

East Kent Substance Misuse Service – Ashford

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

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

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

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

Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- The clinic room was clean, tidy and well equipped. Staff completed regular checks to ensure equipment, such as the adrenaline kit was in date. The provider had an infection control policy in place to monitor the cleanliness of the environment.
- The provider had established the staffing levels required through consultation with the service commissioners. The service reported a service caseload of 267 clients in treatment at the time of our inspection. The service redistributed caseloads in the event of staff absence, to ensure continuity of care.

Summary of findings

- Staff completed and regularly reviewed clients' risk assessments. Risk assessments included risk management plans. Staff discussed risk during meetings and monitored risk using electronic dashboards.
- Staff fast tracked high risk clients with complex or physical needs into the earliest available medical appointment. Staff completed a safeguarding register for vulnerable clients or clients with children on the child protection register.
- There was a robust assessment process for clients referring into the service. Doctors completed a comprehensive medical assessment for clients referring in for medically assisted treatment. Staff contacted a client's GP prior to and after prescribing any medicine.
- Care plans were comprehensive and holistic with realistic time-framed goals. Care plans showed client involvement and involvement of other services involved in the client's care.
- The service provided evidence based interventions that met National Institute for Health & Care Excellence guidelines. The treatment offered included brief advice and information through to more structured clinical and group psycho-social interventions.
- The service provided naloxone to opiate using clients. Staff provided training to clients and carers in how to administer naloxone. Naloxone is an opiate antidote medicine used to rapidly reverse an opioid overdose.
- Staff were knowledgeable and experienced for their role. The service had identified staff who acted as 'champions' in various roles including safeguarding and dual diagnosis.
- The service worked alongside other services such as community midwives, the community mental health team and young persons' services in order to establish links and joint working. We observed good evidence of staff sharing information during a daily allocations meeting.
- We observed staff treating clients with respect and staff showed a genuine interest in their wellbeing. We observed a daily allocations meeting, saw that staff were non-judgemental and treated clients with respect when discussing their care.
- We spoke to three clients who used the service and obtained feedback from six comments cards from the service. Clients spoke highly of the support received and said that staff were friendly, welcoming, helpful and responsive.
- The service offered a drop-in service, which provided the opportunity for people to speak to staff without an appointment. There was a late clinic one evening a week so that staff could see employed clients outside of normal working hours. Staff offered appointments at satellite clinics in more rural areas. Where possible, staff arranged home visits for clients with complex needs or who found it difficult to attend the service due to travel.
- Needle exchange provision was available, including to people who were not engaged in structured treatment. Staff provided harm reduction and safer injecting advice to people accessing this service.
- Staff were able to arrange interpreters for clients where required. Staff had knowledge and experience of working with a diverse range of vulnerable clients from a variety of cultures and backgrounds.
- Staff demonstrated the vision and values of the organisation in their work. Staff knew senior managers and said that they were visible in the service. Staff spoke of a smooth transition from the previous provider with no impact on client care.
- There was a clear governance structure within the service. Regular meetings took place to monitor service delivery.
- We saw evidence of regular audits involving staff, managers and the clinical team. We saw a medically assisted treatment audit that the provider rated using the five key lines of enquiry safe, effective, caring, responsive and well led. The audit generated an improvement action plan with objectives, actions to be taken, person responsible and timescales.

Summary of findings

- Managers had regular meetings with the commissioners to discuss the performance of the service. Feedback from the commissioners was that the provider had managed the performance of the service well during the transition period.
- Staff morale was high and they felt their workload was manageable. The staff had worked as a team for some time and had developed positive working relationships.
- The provider had invited clients to attend co-design workshops and encouraged clients to participate in the design of the new service.
- The service offered hepatitis A and B vaccinations and dried blood spot testing for blood borne viruses. However, availability was sporadic because there was no regular non-medical prescriber or nurse provision at the service.
- Data provided by the service showed that staff had not completed all of the mandatory training. There were no previous training records to confirm previous training completed by staff.
- The provider did not offer Mental Capacity Act training for staff. Staff knowledge of the Mental Capacity Act was limited. However, staff could explain how to respond if a client attended under the influence of drugs or alcohol.
- The provider had completed an analysis of staff training needs. However, they had not acted on the information provided. This meant that the service had not acted on gaps in training for staff.
- The service had an operational risk register to identify priority risks and implement an effective plan to mitigate risks. However, the register did not include timeframes for actions to be completed.
- The service did not have a lift, or any means to support clients with a physical disability that required a wheelchair, to access groups held on the second floor. We were told groups would be held on the ground floor to facilitate access for clients with a physical disability.
- The service was embedding relevant policies. However, the prescribing and treatment policy did not reference the updated drug misuse and dependence guidelines on clinical management.
- Managers did not have immediate access to Disclosure Barring Service check information for volunteers and peer mentors. The checks were in place and held centrally by HR but were not available to view in the manager's dashboard.

