Winstone House - Horizon

Quality Report

Winstone House
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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

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

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.

Summary of findings

Overall summary

Our rating of this service improved. We rated it as good because:

- The service provided safe care. The premises where clients were seen were safe and clean. Staff assessed and managed risk well and followed good practice with respect to safeguarding. Safeguarding processes had now improved. Staff were now making safeguarding referrals to the local authority and notifying the CQC.
- The service was well led, and the governance processes ensured that its procedures ran smoothly.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Community-based substance misuse services	**Good** 	See overall summary

Summary of findings

Contents

Good

Winstone House - Horizon

Services we looked at

Community-based substance misuse services

Summary of this inspection

Background to Winstone House - Horizon

Winstone House – Horizon provides community substance misuse services for the Blackpool area. The service is run by Delphi Medical Consultants Limited. The service is commissioned by the local authority as part of a wider service pathway. Winstone House – Horizon provides support for adult clients who have stabilised their substance misuse and require a psychosocial and clinical approach to their recovery, providing one to one keyworker sessions and access to group work. This includes support for clients with complex needs. The wider system includes two other locations that provide:

- initial assessments and risk assessments of newly referred clients
- prescribing for detoxification and stabilisation
- support with abstinence
- volunteering opportunities
- employment and education options.

The wider parent organisation fed into the service and provided some group work. This included:

- dependency emotional attachment programme groups
- reduction and motivation programme groups
- pre- dependency emotional attachment programme groups.

The service was registered to provide the regulated activity of treatment for disease, disorder or injury. There was a registered manager in post.

The service had been registered since April 2017. CQC undertook three inspections of the service between October 2017 and January 2019. At the last inspection in January 2019, the service was given the following ratings:

- safe, inadequate
- effective, good
- caring, good
- responsive, good
- well-led, requires improvement

The following warning notice was issued:

- Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment. The provider had not referred safeguarding adult concerns to the local authority. The provider had not followed their own policies and procedures relating to safeguarding.

The following requirement notice was also issued:

- Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents. The provider had not submitted any safeguarding notifications to the Care Quality Commission.

Our inspection team

The team that carried out this inspection included two CQC inspectors.

Why we carried out this inspection

We undertook this inspection to find out whether the service had made improvements since our last inspection in January 2019.

Following the last inspection, we told the provider that it must take the following actions to improve:

- The provider must ensure that staff always follow safeguarding processes in line with statutory guidance and internal policies and procedures.
- The provider must submit all safeguarding notifications to the Care Quality Commission.

Summary of this inspection

At the last inspection the service had not made any referrals to the local authority safeguarding service, despite having numerous safeguarding adult incidents. The service were also not notifying CQC of any safeguarding concerns.

How we carried out this inspection

This was a focused inspection to review whether the service had made improvements in response to the specific concerns we identified during our last inspection. We inspected the following domains:

Is it safe?

Is it well led?

Before the inspection visit, we reviewed information that we held about the location, asked other organisations for information.

During the inspection visit, the inspection team:

- visited the location, and spoke with the registered manager, safeguarding lead and head of integrated services
- spoke with three staff members employed by the service provider, including nurses and key workers
- looked at seven care and treatment records for clients
- spoke to two clients and one carer
- collected feedback from nine comment cards
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

Clients described staff as friendly, approachable and respectful. Clients spoke about having positive relationships with their keyworkers who were flexible to meet their needs. Clients felt the outreach service was helpful in supporting them to attend medical appointments when they had poor mobility.

Clients felt the building was always clean and tidy and was spacious enough to accommodate the service well.

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?

Good

We rated safe as good because:

- All premises where clients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- The service had enough staff, who knew the clients and received basic training to keep them safe from avoidable harm.
- Staff assessed and managed risks to clients and themselves well. They responded promptly to sudden deterioration in clients' physical and mental health. Staff made clients aware of harm minimisation and the risks of continued substance misuse.
- Risk management plans had improved and were consistent with risks identified in other documents.
- Staff understood how to protect clients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- Staff kept detailed records of clients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each client's physical health.
- The service had a good track record on safety. The service managed client safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave clients honest information and suitable support.

Are services effective?

Good

We rated effective as good because:

- At the last inspection in January 2019, we told the provider that they should continue with improvements to the quality and consistency recovery plans. Recovery plans now included all risks and needs as identified in risk assessments and assessments.
- At the last inspection in January 2019, we also told the provider that they should ensure that all staff appraisals are completed in a timely manner. Appraisals had now been completed for all staff and were up to date.

