

**Requires improvement** 
**Solent NHS Trust**

# Substance misuse services

## Quality Report

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Date of inspection visit: 30 June 2016 and  
unannounced 5 July 2016  
Date of publication: 15/11/2016

### Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
R1C17	St Mary's Hospital	Southampton New Road substance misuse service	SO14 0AA
R1C17	St Mary's Hospital	Portsmouth clinical intervention substance misuse service, St Mary's Hospital	PO3 6DW

This report describes our judgement of the quality of care provided within this core service by Solent NHS Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Solent NHS Trust and these are brought together to inform our overall judgement of Solent NHS Trust.

# Summary of findings

## Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

### Overall rating for the service

Requires improvement



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Requires improvement



### **Mental Health Act responsibilities and Mental Capacity Act / Deprivation of Liberty Safeguards**

We include our assessment of the provider's compliance with the Mental Health Act and Mental Capacity Act in our overall inspection of the core service.

We do not give a rating for Mental Health Act or Mental Capacity Act; however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Health Act and Mental Capacity Act can be found later in this report.

# Summary of findings

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# Summary of findings

## Overall summary

We rated substance misuse services in Solent NHS Trust as requires improvement because:

- We had a range of concerns about the Southampton service despite the Portsmouth service performing well.
- Recruitment and retention to the Southampton service had been a significant challenge over the eighteen months before our inspection. Staffing levels were consistently low.
- Staff did not have clear, safe or consistent oversight of clients receiving substitute prescriptions. Caseloads were high and staff struggled to manage them. Staff had not carried out all home visits for clients with children living in or visiting the home so the service could not give assurances that medication was stored safely around children.
- Prescribers did not ensure a member of the prescribing team consistently monitored prescriptions, or that clients had clear prescribing care plans at commencement of treatment.
- Staff in did not consistently respond when clients repeatedly failed to attend appointments or engage in treatment. Staff in the Southampton service did not consistently document outcomes of reviews or interventions.

- The Southampton service was not meeting all waiting time targets set by commissioners. Caseloads remained high, as some clients did not have discharge plans. It was not always clear from records we looked at what the treatment pathway was for a client.
- Managers in Southampton had been aware the electronic system failed to identify clients with children who needed a home visit, but had not found other ways to access this information in a timely way. Managers had not ensured all problems identified were on the trust risk register.
- Staff had not completed all mandatory training.

However:

- There was emergency equipment that staff regularly checked and emergency procedures in place.
- Although staff in the Southampton service did not document interventions clearly, we did see some positive outcomes for clients in some of the care records.
- Clients in both services had good initial assessments, risk assessments, access to psychosocial interventions and social support in both locations.
- Most clients told us they felt respected and the teams were caring.

# Summary of findings

## The five questions we ask about the service and what we found

### Are services safe?

We rated safe as inadequate because:

- Staffing levels were low in the Southampton service at the time of our inspection. We saw and managers told us they had been consistently low over the previous 18 months. This resulted in a lack of oversight of the safe management of caseloads.
- Staff in the prescribing teams did not review prescriptions consistently, thoroughly or regularly.
- The overall caseload in the Southampton service was high.
- Staff had not visited the homes of all clients with children living at or visiting their home to ensure that the client had safe storage facilities for their medication.
- Staff in the Portsmouth service could not produce a signed copy of patient group directions (PGD) form for staff to administer Hepatitis B vaccines.
- Staff in both services had completed some mandatory training but not all. There were several subjects not completed.

However:

- Risk assessments were completed and thorough in both services.
- The trust provided us with an urgent action plan to resolve the risk issues. Managers completed this in the period immediately following the inspection and the plan addressed all the areas of concerns raised.

Inadequate



### Are services effective?

We rated effective as requires improvement because:

- The electronic record system in Southampton was not fit for purpose. There was no automatic means of flagging up vital information such as when a safe storage home visit was required or when staff should review a prescription.
- Staff did not follow 'drug misuse and dependence: UK guidelines and clinical management (2007) consistently around prescribing and monitoring.
- Prescribers did not ensure clients had a clear prescribing plan with actions and intended outcomes.
- Staff in Southampton did not clearly document outcomes of reviews or interventions in all care records.

However:

Requires improvement



# Summary of findings

- Both locations ensured clients had access to psychological therapies and psychosocial support in line with 'drug misuse and dependence: UK guidelines and clinical management (2007).
- Staff in both locations ensured they carried out full assessments at the start of treatment.
- Both locations offered good physical healthcare interventions including blood-borne virus testing and vaccination.

