

**Requires improvement**

# Shropshire Community Health NHS Trust

# Substance misuse services

## Quality Report

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## Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
R1DHQ	Shropshire Community Health NHS Trust - HQ	Specialist community substance misuse service, 1st Floor Crown House, Saint Mary's Street, Shrewsbury	SY1 1DS

This report describes our judgement of the quality of care provided within this core service by Shropshire Community Health 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 Shropshire Community Health NHS Trust and these are brought together to inform our overall judgement of Shropshire Community Health 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?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



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 this service as requires improvement. This is because:

- The recording of information about safety within Care planning and Risk Assessment documents was often partial or incomplete. In the paper and clinical notes we reviewed, we found staff had not documented the identified risk and management plans sufficiently well.
- There were no serious incidents recorded in the previous twelve months. Incidents could be reported on Datix.
- Trust substance misuse team staff did not use trust systems or processes to learn from safeguarding incidents, instead relying on the local authority to manage and feedback on all safeguarding incidents.
- The Community Substance Misuse Team (CSMT) had not responded to public health guidance on opiate overdose, shown by the fact it had no programme for delivering Naloxone hydrochloride. Opiates are medicines with effects similar to opium. This includes illicit heroin which is a drug associated with a high risk of overdose. Naloxone is a medication used to block the effects of opiates, especially in overdose. Public health guidance states it is good clinical practice to give this drug to substance misusers and their carers.
- Multidisciplinary teamwork was inadequate and there was no evidence of case discussion in clinical notes.
- There had been no clinical supervision of prescribing medics since June 2015.
- However, we also found the following areas of good practice:
  - Patients reported positive experiences of approachable and caring staff at the CSMT.
  - There were short waiting times for community detoxification although these had recently increased.
  - Community detoxification was carried out in accordance with NICE clinical guidelines.
  - Referral to partnership agencies was high as recorded in the clinical notes.
  - We saw that the service consulted local community pharmacists about patients it referred to them.
  - Electronic prescribing systems and administration were well organised and systems were in place for the timely and accurate production of prescriptions for controlled drugs.
  - Mandatory training records for safeguarding were observed by the inspection team to be up-to-date and meeting trust targets.
  - We saw that supervision and appraisal records were up-to-date.

# Summary of findings

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

### Are services safe?

We rated this service as requires improvement for safe. This was because:

- NHS staff were not following infection control policy in two cases. They did not have up to date cleaning logs for medical equipment and they did not have a clinical waste bag or bin in the toilet used to take urine samples.
- Care records demonstrated comprehensive patient assessments before treatment started but we also saw that risk assessments and risk management plans were not complete or accurate.
- All safeguarding alerts, including those made by NHS staff, were through Shropshire Council systems. Shropshire Community NHS Trust did not therefore formally record CSMT safeguarding alerts through NHS systems. There was also no evidence of joint learning between partnership agencies.

However, we also saw that:

- Caseloads matched staffing levels.
- Staff were up-to-date with safeguarding training.

**Requires improvement**



### Are services effective?

We rated this service as requires improvement for effective. This was because:

- Clinical supervision of prescribing staff was not carried out in accordance with national guidelines.
- Care records and care assessments reviewed at the CSMT base were incomplete with very few multidisciplinary team-meeting outcomes recorded in clinical notes.
- The service could not demonstrate that prescribing services completely complied with the Drug misuse and Dependence, UK guidelines on Clinical Management.
- Care assessments were incomplete and the multidisciplinary team did not meet formally to discuss patient's clinical care.

However, we also saw that:

- Community detoxification was provided to a good standard, meeting NICE guidance CG100 for the diagnosis and management of physical complications in alcohol withdrawal.
- Liaison with community pharmacists was well organised and the administration of the electronic prescribing system was administrated efficiently by both prescribing officers.

**Requires improvement**



# Summary of findings

- Nursing staff had a comprehensive understanding of assessing the capacity of patients to understand their treatment and care plans.

## Are services caring?

We rated this service as good for caring. This was because:

- Patients and carers were positive about staff and described them as approachable, caring and always willing to help and support them.
- Staff and managers listened to patients' suggestions.

