

Change, Grow, Live

Southampton Drug and Alcohol Recovery Service

Inspection report

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Date of inspection visit: 20 July 2021
Date of publication: 10/09/2021

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

Southampton Drug & Alcohol Recovery Service is a community-based substance misuse service provided by Change Grow Live.

This service had not previously been rated.

We rated this location 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, was not too high to prevent staff from giving each client the time they needed. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- They provided a range of treatments suitable to the needs of the clients and in line with national guidance about best practice. The service offered a full timetable of groups, medical reviews, recovery work and counselling.
- The teams included or had access to the full range of specialists, for example, nurses, pharmacists, a consultant psychiatrist, a psychologist, recovery workers with various specialisms, and psychosocial workers, required to meet the needs of clients under their care. Managers ensured that these staff received training, supervision and appraisal. The teams had effective working relationships with other relevant teams within the organisation, such as the hospital in-reach, homelessness and criminal justice teams, and with relevant services outside the organisation, such as the community mental health teams, local GP surgeries and the general hospital.
- Staff treated clients with compassion, kindness and understood the individual needs of clients. They actively involved clients in decisions about the service and their care. We spoke with six clients who all spoke very positively of the service they were currently receiving.
- 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. Staff felt respected, supported and valued.

However:

- We reviewed six client care and treatment records and found that risk reviews and service user plans were out of date. Records also lacked detail and it was not easy to find information.
- A client told us they had not received feedback about a complaint.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Community-based substance misuse services	Good 	

Summary of findings

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Summary of this inspection

Background to Southampton Drug and Alcohol Recovery Service

Southampton Drug & Alcohol Recovery Service is a community-based substance misuse service provided by Change Grow Live. Change Grow Live (CGL) is a voluntary sector organisation specialising in substance misuse and criminal justice intervention projects in England and Wales. Southampton Drug & Alcohol Recovery Service (also known as Southampton CGL) provides support to adults who live in Southampton who require treatment for alcohol and illicit substance misuse.

They offer a range of services including initial advice, assessment and harm reduction services including needle exchange, prescribed medicines for alcohol and opiate detoxification and stabilisation, naloxone dispensing, group recovery programmes, one-to-one key working sessions and doctor and nurse clinics which includes health checks and blood borne virus testing.

The service was registered with the commission on 11 May 2020 and this was the first inspection where we provided a rating since registering.

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

The service is registered to provide the following regulated activity:

- Treatment for disease, disorder and injury.

This was an unannounced inspection, which meant staff and clients did not know that we would be visiting.

What people who use the service say

We spoke to six clients remotely as part of a group discussion. All six clients spoke very positively of the service they were currently receiving. Many said, “they couldn’t fault it” and were happy with the care and treatment they were receiving. Some commented that they had minimal contact from their recovery co-ordinator but had lots of contact from other staff, such as those in the psychosocial team.

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about the location. During the inspection visit, the inspection team:

- Visited the premises and looked at the quality of the environment

Summary of this inspection

- Spoke with the registered manager
- Spoke with ten other members of staff including a team leader, consultant psychiatrist, quality and pathways lead and recovery co-ordinators,
- Spoke with six clients
- Reviewed six client care and treatment records
- Observed one client group and a needle exchange session.
- Looked at a range of policies and procedures related 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>.

Areas for improvement

Action the service **SHOULD** take to improve:

- The service should ensure records are clear and have a consistent approach to recording client's care and treatment records. The service should ensure that updates to clients care plan and risk assessments are recorded at the correct time.
- The service should ensure that all clients receive a response to their concerns and complaints.

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 rated safe as good because:

- All premises where clients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose. A recovery co-ordinator was also the health and safety champion and ensured all environmental risk assessments and audits were completed and actioned.
- 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. Recovery co-ordinators had a caseload of approximately 50 to 70 clients, depending on complexity of needs. Managers ensured this number was capped and caseloads did not exceed this. Agency staff were used to fill any staff vacancies.
- 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. The service provided emergency rescue medication to their clients and trained them how to use it. However, we reviewed six client records and found that risk reviews were not always carried out at the correct time. This could delay staff from identify increases in risk and appropriate action to keep the client safe.
- 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. All staff we spoke with had received appropriate training in safeguarding that included recognising the signs of abuse. There were social workers from the local authority based within the team who led on safeguarding. There were local and national safeguarding meetings that the service leads attended.
- The service used systems and processes to safely prescribe, administer, record and store medicines. Most of the medication administration was through local pharmacies. The service was able to administer vaccines such as flu and hepatitis B. The service also had emergency medication on site, including naloxone and adrenaline. Staff regularly reviewed the effects of medications on each client's physical health. For example, clients taking methadone were given an echocardiogram (ECG), which was done on site.
- The service had a good track record on safety. 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.