## Are services caring?

We rates caring as good because:

- Staff attitudes were positive towards clients in both locations.
- We observed kind and respectful interactions between staff and clients.
- Clients told us they understood their rights regarding confidentiality and sharing of information.
- We saw good examples of client involvement in recovery care plans in both locations.

Good



## Are services responsive to people's needs?

We rated responsive as requires improvement because:

- Although this was improving, the trust did not meet all waiting time targets set by the commissioners of assessing 95% of clients within a two-week period.
- There were no clear discharge pathways from the Southampton service. Staff told us some clients were receiving on going support, following successful stabilisation of substitute medication, but there was no formal discharge data to support this.
- Staff did not consistently create plans to reduce substitute medication, for example methadone or suboxone, when clients had been in receipt of prescriptions for lengthy periods.

However:

- Access to residential detoxification beds was good. Staff in Portsmouth followed the client throughout their treatment journey.
- Both services had good links with some external agencies. For example, in Southampton, if a client presented with a serious mental ill health issue, staff attended care programme approach meetings.

Requires improvement



# Summary of findings

## Are services well-led?

We rated well-led as requires improvement because:

- Staff in the Southampton service were confused and unclear about their specific responsibilities. They were working under pressure without appropriate resources. Morale was low.
- Managers did not ensure staff completed all expected mandatory training in either location.
- The trust had not ensured it had a good overview of the management of the Southampton service.
- Managers had not ensured staff carried out all essential home visits to make sure clients with children stored their medication safely.

However:

- Portsmouth staff demonstrated confidence about their roles and morale was high.
- The trust responded quickly to our overall findings. They provided a robust action plan detailing action they would take over the following few months in order to provide a safe and effective service.

**Requires improvement**



# Summary of findings

## Information about the service

Solent NHS Trust provides specialist clinical support to people suffering from drug and alcohol problems across Southampton and Portsmouth.

The trust services offer specialist prescribing, stabilisation, detoxification (drugs and alcohol) and blood-borne virus testing and vaccination.

Both locations are part of wider integrated substance misuse services and access to these specialist clinical teams is through a single point of entry provided by partner agencies.

Within the wider integrated team, clients also receive specialist psychological interventions and recovery planning and support.

## Our inspection team

The inspection team was led by: Joyce Frederick, Head of Hospital Inspection.

The team comprised two CQC inspectors, a pharmacist specialist and an expert by experience. An expert by experience is someone who has developed expertise in relation to health services by using them or through contact with those using them – for example, as a carer.

## Why we carried out this inspection

We inspected this core service as part of our on going comprehensive mental health inspection programme.

## 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 these services.

During the inspection visit, the inspection team:

- visited both services at the two sites and looked at the quality of the environment

- spoke with seven clients who were using the service
- spoke with the managers or acting managers for each of the services
- spoke with seven other staff members; including doctors and nurses
- interviewed the senior manager with responsibility for these services
- looked at 21 care records
- carried out a specific check of the medication management in both services

looked at a range of policies, procedures and other documents relating to the running of the service



# Summary of findings

## What people who use the provider's services say

Most clients we spoke with told us staff treated them with kindness and respect, and that the staff team worked hard to support them.

## Good practice

The trust recognised there were areas requiring significant improvement following the inspection. Managers therefore identified a peer service within another NHS trust to support them with making improvements.

## Areas for improvement

### Action the provider **MUST** take to improve

The trust must ensure that staff in the prescribing services review prescriptions regularly and policies are in place clearly outlining staff responsibilities in this.

The trust must ensure that staff are supported effectively to monitor and manage caseloads.

The trust must ensure that staff complete all safe storage visits for clients with children, and embed a system to identify which new clients starting treatment need a home visit.

The trust must ensure that all clients have a prescribing care plan in place.

The trust must ensure that there are sufficient staffing levels to safely manage and review clients who are in receipt of prescriptions.

The trust must ensure that both services have signed patient group direction forms (PGD).

The trust must ensure that staff undertake clear discharge planning for all clients accessing the prescribing service. This includes those clients who routinely do not attend appointments or who disengage.

The trust must ensure that managers add all risk items to the service risk register on an on going basis.

The trust must ensure that staff attend mandatory training.

### Action the provider **SHOULD** take to improve

The trust should ensure that details about alcohol detoxification clients are accessible on the shared computer drive as soon as possible.

The trust should ensure that staff clearly document communication between partner agencies, particularly around care planning.

The trust should ensure that staff offer all clients a copy of their care plan and document clearly that they have done this.

The provider should ensure senior managers are clear on their individual roles and responsibilities in order to be able to support staff.

