

Requires improvement 

# Camden and Islington NHS Foundation 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)
TAF01	St Pancras Hospital	North Camden Drug Service	NW3 5BY
TAF01	St Pancras Hospital	South Camden Drug Service	NW1 2LS
TAF01	St Pancras Hospital	Islington Drug and Alcohol Specialist Service	N7 6LB
TAF01	St Pancras Hospital	Islington Specialist Alcohol Treatment Service	WC1X 8QS
TAF01	St Pancras Hospital	Integrated Camden Alcohol Service	NW1 7HE

This report describes our judgement of the quality of care provided within this core service by Camden and Islington NHS Foundation 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 Camden and Islington NHS Foundation Trust and these are brought together to inform our overall judgement of Camden and Islington NHS Foundation 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 substance misuse services as requires improvement because:

- Staff did not complete and update paperwork appropriately. Assessment, mental health, physical health and safeguarding documents contained blank pages. Staff did not routinely update risk assessments when a person's situation changed. Recovery plans did not outline goals that were holistic and addressed a variety of needs alongside drug and alcohol misuse.
- Managers had not addressed issues with the electronic record system in a timely way. Information about risk had not transferred from the previous system in full and this made information about a client difficult to navigate. The new system was implemented in September 2015 and the issues had not been resolved in full and there was no long term plan to address this.
- Staff did not see clients for appointments as outlined in recovery plans and did not review clients' medication regularly. Staff did not fully complete medication records and information was missing about client allergies

- Managers did not record specialised training completed by staff that supported them to work with this client group. Supervision records were poor quality. Managers did not record that staff were given the opportunity to discuss their individual development needs. Managers did not record training that staff had attended.

However:

- Medical professionals assessed physical health at the start of treatment and referred people for appropriate tests prior to starting medication. Medication was stored and managed well across all services and prescriptions were stored securely.
- Staff worked with clients in a positive and supportive way. They spoke to clients with respect and people told us that they felt safe using the service. People said they staff treated them as individuals.
- Staff dealt well with complaints and resolved them at a local level. Managers apologised to clients when things went wrong. Staff escalated complaints to the trust complaints team if clients were unhappy with the local outcome.

# Summary of findings

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

### Are services safe?

We rated safe as requires improvement because:

- Staffing levels at North Camden drug service meant that the recovery practitioner held the caseload of 184 clients.
- Staff did not always complete risk assessments in full. There were examples where information was missing and risk was not formally reviewed when a client's situation changed.
- Staff did not always record safeguarding information appropriately and clearly.
- Prescribers did not always document that they had seen clients for formal medication reviews regularly. We found one example where a doctor last saw a client in 2013.
- Staff did not always complete medication records in full including information about client allergies, pharmacy details and medical histories.

However:

- Staff were 94% compliant with mandatory training.

**Requires improvement**



### Are services effective?

We rated effective as requires improvement because:

- Staff did not complete assessments fully. Information was missing about physical health, mental health and safeguarding.
- Recovery plans were inconsistent across the services. In some cases, plans contained one goal and were not holistic. Staff formally reviewed plans once every 12 months and did not update plans when a person's situation changed.
- Staff recorded information about client care on an electronic system, which was difficult to navigate. There were gaps in records.
- Managers could not provide evidence that staff had received specialised training staff to work with people with substance misuse problems.
- Managers supervised staff regularly. However, records of supervision were poor and did not record that staff were using the time to reflect on their practise, develop their skills or raise any issues.

However:

- The trust employed psychologists to provide therapy to clients.
- Medical staff completed physical health examinations at the start of treatment and requested the necessary checks be completed prior to clients starting medication.

**Requires improvement**



# Summary of findings

- Staff completed treatment outcome profiles with clients at the start of treatment, at 12-week reviews and at discharge to monitor clients' progress.

## Are services caring?

We rated caring as good because:

- Staff worked with clients in a caring way. They listened to their needs and spoke to people in a polite and respectful way.
- Clients said they felt supported by staff and that they took the time to get to know them. They felt like an individual.
- Staff knew clients well and could discuss clients' individual needs.
- Clients knew they had a recovery plan in place and said they were involved in creating their goals.
- Clients could attend forums to feedback about things the service did well or things that needed to be improved.