Good



## Are services responsive to people's needs?

We rated this service as good for responsive. This was because:

- The service was flexible in accepting self and 'drop in' referrals and patients could usually be assessed within two weeks.
- Patients could drop in to access information and needle exchange services.
- Patients knew how to complain.

However, we also saw that:

- There was no evidence of a prevention of overdose programme.

Good



## Are services well-led?

We rated this service as requires improvement for well-led. This was because:

- There were no detailed plans available regarding the imminent transfer of clinical services to the newly commissioned provider.
- There had been no clinical director overseeing trust substance misuse services since June 2015, leaving the prescribing service without senior medical oversight since that date.
- Staff were not supported in developing the recovery agenda and public health directives due to no clinical director being in place since June 2015.
- The trust's policy on placing sole responsibility for safeguarding with Shropshire Council meant that safeguarding alerts and incidents were not tracked through trust processes. There was also no evidence of a formal process by which trust staff were part of safeguarding reviews or learning opportunities.

However, we also saw that:

- Staff spoke positively about their job roles and one member of staff was given the opportunity to pilot an innovative project on steroid abuse.

Requires improvement



# Summary of findings

- Staff had confidence in the Clinical Nurse Manager and felt supported by them.

# Summary of findings

## Information about the service

Shropshire Community Substance Misuse Team (CSMT) was a county-wide service jointly provided by Shropshire Community Health NHS Trust and Shropshire Council in association with Aquarius and the National Association for the Care and Resettlement of Offenders (NACRO). This structured drug and alcohol treatment was provided in a community setting for residents of the area. It included treatment at the main centre at Crown House in Shrewsbury and locality satellite services at Castle View, Oswestry, the Parish Rooms, Bridgnorth and the Hawthorns in Ludlow.

The core services provided were the prescribing to and clinical management of those dependent on illicit drugs and the community detoxification (assisted withdrawal) of those dependent on opiates and alcohol.

At the time of inspection, the team had a caseload of 730 active patients.

The service provided community detoxification for alcohol and illicit drug users. The total number of patients completing alcohol detoxification for the year April 2015 to March 2016 was 73.

Following a retendering process towards the end of last year, substance misuse services will be transferred to an independent provider except for the two alcohol liaison nurses that were based at Princess Royal Hospital in Telford. These staff will remain employed by Shropshire Community Health NHS Trust.

## Our inspection team

Our inspection team was led by:

**Chair:** Dr Timothy Ho, Medical Director, Frimley Health NHS Foundation Trust

**Head of Hospital Inspections:** Tim Cooper, Care Quality Commission

The team included two CQC inspectors and two CAMHS practitioners, a CQC observer and an Expert by Experience. Experts by Experience are people who have had experience as patients or users of some of the types of services provided by the trust.

## Why we carried out this inspection

We inspected this core service as part of our comprehensive community health services inspection programme.

## How we carried out this inspection

We inspected this service in March 2016 as part of the comprehensive inspection programme.

To get to the heart of people who use services' experience of care, 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 we held about these services, asked a range of other organisations for information and sought feedback focus groups.

# Summary of findings

During the visit, the inspection team focused its enquiries on those services provide by NHS staff; specifically, community prescribing and community detoxification. We visited the community substance misuse team premises, looked at the quality of the environment, and observed how staff were caring for patients. We spoke with six patients who were using the service, senior

managers and four other staff members, including the prescribing doctor, two nurses and a prescribing officer. We also received feedback about the service through a patient satisfaction survey. We reviewed 18 care and treatment records of patients and looked at a range of policies, procedures and other documents relating to the running of the service.

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

- Patients had high levels of satisfaction with the services they received.
- All those interviewed said that staff were helpful, treated them with respect and said they 'went the extra mile' to help them.
- Patients stated that they had not been formally asked to provide feedback on the services they received.
- They said they were signposted to other support groups and services.
- All said they felt the service was a 'lifeline' and had some anxiety about the imminent transfer of services to the new provider and its implications for continuity of care.
- A patient satisfaction survey carried out in November and December 2015 reported a high satisfaction rate with the alcohol liaison nurses at the Princess Royal Hospital.