## Solent NHS Trust

# Substance misuse services

## Detailed findings

### Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Southampton New Road substance misuse service	Trust Headquarters, Highpoint venue
Portsmouth clinical intervention substance misuse service, St Mary's Hospital	Trust Headquarters, Highpoint venue

### Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

The Mental Health Act is not applicable at this service.

### Mental Capacity Act and Deprivation of Liberty Safeguards

Records demonstrated that staff recorded consent to treatment and sharing of information with others.

Staff we spoke with understood how intoxication or an acute episode of mental ill health could affect mental capacity.

# Are services safe?

By safe, we mean that people are protected from abuse\* and avoidable harm

\* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

## Our findings

### Safe and clean environment

- The buildings in both locations were clean, well maintained and accessible. They contained appropriate equipment for physical health monitoring. Staff checked clinical areas regularly.
- Treatment rooms contained appropriate equipment including weighing scales, examination couches and electrocardiogram machines. Emergency equipment was available and staff carried out the necessary checks. However, in the Southampton New Road service this had only been since March 2016. We requested details of checks before this date and the trust told us they had not had the equipment then. Staff had visible procedures to follow in emergency.
- Both locations stored Naloxone safely. This is a medication used to treat an opioid overdose in an emergency. Staff checked this regularly and received training to administer it safely. There was also first aid equipment, as well as oxygen and masks and pregnancy tests.
- Clients could access harm-reduction equipment such as needles, syringes and ascorbic acid. Staff offered this equipment to clients to help reduce the potential harm related to injecting opioids.
- There were effective systems for the safe management of prescriptions. Prescribers monitored, audited and stored prescriptions securely. Prescribing staff kept blank prescriptions secure.
- However, staff in the Portsmouth service could not produce a signed copy of patient group directions form to administer Hepatitis B vaccinations.
- Both locations displayed infection control information. The trust had infection control policies in place. However in the Southampton service only 17% of staff had completed infection prevention and control level 2 training, and in the Portsmouth clinical intervention service only 50% had completed this mandatory training. No staff in Southampton service had completed hand hygiene training.

- Staff had good access to counselling and group rooms in the Portsmouth location. Staff in Southampton service had smaller premises and the staff administration area was physically small.

### Safe staffing

- Staffing levels in the Southampton service were low at the time of our inspection. Managers told us they had been consistently low because of recruitment and retention problems. This was because of the specialism required to work within substance misuse services.
- In December 2014, the service won the contract to provide substance misuse services in the city. There were 0.48 WTE (whole time equivalent) band 6 nurses and 0.2 band 5 nurses plus a full time systems administrator vacant at this time. There were 0.52 band 6 nurses and one band 5 nurse was on maternity leave at the time. The 0.52 WTE Band 6 nurse had worked 5 days before starting maternity leave. This meant at this time there was one band 6 nurse (against an establishment of 2 WTE) and 0.8 WTE Band 5 nurse (against an establishment of 2 WTE). There were 0.2 whole time equivalent (WTE) band 6 nurses, 1.2 WTE band 5 nurses and one systems administrator vacant.
- A number of staff then left in the first six to nine months of the trust having the contract, and the service struggled to replace and recruit staff following this. This placed pressure on staff attempting to carry out their duties safely. The trust attempted to cover the significant shortfalls through use of bank and agency staff.
- In June 2016, the service agreed to increase staffing numbers to include a further band 6 agency nurse and 1.8 WTE student social workers to support the nurses to manage their caseloads. However, staff told us by this time there had been significant impact on the team's ability to provide safe and effective oversight of the caseloads.
- To manage the stress and workload within the team, the trust informed us more senior managers now oversaw the service. This meant there was a combination of three senior clinical managers at one time.

# Are services safe?

By safe, we mean that people are protected from abuse\* and avoidable harm

- We escalated our concerns immediately to the trust. The trust agreed extra staffing to ensure safe management of caseloads. Staffing levels were then set at 2.7 WTE medical staff (one WTE agency due to start August 2016), two WTE agency non-medical prescribers, 3.8 WTE nurses from 11 July 2016 and one WTE nurse from August 2016, plus one WTE duty worker and 2.8 WTE administration workers from 11 July 2016.
- The Portsmouth service had one WTE consultant psychiatrist, one specialist trainee on a six-month rotation, two WTE band 6 nurses, two WTE band 4 healthcare assistants and a band 8a clinical manager. The trust also seconded the clinical manager responsible for the Portsmouth service to the Southampton service for clinical support.
- The trust arranged further medical, nursing and support staff for the Portsmouth service following our inspection to help complete the actions around safe prescribing standards.
- We looked at 16 care records on our initial inspection visit to this service. The staff did not have good oversight of their caseload. There was confusion over individual responsibilities and no clear embedded policy regarding monitoring arrangements for prescribed clients.
- Caseloads were also very high. There were approximately 350 clients receiving prescriptions, which meant an average of between 80 and 90 clients to each nurse. The service had only recently allocated individual caseloads to the nurses.
- Staff in the Southampton service did not complete the initial risk assessment. One of the partner agencies completed this at the point of entering the service. When the service accepted a client for prescribing staff updated the risk assessment. We saw all care records we looked at had good risk assessments and well-documented risk management plans.