Summary of this inspection

- We did not find any breaches in regulation in relation to the effective domain. Since that inspection, we have received no information that would cause us to re-inspect this key question.

Are services caring?

Good

We rated caring as good because:

- At the last inspection in January 2019, we did not find any breaches in regulation in relation to the caring domain. Since that inspection, we have received no information that would cause us to re-inspect this key question.

Are services responsive?

Good

We rated responsive as good because:

- At the last inspection in January 2019, we did not find any breaches in regulation in relation to the responsive domain. Since that inspection, we have received no information that would cause us to re-inspect this key question.

Are services well-led?

Good

We rated well-led as good because:

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for clients and staff.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.
- Our findings from the other key questions demonstrated that governance processes operated effectively and that performance and risk were managed well.
- Teams had access to the information they needed to provide safe and effective care and used that information to good effect.
- Staff collected and analysed data about outcomes and performance.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community-based substance misuse services	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Good

Community-based substance misuse services

Safe	Good
Effective	Good
Caring	Good
Responsive	Good
Well-led	Good

Are community-based substance misuse services safe?

Good

Safe and clean environment

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

Staff completed and regularly updated risk assessments of the environment and removed or mitigated risks.

The service had enough accessible rooms to see clients in and deliver group work. There were two clinic rooms, five smaller interview rooms, two large group rooms, one urine screening room and a specific room for doctor clinics.

All interview rooms had alarms and staff available to respond.

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

All areas were clean, well maintained, well-furnished and fit for purpose.

Staff made sure cleaning records were up-to-date and the premises were clean.

Staff followed infection control guidelines, including handwashing. There were sinks in each clinic room and urine screening room.

Staff made sure equipment was well maintained, clean and in working order.

Safe staffing

The service had enough staff, who knew the clients and received basic training to keep them safe from avoidable harm. The number of clients on the caseload of the teams, and of individual members of staff, was high but structures were in place to support staff with this.

The service employed the following staff disciplines:

- two nurses
- two care coordinators
- eight recovery practitioners
- three administrative staff
- one psychologist
- 17 volunteers
- counsellors (available daily)

There was a duty rota in place which allowed a doctor or non-medical prescriber to be based on site each day. At the time of the inspection, there was known temporary worker employed for two days a week to cover sickness.

Sickness was low. At the time of the inspection there was only one member of staff on sick leave. There were no vacancies. Sickness and vacancy cover was usually managed within the team. A known temporary staff member was employed two days a week to cover current sickness.

Managers were completing a review of the nursing strategy. This included reviewing nurses employment terms and conditions, professional development, supervision and appraisal structure.

There was a local procedure that ensured staff did not lone work whilst completing home visits. If home visits were required due to physical or mental ill health, these were conducted by the keyworker, accompanied by a non-medical prescriber.

Good

Community-based substance misuse services

Mandatory training

Staff had completed and kept up-to-date with their mandatory training.

The compliance for mandatory training courses at November 2019 was 98%. Only one staff member had outstanding mandatory training modules due to sickness.

The service set a target of 100% for completion of mandatory and statutory training.

The training compliance reported for this service during this inspection was slightly lower than the 100% reported in January 2019.

The mandatory training programme was comprehensive and met the needs of clients and staff.

Managers monitored mandatory training and alerted staff when they needed to update their training.

The service ensured training was completed by giving staff half a day of protected time to complete the required training.

Assessing and managing risk to patients and staff

Staff assessed and managed risks to clients and themselves well. They responded promptly to sudden deterioration in a client's health. Staff followed good personal safety protocols.

Assessment of patient risk

Staff completed risk assessments for each client and reviewed this regularly, including after any incident. We examined seven risk assessments and found they were comprehensive and up to date. During the last inspection in January 2019 we told the service they should continue to improve their risk management plans. At this focussed inspection we found risk management plans were detailed and contained all relevant information needed.

Management of patient risk

Staff responded promptly to any sudden deterioration in a patient's health.

Clients were made aware of the risks of continued substance misuse and harm minimisation / safety planning was an integral part of keyworker sessions and group work.

Clients were issued with naloxone where appropriate. Naloxone is a medicine to block the effects of opiates. All staff were trained in issuing naloxone. Other venues and people had also been issued with naloxone such as to friends, family, clients newly released from prison, soup kitchens and hostels.