## Areas for improvement

### Action the provider SHOULD take to improve

- The trust should ensure a clear and robust plan for the transfer of patients to the new provider is in place.
- The trust should ensure that infection control policies are followed at all times and that this is monitored to ensure the risk of infection for staff and patients is minimised.
- The trust should ensure that risk assessments are complete and comprehensive to ensure patient risks can be anticipated and minimised.
- The trust should ensure review the arrangements for reporting safeguarding concerns to ensure that patients are protected from the risk of abuse and that staff are able to learn from any incidents to minimise the likelihood of them reoccurring.
- The trust should ensure review the arrangements for the clinical supervision of all prescribing GPs to ensure compliance with national guidance.
- The trust should ensure patient records are complete and comprehensive to ensure patients care is delivered in a timely and responsive way.
- The trust should review arrangements for the overdose programme to ensure it reflects current best practice guidance.

# Shropshire Community Health NHS Trust

# Substance misuse services

## Detailed findings

**Name of service (e.g. ward/unit/team)**

Specialist community substance misuse service, 1st  
Floor Crown House, Saint Mary's Street, Shrewsbury

**Name of CQC registered location**

Shropshire Community Health NHS Trust - HQ

# 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 main service premises of the Shropshire Community Substance Misuse Team (CSMT) were clean, tidy and well organised.
- Despite 100% of trust staff having received Infection control training, we saw that the policy was not followed in the only male patient toilet where urine samples were taken, as there was no clinical waste bag or bin.
- There was no infection control-cleaning log for the cleaning of medical equipment meaning that it was unknown if equipment was regularly decontaminated.
- There was an emergency alarm system in working order although on the day of inspection it had not been reset from a previous alarm call and therefore could not have alerted staff to an emergency the day the inspection team visited.

### Safe staffing

- Data provided by the trust for September 2015 showed there were 7.8 whole time equivalent (wte) qualified nurses and 1.94 wte vacancies. This level of staffing was considered appropriate, as caseloads held were temporary with patients handed over to local authority colleagues after initial assessment.
- Substantive staff for the health part of the CSMT included a lead practitioner (vacancy), a nursing sister, who covered the central Shropshire area, one detox nurse each for north and south Shropshire, a needle exchange worker (vacancy), three alcohol liaison nurses, two prescribing officers and a prescribing GP with a specialist interest (GPwSI) in substance misuse.
- Detoxification services were safely staffed and carried out by two detoxification nurses and a nursing sister, who held caseloads of approximately 15 and eight patients each respectively. Risk was managed within the home by regular visiting and where possible through good communication with carers to report risk.

### Assessing and managing risk to patients and staff

- The Drug Misuse and Dependence, UK Guidelines requires that clinical supervision and multidisciplinary (MDT) meetings take place to ensure the appropriate clinical management of patients in line with the clinical guidelines. The service could not demonstrate these guidelines were being complied with as we saw no evidence of supervision or MDT meetings, this was confirmed by staff we spoke to.
- We reviewed 14 sets of clinical notes both paper and electronic. We saw that records demonstrated comprehensive assessments of patient's drug or alcohol dependency levels, healthcare and other needs had been made before treatment started and that the prescribing doctor had conducted a face-to-face assessment of the patient. However, we also saw that risk assessments and risk management plans were not complete or accurate. Patient care plans did not always address the potential risks to people of relapse into unsafe drug use in the event of early exit from the programme.
- Assessment of need was evidenced to be of high quality as demonstrated at interview with staff and in the four clinical notes of the detox service. Validated tools were used to assess levels of alcohol use and physical health and all had comprehensive care plans, risk assessments all personalised to the patient.
- Physical examinations at the prescribing clinic were not carried out in a systematic way meaning that not all patients physical well-being was considered at assessment.
- All (100%) of NHS staff in the service had completed safeguarding training for vulnerable adults and 88% of staff had completed safeguarding training for children.
- There were no specific handover documents confirming that all prescribing met the standards set out in the NICE UK guidelines on clinical management. This meant that the new provider would have to make an immediate reassessment of all patients to ensure all prescribing was safe at the point of transfer.