However:

- Staff did not record that clients were offered a copy of their recovery plan. Staff wrote the recovery plans in a way that did not demonstrate that clients have set the goals.

**Good**



## Are services responsive to people's needs?

We rated responsive as good because:

- The services that were the first point of contact for clients offered open access drop in sessions so people did not have to wait for formal appointments to start treatment.
- Each service had clear criteria for clients that would be offered support. Staff understood the criteria of other services in the partnership and would sign post appropriately.
- All services completed engagement plans with clients that listed ways in which staff could support them to stay in treatment if they started to disengage.
- All sites provided suitable rooms for people to engage in treatment and the premises were welcoming and promoted recovery.
- Clients gave examples of how staff had adjusted treatment to respond to their individual need.
- Staff resolved complaints at a local level so few became formal complaints that were referred to the trust complaints team.

**Good**



## Are services well-led?

We rated well led as requires improvement because:

**Requires improvement**



# Summary of findings

- Managers did not record specialised training that staff had attended.
- Supervision records were poor quality and did not reflect that staff were able to use this time to discuss their personal development.
- Managers had not addressed the issues with the electronic case records in a timely way and there was no plan in place to resolve this.
- The service was not meeting all contractual targets, particularly discharging people from the service in a positive, planned way.

However:

- Staff reported good morale and said they felt supported by peers and managers.
- 94% of staff had received an appraisal in the last 12 months.

# Summary of findings

## Information about the service

Camden and Islington NHS Foundation Trust provide substance misuse services across Camden and Islington. As part of this comprehensive inspection we inspected the following locations:

### **North Camden Drug service**

North Camden drug service provides specialist support to adults with substance misuse problems in the north Camden area. This includes a comprehensive assessment and formulation of an individualised recovery plan. Interventions include one to one support, access to psychological interventions and access to prescribed medication that can support people to stop using illicit drugs.

The service is based in a local GP surgery and works with 184 people. The service supports male and female clients.

North Camden drug service is open Monday, Wednesday and Friday and operates an appointment system.



# Summary of findings

## **South Camden Drug Service :**

South Camden drug service provides specialist support to adults with substance misuse problems in the south Camden area. Staff will complete a comprehensive assessment with clients that require support and create an individualised recovery plan. Clients can access one to one support, psychological support and medication that can be used to help people stop using illicit drugs. People who need support to stop using stimulants and 'club drugs' can access support via the Grip Clinic.

The service is based at the Margarete centre and supports 704 people. The service provides support to male and female clients.

South Camden drug service is an open access service that means people are able to attend the service at any point they are open to seek support.

## **Islington Drug and Alcohol Specialist Service:**

Islington drug and alcohol specialist service provides specialist support to people with complex drug and alcohol problems in the Islington area. Staff complete a comprehensive assessment with clients and create an individual recovery plan. People can access mental health support alongside drug and alcohol support via medical and psychology staff. People who need support to stop using stimulants and 'club drugs' can access support via the Grip Clinic. Staff can assess people for residential substance misuse services if the need is identified. The service can provide one to one support and medication that can help people to stop using illicit drugs and reduce and stop alcohol misuse.

The service is based at Holloway road and supports 314 male and female clients. Clients must be referred to the service via the direct access drug service. Camden & Islington NHS Foundation Trust do not run the direct access drug service.

# Summary of findings

## **Islington Specialist Alcohol Treatment Service:**

Islington specialist alcohol treatment service provides specialist alcohol treatment to people in the Islington area. Staff complete comprehensive assessments and create individual recovery plans with clients. The service offered one to one support, access to psychological support and access to medication to support people to reduce and stop problematic alcohol misuse.

The service is based on Gray's Inn Road and supports 142 male and female clients. People are referred to the service via the Primary Care Alcohol and Drugs workers (PCADS) and via CASA. PCADS and CASA are managed by other social care organisations.