Staff were able to respond promptly to clients whose risks had increased or were in need of extra support. Clients felt they could easily speak to their keyworkers on the telephone or in person when they needed to. There was a duty system in place that allowed staff to address any unexpected issues raised by clients in the absence of the keyworker. Staff were aware of how to make referrals to other agencies and regularly prompted clients to attend the GP or specialist medical care. Outreach workers were available to escort clients, who found it difficult to engage with services, to medical appointments.

The building had a no smoking policy. There were leaflets and posters promoting smoking cessation available in the waiting area. Harm reduction advice was promoted by staff in relation to smoking. The service was aware of a high percentage of clients with chronic obstructive pulmonary disease. The service was working in partnership with the local health trust to offer chronic obstructive pulmonary disease clinics within the service.

Safeguarding

Staff understood how to protect clients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training on how to recognise and report abuse, appropriate for their role.

Staff kept up-to-date with their safeguarding training.

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

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them.

Staff knew how to make a safeguarding referral and who to inform if they had concerns.

A safeguarding referral is a request from a member of the public or a professional to the local authority or the police

to intervene to support or protect a child or vulnerable adult from abuse. Commonly recognised forms of abuse include: physical, emotional, financial, sexual, neglect and institutional.

Each authority has their own guidelines as to how to investigate and progress a safeguarding referral. Generally, if a concern is raised regarding a child or vulnerable adult, the organisation will work to ensure the safety of the person and an assessment of the concerns will also be conducted to determine whether an external referral to Children's Services, Adult Services or the police should take place.

At the last inspection in January 2019 we found that the service was not making safeguarding referrals to the local authority safeguarding service. The service was also not notifying CQC of any safeguarding concerns.

During this focussed inspection we saw evidence of safeguarding concerns being processed appropriately. We case tracked six clients who had safeguarding needs. Clients were referred to the local authority safeguarding service. CQC had also received six safeguarding notifications. The service had also endeavoured to provide additional services to vulnerable clients. This included regular referrals to a domestic abuse support service, close liaison with the police and a number of third sector organisations.

A new incident reporting system had been introduced to better capture safeguarding incidents. This system was regularly audited, and themes analysed.

A new safeguarding policy had been written which gave staff clear guidelines for dealing with safeguarding matters.

A weekly adult safeguarding meeting had been introduced between the service and the local authority. The aim was to discuss the most vulnerable clients and provide early intervention to prevent safeguarding events occurring. There were plans to introduce this model to children's safeguarding.

This core service made six safeguarding referrals between May 2019 and November 2019, of which five concerned adults and one child. The number of safeguarding referrals reported during this inspection was higher than the none reported at the last inspection.

Staff access to essential information

There was an electronic patient record system that staff could easily access. Staff described being able to access the electronic system and promptly locate records without difficulty. Records were stored securely.

Medicines Management

The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each client's mental and physical health.

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. The service had numerous policies to support safe prescribing and medicines management. These included supervised consumption policy, withdrawal guidance and a prescribing guide.

Staff reviewed clients' medicines regularly and provided specific advice to patients and carers about their medicines. Clients attended regular medication reviews with the doctor or non-medical prescriber. During medication reviews, staff took account of changes to clients physical or mental health needs and potential impact on prescribing choices.

Staff stored and managed medicines and prescriptions in line with the provider's policy. Medications were prescribed by the doctor and completed prescriptions were transferred to another site, which provided part of the patient pathway. This was under the control of the prescribing administration team. Prescriptions were collected by each individual pharmacy and a copy of the prescription was stored on file for the purposes of auditing. Winstone House had an additional minimal supply of prescriptions that were logged, accounted for and required countersignature. There was no medication stored at Winstone House apart from vaccines, adrenalin and naloxone, a medicine to block the effects of opiates. Medicines were checked regularly to ensure they were in date and stored correctly.

Staff followed current national practice to check patients had the correct medicines.

The service had systems to ensure staff knew about safety alerts and incidents, so clients received their medicines safely.

Track record on safety

Good

Community-based substance misuse services

Staff had reported 24 client deaths in the last 12 months. This reflected the high risks amongst the people who misused substances in the Blackpool area. The service had identified themes which included chronic illness such as chronic obstructive pulmonary disease and poor mental health. A death review group had been established to look at preventing drug related deaths. Services in attendance included:

- police
- coroner
- ambulance
- drug and alcohol services
- mental health
- primary care
- probation
- young people's services
- Public Health England
- Acute health care.