Summary of findings

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Summary of this inspection

Background to East Kent Substance Misuse Service – Ashford

East Kent substance misuse service Ashford provides specialist community treatment and support for adults affected by substance misuse. The service is one of five in East Kent provided by The Forward Trust. The Kent Drug Alcohol Team funded treatment for the majority of clients at the service. Most of the referrals into the service were self-referrals. The service is commissioned to provide treatment for people who live in East Kent.

The service offered a range of services including initial advice; assessment and harm reduction services including needle exchange; prescribed medication for

alcohol and opiate detoxification; Naloxone dispensing; group recovery programmes; one-to-one key working sessions and doctor and nurse clinics which included health checks and blood borne virus testing.

There was a registered manager at the service.

This is the first time the Care Quality Commission (CQC) had inspected this service since it registered with CQC on 1 May 2017. The service was registered to provide the activity treatment for disease, disorder and injury.

Our inspection team

The team that inspected the service comprised a CQC inspection manager, three CQC inspectors, and a specialist advisor with knowledge and experience of working in substance misuse.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme to make sure health and care services in England meet the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was an announced inspection.

How we carried out this inspection

To understand the experience of people who use services, we ask the following five questions about every service:

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

Before the inspection visit, we reviewed information that we held about the location and asked stakeholders for information.

During the inspection visit, the inspection team:

- looked at the quality of the physical environment including the clinic room, and observed how staff were caring for clients
- spoke with four clients during a focus group
- spoke with the registered manager

Summary of this inspection

- spoke with the clinical lead for the provider and a non-medical prescribing nurse
- spoke with a team leader, three recovery workers, an administrator, a peer mentor, an apprentice and the facilities manager
- received feedback from a commissioner for the service
- collected feedback using comment cards and post inspection telephone calls with three clients
- looked at six care and treatment records for clients
- observed an allocations meeting, comprehensive assessment and a stepping stones group
- looked at eight staff records
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

Clients we spoke with were positive about the care and treatment received from staff. Clients were complimentary of the service and the smooth transition of care from the previous provider. Clients said that staff were warm and welcoming and treated clients with dignity and respect. Clients found staff supportive and responsive to their needs. Clients said that staff involved

them in their care plans and that the support received had enabled them to continue in their employment. Clients felt that staff were non-judgemental and supported clients with their physical health needs.

Feedback from comments cards was equally positive speaking of helpful staff and a clean, friendly and welcoming environment.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We do not currently rate standalone substance misuse services.

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

- The service did not have training records to demonstrate any training completed by staff prior to 1 May 2017. Data provided by the service showed that only five of the 12 staff, including the manager, had completed all of the mandatory e-learning training. Only two staff had completed emergency first aid at work and no staff had completed fire warden training.
- Data provided by the service showed that only five of the 12 staff had completed policy and compliance training, which included modules on safeguarding adults and safeguarding children.
- The risk register did not include timeframes for actions to be completed.
- Managers did not have immediate access to disclosure barring check information for volunteers and peer mentors.

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

- The clinic room was clean, tidy and well equipped. Staff completed regular checks to ensure equipment, such as the adrenaline kit was in date.
- Records demonstrated that staff completed daily checks to make sure medicines were stored within the correct temperature range.
- The provider had an infection control policy in place to monitor the cleanliness of the environment. Staff completed monthly infection control audits and ensured that the service was compliant with policy.
- The provider had established the staffing levels required through consultation with the service commissioners. The service reported a service caseload of 267 clients in treatment at the time of our inspection. The service redistributed caseloads in the event of staff absence, to ensure continuity of care.
- Staff completed and regularly reviewed clients' risk assessments. Risk assessments included risk management plans. Staff discussed risk during meetings and monitored risk using electronic dashboards.

Summary of this inspection

- Staff fast tracked high risk clients with complex or physical needs into the earliest available medical appointment. Staff completed a safeguarding register for vulnerable clients or clients with children on the child protection register.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- There was a robust assessment process for clients referring into the service. Doctors completed a comprehensive medical assessment for clients referring in for medically assisted treatment. Staff contacted a client's GP prior to and after prescribing any medicine.
- Staff completed treatment outcome profile (TOPs) forms with clients to monitor progress and measure outcomes.
- Care plans were comprehensive and holistic with realistic time framed goals. Care plans showed client involvement and other services involved in the clients care.
- There was a medically assisted treatment audit for the service which included actions and timeframes to complete. Staff discussed action plans from the monthly clinical audits at team meetings.
- The service provided evidence based interventions that met NICE guidelines. The treatment offered included brief advice and information through to more structured clinical and group psychosocial interventions.
- Staff supported clients with housing, benefits and employment issues. Where more specialist knowledge was required, staff signposted clients to the appropriate agency.
- The service provided naloxone to opiate using clients. Staff provided training to clients and carers in how to administer naloxone. Naloxone is an opiate antidote medicine used to rapidly reverse an opioid overdose.
- Staff were suitably knowledgeable and experienced for their role. The service had identified staff who acted as 'champions' in various roles including safeguarding and dual diagnosis.
- Staff said they felt supported and received regular line management meetings. Although the service did not offer supervision for non-clinical staff, the provider offered financial reimbursement for staff to source external reflective practice.
- The service worked alongside other services such as community midwives and young persons' services in order to establish links and joint working. We observed good evidence of staff sharing information during a daily allocations meeting.