## **Integrated Camden Alcohol Service:**

Integrated Camden alcohol service offer support to people living in the Camden area who need help with alcohol addiction and dependency. Staff offer an initial comprehensive assessment and work with people to create an individual recovery plan. Clients are able to access one to one support, structured group work sessions and access to medication to support with detoxification from alcohol.

Staff offer an outreach service to support people to attend appointments and to keep people engaged with the service.

The service supports male and female clients. People can refer to the service through open access. This means staff are able to see anyone who attends during opening hours. The service is run in partnership with Crime Reduction Initiatives (CRI) and they are the lead provider for this service.

# Summary of findings

## Kingston Wellbeing Service (KWs):

KWs offer support to people living in the Kingston area who need help with alcohol addiction and dependency. Staff offer an initial comprehensive assessment and work with people to create an individual recovery plan. Clients

are able to access one to one support, structured group work sessions and access to medication to support with detoxification from alcohol and drugs. We did not visit this site during this comprehensive inspection.

Islington drug and alcohol service was last inspected in September 2012. No other services have been inspected.

## Our inspection team

Our inspection team was led by:

**Chair:** Prof. Heather Tierney-Moore Chief Executive of Lancashire Care NHS Foundation Trust.

**Team Leader:** Julie Meikle, head of hospital inspection, mental health hospitals, CQC.

**Inspection manager:** Margaret Henderson, inspection manager, mental health hospitals, CQC.

The team that inspected the substance misuse services consisted of two inspectors and a specialist professional advisor.

The team would like to thank all those who met and spoke to inspectors during the inspection and were open and balanced with the sharing of their experiences and their perceptions of the quality of care and treatment at the trust.

## Why we carried out this inspection

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

## How we carried out this inspection

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

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

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

During the inspection visit, the inspection team:

- Visited five substance misuse services; North Camden Drug Service, South Camden Drug Service, Islington Drug and Alcohol Specialist Service, Islington Specialist Alcohol Service and the Integrated Camden Alcohol Service.
- Spoke with 12 service users and one family members/carer.
- Interviewed three service managers.
- Spoke with 13 other staff members; including doctors, nurses, recovery workers and peer advocates.
- Attended and observed a service user group.
- Reviewed 34 care and treatment records in detail.
- Reviewed 10 staff supervision records.
- Carried out specific checks of the medication management across all sites.

# Summary of findings

- 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

People told us that they felt safe using the service. They said that they felt that staff knew them well and took the time to support them as an individual.

People said that staff spoke to them with respect. People said that staff helped them with other important issues alongside drug and alcohol, such as their physical health and mental health.

People told us that staff were always willing to help them. This included outside of regular appointment times if something happened that they needed support with.

## Good practice

Camden and Islington NHS Foundation Trust substance misuse services provide a specialist service for people addicted to 'club drugs' and stimulants. Clients accessed the service via the Grip Clinic in response to the

increasing use of these drugs in the local area. The service supports people to understand the effects of party drugs on the body and to understand the problems associated with misuse.

## Areas for improvement

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

- The trust must have systems in place to monitor individual practitioner caseloads.
- The trust must ensure that clinical staff complete and update risk assessments.
- The trust must ensure that staff record safeguarding information appropriately and clearly.
- The trust must ensure that clinical staff undertake medication reviews in line with guidance and complete medication records in full.

- The trust must ensure that staff complete all electronic records.
- The trust must ensure that staff's training records includes specialised training.
- The trust must ensure that managers complete supervision records fully.

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

- The trust should ensure that staff create holistic recovery plans and review these regularly.

# Camden and Islington NHS Foundation Trust

## Substance misuse services

### Detailed findings

#### Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
North Camden Drug Service	St Pancras Hospital
South Camden Drug Service	St Pancras Hospital
Islington Drug and Alcohol Specialist Service	St Pancras Hospital
Islington Specialist Alcohol Treatment Service	St Pancras Hospital
Integrated Camden Alcohol Service	St Pancras Hospital

#### Mental Health Act responsibilities

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

Camden and Islington substance misuse services did not work with clients that were subject to detention under the Mental Health Act.