The aim of the group was to share information and target clients who were believed to be most at risk of drug related death.

The service had plans to target clients with dual diagnosis and offer increased support for specific needs. This included offering chronic obstructive pulmonary disease clinics within the substance misuse service.

Reporting incidents and learning from when things go wrong

The service managed client safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave clients honest information and suitable support.

Staff raised concerns and reported incidents and near misses in line with provider policy. Staff reported serious incidents clearly and in line with provider policy. All staff knew what incidents to report and how to report. The service had adopted a new electronic incident reporting system that had been in place since April 2019. The service had reported 16 less serious incidents over the last seven months.

The service had no never events.

Staff understood the duty of candour. They were open and transparent, and gave clients and families a full explanation if and when things went wrong. Staff had a good understanding of the duty of candour and had access to a policy. The duty of candour is a legal duty on hospital, community and mental health services to inform and apologise to clients if there have been mistakes made in their care that have or could have potentially led to significant harm.

Managers investigated incidents thoroughly. Themes from incidents were mostly relating to prescriptions. Eight out of fifteen incidents between May 2019 and November 2019 related to prescriptions. Staff were encouraged to report incidents as a way of reviewing and embedding lessons learnt. Feedback from incidents was shared with the staff team. Staff received feedback from investigation of incidents, both internal and external to the service. Staff were aware of incident themes from drug related deaths of people who were not engaged with services. Staff met to discuss the feedback and look at improvements to client care. Managers debriefed and supported staff after any serious incident.

There was evidence that changes had been made as a result of feedback. As a result of incident reporting, measures had been put in place to prevent future incidents. Clients who were judged to be most at risk were targeted using a multiagency approach to engage and treat.

Are community-based substance misuse services effective?

(for example, treatment is effective)

Good

At the last inspection in January 2019, we told the provider that they should continue with improvements to the quality and consistency recovery plans. Recovery plans now included all risks and needs as identified in risk assessments and assessments.

At the last inspection in January 2019, we also told the provider that they should ensure that all staff appraisals are completed in a timely manner. Appraisals had now been completed for all staff and were up to date.

Good

Community-based substance misuse services

We did not find any breaches in regulation in relation to the effective domain. Since that inspection, we have received no information that would cause us to re-inspect this key question.

Are community-based substance misuse services caring?

Good

At the last inspection in January 2019, we did not find any breaches in regulation in relation to the caring domain. Since that inspection, we have received no information that would cause us to re-inspect this key question.

Are community-based substance misuse services responsive to people's needs? (for example, to feedback?)

Good

At the last inspection in January 2019, we did not find any breaches in regulation in relation to the responsive domain. Since that inspection, we have received no information that would cause us to re-inspect this key question.

Are community-based substance misuse services well-led?

Good

Leadership

Leaders had the integrity, skills and abilities to run the service. They understood the issues, priorities and challenges the service faced and managed them. They were visible in the service and supported staff to develop their skills and take on more senior roles.

Managers provided clinical leadership to staff. The management structure allowed leaders to be effective in their roles. Leaders were assigned specific roles and understood the service. They could explain clearly how the teams were working to provide care and treatment.

Managers had the skills, knowledge and experience to perform their roles. Managers were encouraged to attend leadership training. Leaders were supported to develop new roles and skills.

The service had a clear definition of recovery and this was shared and understood by all staff. Staff were passionate about recovery and supporting clients to meet their full potential. There was a clear recovery pathway. Managers were visible in the service and approachable for clients and staff. Staff reported that managers were always available and welcomed offering advice and support. Staff and managers were observed to be approachable towards clients. Clients appeared to discuss matters comfortably with staff of all grades.

Vision and strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. They were aligned to local plans and the wider health economy. Managers made sure staff understood and knew how to apply them.

The service's values were:

- person centred
- accessible
- sustainable
- accountable.

The service's vision was:

"With passion and excellence, Delphi makes a difference to people's lives by providing innovative and specialist addiction services that lead the way from Dependence to Freedom."

The services vision and values were embedded into the service via the induction process and discussed during team meetings.

The service had five strategic objectives which fed into team objectives. Staff were reviewing the team objectives to ensure they were relevant and consistent with the strategic objectives.

The service worked closely with other stakeholders to ensure the objectives were appropriate to meet the needs of the population.

