

Delphi Wellbeing Centre







Quality Report

72 Harrowside,
Blackpool,
Lancashire
FY4 1LR
Tel: 01253 405072
Website: www.delphimedical.co.uk

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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

We rated Delphi Wellbeing Centre as good because;

- The facilities and environment were spacious and clean. There were enough rooms to see clients. Staffing levels were sufficient to meet the needs of clients. All staff had received mandatory training. Staff received regular supervision and managers understood the service well and provided clinical and managerial leadership to staff.
- Vulnerable groups were targeted and offered specific support to meet their needs. This included clients who were homeless or pregnant. Chronic obstructive pulmonary disease screening was being planned at their service.
- There was a range of interventions to support recovery. There were interventions aimed at maintaining and improving clients' social networks, employment and educational opportunities. Family and community relationships were promoted. The service had a separate pathway for clients who had achieved abstinence. Support was specific to maintaining recovery.
- Staff demonstrated a compassionate approach to understanding clients' needs. Clients described feeling involved in their care and treatment decisions.
- The service was flexible to meet the needs of clients with caring or employment commitments. Referrals were accepted and encouraged from a wide range of organisations. The service was responsive to feedback from patients, staff and external agencies.
- Family and community relationships were promoted, and a family support practitioner delivered an accredited session and a family mediation pilot had just been implemented.
- The service was well led by the managers and who understood the service needs. The governance structures in place were effective and ensured accountability, transparency and responsiveness of the service.
- The service welcomed learning, continuous improvement and innovation. Staff were involved in a number of projects designed to enhance the service and improve client care and outcomes. A new structured family support group had been introduced.
- The service had implemented a joint dental day initiative with the British Dental Association which had been operating for several years. Staff had set up the initiative in response to clients often struggling to engage with dental services.

Summary of findings

Our judgements about each of the main services

Service

Rating

Summary of each main service

**Community-based
substance misuse
services**

Good



Please see the main body of the report

Summary of findings

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Good 

Delphi Wellbeing Centre

Services we looked at;

Substance misuse services.

Summary of this inspection

Background to Delphi Wellbeing Centre

Delphi Wellbeing Centre provides a community substance misuse service for part of the Blackpool area. The service is commissioned by the local authority and provides only part of a wider service pathway provided by Delphi medical consultants limited.

Delphi Wellbeing Centre provides support for adult clients who have stabilised their substance misuse and require psychosocial interventions to support their recovery. It provides clients with one to one keyworker sessions and monthly reviews to monitor the clients progress and treatment.

The wider pathway includes two other providers that clients can also access in addition to Delphi Wellbeing and provide:

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

The wider parent organisation fed into this service and contributed to the delivery of some group work if this was needed.

This service is registered by the Care Quality Commission to provide the following regulated activity: the treatment of disease, disorder or injury, under the inspection category of community substance misuse.

There are two registered managers in place.

The service operates every Thursday at this location and provides care and treatment to a small number (16) of clients in the South Shore area of Blackpool. There were no clients at the location when we inspected. Information around staff training, appraisals and incidents were reported on at the level of the combined services of which Delphi wellbeing was the smallest component.

The CQC previously inspected the service in November 2016 and they had a requirement notice issued for Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2014: Premises and equipment. The service had now met this requirement notice.

Our inspection team

The team that inspected the service comprised of two CQC inspectors.

Why we carried out this inspection

We inspected this service as part of our ongoing 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 the location, asked a range of other organisations for information.

During the inspection visit, the inspection team:

Summary of this inspection

- visited the location, looked at the quality of the environment;
- spoke with three clients who were using the service;
- spoke with the registered manager and integrated service manager;
- spoke with two other staff members; including a recovery worker and the safeguarding lead for the service;
- looked at five care and treatment records of clients;
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

Clients gave very positive feedback about the service and they expressed having good relationships with keyworkers. They described them as being approachable, easy to talk to and down to earth. Clients felt that support was always available, and this could be over the phone or in person. They said they had access to treatment that was prompt and without delay. If they needed to see their

keyworker more often, they told us this would be arranged by staff to meet their needs at that time. The clients were all aware of the group work being provided but had chosen not to access this at the current stage in their recovery. Clients felt having a recovery plan was helpful and that staff explained information and treatment options 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?