Summary of this inspection

- The service offered a drop-in service, which provided the opportunity for people to speak to staff without an appointment. There was a weekly evening clinic so that staff could see people out of working hours.
- Staff contacted drug services to arrange a smooth transition of care if a client was moving to another area. Staff had regular contact with prisons to ensure that appropriate support and treatment was in place for somebody released from prison.

However, we also found the following issues that the service provider needs to improve:

- The service offered well-being clinics, which included basic health checks, hepatitis A and B vaccinations and dried blood spot testing for blood borne viruses. However, availability was sporadic because there was no regular non-medical prescriber or nurse provision at the service. Staff routinely advised and supported clients wishing to access this service.
- The provider had completed an analysis of staff training needs. However, they had not acted on the information provided. This meant that the service had not acted on gaps in training for staff.
- The provider did not offer Mental Capacity Act training for staff. Staff knowledge of the Mental Capacity Act was limited. However, staff could explain how to respond if a client attended under the influence of drugs or alcohol.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- We observed staff treating clients with respect and staff showed a genuine interest in their wellbeing.
- We observed a daily allocations meeting, saw that staff were non-judgemental, and treated clients with respect when discussing their care.
- We spoke to three clients who used the service and obtained feedback from six comments cards from the service. Clients spoke highly of the support received and said that staff were friendly, welcoming, helpful and responsive.
- Clients said that the transition of services from the previous provider had been smooth with little or no impact on care and treatment.
- There was a comments box in the reception area inviting feedback from clients and carers about their experience of the service. The drop in service was open to carers for support and advice.

Summary of this inspection

- Clients told us they felt fully involved in their care plan and that staff flexibility in the location and time of their appointments allowed them to remain in work.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The service offered a late clinic one evening a week so that staff could see employed clients outside of normal working hours. Staff offered appointments at satellite clinics in more rural areas.
- Where possible, staff arranged home visits for clients with complex needs or who found it difficult to attend the service due to travel. A peer mentor was available to offer support and advice.
- The service had a single point of access telephone number which was manned by staff outside of normal working hours.
- Needle exchange provision was available, including to people who were not engaged in structured treatment. Staff provided harm reduction and safer injecting advice to people accessing this service.
- Staff made efforts to re-engage clients who did not attend appointments. In the event of staff absence, staff arranged for clients to be seen by another worker or the duty worker.
- Leaflets and information were displayed in the waiting room and included how to make a complaint, safeguarding information, domestic abuse and harm reduction advice.
- Staff were able to arrange interpreters for clients where required. Staff had knowledge and experience of working with a diverse range of vulnerable clients from a variety of cultures and backgrounds.

However, we also found the following issues that the service provider needs to improve:

- Although the service displayed advocacy posters, staff knowledge of support available was limited.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff demonstrated the vision and values of the organisation in their work. Staff knew senior managers and said that they were visible in the service. Staff spoke of a smooth transition from the previous provider with no impact on client care.

Summary of this inspection

- There was a clear governance structure within the service. Regular meetings took place to monitor service delivery. We saw evidence of regular audits involving staff, managers and the clinical team.
- We saw a medically assisted treatment audit that the provider rated using the five key lines of enquiry safe, effective, caring, responsive and well led. The audit generated an improvement action plan with objectives, actions, person responsible and timescales.
- The service had an operational risk register to identify priority risks and implement an effective plan to mitigate risks. However, the risk register did not include time frames for actions to be completed.
- Staff had oversight of dashboards to monitor caseload, risk, care plans and client care and treatment.
- Commissioners had agreed that the key performance indicators for the service would start from January 2018 following the implementation of the co-designed service. Managers had regular meetings with the commissioners to monitor and review the co design and performance of the service. Feedback from the commissioner was that the provider had managed the performance of the service well during the transition period.
- Staff morale was high and they felt their workload was manageable. The staff had worked as a team for some time and had developed positive working relationships.
- The provider had invited clients to attend co-design workshops and encouraged clients to participate in the design of the new service.

However, we also found the following issues that the service provider needs to improve:

- Data provided by the service showed that staff had not completed all of the mandatory training. There were no previous training records to confirm any previous training completed by staff.
- The service was embedding relevant policies. However, the prescribing and treatment policy did not reference the current drug misuse and dependence guidelines on clinical management, which were updated in June 2017.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

The provider did not offer Mental Capacity Act training for staff. Staff were aware that when clients attended an appointment and were under the influence of drugs or

alcohol they needed to reschedule the appointment for a time when the client was not intoxicated. This is so the client would have the capacity to make informed choices about their treatment.

Substance misuse/detoxification

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse/detoxification services safe?