#### Mental Capacity Act and Deprivation of Liberty Safeguards

60% of staff trained were trained in the Mental Capacity Act that included and Deprivation of Liberty Safeguards (DOLs).

Not all staff were able to describe the principles of the MCA. However, staff were able to give examples where a person's level of intoxication may affect their ability to consent to treatment. If this were the case staff would assess capacity to consent at a later date.

# 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

- Staff had access to personal alarms if required. Staff would use alarms if this was identified on clients' risk assessments.
- Staff regularly cleaned the premises and kept up to date records. All sites were visibly clean and tidy.
- Doctors were able to carry out physical health checks in clinical rooms that contained the necessary equipment. Equipment was well maintained and checked regularly to make sure it was working well.
- All sites displayed hand-washing information in staff and client toilets.

### Safe staffing

- The local commissioners were responsible for deciding staffing levels drug and alcohol services across Camden and Islington.
- The trust employed 77 members of staff to work in substance misuse services across Camden and Islington. This included managers, doctors, nurses and recovery practitioners.
- In the last 12 months, 12 staff left the services, which meant there was a 9% turnover of staff.
- Staff at Islington drug and alcohol specialist service had the highest level of sickness at 6.6% whilst staff at Kingston Wellbeing Service had the lowest level at 0.5%. Staff across all substance misuse services had an overall sickness rate of 2.7% from October 2014 to September 2015.
- Staff had different caseloads across the teams. North Camden drug service employed one recovery practitioner, which meant they took overall responsibility for a caseload of 184 clients. The manager of the North Camden drug service told us that they, along with the clinical pathways manager, supported the recovery practitioner to manage the caseload. The service also had weekly medical sessions from two

doctors, a care manager attending the team meeting every second week and a drop-in service run by a partner agency and peer mentors. The partner agency led on education, training and employment.

- South Camden drug service had one member of staff on maternity leave. Managers were not covering it because the services were due to start a new contract under a different model in April 2016. The remaining members of the team had taken on the caseload.
- The services were not using bank or agency staff at the time of the inspection.
- 92% of staff were compliant with mandatory training. This was above the trust target of 80%. The lowest compliance rate was for fire training at 80%.

### Assessing and managing risk to patients and staff

- Staff completed risk assessments with clients at the point of assessment. However, the quality of risk assessments varied across the substance misuse services. We looked at 34 records and 15 contained risk assessments that were comprehensive. 19 records lacked detail and it was not clear how clients were being supported to minimise risk. Staff reviewed risk formally every 12 months and told us that they would update risk if a client's situation changed. Records did not show that this happened as it should. There were examples that staff had not updated risk assessments for clients that were using illicit drugs.
- Staff had access to drug alerts that gave them information on any safety issues that were relevant to the local area. This included information about contaminated drugs. Staff displayed this information in services so clients were aware of safety risks if they were to use.
- 95% of staff completed training in safeguarding children and 99% of staff had completed training in safeguarding vulnerable adults. This exceeded the trust target of 80%. Staff told us how they were able to raise concerns within their teams and formally to local authorities.
- Staff managed medicines well across all locations. South Camden drug service and Islington drug and alcohol specialist service had the ability to dispense medication on site and employed full time pharmacists

# Are services safe?

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

to do this. Clients who were at the beginning of treatment would take medication on site so staff could check they were taking it correctly and there were no adverse side effects. Staff kept blank prescriptions securely in safes across all locations to reduce the likelihood of prescriptions going missing. All staff had individual packs of prescriptions that were signed out to them when they were preparing clients prescriptions so there was an audit trail to know which staff had which prescriptions.

## Track record on safety

- Between 1 October 2014 and 30 September 2015, the service reported 15 serious incidents requiring investigation. This included six unexpected deaths, three self-inflicted harm, two attempted suicide, one suicide, one suspected suicide and two were pending review.