We rated safe as good because:

- The facilities and environment were spacious and clean. Clinic rooms were well equipped with the necessary equipment to carry out physical examinations.
- Staffing levels were sufficient to meet the needs of clients. All staff had received mandatory training.
- The service assessed and managed the risks to clients and their staff and completed and updated risk assessments and safeguarding information for clients on a regular basis.
- Staff had access to essential information they needed to inform them of the clients they worked with.
- Chronic obstructive pulmonary disease (COPD) screening clinics were being planned within the service.
- Staff followed and implemented best practice in relation to medicines management and had effective liaison with community pharmacist which was integral to the safe supervision of clients.

Good



Are services effective?

We rated effective as good because:

- Assessments, care plans and recovery plans were in place.
- There was a range of interventions to support recovery. This included employment support, psychological therapies and group work.
- The service recognised the value of accredited schemes, peer reviews and research projects.
- Staff provided treatments and care for clients based on national guidance and best practice. Staff supported clients with their physical health and encouraged them to live healthier lives.
- Staff received regular supervision and felt supported by senior staff members.
- Staff completed treatment outcome profile forms with clients. This was a form that collects information about clients' drug or

Good



Summary of this inspection

alcohol use and lifestyle and measures the progress a client makes in treatment. Staff also sent information to the National Drug Treatment Monitoring Service which collects information on substance use nationally.

- Multidisciplinary and interagency team work was fully embedded into the care and treatment and recovery pathway for clients.

Are services caring?

We rated caring as good because:

- Staff demonstrated a compassionate approach to understanding clients' needs.
- Clients described feeling involved in their care and treatment decisions. We spoke with three clients who used the service and they reported staff were positive polite, kind and helpful. They told us staff supported them to understand and manage their care and treatment and provided responsive, practical and emotional support as appropriate. They told us staff directed them to other services when appropriate and, if required, supported them to access those services.
- There were interventions aimed at maintaining and improving clients' social networks, employment and educational opportunities. Clients were encouraged to attend community resources if they wanted.
- The service provided support for families and carers. They provided access to a family mediation service. The service had also introduced a hepatitis C screening for family and friends to access at another location within the service provision.

Good



Are services responsive?

We rated responsive as good because:

- Access to the service were accepted and encouraged from a wide range of organisations. Clients were offered treatment to meet their needs and alternative treatment options were provided.
- The service was flexible to meet the needs of clients with caring or employment commitments. Evening appointments were offered, and Skype calls had been used with clients who were working away.
- The service had implemented a joint dental day initiative with the British Dental Association. The service had set up the initiative in response to clients often struggling to engage with dental services.

Good



Summary of this inspection

- Vulnerable groups in Blackpool were targeted for help and offered specific support to meet their needs. This included clients who were homeless or pregnant.
- There was a formal discharge pathway for clients who had achieved abstinence.
- The facilities were sufficient to promote recovery, comfort, dignity and confidentiality. There were enough rooms for staff to see clients in.
- Family and community relationships were promoted. A family practitioner in the service delivered group and individual family and carer interventions. Family mediation was being piloted within the service and this was accessible to the clients from Delphi Wellbeing Centre.

Are services well-led?

We rated well led as good because:

- Managers had the skills and knowledge to perform their roles and the service had a vision and strategy and value based ethos.
- The service was responsive to feedback from patients, staff and external agencies.
- Managers understood the service well and provided clinical leadership to staff. Managers were a visible presence and were approachable.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service reviewed incidents and analysed emerging themes. The service was working with other agencies to reduce the number of client deaths. Common themes had been identified and plans put in place to minimise risks.
- The service was responsive to feedback from patients, staff and external agencies.
- The service welcomed learning, continuous improvement and innovation. The service was involved in many projects designed to enhance the service and improve client care and outcomes.

Good



Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

There was a Mental Capacity Act policy which staff were aware of and could refer to if necessary.

Staff received Mental Capacity Act training. Staff throughout the service supported clients to make decisions about their care for themselves. Consent to care and treatment and sharing information was recorded for each client.

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

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

The premises were safe, clean well equipped, well furnished, well maintained and comfortable.

Health and safety checks of the building and environment were in place. Staff adhered to infection control principles, there was hand sanitiser available, and hand-washing posters displayed.