Safe and clean environment

- Access to the service was via a foyer with a buzz entry system into the main reception area. The service was based over three floors with fob entry from the reception area. The ground floor contained a needle exchange room, clinic room, group room and a small room used to see clients attending the drop in service. The service had a drug testing area that supported the client's privacy and dignity. The first and second floor consisted of one to one rooms, group rooms, meeting rooms and staff offices.
- There was fob entry to the clinic room, which was clean, tidy and well equipped. Equipment included an examination couch, lockable fridge, adrenaline kit, dried blood spot testing kit, blood pressure monitor, weighing scales, height chart a pulse oximeter, blood pressure monitor and an ECG (electrocardiogram) machine. Staff completed regular checks to ensure equipment, such as the adrenaline kit was in date.
- Medicines were stored in the locked clinic room fridge. Records demonstrated that staff completed daily checks to make sure medicines were stored within the correct temperature range. No controlled drugs were held at the service.
- There were stocks of Naloxone (used in an emergency to treat opiate overdose) which staff checked regularly to ensure they were in date.
- The service had a well-stocked needle exchange in line with National Institute for Health and Care Excellence guidelines (NICE52) needle and syringe programme.

There were needles, sterile containers for urine testing and sharps boxes, all of which staff checked regularly and were in date. Information was displayed and available for clients to take away about harm reduction.

- Some rooms contained an alarm system used in the event of an emergency. Staff had access to a personal alarm where rooms did not contain a fixed alarm. Staff knew what to do in the event of hearing an alarm.
- The service had an operational risk assessment, which was shared with the senior management team and commissioners. However, the register did not include timeframes for actions to be completed.
- The service had a designated fire warden who completed regular fire drills. Posters were displayed with details of the fire warden and evacuation procedure. The service completed regular fire safety assessments. However, data provided by the service recorded that no staff had completed fire warden training.
- The provider had an infection control policy in place to monitor the cleanliness of the environment. Staff discussed infection control responsibilities and action plans during team meetings. Staff completed monthly infection control audits and ensured that the service was compliant with policy. Staff followed policy for drug screening clients.

Safe staffing

- The provider had established the staffing levels required through consultation with the service commissioners. The service reported a service caseload of 267 clients in treatment at the time of our inspection.
- Staffing consisted of a manager, two team leaders, three recovery workers, two administrators, a peer mentor and an apprentice. The service shared two doctors with

Substance misuse/detoxification

another service. Two doctors provided a medical clinic on two afternoons a week. Staff told us that a non-medical prescribing nurse was available to support clinics as required.

- Data provided by the service showed a staff sickness of 4.2% as at September 2017. The provider reported a vacancy rate of 7.7%. Data provided by the service showed that the service had used bank or agency nursing on four occasions between 1 May and 30 September 2017.
- The service reported a maximum individual staff caseload of 59 clients. The service based caseload on staff knowledge and experience and hours worked. The service had adjusted caseloads to reflect additional responsibilities.
- In the event of short-term absence, the duty worker saw clients to avoid cancelling appointments. In the event of long-term absence, the service allocated clients to other members of staff to ensure continuity of care.
- Data provided by the service showed that only five of the 12 staff, including the manager, had completed all of the mandatory e-learning training. Only three staff had completed nine of the eleven inductions and core training modules. Only two staff had completed emergency first aid at work and no staff had completed fire warden training. Inspectors raised this with the area manager who explained that staff had completed this training with the previous provider. However, the service did not have training records to demonstrate this.
- Managers did not have immediate access to Disclosure Barring Service check information for volunteers and peer mentors. This was due to the provider's electronic system. Information had to be requested from the provider's human resource team. We found peer mentors and volunteers at the service had a valid DBS in place.

Assessing and managing risk to clients and staff

- Staff completed a risk assessment for all clients. Risk assessments were linked to care plans and included risk management plans. Staff regularly reviewed risk with clients and families or carers where appropriate. Risk assessments demonstrated staff proactively managing risk and appropriate liaison with clinicians. Risk

assessments were consistent with care plans and included risk management plans. All risk assessments except one were detailed and evidenced clear discussions with clients about safeguarding.

- Staff discussed risk during weekly clinical meetings and daily allocation meetings. We observed staff discussing high-risk clients, prison releases and clients with safeguarding concerns during the daily allocations meeting. We observed a comprehensive assessment where the worker demonstrated a sound knowledge of discussing safeguarding concerns and appropriate risk management.
- Staff fast tracked high-risk clients with complex or physical needs into the earliest available medical appointment. Staff had access to an electronic dashboard to track and monitor risk so that they could manage risk appropriately.
- The service had not had any safeguarding alerts or concerns between 31 September 2016 and 30 September 2017. We spoke with staff about this who confirmed no incidents had arisen that required reporting. Staff completed a safeguarding register for vulnerable clients or clients with children on the child protection register. The service had an experienced designated safeguarding lead who attended monthly safeguarding lead meetings. A designated deputy safeguarding lead attended the meetings in the event of absence so that information and learning was shared with staff.
- Data provided by the service recorded that only five of the 12 staff had completed policy and compliance e-learning training, which included modules for safeguarding adults and children. We reviewed minutes of a safeguarding lead meeting which recorded that staff had registered to complete refresher courses.
- There was a designated member of staff who attended MARAC meetings and shared information with the team. MARAC is a multi-agency risk assessment conference where representatives from agencies including the police, social services, schools and local authorities discuss high risk cases of domestic abuse.
- We looked at clinical records, policies and procedures around prescribing. We found staff operated safe prescribing practice. Medical and non-medical prescribers prescribed medicines for opiate and alcohol