Good

Community-based substance misuse services

Staff and clients had the opportunity to contribute to discussions about the strategy for the service. We saw evidence of clients being consulted regarding possible changes to the service. Staff were consulted about changes during internal meetings.

Culture

Staff felt respected, supported and valued. They felt the service promoted equality and diversity, and provided opportunities for career development. They could raise concerns without fear.

Staff described feeling respected, supported and valued. Staff described good working relationships with senior managers and with other partner agencies.

Staff success was recognised by staff annual awards and a Delphi day to celebrate staff success and revisit the services goals and values. Three staff members had been recognised for their achievements in motivating clients into employment routes.

The service had not had any bullying and harassment cases in the last 12 months. There was policy in place for staff to follow. A human resource team was available to oversee the bullying or harassment process.

All staff said they could raise concerns about abusive behaviour towards clients without fear of the consequences. Staff said they were confident managers would be supportive of any issues raised and deal with problems professionally.

Staff morale and job satisfaction were monitored via the annual staff survey and within supervision sessions. Staff said that processes were now clearer and that communication was effective.

Staff reported that the service promoted equality and diversity in its work. Equality and diversity training was mandatory and all staff had completed it. Staff had access to specific policies on equality, diversity and human rights.

Internal staff teams worked well together and where there were difficulties managers dealt with them appropriately. Managers described occasions where difficulties between staff members had been dealt with correctly and in line with the organisations policy. There was a human resource team available for advice and support.

Governance

Leaders ensured there were structures, processes and systems of accountability for the performance of the service. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

The service had governance policies, procedures and protocols that were regularly reviewed. All policies were up to date and included a review date.

There was a clear framework of what must be discussed at team and organisational level in team meetings to ensure that essential information, such as learning from incidents and complaints, was shared and discussed. Themes from incidents and complaints were discussed at manager and governance meetings. The service met with commissioners regularly to discuss results from key performance indicators.

Staff had implemented recommendations from reviews of deaths, incidents and complaints at the service level. A death review panel was embedded in conjunction with Commissioners, the local health trust and other stakeholders. Themes had been identified such as high levels of chronic disease and poor mental health. Recommendations were being implemented which included improving liaison with mental health services and increased access to specific health care such as screening for chronic obstructive pulmonary disease.

The service managers undertook several regular audits which included:

- safeguarding incidents
- nursing and midwifery council audit
- disclosure and barring service audit
- training audit
- environmental audit
- health and safety
- client records audit.

Staff participated in audits which included medicines, client record keeping and prescription audits. Staff acted on the results of record keeping audits and made amendments to records where necessary. Managers were assured that improvements to client records made and could demonstrate an improvement in the audit results.

The service regularly submitted notifications of client deaths to the Care Quality Commission. The service had previously not submitted safeguarding notifications to the

Care Quality Commission. During this focussed inspection we found that the service was now submitting these appropriately. The service submitted data to the national drug treatment monitoring system. The service collated data requested by commissioners. A data administrator had been appointed to support the collation of data. The service had previously not submitted referrals to the local authority safeguarding service. The service was now submitting notifications to local authority safeguarding teams. To improve the quality of safeguarding referral pathway, the service had reviewed and amended the safeguarding policy, created a new electronic incident reporting system that safeguarding incidents could be audited and ensured that all staff were up to date with safeguarding training.

The service made regular internal referrals to psychology, counselling, employment support and outreach departments.

Staff understood the arrangements for working with most other teams, both within the provider and external, to meet the needs of clients. The service worked with a wide range of external partners. The service had internal pathways and departments that staff knew well and utilised.

There was a whistle blowing policy in place. Staff described feeling confident to raise concerns and felt any concerns would be acted upon.

Management of risk, issues and performance

Leaders managed performance using systems to identify, understand, monitor, and reduce or eliminate risks. They ensured risks were dealt with at the appropriate level. Clinical staff contributed to decision-making on service changes to help avoid financial pressures compromising the quality of care.

There were quality assurance management and performance frameworks in place that were integrated within the services policies and procedures. The service had systems and processes in place to manage risk and understand performance. The service collated key performance indicators that were discussed within team meetings, manager meetings and management supervision. The service regularly undertook full reviews of the service to identify quality improvement initiatives.

The risk register was maintained by the clinical lead who had responsibility for clinical risk. Information within the risk register fed into senior leadership meetings, governance meetings and managers meetings. Outcomes from these meetings fed into team meetings. Staff were aware of the risk register and could escalate concerns.