The staff had access to an alarm system. This was to ensure assistance could be called if needed. The building had accessible rooms to see clients in.

Arrangements were in place for the collection and disposal of clinical waste. A separate toilet area was available to enable urine screening and other tests to take place. A locked hatch into a screening room was in place to enable clients some privacy where testing for drug and alcohol testing was required.

There were first aid kits throughout the building and easy access to a defibrillator which was checked daily.

The service had identified fire wardens and had an up to date fire risk assessment. Portable appliance testing was routinely carried out to ensure that equipment was safe to use.

Safe staffing

The service was led by a clinical service manager (registered manager) and the head of clinical services. Both

managers had roles in the broader service. This service was delivered primarily by two recovery workers that attended the location weekly and a non-medical prescriber that attended the location monthly. All three worked the rest of their time at other parts of the organisation.

Clients had access to staff who could support the clients physical, social, and mental health needs.

Other staff from the organisation were available if needed. These included nurses, care coordinators, recovery practitioners, a support worker, a psychologist, counsellors a safeguarding lead and volunteers. Volunteers were encouraged and supported to develop their skills into peer support workers throughout the service provision.

The service had enough staff to meet the needs of the clients and agency staff were only used as last resort to manage unforeseen absences and or staff sickness if needed. Due to the small number of staff at this location, arrangements could be made within the organisation. This ensured some consistency in care for the clients involved.

There was a local procedure that ensured staff did not work alone whilst completing home visits, although clients were usually seen at the location. If home visits were required due to physical or mental ill health, these were conducted by the keyworker who was accompanied by another staff member or a non-medical prescriber.

There was a robust recruitment process for managers to follow. Staff and volunteers underwent disclosure and barring service checks.

Mandatory training

The service provided mandatory training in key skills to staff and managers who made sure everyone completed it.

Community-based substance misuse services

Staff had completed mandatory health and safety awareness training and staff had completed training in and understood their responsibilities in relation to the Mental Capacity Act 2005.

Mandatory training compliance for the last 12 months was 100%. This included both online training and face to face 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 clients and staff

Risk assessments were completed by other parts of the service pathway and these were updated as necessary when clients had been seen by the two keyworkers.

During this inspection, we examined five risk assessments and risk management plans. All risk assessments had been completed and were up to date. The risk management plans were detailed and contained personalised information. Staff had received training on how to complete risk management plans and good practice was embedded into the service. Risk assessments and managements plans were updated when required and where risks had changed.

Senior managers conducted weekly audits to assess risk management plans and discussed them with staff where improvement or good practice was highlighted. The electronic system they used flagged when documents including risk needed to be reviewed and updated on the system in relation to each client allocated to the staff member.

Clients were made aware of the risks of continued substance misuse and discussion of harm minimisation was an integral part of keyworker sessions.

Clients were issued with Naloxone where appropriate. Naloxone is a drug to counteract the effects of an opioid overdose.

Staff could respond promptly to clients whose risks had increased or who needed extra support. Clients told us 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.

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.

Safeguarding

Staff knew 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. Staff worked effectively within teams, across the services and with other agencies to promote safety including systems and practices in information sharing. Staff implemented statutory guidance around vulnerable adults and children safeguarding and all staff were aware of where and how to refer on as necessary.

Staff knew how to identify adults and children at risk of, or suffering, significant harm. This included working in partnership with other agencies. The service had a safeguarding lead in place. The five records we looked showed the clients had all received an assessment to establish if there were any safeguarding concerns.

The service had not submitted any notifications to the CQC in relation to safeguarding referrals and or concerns and none of the five records we looked at identified any safeguarding concerns.

Staff access to essential information

Staff kept detailed records of clients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care. Staff had easy access to clinical information and it was easy for them to maintain clinical records. These records were electronic and relevant staff had prompt and appropriate access to care records that were accurate and up to date

Medicines management

Clinical interventions were delivered by the wider service provision. Doctors and non-medical prescribers were employed by the wider organisation but attended Delphi Wellbeing centre monthly for client medication reviews.