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detoxification. The team were competent and skilled in identifying and managing complex risk and physical healthcare issues. The staff we spoke with demonstrated a high level of understanding about risks involved with clients. Staff followed the prescribing and treatment policy for clients receiving medically assisted treatment (MAT). All clients initially received supervised consumption of MAT. Discussions took place between the doctor, key workers and the client before moving to unsupervised consumption or reduction in frequency of collection from the pharmacy.

- The service had a lone working policy. Staff discussed whereabouts during the daily allocations meeting.
- Staff issued a safe storage box to clients in receipt of substitute opiate prescribing and provided advice on possible dangers of methadone if in the wrong hands. The safeguarding lead was involved in developing a campaign for safe storage.

Track record on safety

- There had been no serious incidents since the change of provider in May 2017. The service had reported four unexpected or preventable deaths since their registration.

Reporting incidents and learning from when things go wrong

- All staff had access to the electronic incident management system. Details of all incidents reported were cascaded to managers, head office and the governance and quality team to monitor, review and sign off. There was a root cause analysis form on the system to review incidents. However no staff had completed training to complete robust root cause analysis reports or investigations of incidents. The team leader and manager completed notifications for CQC.
- The central governance team supported the service to investigate and analyse serious incidents for senior management review.
- The manager and medical staff attended clinical governance meetings to discuss complex cases and lessons learnt from any serious incident. Managers discussed incidents and shared learning during monthly managers meetings and team meetings.

Duty of candour

- The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify clients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person.
- The service had a Duty of Candour: Being Open Policy. Staff were aware of the policy and felt supported by managers to be open and transparent with clients.

Are substance misuse/detoxification services effective?

(for example, treatment is effective)

Assessment of needs and planning of care

- Staff completed an initial assessment for all clients referring into the service. The initial assessment gathered basic information including personal details, substance misuse, physical and psychological health, family and social situation and the involvement of any other agencies.
- Staff discussed all new referrals at the daily allocations meeting and allocated a keyworker based on caseload and experience. The allocated keyworker was responsible for contacting the client and arranging a more detailed comprehensive assessment. We observed a comprehensive assessment where the member of staff conducted a competent and thorough assessment.
- Staff completed treatment outcome profile (TOP) forms with clients to monitor progress and measure outcomes. The aim of the TOP form was to improve the treatment system for clients. The service submitted TOP data to the national drug treatment monitoring service which showed that the service was in the top quartile for substance misuse services.
- There were two doctors at the service, each providing half a day clinical cover and attending the weekly clinical meeting. Staff arranged medical assessment appointments for clients requesting, and appropriate for, assessment for community or inpatient detox. Doctors completed a detailed assessment, which included consideration of a client's physical and mental health. The service contacted a client's GP prior to and

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after prescribing any medication. Doctors completed regular medical reviews for clients who were prescribed medication assisted treatment for opiate or alcohol dependence.

- The service offered well-being clinics, which included basic health checks, vaccinations and dried blood spot testing for blood borne viruses. However, availability was sporadic due to lack of nursing cover at the service.
- We looked at six care records. Care plans were comprehensive and holistic with realistic time framed goals. Care plans showed client involvement in setting goals and identifying how goals will be achieved. Staff linked care plans with risk assessments. Care plans demonstrated regular discussion and reviews with clients and appropriate liaison with other services involved in the client's care. Care plans included expectations of clients to attend appointments and responsibility of contacting the service if this was not possible. We saw evidence of staff offering clients a copy of their care plan. Care plans included management of unplanned exits although they varied in their quality and level of detail.
- Care plans we reviewed contained re-engagement plans. These detailed what action the staff would take if a client suddenly stopped engaging with the service. These were agreed with the client, included whom else the staff could contact, and preferred method of contact.
- There was a mix of electronic and paper records. This meant that there was sometimes a delay in uploading information onto electronic records.
- Staff entered progress notes on electronic records. Progress notes were generally detailed although in one of the records reviewed, we found that staff had entered notes for one client on another client's records.
- The service provided a needle exchange service. Staff recorded needle exchange transactions on an electronic reporting system. The service planned to improve the holistic wellbeing of clients by actively promoting more effective harm reduction interventions for safer injecting, needle exchange and blood borne virus testing. Staff followed policy concerning needle exchange services for young people.