## Assessing and managing risk to patients and staff

- The Southampton prescribing team formed one third of a complex integrated contract. Two other agencies had their own contractual arrangements with commissioners, one for the provision of care co-ordination, assessment and brief interventions for those aged 11-25 and another who provided the same function but for those aged 25 and over. The Solent contract was provided in conjunction with 2 subcontracted agencies. These teams included recovery workers and provided aftercare, counselling, work placements and a needle exchange.
- The care records did not identify who had overall responsibility for monitoring and managing risk to clients. The two partner agencies carried out the overall care co-ordinator duties. This meant that staff in the prescribing team did not have keyworker responsibilities and clients did not have an identified person in the team monitoring their prescription.
- We established that the Solent NHS staff team had overall responsibility for the opiate substitute prescribing, health assessments, alcohol detoxification and blood-borne virus testing and vaccinations within the partnership.
- Prescribers carried out initial clinical assessments and pharmacological interventions in line with the National Institute for Health and Care Excellence (NICE) guidelines CG52 (2007) Drug misuse on over-16s: opioid detoxification.
- Clients receiving methadone prescriptions initially saw a prescriber every three days for dose adjustment. This is when the starting dose is low then slowly and carefully they increase the medication to an optimum treatment level, and is dependent on the amount of heroin or methadone used. Clients should attend twice weekly to collect their prescriptions. A nurse or prescriber should be checking clients are taking their medication by completing urine drug screens to assure the prescriber of compliance. Staff could then reduce monitoring of the client following a stable three-month period.
- However, the clinical records we looked at in Southampton did not always show clients were stable before staff reduced the way they monitored treatment. The prescribing team did not see or monitor clients regularly after the initial three-month period. A recovery worker in another team would more commonly see clients. Medications used for substitute prescribing are classified as `class A` drugs. They can be dangerous if prescribers do not monitor and manage them safely. They also have value on the black market and can be sold or distributed to others.

## Are services safe?

By safe, we mean that people are protected from abuse\* and avoidable harm

- When we raised this with the trust, we established someone in the overall partnership had seen 94% of approximately 350 prescribed clients in the previous three months.
- Doctors or non-medical prescribers had seen 21% of the clients in the previous three months. Staff had not seen 79 people for a prescriber review, health assessment or prescription collection in the previous three months. Staff had not seen 28 clients in the previous six months. Staff did not clearly or consistently document outcomes of reviews or follow-up plans on the electronic system, so the service could not assure us they were safely managing prescriptions.
- During our initial inspection visit, the inspection team could not identify which clients had undergone or were due to undergo home alcohol detoxification, as the alcohol home detoxification nurse was on leave. Therefore, the service could not assure us they provided safe alcohol detoxification treatment in the home.
- We subsequently returned to the location (the week after the original inspection) and managers identified a spread sheet containing all the relevant information about alcohol detoxification. However, this was not accessible to the wider team due to information technology and shared computer drive issues. Managers had put in a request and were waiting for access to be completed.
- The trust had failed to identify all clients who received prescribed medication, who had children living at or visiting their home. This meant staff had not carried out home visits to ensure medication was stored safely.
- Managers told us this was due to unreliable data and they had manually trawled through the records. Subsequently, during our return inspection visit, they had identified these clients and had started to do the visits.
- The risk register did not reflect all risk issues identified.
- We raised all these issues immediately. The trust provided an urgent action plan with detailed actions and targets for all the concerns.
- The Portsmouth clinical interventions team based at St Mary's Hospital shared one fifth of a contract to provide substance misuse services. It also had responsibility for the prescribed clients. Its service formed part of a 'hub and spoke' model. Initial risk assessment was carried out through the single point of entry, provided by Portsmouth City Council.
- The consultant psychiatrist was the main prescriber in the Portsmouth service along with a trainee doctor. The team did not have a non-medical prescriber.
- Clients had an appointment with the doctor followed by an appointment at their prescribing clinic. The doctor saw them again in three to seven days' time.
- Clients were given the prescription to take to their pharmacy with a pharmacy contract. The prescribers then contacted the relevant pharmacy. Once the clients were stable, staff sent the prescriptions to the pharmacy and staff monitored clients every two to four weeks.
- There were approximately 450 clients accessing the prescribing service. Staff in the prescribing team worked collaboratively with two care co-ordinators. Staff had an average of 40 clients each on their caseload.
- Hub staff carried out a full assessment, recovery plan, risk assessment and TOPS (treatment outcomes profile, a tool that measures change and progress in the lives of people accessing substance misuse and alcohol services) before referral to the Portsmouth clinical interventions team.
- Staff were then responsible for the prescribed clients, in addition to supporting psychosocial interventions, strategic reviews and treatment reviews. Staff updated risk assessments daily.
- The trust provided staff mandatory training. This included hand hygiene, health wrap (this is training to healthcare professionals raise awareness of counter-terrorism work), duty of candour, equality, diversity and human rights, fire safety, health safety and welfare, infection control level 1 and 2, information governance, moving and handling, resuscitation, safeguarding adults, safeguarding children level 1 and 2, mental capacity and dementia awareness.
- In the Southampton service, staff had completed an average of 65% of mandatory training overall. No staff had completed hand hygiene or duty of candour.

