimum.

Care plans were personalised, however we found that care plans were not detailed around recovery planning. Clients we spoke to felt involved in their treatment and stated they take responsibility for their own recovery.

In line with national guidance, clients seeking treatment for alcohol misuse were assessed using the alcohol use disorder identification test (AUDIT) and the severity of alcohol dependence questionnaire (SADQ). Experienced nurses and doctor assessed these clients for community alcohol detoxification with a focus on risk factors associated with community alcohol detoxification. When clients needed a prescription for opiate substitution treatment they were assessed in person. Correspondence from clients' GPs, blood test results and urine drug tests were part of clients' initial assessment and were obtained prior to treatment commencing.

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 (from relevant bodies such as NICE).

Clients with opiate dependence had a prescription for OST (Opiate Substitute Therapy). Clients prescriptions were reviewed regularly, and clients had urine drug testing to monitor their use of illicit drugs.

Clients with alcohol dependence had treatment based on their assessment and AUDIT and SADQ results.

Clients with less severe dependence had psychosocial treatment to support them with reducing their alcohol intake this included clinical interventions, prescribed medication as well as referrals to other agencies.

Community-based substance misuse services

Blood Borne Virus (BBV) testing and treatment was routinely offered to clients. The service had completed 897 BBV tests in the last 12 months. There was also a Hepatitis C Champion within the service to offer advice and guidance to staff and clients. There were regular Hepatitis C clinics within the service supporting clients' who have tested positive to access treatment.

Staff made sure clients had support for their physical health needs, either from their GP or community services. Staff requested updated summaries from clients' GP's every 12 weeks.

Staff supported clients to live healthier lives by supporting them to take part in programmes or giving advice and staff signposted clients to health and wellbeing support in the community.

Staff used internal rating scales to assess and record severity and outcomes which were based on recognised rating scales such as Treatment Outcome Profiles (TOPs).

Staff used technology to support clients. Staff provided text, telephone and video call support which clients found particularly helpful. Clients' were also able to access support through apps that had been developed to support recovery.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. These audits were set by the provider. Regular audits of the quality of clients' records, recovery planning, and risk assessments. Managers used results from audits to make improvements. Service managers would then feedback learning to the individual and share any themes in team meetings.

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. Clients' were referred and sign posted to relevant other agencies.

Managers made sure staff had the right skills, qualifications and experience to meet the needs of the clients in their care, including agency staff. Training was available for all staff and senior staff supported and mentored new staff. Managers used an induction checklist for new starters. The induction checklist covered things such as policies and procedures and mandatory training.

Managers supported staff through regular, constructive supervision and annual appraisal of their work. Staff we spoke with told us they received regular supervision, and this was demonstrated by supervision records.

Managers made sure staff attended regular team meetings. The minutes were shared with staff who could not attend.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Managers made sure staff received any specialist training for their role such as BBV screening and Naloxone training. The service also supported individual staff to access specialist development, for example one of the service managers was supported to undertake a level 5 management qualification.

Community-based substance misuse services

Managers recognised poor performance, could identify the reasons and dealt with these. Poor performance was identified through regular audits and supervision and acted upon.

Managers had plans in place to recruit, train and support volunteers to work with clients in the service.

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(s) had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.

Staff held regular multi-disciplinary meetings (MDT) to discuss clients and improve their care. This meeting was attended by different clinical and non-clinical staff. Clients were given the option to attend MDT relating to their care. MDT's were carried out monthly, with further meetings being carried out if needed.

Staff made sure they shared clear information about clients and any changes in their care, arrangements were in place for sickness or absence through duty workers and all staff had access to care records.

Staff had effective working relationships with other teams in the organisation. The registered manager had oversight of team meetings and operational management group meetings. During these meetings learning from other services was shared.

Staff had effective working relationships with external teams and organisations. These included pharmacies, local authority safeguarding teams, alcohol liaison teams, and other service providers such as probation services. The service had recently been granted an NHS secure email account which supported communication with GP services.

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. There was a policy on the Mental Capacity Act, which staff could describe and knew how to access. Staff told us they would speak to their manager if they were concerned about a clients' capacity.

Staff gave clients all possible support to make specific decisions for themselves before deciding a client did not have the capacity to do so.

Staff assessed and recorded capacity to consent clearly each time a client needed to make an important decision. Clients records showed consideration and assessment of clients' capacity.

Staff did not always ensure clients consent to care and treatment was up to date and recorded in their records. Client consent was sought at initial assessment and reviewed quarterly. We saw evidence of consent to treatment and sharing of information in five of the seven client records we reviewed.

Are Community-based substance misuse services caring?

Community-based substance misuse services

Kindness, privacy, dignity, respect, compassion and support

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.

We spoke with six clients and two family members. Clients described staff as supportive and understood their needs. Staff were discreet, respectful, and responsive when caring for clients.

Staff supported clients to understand and manage their own care treatment or condition. Clients said they felt involved in their recovery planning.

Staff gave clients help, emotional support and advice when they needed it. Clients said staff were available when they needed.

Staff directed clients to other services and supported them to access those services if they needed help. One client told us staff supported them to attend groups with others who had similar issues, so they felt part of a community.

Staff understood and respected the individual needs of each client. Clients told us staff understood their needs and they felt valued.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards clients and staff.

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 and gave them access to their care plans. We reviewed seven care records during inspection and all clients had been offered a copy of their care record.

Staff made sure clients understood their care and treatment and found ways to communicate with clients who had communication difficulties. Clients could give feedback on the service and their treatment and staff supported them to do this. Clients we spoke to said they could speak to staff about anything then needed to.

Staff made sure clients could access advocacy services. The service made referrals to other agencies who specialised in specific area including, mental health and housing.