# Are services safe?

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

## Track record on safety

- There were no serious incidents reported by the service between 1 December 2014 and 1 December 2015.

## Reporting incidents and learning from when things go wrong

- Incident reporting and learning between partner agencies was not coordinated as there were separate systems for logging and managing them. Shared learning between partnership agencies relied on discussion at team meetings. However team meetings did not have a standing agenda for discussing and learning from incidents.
- Safeguarding was formally managed by Shropshire Council meaning that all safeguarding incidents were reported through local authority systems. It was unclear how NHS staff learnt lessons formally within the Shropshire Council system or within the joint staff team. There was no formal process for NHS staff to deal with safeguarding issues and the NHS did not prioritise CSMT safeguarding within its own systems. The use of Shropshire Council alert systems also meant that there had been no safeguarding notifications to CQC as they were not the registered provider of services.
- Safety concerns from the NHS team to Shropshire Council staff were escalated from NHS staff to partnership staff through the shared electronic patient record (EPR) system and at team meetings although staff could not provide assurance that there was documentation or escalation of all cases of risk. However good interpersonal relationships between partnership staff meant risk was discussed regularly although this did not guarantee that risk was identified or addressed quickly enough.
- There had been no reported serious incidents in the detox service. If incidents had been reported this would have been through the DATIX incident reporting system. DATIX is the system the trust uses to report incident/concerns, medical and drug alerts and stores and administers policies.
- The trust was not providing methadone storage boxes for those on prescription and living with or in contact with children meaning that children living or in contact with users of illicit or controlled drugs might have been at risk of ingesting drugs that could kill them. Nice guidance on the clinical management of drug misuse and dependence states that 'risks to dependent children should be assessed as soon as possible after contact with services. This would normally include all patients being asked about their children, their ages (some service protocols may require date of birth), and the level of contact they have with them, as a minimum at initial assessment.' It is widely accepted that this should include assessing whether drug-misusing adults have contact with children and that risks including those posed by the unsafe storage should be reduced by the issuing of methadone storage boxes.
- Voided prescriptions were recorded on the care path document before the prescription was destroyed. An incident form would then be completed and sent to the chief pharmacist. This means that there was no opportunity for controlled drug prescriptions to find their way on to the illicit market. Staff had not reported or recorded any medication errors.

# 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

- Community detoxification was carried out in accordance with NICE clinical guidelines CG 115 and CG100.
- The Diagnostic Outcomes Monitoring Executive Summary (DOMES report) is a Public Health England report measuring the outcomes for patients' receiving services. The DOMES report for the Shropshire Community Substance Misuse Team (CSMT) showed that from October to December 2015 the service achieved good outcomes for its patients.
- The number of opiate users who left drug treatment free of drugs of dependence, who did not return for treatment within six months, was 8.2% of the total number of those in treatment. This figure was above the national average of 7%.
- Abstinence rates for opiate users was 33.3%, for crack cocaine it was 18.8%, Cocaine 40% and Alcohol 29.8%. National comparative data was not available.
- Improvement rates for those no longer injecting drugs were 55.9% meaning more than half of all would be at risk of transmitting blood borne virus such as Human Immune (HIV) Deficiency virus and Hepatitis C between each other and the wider community. National comparative data was not available.
- 100% patients showed improvement in housing and employment by reporting no housing issues when they left the service against a national average of 95.8%. This means that nearly all patients using the service had the stability of accommodation when leaving treatment and were therefore at lesser risk of relapse into substance misuse.
- The number of patients working more than 10 days in the 28 after leaving the service was 44.8% against a national average of 24.3%. This means that more than the average number of patients discharged from the CSMT had the stability of work and were therefore at lesser risk of relapse into substance misuse.

- The number of patients who completed treatment or stayed in the service for more than 12 weeks was 97.5% against a national average of 95.2%. For non-opiate users this was 90.1% against a national average of 86.7%.
- The proportion of opiate and/or crack users in treatment for the area was 79.6% against a national average of 52%.