# Are services safe?

By safe, we mean that people are protected from abuse\* and avoidable harm

Seventeen per cent had completed infection prevention and control level 2, 44% had completed safeguarding children level 2. However, staff had completed 90% of all remaining subjects.

- Portsmouth clinical interventions team had an overall completion rate of 70%. No staff had completed duty of candour, 50% had completed infection prevention and control level 2 and 50% resuscitation level 2. All remaining subjects were 85% completed.

## Track record on safety

- The trust recorded one serious incident in the previous 12 months. We looked at the root cause analysis (RCA) report. A full investigation had taken place and duty of candour carried out transparently. Managers had created clear action plans and had identified lessons to learn from the incident, which they shared with staff.
- The trust reported fifteen incidents in the Southampton service between May 2015 and May 2016. Types of incident included emergency treatment, medication error, episodes of self-harm, suspicious person or client behaviour, emergency admission, information governance and technical failure.
- Within the same period, the trust recorded seven incidents in the Portsmouth clinical interventions team. Types of incident included dispensing error, client aggression, medication error and technical failure.

- Managers had reviewed the information. We saw the team had taken action to address incidents to prevent them from reoccurring where possible.

## Reporting incidents and learning from when things go wrong

- Staff used an electronic system to report incidents. Managers reviewed the incidents and cascaded outcomes to staff. We looked at examples of team and governance meeting minutes for the Southampton service. Staff discussed incidents and lessons learnt as part of a meeting standing agenda item.
- Staff we spoke with gave us examples of incidents resulting in improvements. For example, ensuring improved communication with pharmacies following medication or prescribing errors.

## Duty of Candour

- Duty of candour is a legal requirement that means providers must be open and transparent with clients about their care and treatment. This includes a duty to be honest with clients when something goes wrong.
- Staff we spoke with understood their responsibilities around duty of candour. They were able to explain their responsibilities around being open and transparent when mistakes occurred. However, staff in neither location had attended training in duty of candour.

# Are services effective?

Requires improvement 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

## Our findings

### Assessment of needs and planning of care

- Staff completed assessment of needs during the initial screening in both locations. This would be immediate needs including risk, safeguarding and healthcare needs. Records we looked at showed staff had completed holistic assessments. Clients also had recovery care plans.
- Staff in both locations shared an electronic case management system with the wider team. This ensured all information was accessible and contained in one document.
- The electronic system in the Southampton service was not fit for purpose but the trust was due to change this for a new one. There was no effective means of identifying who had individual prescribing responsibilities, individual caseloads of the prescribing staff or who was due a monitoring review. Staff sometimes documented outcomes of interventions poorly. They did not always document actions, plans or general outcomes from the reviews
- We did not see records of any clients receiving more than 100 millilitres of methadone per day. However, staff we spoke with knew they needed to take electrocardiogram readings to check they were not experiencing a lengthened heartbeat cycle, which could result from receiving high dose methadone.

### Best practice in treatment and care

- Staff in both locations offered psychological interventions through their integrated pathway. This included talking therapies, support around social issues such as housing, harm reduction, motivational work and relapse prevention. This was in line with drug misuse and dependence: UK guidelines on clinical management 4.2.1.
- Staff in both locations used treatment outcome profiles with people who attended appointments to measure substance misuse, social needs, physical health, mental wellbeing and overall quality of life. However, the prescribing service did not always need to carry this out as partner agencies completed this.