Clients told us they were aware of the complaint's procedure.

Community-based substance misuse services

Involvement of families and carers

Staff informed and involved families and carers appropriately. If clients consented, family members and carers could be involved in the clients' care by attending appointments and having direct communication with staff. Clients we spoke to told us they did not want their families involved. We spoke to two family members who told us that they have regular contact with the service.

Are Community-based substance misuse services responsive?

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 had clear criteria to describe which clients they would offer services to and offered clients a place on waiting lists. Clients could self-refer to the service as well as being referred to the service by a range of agencies. These included GP's, community mental health teams, housing, homelessness teams, and probation services.

The service did not always meet the service's target times for seeing clients from referral to assessment and assessment to treatment. The service had recently put in place a new waiting list system which assessed risk to the client as well as an out of hours team offering virtual and telephone appointments.

Staff saw urgent referrals quickly. Referred clients with high risk concerns were fast tracked and were triaged, assessed and contacted through duty workers and single point of contact.

Staff tried to engage with people who found it difficult, or were reluctant, to seek support from mental health services. The service had a homeless team and hospital liaison. The service used signposting to alternative community services where necessary.

Staff tried to contact people who did not attend appointments and offer support. Clients' were made aware of the process of not attending appointments at the initial assessment stage through the information sharing agreement (ISA).

Clients had some flexibility and choice in the appointment times available.

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 were rarely cancelled. Due to the COVID-19 pandemic, appointments were facilitated via video and telephone calls.

Staff all had their own work mobile phone they could use to contact clients. This included using apps such as WhatsApp to communicate with clients.

The facilities promote comfort, dignity and privacy

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

Community-based substance misuse services

The service had a full range of rooms and equipment to support treatment and care. There was a clinic room with equipment suitable for the physical examination of clients. The site had accessible toilets for clients to use. COVID-19 measures were in place to protect clients visiting the service. All interview rooms had blinds for maintaining client privacy.

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 could support and make adjustments for people with disabilities, communication needs or other specific needs. A suitable toilet was located on the ground floor. The service was accessible for clients using wheelchairs and clients with other mobility needs.

Staff made sure staff and clients could get hold of interpreters or signers when needed. Interpreters were available by phone and in person for clients who needed them.

Staff made sure clients could access information on treatment, local services, their rights and how to complain. Information was available through notice boards and leaflets within the service and staff made clients' aware of their rights at initial assessment.

There was a suggestion/comments/feedback box for clients in the service.

Listening to and learning from concerns and complaints

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.

The service had received two complaints in the previous year. One complaint was partially upheld, and the other complaint was being investigated at the time of inspection.

Clients knew how to complain or raise concerns. Clients were informed about how to make a complaint when they were initially assessed at the service. Complaint leaflets and notice boards were available in the service. The service had a complaints policy and feedback boxes for clients.

Staff understood the policy on complaints and knew how to handle them.

Staff knew how to acknowledge complaints and clients received feedback from managers after the investigation into their complaint. Clients received verbal feedback to complaints and offered written feedback.

Managers investigated complaints and used information to identify themes and manage complaints.

The service used compliments to learn and improve the quality of care. The service had received 32 compliments in the twelve months prior to our inspection.

Are Community-based substance misuse services well-led?

Community-based substance misuse services

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.

Staff were complimentary about the leadership and support provided by service managers and team leaders. They felt the service managers cared about the service and the staff.

Staff told us managers were approachable and visible in the service.

Vision and strategy

Staff knew and understood the service's vision and values and how they (were) applied to the work of their team.

Leaders and staff understood the provider's vision and values of being honest, committed and inventive. Leaders clearly demonstrated the values in practice and ensured staff understood how the applied to the work of the team. Clients told us staff were committed to them and they trusted the service to help them if needed.

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 stated they felt confident to raise concerns. Staff were aware of the whistleblowing process.

Staff wellbeing was a priority for the service managers' and team leaders. It was evidenced wellbeing was covered in all supervision sessions as an agenda item. Managers regularly had wellbeing check-ins with staff.

Staff we spoke to felt respected and valued. Staff said that morale within teams was good.

Managers monitored job satisfaction through regular supervision.

Governance

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

There were arrangements in place for governance and performance management. There was a clear structure in place for monitoring and auditing quality of client records and risk assessments, learning from incidents and robust safeguarding procedures. There was ongoing performance monitoring and auditing in areas such as health and safety, infection, prevention and control and COVID-19 safe environments.

Management of risk, issues and performance

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

Community-based substance misuse services

The service had an up to date risk register that was reviewed regularly, however it did not include all current concerns about the delivery of the service. For example, staff and managers told us caseloads were high. This risk was not identified on the risk register. Managers told us this risk was mitigated by supervision, regular caseload auditing and diary management for staff.

Information management

Staff collected analysed data about outcomes and performance.

Staff had access to the equipment and information technology needed to do their work. Staff had access to systems that worked well and helped to improve client care.

Information governance systems included confidentiality of client records.

Managers had access to information to support them in their management role. This included information on the performance of the service, staffing and client care.

Staff made notifications to external agencies as needed.

Engagement

Managers actively involved local health providers and community organisations to ensure people with substance misuse experienced good quality care. The service was transparent and collaborative with commissioners. Commissioners regularly visited the service and staff told us they were visible in the service.

Learning, continuous improvement and innovation.

The management team were clearly committed to continuous improvement of the service. There was a Working Together strategy all staff could contribute towards. A clear framework of meetings was in place which facilitated sharing of learning from incidents and safeguarding across the service. The service had previously been commissioned by Public Health England (PHE) to run a trial as part of National Drug Strategy which was being rolled out throughout the providers other services.