Concerns on the risk register included:

- reputational damage due to client death
- failure to comply with regulators
- loss of contract
- serious incidents not being prevented.

Cost improvements had taken place and were effective. The service had previously overspent the annual budget and had found ways to make efficiency savings. The service had ensured these plans did not compromise client care.

Information management

The service collected reliable information and analysed it to understand performance and to enable staff to make decisions and improvements. The information systems were integrated and secure.

Staff had access to the equipment and information technology needed to do their work. The information technology infrastructure, including the telephone system, worked well and helped to improve the quality of care. The client electronic recording system had been improved to support staff and promote efficacy. Staff could easily locate client information and documents.

Managers had access to information to support them with their management role. This included information on the performance of the service, staffing and client care. There were a number of performance measures available to managers. Managers used this information to make improvements to the service where necessary. This included client outcomes.

All information needed to deliver care was stored securely and available to staff, in an accessible form, when they needed it. Staff had access to computers and laptops that were password protected. There were enough computers and laptops to allow staff to access information quickly when needed.

There were information-sharing processes for staff to follow. There was an information sharing agreement

included within client records. Clients signed an agreement to allow staff to contact third parties. This included confidentiality agreements in relation to the sharing of information and data.

There were joint-working arrangements with other services. This included a social housing association, sexual health provider and a domestic abuse support team.

Engagement

The service engaged well with clients, staff, equality groups, the public and local organisations to plan and manage appropriate services. It collaborated with partner organisations to help improve services for clients.

Staff, clients and carers had access to up-to-date information about the work of the provider and the services they used. Staff had access to the intranet and electronic policies. Clients and carers had access to leaflets, a website and social media. Managers met with clients and carers to discuss changes and seek opinions.

Clients and carers had opportunities to give feedback on the service they received in a manner that reflected their individual needs. Feedback was sought via comment cards, group feedback, the complaint process or an informal discussion. There were plans to introduce an electronic feedback system. It was hoped this would increase feedback and support easier analysis and information sharing. Senior managers were involved in the feedback processes.

Managers engaged with external stakeholders, such as the commissioners. There were regular meetings to discuss improvements and service developments.

Learning, continuous improvement and innovation

All staff were committed to continually improving services and had a good understanding of quality improvement methods. Leaders encouraged innovation and participation in research.

The organisation encouraged creativity and innovation to ensure up to date evidence based practice was implemented and imbedded. The family worker was delivering an accredited family support group meeting. Employment workers had been employed to deliver employment opportunities to clients at all stages of the recovery pathway. The service was involved in partnership working with other agencies to introduce a housing scheme for clients newly released from prison. It had been identified that clients often relapse during the early stages of abstinence. A staff role had been appointed to support clients in early abstinent stages.

A multidisciplinary approach was being used to prevent future deaths. The service was working with commissioners, the mental health trust and other organisations to promote the health and wellbeing of the most at-risk groups. The death review panel were identifying and targeting 20 people they had assessed as being most at risk of drug related death. This model was being introduced to children's services to highlight families most in need.

There were plans to adopt a new approach to better meet the needs of clients. The service was proposing a model of care that allowed clients to have access to primary care facilities, social care provision as well as substance misuse services all at the same location. The service was meeting to further discuss this proposal with commissioners in December 2019.

The service was contributing to the drug related death audit for the home office, an injecting survey for Public Health England, and a postgraduate academic degree study on the alcohol treatment pathway.

The service assessed quality and sustainability impact of changes including financial. The service was aware of increasing funding cuts to their own service and others. Managers were considering more effective ways of working to lessen the impact on quality and safety.

Outstanding practice and areas for improvement

Outstanding practice

The service endeavoured to deliver holistic care and treatment to all clients. The service was aware of the health and social care challenges of the client group. The service sought innovative ways to meet these needs. The service was aware of current best practice in relation to the prevention drug related deaths.

The service had embedded employment workers into the service. This project had supported 26 clients to gain employment between October 2018 and September 2019. For 23 of these clients, this was their first job. This project has been given funding to continue.

The service employed a fulltime psychologist who was able to assess and treat clients with psychological needs. The service identified that many clients were victims of adverse childhood experiences and needed individual therapy to address those needs. The psychologist was able to adjust their practice and approach to be flexible to meet client needs.