- Staff in both services routinely assessed clients' physical health and offered healthcare interventions, such as blood-borne virus (BBV) testing and vaccinations. Staff also visited the homes of clients who could not attend the premises, which was good practice. The Portsmouth clinical interventions team provided a hepatitis C nurse-led drop-in clinic.
- Staff did not monitor or plan consistently for clients who did not attend appointments. Although sometimes expected behaviour for this client group, the services did not demonstrate proactive plans or actions for when this happened in all cases.
- For example, one client did not attend five appointments in five months. There were no plans to manage this or details of interventions. There was also no evidence of any medical review since 2014. This client was receiving 45mg of methadone daily and collecting it weekly. The prescribing service last saw this client almost five months earlier.
- Drug misuse and dependence: UK guidelines and clinical management (2007) state in instances where a patient is collecting their medication but failing to attend appointments as arranged with the agreed care or treatment plan, the clinician will be unable to monitor progress against identified needs. An urgent review needs to take place to enable prescribers to review patients and satisfy themselves that the medication is optimised and safe.
- Another example was a client who would not engage. Staff sent an appointment letter for them to collect their prescription. The plan said if the client did not attend this appointment then they would change his prescription to supervised consumption. The client rang and cancelled this appointment. Staff did not change the prescription despite the staff not seeing the client.
- We also found little evidence of robust prescribing care plans identifying clear actions, review dates and intended outcomes of the pharmaceutical treatment.
- For example, a client was receiving 65mg methadone per day on a daily prescription. They had a nurse review on 21 January 2016; a lead nurse review on 19 May 2016 however had not had a medical review since December 2014. Staff last took a urine drug screen on 19 May 2016

# Are services effective?

Requires improvement 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

and tested negative for opiates meaning they had successfully stopped using heroin. Staff did not document any discussion about whether they were on maintenance or planning a reducing medication regime.

- Another client was receiving 18mg methadone per day. They received ample psychosocial interventions and had a care plan to reduce methadone and to provide clean samples. However, they had not been urine screened since September 2015 and had their methadone reduced in February 2016. We could not see rationale for this in the care records we looked at.
- We also could not find clear plans for clients using illicit substances on top of their prescribed substitute medication. There was no robust policy or protocol for monitoring arrangements.
- Three clients we spoke with had been receiving a prescription for several years on a maintenance dose. They told us they felt the service was not meeting their needs in regards to rehabilitation.

## Skilled staff to deliver care

- Staff within the services had a variety of skills and experience. The services were made up of roles including doctors, nurses, non-medical prescribers and experienced administration staff.
- In addition to mandatory training, the trust provided some online substance misuse training. It covered patient group directions prescribing. This allows an appropriate healthcare professional to administer prescription only medications following assessment, without referring back to a doctor or non-medical prescriber.
- Staff also received training on naloxone and blood-borne virus testing and vaccinations. In the Portsmouth service, a paramedic provided this.
- Staff also received online introduction to medicines management training. Prescribers were also encouraged to use online learning resources on the Royal College of Psychiatrists internet page.
- New prescribers had an induction period under the supervision of a service specialist consultant.

- Clinical leaders we spoke with demonstrated inconsistent levels of knowledge. However, some staff we spoke with were highly knowledgeable about clinical issues.
- Consultants held three monthly peer supervision sessions across Hampshire to share best practice and support.
- Managers provided supervision. In Southampton 100% of staff had received supervision in the previous three months. However, in Portsmouth it was 50%. There was a schedule in place to ensure all staff received appropriate supervision moving forward.
- All staff received annual appraisals.

## Multi-disciplinary and inter-agency team work

- Managers of the Southampton service held monthly team meetings. We looked at three sets of minutes. Staff discussed Incidents, service development and innovations, improvement plans, service user feedback and operational issues. Managers told us they had not taken minutes of meetings before March 2016.
- The trust also held monthly governance meetings. Staff discussed safeguarding, prescriptions, staffing and case holding. Each discussion had actions identified.
- One of the senior clinical managers had begun to have daily meetings with the team, to check in and discuss any specific issues or problems. This was good practice. This had not happened before this.
- Staff in the Portsmouth team held joint clinical meetings twice weekly. They discussed prescribing and clinical issues.
- They also held monthly strategy meetings with the whole partnership to review clients in depth including risks, monitoring and discharge planning.
- Both services had good links with some external agencies. For example in Southampton, if a client presented with a serious mental ill health issue, staff would link in with the NHS trust mental health team. Staff would also attend care programme approach meetings.



# Are services effective?

Requires improvement 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

- Also in Portsmouth, staff would automatically liaise with social services when a child was involved. Staff we spoke with gave good examples of multi-agency working with child protection agencies.