### Best practice in treatment and care

- Care plans were lacking in detail, notwithstanding the CIWA, and care plan templates differed and were therefore not standard for patients going through alcohol detoxification. This meant that information regarding a patient's progress through detoxification was not readily available for all clinical staff.
- The detoxification nurses we spoke with understood NICE and other national guidance that describe best practice in detoxification or withdrawal and used the Clinical Institute Withdrawal Assessment of Alcohol Scale, Revised (CIWA-Ar) to monitor and manage withdrawal symptoms.
- Prescribing records showed that the prescribing doctor used medicines recommended by NICE as the first line of treatment.
- Liaison with community pharmacists was well organised. We saw the prescribing officer check that patients could be accommodated at particular venues, and referred to the community pharmacist who could check that medication was in stock and that patients were collecting their prescriptions correctly. A list of pharmacies was accessible and updated quarterly.
- We looked at an audit focusing on whether prescribing at the CSMT followed the Drug misuse and Dependence, UK guidelines on Clinical Management. It found that it did and made a number of recommendations such as key workers to attend medical review appointments to improve multidisciplinary working.
- There is no legal requirement for drug treatment services to supply naloxone hydrochloride (a drug that can reverse the effects of opiate overdose) although it was recommended, by the Advisory Council on the Misuse of Drugs (ACMD) to reduce rates of drug-related deaths. The trust did not provide the drug. We noted that the manager of Shropshire CSMT had made efforts

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in July 2015 to roll out a programme of supply under Public Health England guidelines for promoting wider availability. However despite several patients expressing an interest in being trained to administer Naloxone no program was developed due to uncertainties relating to whether the new provider would continue the program. In the meantime, staff were able to give Naloxone in the clinic setting.

## **Skilled staff to deliver care**

- The prescribing GP had had no formal clinical supervision from the trust's medical director since June 2015 (nine months). The UK Guidelines on Clinical Management states; that all NHS staff have an obligation to update their knowledge and skills base and to be appraised regularly. No alternative arrangements were in place to make sure the clinical guidelines had been followed during that time.
- Care and treatment was delivered by a team of multidisciplinary professionals. The team included NHS nurses, doctors, and partnership staff made up of addiction professionals that the local authority deemed appropriately qualified in counselling and social work.
- All 10 non-medical staff had received an appraisal in the previous twelve months.
- All detoxification staff were nurse qualified and further trained by the trust to deliver competent and safe care. All staff were supervised regularly and had annual appraisals.

## **Multi-disciplinary and inter-agency team work**

- Multidisciplinary team meetings did not include all the necessary staff, most notably the GP prescriber. This is important for the comprehensive and safe planning of care. Patients had comprehensive assessments, which included consideration of social and health needs. However, physical health screening was inconsistent because it was not always available to all patients. Recording of need in care plans was also not up-to-date or reviewed regularly. This meant that essential information on common physical health problems associated with addiction such as thrombosis, weight loss and respiratory problems were not identified at first assessment for some patients.
- Multidisciplinary teamwork took place within weekly team meetings at the main agency base and in the

satellite localities, although patient records showed minimal evidence of multidisciplinary team input. This was except for the Alcohol Liaison Service at the Princess Royal Hospital where there was high-quality multidisciplinary team work reported by staff between Shrewsbury and Telford Hospital NHS Trust (SaTH) staff on wards at the hospital, the accident and emergency department (A&E) and community voluntary organisations.

- We looked at 18 sets of care records and found care assessments did not consider the full range of patients' needs. There was inadequate staff recording of multidisciplinary team (MDT) discussion and clinical decision-making. Care plans reviewed by the inspection team in these 18 cases, was recorded as not recorded, not done, poorly done, present and done but less than good.
- Communication with other agencies and organisations was good and took advantage of cordial and productive working relationships with Social Care and Health, NACRO and Aquarius staff. However all staff involved in assessing, planning and delivering people's care and treatment were not informed through formal minutes of an MDT of changes in patient care, need and risk. Staff did work together to assess and plan ongoing care and treatment in a timely way through their close working relationships on an informal level. All the information needed to deliver effective care and treatment was not always available to relevant staff in a timely and accessible way through care and risk assessments, care plans and case notes.
- The use of the shared electronic care pathway, case management and reporting system helped joint working between the trust staff and Social Care and Health staff.
- Staff said local meetings addressed clinical issues. However, there were no formal minutes available to check this.