## Reporting incidents and learning from when things go wrong

- Staff reported incidents using an electronic recording system. Managers of the service reviewed incidents and completed any necessary investigation.
- Staff described the type of events that would require reporting including aggressive and intimidating behaviour by clients to staff and medication errors.
- Managers fed back learning from incidents in team meetings.
- Managers gave staff the opportunity to have one to one debriefs following serious incidents. Psychology staff would also offer support if required.

# 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

- We reviewed 34 care records across substance misuse services.
  - Staff completed assessments with clients at the beginning of treatment. However, staff did not always complete the assessment in full. Seven records had information missing. This included information about physical health, mental health and safeguarding. For example missing safeguarding information should have been included when cross referenced with other records.
  - Staff completed recovery plans with clients at the start of treatment. The quality of recovery plans was inconsistent across the substance misuse services. Goals were not always time bound and did not address holistic needs such as relationships, employment and mental health. Records showed that recovery plans were not always updated when clients' situations changed.
  - The trust had implemented a new electronic record system in August 2015. Records from the previous system had not transferred in full and to the correct part of the system. This meant that information was not stored in the correct sections and was not always in the correct order. The records were difficult to navigate and it was not always clear when staff had updated and reviewed risk assessments and recovery plans.
  - The integrated Camden alcohol service was commissioned in partnership with another social care organisation and recorded all contact on that organisation's electronic record system. The records were easy to navigate and held all information about client care and treatment.
- Whilst their allocated key worker had seen the person, there was no evidence in the care records that showed medication and prescribing had been formally reviewed.
  - Drug testing was completed randomly for clients that had been in treatment for long periods and was more frequent for clients at the start of treatment. One record showed that a person had not been tested after failing to collect their medication and they were re started on a prescription. This does not follow best practise as a person's safety cannot be guaranteed if a service does not know what illicit drugs may have been used.
  - Psychologists delivered structured therapies to clients and were employed by the trust to support the substance misuse services.
  - Staff signposted clients to appropriate agencies that supported clients with housing, finances and employment.
  - Prescribers completed physical health assessments with clients prior to starting any medication. Staff requested medical summaries from GPs to ensure that any prescribed medication would not react with any existing medication. Doctors also requested appropriate tests prior to starting medication such as liver function tests. Staff referred clients receiving over 100 millilitres of methadone for an electrocardiogram so they could check there were no adverse effects on the electrical activity of the heart. However, staff did not follow up the results in a timely way.
  - Staff offered blood borne virus (BBV) screening and vaccinations to clients receiving treatment. However, staff did not always complete the BBV assessment at the beginning of treatment. Therefore, it was not clear if all clients suitable were offered this service.
  - Staff used treatment outcome profiles with clients at review appointments to measure substance misuse, social needs, physical health, mental wellbeing and overall quality of life. Staff completed this at the start of treatment, reviews and at discharge.
  - Staff did not complete regular clinical audits.

### Best practice in treatment and care

- Doctors prescribed medication in line with best practise guidance from (2007). The services employed non-medical prescribers who also followed this guidance when prescribing medication. However, we found examples when staff had not seen clients for a formal review of medication for significant periods. One example showed that a doctor last saw a client in 2011.



# 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.

## Skilled staff to deliver care

- Clients using the service had access to staff with a range of skills and experience. The service included doctors, nurses, non-medical prescribers and recovery practitioners.
- Managers did not record specialist training that staff received to work with the client group. Staff told us that they accessed training through attendance at professional development sessions and we were shown the content of these sessions. However, it was not possible to confirm which staff had received this and which had not.
- Managers inducted new staff in a planned way. This included completion of mandatory training and shadowing existing staff to learn about the service and their role.
- Managers across all services supervised staff regularly and in line with trust policy. However, supervision records were poor across services and did not reflect contents of supervision sessions. Agendas were not standardised and there was no record to show there was allocated time for staff to discuss personal development.
- 94% of staff had received an appraisal of their work performance in the last 12 months.
- No staff were subject to supervised practise or suspended from work in the last 12 months. The managers of the service monitored staff performance and there was a robust sickness management process in place to monitor staff absence.