Staff had access to effective policies, procedures and training related to medication and medicines management

Community-based substance misuse services

including: prescribing, detoxification, assessing people's tolerance to medication, and take-home medication e.g. Naloxone. These included a supervised consumption policy, withdrawal guidance and a prescribing guide.

There was no medication stored at Delphi Wellbeing centre apart from vaccines, adrenaline and Naloxone, a drug to counteract the effects of overdose. These were checked regularly to ensure they were in date and stored correctly.

Staff were aware of the need for safe storage of medication in client's homes and issued storage boxes and guidance if needed.

The 'supervision of medication policy' and the 'did not attend' policy provided a safety net for prescribed patients as this was managed and monitored by a named staff member. Liaison with community pharmacists was integral to safe supervision. Staff reviewed the effects of medication on patients' physical health checks regularly in line with the National Institute for Health and Care Excellence guidance.

Track record on safety

There had been no serious incidents reported from December 2017 and November 2018.

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.

The incident reporting system included a pathway for identifying and escalating complaints and incidents.

Staff were informed of the incident reporting system during their induction and the service ethos was to encourage the reporting of anything that the staff member believed to be untoward.

There was an incident reporting form that staff members completed, and they emailed the form to their corporate services team and copied in their line manager for information.

Recommendations from incidents and complaints were shared with the clients if appropriate, the staff member submitting the report and discussed at the monthly managers meetings. Any lessons learnt were cascaded to staff of and changes made if required.

The incident log was reviewed monthly at the operational managers meeting, integrated governance meeting and senior leadership team meeting.

Staff understood the duty of candour. They were open and transparent, and gave people using the service and families a full explanation if something went wrong.

Are community-based substance misuse services effective? (for example, treatment is effective)

Good 

Assessment of needs and planning of care

Staff assessed the social, physical and mental health of all clients who were referred to the service. They developed individual care plans and updated them when needed.

We examined five care records, all had comprehensive assessments that had been completed in a timely manner. Assessments were initially completed by staff within the wider service pathway, and then transferred to Delphi Wellbeing staff once assessments and risk assessments had been completed. Assessments included information relating to physical health checks.

Recovery plans were up to date, holistic, recovery orientated and personalised.

Risk management plans were in place. The service had a structured disengagement policy so that clients unexpectedly leaving the service would be followed up. Managers monitored compliance with this policy.

Best practice in treatment and care

Staff provided treatments and care for clients based on national guidance and best practice. Staff supported clients with their physical health and encouraged them to live healthier lives.

Staff provided a range of care and treatment interventions suitable for the client group. The interventions were those

Community-based substance misuse services

recommended by, and were delivered in line with, guidance from the National Institute for Health and Care Excellence. This included access to medication, support groups, psychological therapies, counselling and activities, within the wider service provision.

The service managers undertook regular audits and staff also participated in audits. Staff had acted on the results of a record keeping audit and made amendments to records where necessary.

Doctors and non-medical prescribers were available in other parts of the organisation to offer substitute prescribing and other medical treatments. As were a full-time psychologist to provide psychological therapies to clients who had suffered trauma or abuse. A range of activities were also available to support clients to develop interests such as short courses and art groups in the broader service. Employment workers were available to support clients using the Delphi Wellbeing service with career aspirations. Twenty-one clients throughout the service had succeeded in gaining employment in the last 12 months.

Within this service blood borne virus testing was routinely offered. Testing was offered during the assessment process and at reviews. Naloxone was also offered and issued to clients. This was a drug that blocks the effects of opioids in overdose.

Clients were supported to live healthier lives through a number of initiatives such as; providing free dental provision, support in pregnancy (a midwife attended the service to provide care to pregnant clients) The service supported access to the local Hepatitis C community clinic, and worked jointly with primary care services, adult and children's social care on a range of other initiatives to support well being.

Monitoring and comparing treatment outcomes

Staff completed treatment outcome profile forms with clients. This was a form that collected information about clients' drug or alcohol use and lifestyle and measured the progress a client made in treatment.

Recovery plans were regularly reviewed with clients. Reviews were signed by clients and there was evidence of client's views being recorded.

The service recognised the value of accredited schemes, peer reviews and research projects.

Staff also sent information to the National Drug Treatment Monitoring Service which collects information on substance use nationally.

The service was participating in a drug related death survey for the Home Office and an injection survey for Public Health England.