- The service completed an annual medically assisted treatment audit and core case management audit. Staff discussed action plans from the monthly clinical audits at team meetings. Staff completed regular c

Best practice in treatment and care

- The service followed the National Institute for Health and Care Excellence (NICE) guidelines. These guidelines make evidence-based recommendations on a wide range of topics to improve the health of communities. These guidelines provide information for clinicians providing drug treatment for people who misuse or are dependent on drugs or alcohol. The medical lead employed by the service had been involved in the expert panel for writing these guidelines.
- The service provided evidence based interventions that met NICE guidelines. The treatment offered included brief advice and information through to more structured clinical and group psychosocial interventions. Interventions included one to one key working appointments, following a cognitive behavioural therapy model, harm reduction in the form of 'living safe' groups, a 'steps to wellbeing' group and mutual aid meetings. Staff signposted clients to an online support programme that clients could access at any time.
- As part of the initial clinical assessment, where appropriate, staff arranged for clients to have an electrocardiogram (ECG). Where clients were on high doses of medicines, staff arranged for them to have an ECG. High doses of medicines can have a serious effect on a person's heart. The service had an ECG machine and staff were trained to use it.
- The service offered hepatitis A and B vaccinations and dried blood spot testing for blood borne viruses. However, availability of vaccinations was sporadic due to lack of nursing provision at the service. A recent clinical audit recorded that a trained member of staff would offer dried blood spot testing until a regular nurse was available. Staff routinely advised and supported clients wishing to access this service.
- Staff arranged appointments for clients who collected their prescription from the service so that regular monitoring could take place. Some clients receiving treatment for substance misuse took their medicine supervised by their local pharmacist for an agreed period. The supervision of consumption is good practice

Substance misuse/detoxification

and promotes the safety and wellbeing of clients. A decision to reduce supervised consumption was based on staff's assessment of the client ensuring they have been compliant and treatment is working.

- Staff supported clients with housing, benefits and employment issues. Where more specialist knowledge was required, staff signposted clients to the appropriate agency. The provider had recently merged with an employment specialist to further enhance clients' integration back into society.
- The service provided naloxone to opiate using clients. Staff provided training to clients and carers in how to administer naloxone. Naloxone is an opiate antidote medicine used to rapidly reverse an opioid overdose.
- The service offered residential or inpatient detoxification for opiate and alcohol dependent clients who they considered a higher risk. When staff identified a client who would benefit from residential or inpatient services, they submitted their case to the funding panel who agreed admissions.
- The service offered peer mentoring and volunteer service to support clients. Peer mentors are people who have their own experience of recovery from substance misuse and provide support to current clients with their recovery.
- The provider recently recruited apprentices to work across services for a one-year contract. We were told during this time, apprentices would be supported to attend a relevant college course and gain further employment experience. As with peer mentors, apprentices are people who have their own experience of recovery from substance misuse.

Skilled staff to deliver care

- Staff were knowledgeable and experienced in their role. The service had identified staff who acted as 'champions' in various roles including safeguarding and dual diagnosis. The service had developed a safeguarding induction pack, which was waiting to be signed off.
- The service had a mix of healthcare professionals who were all highly skilled and competent. The prescribers were knowledgeable and able to assess and prescribe for alcohol and drug detoxification. All staff we observed and spoke with demonstrated a high level of

understanding about drug and alcohol use and their effects of physical and mental health. They were confident in their knowledge to identify and recognise signs of deterioration during a client's detoxification or withdrawal.

- Staff we spoke with told us the administration team were very supportive. The administration team managed the storage and management of the prescription process. They were competent and knowledgeable and demonstrated a high level of commitment to both the clients and service.
- The service had completed a training needs analysis for staff during the TUPE (transfer of undertakings and protection of employment) process from the previous provider. The provider had completed an analysis of the training needs identified by staff. However, the provider had not completed an action plan in response to the analysis of the training needs. This meant although the service had identified gaps in training for staff action to remedy the training issues had not been taken. Staff were invited to identify specialist training and apply for bursaries for external training or conferences.
- Staff and peer mentors received regular line management meetings. The manager was able to provide an example of performance management. Staff said they felt supported and a recent conference had spoken a lot about staff well-being.
- Although the service did not offer clinical supervision for non-clinical staff, the provider offered financial reimbursement for staff to source external reflective practice. The service provided a free confidential telephone helpline for staff.
- As the service had started their contract on 1 May 2017, staff had not completed an annual appraisal.

Multidisciplinary and inter-agency team work

- We observed good evidence of staff sharing information during a daily allocations meeting. Staff attended monthly team and clinical meetings. We reviewed the minutes of the team meeting, which included discussions concerning service provision and performance. We reviewed minutes of the monthly manager's meeting, which included discussions for incidents, health and safety and service updates.

Substance misuse/detoxification

- Staff worked with a range of external agencies including midwives, social services, young person's drug and alcohol service, supported housing providers and GPs to provide comprehensive and holistic care for clients. Staff had regular contact with local pharmacies to ensure that prescriptions were in place for clients receiving medically assisted treatment.
- Staff worked closely with health trainers and the local community mental health team to support client's physical and mental wellbeing. The dual diagnosis lead had arranged for staff from the community mental health team to conduct joint assessments where appropriate.
- There was a nurse liaison worker based in the local hospital to streamline appropriate referrals into the service for people who presented at the accident and emergency department.
- The provider shared the contract with national association for the care and resettlement of offenders (NACRO). There was a dedicated NACRO worker at the service who liaised with agencies including probation, the police and prisons to ensure that the needs of clients involved in the criminal justice system were met, to support integration into the community.