Community-based substance misuse services

Are Community-based substance misuse services effective?

Good 

We rated effective as good because:

- Staff completed comprehensive assessments with clients on accessing the service. However, we reviewed six client records and found that staff had not set clear goals. We saw evidence that harm reduction work was being carried out with clients but they had not always recorded it in the correct place. This meant it was difficult for staff to find information easily.
- Staff provided a range of care and treatment interventions suitable for the client group and consistent with national guidance on best practice. The service offered a full timetable of groups, medical reviews, recovery work and counselling. They ensured that clients had good access to physical healthcare and supported clients to live healthier lives. There were regular prescribing meetings that staff attended with other local services, to review best practice.
- Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives. The service used the Treatment Outcomes Profile (TOP) which is a nationally recognised outcome measure for substance misuse services. The manager used a digital data base to review the services performance against agreed targets. For example, successful completions of treatment.
- 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. Staff had supervision weekly during their first 6 months' probation period and then monthly.
- 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 teams had effective working relationships with other relevant teams within the organisation, such as the hospital in-reach team, homelessness team and criminal justice team, and with relevant services outside the organisation, such as the community mental health teams, local GP surgeries and the general hospital.
- Staff supported clients to make decisions on their care for themselves. They understood the provider'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. All staff we spoke to understood their role in ensuring clients had capacity to make decisions about their treatment.

Are Community-based substance misuse services caring?

Good 

We rated caring as good because:

- Staff treated clients with compassion and kindness. They understood the individual needs of clients and supported clients to understand and manage their care and treatment. We observed several interactions throughout the inspection, either in person or over the phone, and all staff spoke with clients in a professional and genuinely interested and caring manner.
- We spoke to six clients and all gave positive feedback of the care and treatment they were currently receiving. Clients told us that they would not be here without the service and that they couldn't fault it. They spoke highly of the staff that worked with them.

Community-based substance misuse services

- Staff involved clients in care planning and risk assessment and actively sought their feedback on the quality of care provided. A service user forum was held fortnightly, where clients could raise any concerns or ideas for improvement. The manager of the service attended this meeting once a month to feedback to clients what improvements had been made following their concerns. The service had a complaints and compliments box in the main reception and staff asked clients to complete a survey at the end of their treatment. Staff involved clients in interviews for new staff. They ensured that clients had easy access to additional support.
- Staff informed and involved families and carers appropriately.

Are Community-based substance misuse services responsive?

Good 

We rated responsive as good because:

- 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 prioritised clients at the most risk and saw all clients within the agreed timeframe. Staff referred clients to local residential settings when required. Staff followed up with clients who had missed appointments.
- The design, layout, and furnishings of treatment rooms supported clients' treatment, privacy and dignity. The service had added additional sound proofing to the room's clients were seen in as they were concerned that conversations could be overheard, and were planning to improve it further.
- The service met the needs of all clients, including those with a protected characteristic or with communication support needs. The service had supplied electronic equipment to clients to allow them to attend virtual appointments.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and the wider service. All staff we spoke to could explain how to manage complaints. However, one client told us that staff had not responded to their concerns although the issue had been resolved. Some clients told us that they had limited contact from their recovery co-ordinator and much of their support from the service was from other staff within the service, for example the psychosocial team.

Are Community-based substance misuse services well-led?

Good 

We rated well-led as good because:

- 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. The service manager was based in the same area as the rest of the team and encouraged staff to raise concerns with them. Senior managers held regular virtual meetings to engage with the team and had visited regularly before the pandemic.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team. All staff we spoke to could explain the services values and how they used them.
- Staff felt respected, supported and valued. They reported that the provider 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 told us that all members of the team supported each other, and that the team manager was approachable and supported a learning from incidents approach.

Community-based substance misuse services

- Our findings from the other key questions demonstrated that governance processes operated effectively at local and national level and that performance and risk were managed well.
- Teams had access to the information they needed to provide safe and effective care and used that information to good effect.
- Staff collected and analysed data about outcomes and performance. There was a quality and pathways lead, who leads on pathway design and quality improvement within the service. The service manager leads on the service improvement plan. The manager had access to data about the team performance via an electronic database.