Skilled staff to deliver care

All staff completed a comprehensive induction. An induction template was used to ensure staff completed all tasks identified. Agency staff completed the same induction process.

Managers identified the learning needs of staff and provided them with opportunities to develop their skills and knowledge. This included specialist training such as family mediation training and chronic obstructive pulmonary disease screening training.

All staff received supervision every four to six weeks from appropriate professionals. Management supervision rates for the service in the last 12 months were 100%.

Annual staff appraisals for the two staff had been booked for April 2019.

Volunteers had been recruited and supported the running of the service. Volunteers were encouraged and supported to develop their skills into peer support workers throughout the service provision.

Multi-disciplinary and inter-agency team work

Staff from different disciplines within the wider service pathway worked together as a team to benefit clients. They supported each other to make sure clients had no gaps in their care.

Comprehensive assessments contained information gathered from workers across the pathway the client and GP. There were strong links with maternity services and adult social care. Staff liaised with other services such as the criminal justice service, mental health and children's services. The service had built links with mental health teams and the two keyworkers attended inpatient discharge meetings.

Community-based substance misuse services

Staff attended a variety of multi-disciplinary team meetings. These included rough sleeper meetings, resettlement meetings and detox meetings. Staff attended monthly staff meetings and flash meetings were held to discuss unplanned events within the service provision.

The service had effective shared care protocols in place for working with GPs, maternity services and pharmacies.

Recovery plans included information in relation to referring clients to other supporting services. The service regularly contacted children's services in relation to welfare concerns for client's children. The service referred clients to other third sector support services as needed.

The service provision had a specific pathway for clients who were ready for discharge. This 'freedom pathway' supported clients who were abstinent and no longer needed the care and treatment offered by the service. Clients were discharged from the service and transferred to the freedom team which was part of the service pathway. The freedom team support included access to further psychological treatments and provided volunteering, short courses and more opportunities to develop life skills and employment opportunities. Clients were also referred to other organisations' dependant on their needs.

Adherence to the MHA and the MHA Code of Practice

Staff had an understanding of the MHA and they had completed online training.

Good practice in applying the MCA

There was a Mental Capacity Act policy which staff were aware of and could refer to if necessary.

Staff received Mental Capacity Act training. Staff throughout the service supported clients to make decisions on their care for themselves. Consent to care and treatment and sharing information was recorded for each client.

Are community-based substance misuse services caring?

Good 

Kindness, privacy, dignity, respect, compassion and support

Staff treated clients with compassion and kindness. They respected clients' privacy and dignity and supported their individual needs.

We spoke with three clients who used the service and they reported staff were positive polite, kind and helpful. They told us staff supported them to understand and manage their care and treatment and provided responsive, practical and emotional support as appropriate. They told us staff directed them to other services when appropriate and if required, supported them to access those services.

The service had clear confidentiality policies in place that were understood and adhered to by staff. Staff maintained the confidentiality of information about clients.

The service had a record that confidentiality policies and sharing of information had been explained and understood by clients.

Involvement in care

Staff involved clients and those close to them in decisions about their care, treatment and changes to the service where this was appropriate.

Staff communicated with clients so that they understood their care and treatment. Staff used interpreters to communicate with clients whose first language was not English.

The service empowered and supported access to appropriate advocacy for clients who used services, their families and carers and information was displayed at the location.

Recovery plans and risk management plans demonstrated the person's preferences had been considered and showed that clients had been consulted with about them. Clients were involved and consulted with in the setting of relevant goals and in the regular reviewing of goals, progress and outcomes.

Staff engaged with clients using the service, their families and carers to develop responses that met their needs and ensured they had information needed to make informed decisions about their care. Staff actively engaged with clients using the service (and their families/carers if appropriate) in planning their care and treatment. There was a structured carers group that educated and supported families and carers. Other groups were available for clients to access to support their recovery.

Community-based substance misuse services

Information shared during groups and individual sessions ensured that clients, families and carers made informed decisions.

Clients were offered choices regarding treatment options. Clients described feeling fully involved in decisions regarding their care and treatment.

Staff enabled families and carers to give feedback on the service they received. Families and carers could give feedback via feedback forms that were available in the waiting area. The service had plans to implement electronic devices for feedback. Families and carers could also give verbal feedback to individual staff members. The service held client meetings to discuss any proposed changes to the service.