## **Good practice in applying the Mental Capacity Act**

- Staff in the Southampton team did not receive training in the Mental Capacity Act. However, in Portsmouth 75% of staff had completed this training.
- We saw in all care records we looked at staff documented consent to treatment and share information.

# Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

## Our findings

### Kindness, dignity, respect and support

- We saw staff interacted with clients and each other in a positive and supportive way and spoke to people with respect.
- Most clients told us staff treated them well and were caring. However, some clients felt their prescriptions were not increased, decreased or managed quickly enough sometimes, causing them to want to use illicit substances on top. These clients told us they did not feel valued or listened to sometimes.
- Clients told us staff had explained confidentiality to them. They felt assured staff would not share their information without consent.
- Staff we spoke with were enthusiastic, positive and spoke about clients with care and respect. Staff expressed frustration at staffing levels and concern that the service was not monitoring clients safely or appropriately.

### The involvement of people in the care that they receive

- We spoke with seven clients accessing the Southampton service. We did not speak with any clients in Portsmouth.
- We received a mixed picture. Some clients told us they were aware of their recovery care plans and had been involved in creating them. Two clients told us they did not have care plans and did not know what their treatment plan was.
- Three clients told us they had no say in their plans and just did as directed. When we questioned this further they said they felt the service was chaotic and staff did not always listen to them.
- However, we also saw some good examples in the care records of client involvement and clear recovery plans mutually agreed between staff and client.
- Both locations held client forums and discussed feedback in team meetings.

# Are services responsive to people's needs?

Requires improvement 

By responsive, we mean that services are organised so that they meet people's needs.

## Our findings

### Access and discharge

- Solent NHS trust became one of the integrated providers in Southampton substance misuse service in December 2014. A complex commissioning contract made it difficult to disentangle their specific responsibilities within the overall service model. Initial access was through a single point of entry. Clients requiring prescribing services would then access the prescribing team.
- Access into the Portsmouth team recovery pathway was also through a single point of entry. Clients could access the service through community settings, criminal justice settings, hospitals, primary care or through self-referral. They would then enter the hub for assessment, recovery planning, referrals to other agencies and reviews. When staff identified someone as requiring specialist intervention, they would see the Portsmouth clinical intervention team.
- The Portsmouth clinical intervention team provided prescribing and stabilisation, detoxification from opiates or alcohol, one to one counselling, group work, access to residential rehabilitation if required, peer support and support with accommodation.
- The Southampton service did not meet all waiting time targets set by the commissioners of assessing 95% of clients within a two-week period. Eighty per cent had been assessed within this time to access drug treatment (both clinical and psychosocial) in June 2016. However, the service achieved 100% target for assessing clients for structured treatment for alcohol in the same period.
- Staff saw seventy-nine per cent of clients receiving a drug service who required a health assessment within five days of referral in June 2016. However, they also saw 100% of alcohol service clients within the five-day timeframe.
- We did not receive discharge information from the Southampton service. Managers told us this was because clients did not simply exit the service when they were no longer directly involved with the prescribing team. Clients would continue to access support within the wider partnership for counselling or structured psychosocial support.

- Staff told us and we saw in care records that some clients had been on substitute medication for several years with no reduction plan. This meant caseloads remained high. We raised this with the trust. They told they would review all clients and staff would create discharge plans with the client where clinically indicated.
- We did not receive any key performance indicators or target information regarding the Portsmouth clinical interventions team.
- Both locations had good access to residential detoxification units if needed. In the Portsmouth service, the detoxification coordinators identified when a client required detoxification from either drugs or alcohol. Once staff found a placement, the recovery workers followed the client through their detoxification.

### The facilities promote recovery, comfort, dignity and confidentiality

- Both locations had a variety of rooms available, including group rooms, clinical and interview rooms. Clients could talk to staff privately in these rooms without anyone overhearing the conversation.
- Each service had a good variety of information in waiting areas and interview rooms relevant to substance misuse, such as mental health, medication, treatment and interventions harm reduction advice, safer injecting, overdose prevention, advocacy services and counselling.
- We saw good information on how to complain displayed in the locations.

### Meeting the needs of all people who use the service

- The Portsmouth service was accessible to everyone and had disabled access. The Southampton premises were smaller and more inaccessible with stairs.
- Staff could access interpreters through the trust if required.

### Listening to and learning from concerns and complaints

- The trust told us there had been no complaints for this service in the previous six months.

# Are services responsive to people's needs?

Requires improvement 

By responsive, we mean that services are organised so that they meet people's needs.