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

- While the Mental Capacity Act 2005 (MCA) was not applicable at the CSMT, we were informed by clinical staff that capacity for their patients to understand the implications of treatment and the choices available to them was always carefully judged at assessment by making sure patients were able to clearly express the

# Are services effective?

Requires improvement 

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benefits of treatment in discussion. However, 88% nursing staff members had completed statutory and mandatory training in MCA. This compared to a trust target of 85%.

## Management of transition arrangements, referral and discharge

- Referral of patients between the partnership agencies were clear and effective in helping patients access recovery oriented group work and ongoing one to one key work and therapeutic sessions.

- There was no evidence in the 14 sets of clinical notes of NHS staff writing discharge-planning notes. Although discharge was primarily the responsibility of partnership agencies the trust had a responsibility to ensure with its partners that discharge was comprehensive and planned with the patient. Beyond this, the inspection team were unable to check the quality of discharge planning with partner agencies not regulated by CQC.

# 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 spoke with six patients who used the CSMT. Patients had high levels of satisfaction with the service they received. All said that staff were helpful, treated them with respect, and 'went the extra mile'.
- Patients said they were signposted to other support groups for additional help including Self-Management and Recovery Training (SMART), Alcoholics Anonymous (AA), and Narcotics Anonymous (NA), as well as educational courses.
- Patients stated that there was always someone 'on the end of the phone' and that they could also walk into the service at any time and speak with the duty worker.
- Some patients expressed anxiety about the transition to the new provider of substance misuse services and wondered if they would receive the same high-quality care. They were also concerned about possible reductions in service as a result of the transfer.

- A patient satisfaction survey was carried out for the alcohol liaison work based at the local acute hospital. The audit was supported by the trusts audit department. Sixty-four questionnaires were given out:
  - 100% of patients said they were treated with respect, dignity and compassion by staff.
  - 100% were satisfied with the overall service.
  - 97% said they had as much say as they wanted in decisions about their care.
  - 93.7% said they had their treatment explained to them in a way they could understand.
  - 93.7% were offered referral to a community-based service.

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

- Of the patients we spoke with, all said they had never formally been asked for their feedback on services from the CSMT.
- Four of the patients said they had been involved in their care and recovery plan and one patient talked in depth about the seven recovery targets that they and their key worker had set.

# Are services responsive to people's needs?

Good 

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

## Our findings

### Access and discharge

- Waiting times for prescribing and detoxification services were good, with patients being seen within two weeks. This is within the National Drug Treatment Monitoring System (NTDMS) tolerance level of three weeks. Patients reported that the service was flexible, patients could drop in to access information and needle exchange services.
- We reviewed three sets of clinical notes for the alcohol liaison service based at the local acute trust. We found that all three had discharge and care plans completed and signed by the patient.
- Detoxification services were easily accessible and there was a two-week waiting time for assessment. This was an average wait nationally and within acceptable limits.
- An audit of patients not attending clinics (DNA) was made available to the inspection team. The audit measured the attendance rates of patients to the service and made recommendations in targeting services more effectively such as patient non-attendance of appointments should be managed by temporarily adjusting the issuing of prescriptions and that there should be an attendance policy implemented on the basis of assessed individual patient need.

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

- The office suite included doctor prescribing, counselling and needle exchange rooms. All were clean and tidy.

The needle and syringe exchange service room was particularly well organised and well stocked with a variety of equipment including safe disposal 'sharps' bins for used injecting equipment.

- There were stairs and a lift to the CSMT main internal building entrance making the premises accessible to wheelchair users.
- At the time of the inspection, the owner of the building was refurbishing the facilities at the main CSMT base. At times the noise from drills and other building tools was uncomfortable and prolonged. This made it difficult for patients and staff to have conversations.