Good practice in applying the MCA

- The provider did not offer Mental Capacity Act training for staff. Staff knowledge of the Mental Capacity Act was limited, however staff could explain how to respond if a client attended under the influence of drugs or alcohol. During the assessment process, staff explained that they would not see clients if they attended appointments under the influence of drugs or alcohol.

Equality and human rights

- Staff completed equality and diversity e-learning training, which included modules on race, religion or belief, gender re-assignment, age and disability.
- Staff used information gathered during the assessment process about age, ethnicity, nationality, disability status, literacy and language. Staff used this information to identify where support may be needed. We observed staff offering an interpreter to a client during a comprehensive assessment. Staff arranged home visits for clients with complex needs or found it difficult to attend the service.

- The service worked alongside other services such as community midwives and young person services in order to establish links and joint working.
- There was a resource folder with details of local agencies for signposting to specialist support.

Management of transition arrangements, referral and discharge

- The service accepted self-referrals and referrals from professionals. The service offered a drop in service, which provided the opportunity for people to speak to staff without an appointment. There was a weekly evening clinic so that clients could be seen out of working hours.
- Staff contacted drug services to arrange a smooth transition of care if a client was moving to another area. Staff had regular contact with prisons to ensure that appropriate support and treatment was in place for somebody released from prison.

Are substance misuse/detoxification services caring?

Kindness, dignity, respect and support

- We observed staff facilitating a group and completing a comprehensive assessment. We saw that staff treated clients with respect and showed a genuine interest in their wellbeing.
- We observed a daily allocations meeting and saw that staff were non-judgemental and treated clients with respect when discussing their care.
- We spoke to three clients who used the service and obtained feedback from six comments cards from the service. Clients spoke highly of the support received and said that staff were friendly, welcoming, helpful and responsive.

The involvement of clients in the care they receive

- The service completed a client satisfaction survey following the change of service provider in May 2017. The provider was in the process of evaluating this information to feedback to the service. Clients attended co design workshops to encourage client involvement in the design of the service.

Substance misuse/detoxification

- Clients said that there had been a smooth transition of the service from the previous provider with little or no impact on their care and treatment.
- There was a comments box in the reception area inviting feedback from clients and carers about their experience of the service. The drop in service was open to carers for support and advice.
- Clients told us they felt fully involved in their care plan and that staff flexibility in the location and time of their appointments allowed them to remain in work.

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

Access and discharge

- Staff demonstrated a good knowledge and understanding of the local demographic and had reflected this in the delivery of the service.
- The service was commissioned to accept referrals for people who lived in East Kent. The majority of the referrals were self-referrals. The service accepted referrals from agencies and professionals including GPs, social services, hospitals, prisons and probation. There was a drop in clinic allowing people to be seen without an appointment.
- The service offered a late clinic one evening a week to reduce barriers to accessing treatment and support employed clients to be seen outside of normal working hours. Staff offered appointments at satellite clinics in more rural areas. Where possible, staff arranged home visits for clients with complex needs or who found it difficult to attend the service due to travel. A peer mentor was available to offer support and advice.
- The service had a single point of access telephone number, which was manned by staff outside of normal working hours.
- Needle exchange provision was available, including to people who were not engaged in structured treatment. Staff provided harm reduction and safer injecting advice to people accessing this service.
- Staff made efforts to re-engage clients who did not attend appointments. Contact was based on client

consent and included text, phone and letter. Staff avoided cancelling appointments where possible, arranging for clients to be seen by another worker or the duty worker in the event of staff absence.

- Staff contacted a client's GP prior to prescribing medically assisted treatment (MAT). The service had an 'on hold' protocol for clients receiving MAT who did not attend consecutive appointments. However, the MAT action plan dated October 2017 recorded that this should be revisited.
- Staff contacted the pharmacy in the event of persistently missed appointments to stop dispensing the prescription and ask that clients attend the service in order to reinstate the prescription.
- Staff supported and signposted clients to appropriate specialist support including the community mental health team, safeguarding, maternity and housing services.

The facilities promote recovery, comfort, dignity and confidentiality

- There was a window from the staff reception into the waiting area, which was large and welcoming. The service had a clinic room, needle exchange room, and a range of rooms to see clients for one to one meetings or group work. Access to rooms outside the waiting area was via fob entry.
- Leaflets and information were displayed in the waiting room and included how to make a complaint, safeguarding information, domestic abuse and harm reduction advice. The facilities allowed staff to maintain the dignity of clients when carrying out drug screen tests.

Meeting the needs of all clients

- Staff completed assessments that considered age, gender, sexual orientation and disability. Staff considered other relevant information such as co-morbidities and the client's individual, social and mental health needs.
- The provider had facilitated co design workshops for clients, carers, staff and professionals during the initial part of the contract.