## Multi-disciplinary and inter-agency team work

- Managers held monthly team meetings across all services.
- The service had good links with external agencies and case notes showed inter-agency working with social services and mental health teams.
- Staff worked collaboratively with inpatient mental health services to support inpatient staff with knowledge and treatment plans for clients that had been detained under the MHA and had substance misuse problems.

## Adherence to the Mental Health Act and the Mental Health Act Code of Practice

- Staff working in substance misuse services did not work with people detained under the Mental Health Act (MHA).
- The trust runs a mental health law training programme. However, managers did not consider this mandatory therefore, compliance rates were not available.

## Good practice in applying the Mental Capacity Act

- 60% of staff completed training in the Mental Capacity Act (MCA). This training also included Deprivation of Liberty Safeguards (DOLs).
- Not all staff were able to describe the principles of the MCA. However, records showed examples of consent to treatment being reviewed when a person presented intoxicated.
- Staff recorded consent to share information on clients care records but this was not regularly reviewed with clients.

# Are services caring?

Good 

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

## Our findings

### Kindness, dignity, respect and support

- Staff interacted with clients in a positive and supportive way. They showed an awareness of individual treatment needs and client preferences. Staff spoke to clients with respect and provided practical and emotional support to people using the service.
- Clients told us staff supported them and treated them as an individual. They felt staff listened to what they wanted and made their goals seem achievable.
- Clients told us that staff were clear in explaining confidentiality to them and they felt confident that their care was discussed only when they gave permission.

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

- Clients told us that they knew the contents of their recovery plan and staff helped them to work towards their goals.

- Staff did not always get a signature from clients on recovery plans to show that they agreed to the goals identified or record if people had a copy on case notes. Language on recovery plans did not reflect that plans were completed with clients.
- Families and carers were involved with a person's treatment if the person gave consent for this to happen.
- The service displayed information for clients about an independent advocacy service if people required extra support.
- Staff carried out a survey with clients in January 2015 which involved 313 people who used the services across Camden and Islington. Staff and service user representatives used the feedback from the survey to create an action plan to address the issues raised.

# 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

- The waiting time from referral to a person being offered an appointment was less than one week across substance misuse services. The waiting time from an assessment to a person starting treatment was less than one week. However, at the integrated Camden alcohol service data was not captured correctly, which affected the waiting time. Referral, assessments and treatment start were all recorded as the same date and this did not accurately clients treatment. We found one example of a person being discharged from prescribing successfully when they did not receive any medication. Data reporting issues were raised to the manager of the service.
- South Camden drug service and integrated Camden alcohol service staff offered open access appointments so clients could be seen quickly in a crisis or as an emergency. The other services responded flexibly to emergencies and prioritised assessment based on risk.
- The services accepted referrals from a wide range of sources, including self-referrals, referrals from families and referrals from professionals.
- Staff worked from the main centres in each location and would see clients at home if required. Integrated Camden alcohol service staff were assertive outreach workers so would actively engage clients to attend appointments by attending with them and offering increased support.
- Managers had clear specifications about clients who could access the service and this was described in individual service specifications. If a person did not meet the criteria staff referred them to an appropriate agency for support.
- Opening times were set within the service specifications and provided a variety of times to clients, including later appointments for clients who were in employment.
- Staff discussed discharge with clients at the start of treatment and recorded ways in which it was best to re-engage with them. This included phoning and texting clients to encourage them to come back into the service. Staff attempted to make contact with people who failed to attend for appointments.

- North Camden drug service, South Camden drug service, Islington specialist alcohol treatment service and Islington drug and alcohol specialist service staff discharged 133 clients in the last six months. 27% were discharged as drug free and 8% were discharged as an occasional user (this means not using heroin or crack cocaine but using other drugs). Overall 35% of clients left the services in a positive planned way.