Staff provided carers with information about how to access a carer's assessment. Staff were aware of local carers organisations who had been commissioned to provide carers assessments.

The service provision provided a course called supporting families, for families and carers to access and a family mediation service had just been implemented. The service had also introduced a hepatitis C screening for family and friends at another location and clients and their families and friends from Delphi Wellbeing centre could access this.

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

Good 

Access and discharge

Clients could access the service closest to their home when they needed it, and this was delivered at more than one location within the wider service provision. Waiting times from referral to treatment and the discharge of clients were in line with good practice.

Referrals into the service were received from clients as a self-referral, client relatives, GPs, police, other health professionals and other external agencies including housing and social care services. All referrals were

processed by another pathway within the service. Clients were assessed promptly within two weeks of referral. Urgent referrals could be assessed within two days if needed.

The service had alternative care pathways and referral systems in place which was part of a wider commissioned pathway for clients whose needs could not be met by the service. This included referrals to mental health teams and social support organisations such as housing support.

Alternative treatment options were available for clients who had family or work commitments. This included evening prescribing services for clients in employment or with caring responsibilities. Clients were offered doctor and keyworker sessions outside of working hours. Substance misuse support was available for pregnant clients at the local hospital in partnership with midwives, obstetrics and anaesthetics. This meant that clients could see a variety of professionals within one setting. Professionals used a multidisciplinary approach to provide holistic care planning.

The service had processes in place for when clients arrived late or failed to attend their appointments which were fair and reasonable and did not place the client at risk. The service could see urgent referrals quickly throughout their service provision.

Discharge and transfers of care

Recovery and risk management plans reflected the diverse/complex needs of the client including clear care pathways to other supporting services e.g. maternity, social, housing or community mental health services.

There was a formal discharge pathway. When clients were abstinent from substances, clients were transferred to the freedom pathway.

Support was available in relation to psychological and social support. Clients were encouraged to become volunteers for other aspects of the service. The service had strong links with other third sector organisations for clients with complex needs. Staff referred clients for support during treatment and at point of discharge as needed. The service had employment support workers who were available to all clients at all stages of treatment and recovery. The aim was to embed occupational opportunities throughout the clients' journey.

Community-based substance misuse services

Clients attended graduations as a way of celebrating successful treatment and discharge from the service.

The service had recently worked on a joint initiative with a social housing organisation the aim was to prevent newly released clients from prison from returning to drug use and reoffending due to poor housing and a lack of support.

The facilities promote recovery, comfort, dignity and confidentiality

There were sufficient rooms to see clients to support care and treatment. All rooms and facilities allowed the privacy and dignity of clients to be respected.

There were lots of leaflets and information available in the open plan reception area. This included information on specific medications, local mutual aid groups, sexual health and smoking. Posters were also displayed such as physical health, first aid and the Samaritans. Leaflets could be requested in different languages if needed.

There was a ramp/slope leading up to the premises that provided disabled access and all the rooms available were accessible on the ground floor.

Clients' engagement with the wider community

Staff supported clients with activities outside the service, such as work, education and family relationships.

Staff encouraged clients to develop and maintain relationships with people that mattered to them, both within the services and the wider community. The service recognised the importance of stable family support to maintain client's recovery. The service provided a structured carer support group to help families and carers to better understand addiction and how to support their loved one.

The service encouraged clients to become involved in community activities to promote recovery and change. The service provided a range of short courses and signposted clients to other courses and activities.

Work opportunities were provided to clients on an individual basis. Clients could be referred to an employment worker who looked at career options for clients. Some clients had been successful in achieving jobs in retail and the health sector.

Meeting the needs of all people who use the service

The service was accessible to all who needed it and took account of clients' individual needs. Staff helped clients with communication, advocacy and cultural support.

Staff could access translation services where needed. Information leaflets and documentation could also be translated if required. Information leaflets were readily available and accessible for clients visiting the location.

The service identified vulnerable clients during their assessment and targeted support services appropriate to their needs. Outreach workers supported clients who were homeless, female staff delivered interventions specific to women's issues such as female criminality, domestic violence and sexual violence. The service linked with partner agencies who delivered health and wellbeing support to clients of the lesbian, gay, bisexual and transgender community.