- Clients told us they knew how to complain if they needed to but, generally, they preferred to bring any problems up with their care co-ordinators.
- Staff we spoke with described the complaints process and were aware of what steps people would need to take to make a formal complaint.
- Managers told us they fed back complaints in team meetings and governance meetings.

# Are services well-led?

Requires improvement 

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

## Our findings

### Vision and values

- The staff team in Southampton told us they were proud of the specialist nature of their service. However, the integrated way of working had caused confusion and lack of clarity in their specific roles.
- The staff team in Portsmouth demonstrated confidence in the service and were proud of the work they did.

### Good governance

- Mandatory training compliance was inconsistent. Overall completion was 65% in Southampton and 70% in Portsmouth. We saw nobody had completed training in duty of candour or hand hygiene. In Southampton, safeguarding children level two was 44% completion.
- Senior managers in Southampton knew there was a cohort of clients needing review but had not been proactive in identifying them. Staff were unable to review and monitor clients effectively. Staff told us they had raised the issue to senior managers. Senior managers told us the fundamental problem was staffing and recruitment.
- However, while staffing and recruitment was a significant challenge, senior managers in the trust had not gained accurate data to ensure there was a good overview of the Southampton service to identify areas they needed to prioritise. This meant they had missed opportunities for improvement in monitoring or safety.
- The electronic record system used in Southampton was not fit for purpose. Staff and senior managers were aware of this and a replacement system was imminent. However, the managers did not find timely ways to identify vital information such as who needed a prescription review, appointment or home storage visits for clients with children.
- The complex contract structure made it difficult for the team to identify and report on its specific service outcomes.
- After we escalated our concerns, the trust provided us with an action plan with clear timeframes. This included

updating the risk register, reviewing and monitoring clients on a prescription and identifying clear clinical interventions plus a revised version of the prescribing policy and procedures. It also included ensuring prescribing plans were in place for all clients and a list of clients who required home visits, with plans for achieving this.

### Leadership, morale and staff engagement

- A combination of senior managers had been into the Southampton service over a few months on a daily basis in an attempt to support the team. The trust told us the consultant had expressed concern about staffing levels the previous two weeks and they had responded immediately. The trust allowed for extra bank or agency staff.
- Managers attempted to support the staff. However, during our initial inspection, morale was very low and the staff team appeared stressed. There was a high level of anxiety. On our return visit (a week after the initial inspection), there was a marked improvement. Staff told us the managers had already made improvements.
- There were three senior clinical managers with a level of oversight of the service. All three managers had individual skills but different levels of understanding of substance misuse services. There was no clear leadership within the team.
- However all managers and staff were positive about moving the service forward and making improvements.
- Leadership was visible in the Portsmouth team. Staff morale was high and staff told us they were confident and happy in their roles.

### Commitment to quality improvement and innovation

- University Hospital Southampton was leading a research study in collaboration with the British Liver Trust. It involved liver testing by a liver health nurse working in the Portsmouth clinical interventions building. The Portsmouth service was helping with this study by recruiting clients who drink alcohol to a dangerous level that could harm their health.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The trust was not ensuring staffing levels were consistently safe to manage clients receiving prescriptions. prescribed clients.</p> <p>The trust was not ensuring staff in the Southampton team reviewed prescriptions regularly, or that managers supported staff with robust protocols with regard to monitoring responsibilities.</p> <p>Caseloads were high and staff were not able to adequately monitor or manage them well.</p> <p>Staff had not carried out all home visits to clients who had children living in the house, or where children visited. This meant they could not be assured medication was safely stored in the home.</p> <p>Staff could not produce a signed copy of patient group directions form (PGD) in the Portsmouth service.</p> <p>This is a breach of regulation 12 (1) (2) (b) (c)</p>
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>Regulation 9 Health and Social Care Act 2008 (Regulated activities) Regulations 2014: Person centred care.</p> <p>Prescribers were not ensuring clients had clear prescribing care plans outlining treatment aims and goals.</p>

This section is primarily information for the provider

## Requirement notices

Staff from the prescribing service were not routinely discussing or identifying discharge plans. Clients could 'remain' in the system for many years. There was no systematic procedure to follow up clients who routinely failed to attend appointments.

This is a breach of regulation 9 (1) (b) (c)

### Regulated activity

Diagnostic and screening procedures

Treatment of disease, disorder or injury

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Managers did not have good oversight across the Southampton service. There was a primary focus on staffing resulting in a failure in ensuring monitoring reviews and safety in the service. Staff morale was low due to long-term staffing issues.

Managers had not added to and updated the service risk register sufficiently.

Staff had not completed all mandatory training.

This is a breach of Regulation 17 (1) (2) (b)