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

- All locations had a wide variety of rooms available, including group rooms, interview rooms and clinical rooms. South Camden drug service and Islington drug and alcohol specialist service had on site dispensaries. All premises were clean, well-decorated and displayed positive information about recovery.
- Staff had one to one appointments in rooms that were adequately sound proofed and protected people's confidentiality.
- Staff displayed appropriate information throughout the premises, including other agencies which could help clients, harm minimisation and safety information for people who may still be using drugs or alcohol.
- Each service displayed information on how to make a formal complaint.

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

- All services were equipped to see clients who may have physical impairments. This included the use of lifts and therapy room situated on ground floors.
- Leaflets were present in English but staff told us they were able to access them in other languages if needed.
- Staff were able to access interpreters if required.

### Listening to and learning from concerns and complaints

- Between November 2014 and November 2015, the services received three complaints. Managers partially upheld one after investigation. Managers explained that these figures represented complaints that were escalated to the trust complaints team and did not reflect the issues that were resolved at service level. Evidence showed managers addressing complaints

# Are services responsive to people's needs?

Good 

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

effectively at this level which prevented the client needing to raise it formally. Managers did not formally record service level complaints. For the same time no compliments were received for the substance misuse service.

- People told us they felt confident making complaints to staff and that they would be listened to.

- Staff described the complaints process and the steps that would be taken to address client concerns.
- Managers fed back learning from complaints in monthly team meetings and also made staff aware of compliments that had been received.

# 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

- Not all staff could describe the visions and values of the trust. All staff could describe the recovery agenda and their roles within their teams in supporting clients to address their substance misuse.
- Staff gave varied responses about the visibility of more senior managers. Staff found it difficult to recall when senior managers had visited the services.

### Good governance

- 92% of staff had completed mandatory training. The trust target was 80%.
- All staff received supervision and 94% of staff had completed a yearly appraisal. Records for supervision did not show that sessions were structured and allowed staff time to discuss personal development.
- The trust provided details for all of the audits they undertook. However, there were no audits received which were specific to substance misuse.
- Managers had not addressed the issues raised following the implementation of a new electronic case record system. Staff and managers told us of several issues with client records but there was no plan in place to address these issues formally.
- Managers did not record substance misuse specific training, which would evidence that staff were suitable trained to work with this client group.
- The provider used balance scorecards to monitor the performance of the team. The scorecards were presented in an accessible format.
- The service was underperforming in key areas based on the national drug treatment monitoring system (NDTMS)

data. This included planned treatment exits for clients with opiate addiction and the number of clients who stayed in treatment for over 12 weeks was not being met consistently across the service. The service was meeting targets for clients having a care plan in place and screening clients for hepatitis c. Other targets for alcohol & non-opiate service users and for the number of adults retained in effective treatment were being met.

### Leadership, morale and staff engagement

- The service did not have any active bullying or harassment cases.
- Staff described the whistleblowing process, and described being able to report concerns about patient safety to the care quality commission.
- Staff and managers were positive about the team morale and spoke with passion about working with the client group.
- Staff across all substance misuse services had an overall sickness rate of 2.7% from October 2014 to September 2015.
- Staff fed back to clients when they made a complaint, either formally or informally, and would apologise if the service had made an error.

### Commitment to quality improvement and innovation

- The services provided support to clients who were using 'party drugs' through the development of the Grip Clinic. This was formed following an identified need in the local area. The Grip Clinic which is a service which supports people to understand the psychological and physical effects of these drugs and helps people make decisions about safer use, reducing harm and making changes.

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

Diagnostic and screening procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The trust did not protect patients from the risks associated with unsafe or unsuitable premises by means of suitable design and layout.

There were significant safety issues at all of the health based places of safety and they did not meet the Royal College of Psychiatrist's guidance.

Risks included potential ligature points and limited ability to observe people who were detained under S136 of the MHA.

This was in breach of regulation 12 (1)(2)(a)(b)(d)

#### Regulated activity

Diagnostic and screening procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

We found there were no records of specialised training.

We found supervision records were poor and did not evidence staff were given the opportunity to discuss personal development.

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This was a breach of regulation 17(2)(d).