Substance misuse/detoxification

- The service did not have a lift or any means to support clients with a physical disability that required a wheelchair, to access groups held on the second floor. We were told groups would be held on the ground floor to facilitate access for clients with a physical disability.
- Staff were able to arrange interpreters for clients where required. Staff had knowledge and experience of working with a diverse range of vulnerable clients from a variety of cultures and backgrounds.
- We saw evidence of appropriate joint working for specialist care including staff completing a pregnancy assessment pack and appropriate liaison with professionals involved in the client's care.

Listening to and learning from concerns and complaints

- The provider had a complaints and comments policy. The governance and quality department oversaw complaints and comments received. There was a central email address for complaints. The provider encouraged staff to manage informal complaints at a local level. The governance and quality department processed formal complaints. A database tracked the complaints process to monitor timeliness of response and trends.
- The service had received one complaint between 1 May and 8 September 2017. The service had not upheld the complaint.
- There was a comments box and feedback forms in the waiting area. Posters were displayed inviting feedback of a client or carers experience of the service. We reviewed the feedback form of a former client who spoke of understanding, flexible and experienced staff.

Are substance misuse/detoxification services well-led?

Vision and values

- Staff demonstrated the vision and values of the organisation in their work. Staff knew senior managers and said that they were visible in the service. Staff spoke of a smooth transition from the previous provider with no impact on client care.

Good governance

- There was a clear governance structure within the service. Regular meetings took place to monitor service delivery. We saw evidence of regular audits involving staff, managers and the clinical team. We saw evidence of identified actions being discussed and when completed.
- The service completed audits to monitor and develop service delivery. We saw a medically assisted treatment audit that was rated using the five key lines of enquiry safe, effective, caring, responsive and well led. The audit generated an improvement action plan with objectives, actions to be taken, person responsible and timescales.
- The service had an operational risk register to identify priority risks and implement an effective plan to mitigate risks. However, there were no timeframes for actions to be completed. The operational risk assessment was shared with the senior management team and commissioners.
- Data provided by the service showed that staff had not completed all of the mandatory training. The area manager told us that some staff had previously completed this training but that training records had not transferred from the previous provider. This meant that there were no records available to confirm this.
- Staff had oversight of dashboards to monitor caseload, risk, care plans and client care and treatment.
- The service was embedding policies since the contract started on 1 May 2017. However, the prescribing and treatment policy did not reference current drug misuse and dependence guidelines on clinical management which were updated in June 2017.
- The provider had employed an experienced practitioner who worked two days per week who was responsible for ensuring the service were compliant with safeguarding standards. Safeguarding was an agenda item on regional managers meeting, regional governance meetings, weekly service and daily allocations meetings.
- The commissioners for the service had agreed that there would not be any key performance indicators until completion of the co design of the service in January 2018. Managers had regular meetings with the commissioners to discuss and review the performance of the service.

Substance misuse/detoxification

- Feedback from the commissioners was that the provider had managed the transition and performance of the service well. Commissioners were working with the provider to capture the baseline performance levels for the key performance indicators and apply service credits to identified indicators.
- The provider had a shared contract with a mental health support agency involved in the co-design of the service to better meet the needs of clients in the hope of improving referrals and engagement into the service. Clients had been encouraged to participate in the design of the new service by attending co design workshops.

Leadership, morale and staff engagement

- Data provided by the service showed a 4.2% sickness rate between 1 May and 8 September 2017.
- Staff morale was high and they felt their workload was manageable. The staff had worked as a team for some time and had developed positive working relationships.
- Staff felt the provider had taken an interest in their training needs and career development. There was a staff recognition reward scheme. Staff said that the provider offered good benefits and incentives which had improved morale. Staff knew and felt supported by the managers and the senior management team.
- A peer mentor worked at the service to bring another level of care and experience and the added value of visual recovery. The peer mentor received regular line management and support.
- We spoke with the apprentice who told us they felt supported in identifying their training needs so that they could achieve their planned career progression as a recovery worker.
- Clients from the service had completed a client satisfaction survey to gather feedback following the handover of services in May 2017. The research and development team were analysing and evaluating the data to feedback to the service.

Commitment to quality improvement and innovation

- The provider had begun an eight year contract to deliver community substance misuse services in May 2017. The provider had worked closely with stakeholders and partner agencies to design their treatment model with plans to implement in January 2018.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that staff complete mandatory training so that they can carry out their roles safely and effectively.

Action the provider **SHOULD** take to improve

- The provider should review the provision of nursing cover and availability to provide well-being clinics.
- The provider should ensure that the mandatory training identified is sufficient to support staff to carry out their roles safely and effectively.
- The provider should ensure that staff training records are accurate and up to date.

- The provider should include timeframes for actions to be completed on the operational risk register
- The provider should ensure that managers have immediate access to Disclosure Barring Service check information for all staff.
- The provider should ensure that the needs of clients with a physical disability can be met.
- The provider should ensure that staff are aware of the advocacy services available for clients.
- The provider should ensure that policies are up to date and reflect current national guidelines.

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
Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>Staff did not receive appropriate support, training and development to enable them to fulfil the requirements of their role.</p> <p>Regulation 18 (2)(a)</p>