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

- The CSMT had protocols in place to raise awareness of risks from blood-borne viruses such as hepatitis B, C and the human immunodeficiency (HIV) virus. It offered testing for these, and appropriate pathways into treatment. From April 2015 to March 2016, it dealt with 745 such cases, although one member of staff stated that recent vacancies in SCH staff meant numbers had since fallen.

### Listening to and learning from concerns and complaints

- We saw that information was provided in the clinic informing patients how to complain.
- There were two complaints made about the service between October 2014 and 16 October 2015. Neither of these were upheld as they were about clinical decisions that were deemed correct when reviewed. The trust responded by explaining the clinical reasons for the decisions made and support the complainant to understand why they were made.

# 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

- During interview, staff demonstrated knowledge of the trusts vision and values and an awareness of the close working relationships with health and social care partners helped to improve patient's lives.
- Staff talked about their commitment to quality, care, respect and dignity for their patients. They stressed the importance of these values within the recovery agenda and described how patients were supported to gain greater control in their lives with their support.
- During the inspection we were not made aware of any strategy in place to develop services further in line with national guidance beyond the routine sharing of information. Progress against delivering strategic objectives could therefore not be monitored or reviewed. However, we recognise that the service was due to transfer to a new provider at the end of March 2016.
- Following a retendering process towards the end of last year, substance misuse services will be transferred to an independent provider. We asked the trust to provide details on the plans in place to make sure all care plans and risk assessments were up-to-date and complete. We also sought assurances on the readiness of prescriptions for transfer. There were no detailed plans available regarding the imminent transfer of clinical services to the newly commissioned provider.

### Good governance

- There were no local substance misuse governance meetings as part of the trust governance framework to support the delivery of a substance misuse strategy and good quality care.
- Weekly team meetings were used to convey to staff a variety of business, governance, risk and clinical matters. The minutes we reviewed did not demonstrate a consistent or structured approach to any of these issues.
- Arrangements for identifying, recording and managing risks, issues and mitigating actions relied on the local authority partners to record and manage through their formal processes and systems. There was also no

evidence of a formal process by which trust staff were part of safeguarding reviews or learning opportunities. However staff demonstrated at interview that they understood the value of raising and discussing concerns with partnership staff and felt able to do so because of the good working relationships with them.

- The trust's policy on placing sole responsibility for safeguarding with Shropshire Council meant that safeguarding alerts and incidents were not tracked through trust processes. There was also no evidence of a formal process by which trust staff were part of safeguarding reviews or learning opportunities.
- The measure of quality for the substance misuse service was confined to meeting the expected outcomes within the service level agreement. These outcomes being related to the National Drug Treatment Monitoring System (NDTMS). The public health Diagnostic Outcomes Monitoring Executive Summary (DOMES) reported in quarter 3 – 2015-16 that the CSMT was above the national average in successful treatment completions for users of opiates and alcohol. These completions are as a percentage of the overall number of patients in treatment. There were good arrangements in place to ensure that the information used to monitor and manage quality and performance was accurate. For example the collection of Treatment Outcome Profile (TOP) information collected was completed on time and in full.
- The trust did not provide naloxone hydrochloride which is recommended by the Advisory Council on the Misuse of Drugs (ACMD) to reduce rates of drug-related deaths. We saw that the service manager had made efforts in July 2015 to roll out a programme but this not developed due to uncertainties relating to whether the new provider would continue the program. In the meantime, staff were able to give Naloxone in the clinic setting.
- There was not a clear medical line of supervision between the prescribing GPs in the service and the Medical Director. Doctors informally discussed issues with the clinical manager and the service manager as well as each other. While there was regular communication with keyworkers for specific patients and information available on the electronic patient

# 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.

records there was no formal multidisciplinary team meeting to discuss and record clinical decisions. Nursing staff within the service had a formal clinical supervision process in place.

## Leadership, morale and staff engagement

- Staff were not supported in developing the recovery agenda and public health directives due to no clinical director being in place since June 2015.
- Staff spoke positively about their job roles and one member of staff was given the opportunity to pilot an innovative project on steroid abuse.
- Staff had confidence in the Clinical Nurse Manager and felt supported by them. Staff felt able to raise concerns and described their manager as visible and approachable. They also knew there was a whistle-blowing process.