The service did not have a waiting list. There was a duty system in place that allowed clients to be seen immediately should they present unexpectedly to the service. There was a prescriber on site each day at another location to provide emergency prescriptions if needed.

Clients said appointments were not cancelled by staff and ran on time. They also said that staff were flexible to meet their needs.

Listening to and learning from concerns and complaints

The service had not received any complaints from December 2017 to November 2018.

There was a complaints policy and process for all staff and managers to follow. This was available electronically and in paper. A paper copy was available in the waiting area for clients, families and carers to access.

Are community-based substance misuse services well-led?

Good 

Leadership

Managers provided clinical leadership to staff. The management structure within the service provision allowed leaders to be effective in their roles. Leaders were assigned specific roles and understood the service. They could

Community-based substance misuse services

explain clearly how the team was working to provide care and treatment. Leaders were aware of the challenges they faced as well as having solutions to improve their care and treatment to meet the holistic and varied needs of the population they provided the service to. They were completing research and reports to assess the pressures and outcomes of their service provision.

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 supportive and always available and welcomed offering advice and support.

Vision and strategy

The service provision had a vision for what it wanted to achieve, and Delphi Wellbeing centre was part of this. The service had workable plans to turn it into action developed with involvement from staff, clients, and key groups representing the local community.

The service's values were:

- person centred
- accessible
- sustainable
- accountable.

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

Staff and clients had the opportunity to contribute to discussions about the strategy for the service. Staff were consulted about changes during internal meetings.

Culture

Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

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

Staff demonstrated positive work attitudes and an enjoyable work environment. Staff felt their caseloads were manageable at the location as there were minimal clients and staff only attended this location once a week.

Staff success was recognised by an annual awards programme and a Delphi day to celebrate success and revisit the services goals and values.

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

Staff morale and job satisfaction were monitored via the annual staff survey and within supervision sessions. The last staff survey results for the whole service provision pathway reported that overall staff said their wellbeing was good and this was reflected in staff interviews. However, 76% of staff surveyed said they felt exhausted when they came home from 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.

Governance

The service used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.

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.

Staff had implemented recommendations from reviews of deaths, incidents and complaints at the service level. A

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review of deaths was underway in conjunction with commissioners and the local health trust. 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 many regular audits which included: nursing and midwifery council audit, disclosure and barring service audits, training audits, environmental audits, health and safety audits and monthly checks against Care Quality Commission compliance audits.

The service submitted data to the national drug treatment monitoring system. The service collated data requested by commissioners. A new data administrator had been appointed to support the collation of data. The service made regular internal referrals to psychology, counselling, employment support and outreach departments.

Staff understood the arrangements for working with other teams, both within the provider care pathway 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

The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.

There was a clear quality assurance management and performance frameworks in place that were integrated across all organisational 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 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.

The service monitored sickness and absence rates.

Where cost improvements were taking place, they did not compromise patient care.

Information management

The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.

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.

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 format, 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. The service had developed information-sharing processes and joint-working arrangements with other services where appropriate to do so.

Technology was being utilised to improve client care. New oral drug screening equipment had been purchased that gave instant results. Electronic devices were due to be

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purchased for the waiting rooms within their service. The purpose of the devices was to engage clients to give feedback and for the provider to share information about the service with clients. It was hoped this would increase client feedback and information sharing.

Engagement

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. However, we found one information leaflet that described the service overall from dependence to freedom and this contained information about the location Delphi Wellbeing (Harrowside) as providing detox which it does not provide anymore.

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. 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

The organisation and service pathway provision encouraged creativity and innovation to ensure up to date evidence based practice was implemented and imbedded. The family worker within part of the service was delivering a 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.

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 service is commencing chronic obstructive pulmonary disease (COPD) screening. They also provided a sexual health screening clinic at one of their locations providing cervical screening and contraception and hepatitis C screening for family and friends of clients using their service provision.

The service assessed the impact of change on quality and of care. The service was aware of increasing funding cuts to their own service and others. Managers were considering new ways of working to mitigate the impact on quality and safety.

The service had a staff award and recognition scheme in place for their staff.

Outstanding practice and areas for improvement