Humankindcharity

Primary Care Recovery Service (PCRS)

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, 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 to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

Our rating of this location stayed the same. We rated it as good because:

- The service provided safe care. The premises where clients were seen were safe and clean. The number of clients on the caseloads of individual members of staff had recently risen, but was not too high to prevent staff from giving each client the time they needed. Staff assessed and managed risk well. They followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They supported clients to set goals for their recovery and agree action plans to achieve these goals. Staff used formal assessment tools to ascertain the nature and severity of clients' drug use. They provided a range of treatments suitable to the needs of the clients and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The teams included or had access to the full range of specialists required to meet the needs of clients under their care. The service had introduced a competency framework to ensure staff were sufficiently skilled. Managers ensured that all staff received training, supervision and appraisal. Staff worked well together as a multidisciplinary team and with relevant services outside the organisation.
- Staff treated clients with compassion and kindness, and understood the individual needs of clients. They actively involved clients in decisions and care planning. The service recognised that support from families and friends was often an essential part of clients' recovery.
- The service was easy to access. The service provided an initial appointment for clients within ten days of referral. Staff planned and managed discharges well and had alternative pathways for people whose needs could not be met by the service.
- The service was well led, and the governance processes ensured that its procedures ran smoothly. Staff felt valued and supported. Staff met each week to review the governance and performance of the service, as well as to provide support to colleagues and discuss complex clients.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services	Good 	We rated this service as good. A summary is provided on page 1.

Summary of findings

Contents

Summary of this inspection

Background to Primary Care Recovery Service (PCRS)

The Primary Care Recovery Service is a community based substance misuse service providing care and treatment from a main hub and eight participating GP practices. The service provides a GP shared care scheme. This means clients substance misuse care and treatment is provided by both the Primary Care Recovery Service and the GP practice.

The service provides a medically assisted community alcohol detoxification programme, opiate substitution therapy, harm minimisation, group workshops and individual sessions. An aftercare service operates for those clients who are abstinent from alcohol and drugs.

The London Borough of Lewisham commissions the service. The service treats clients over 18 years of age who drink less than 300 units of alcohol per week, and who consume alcohol daily or binge drink, and can engage in treatment at one of the eight GP practice hubs. For clients with an opiate addiction, the service treats those people who have stable employment and/or education, do not inject opiates, and are able to engage in treatment at one of the eight GP practice hubs.

Clients that do not meet the service treatment criteria are referred to another substance misuse service in the borough. Clients receiving opiate substitution therapy or medically monitored community alcohol detoxification attend clinics at any of the eight GP practices.

The service is registered with the Care Quality Commission to provide the following regulated activity:

- treatment of disease, disorder or injury

The Care Quality Commission had previously inspected this service in January 2019. At that inspection we rated the service as good.

What people who use the service say

Clients said that staff treated them well. They said they could access the service quickly and found the appointments very helpful. They said that staff had helped them to understand the different types of care, support and treatment that the service provided. One client said the appointment reminders that staff sent by text message were very helpful.

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.

Summary of this inspection

During the inspection visit, the inspection team:

- Visited the premises and looked at the quality of the environment. This included an inspection of the clinic room
- Interviewed the team leader and service manager
- Interviewed seven other members of staff
- Met with two clients
- We observed two meetings with clients (one face-to-face and other by telephone)
- Reviewed nine client records
- Reviewed documents relating to the running of the service.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Substance misuse services	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Good

Substance misuse services

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

Are Substance misuse services safe?

Good

Our rating of safe stayed the same. We rated it as good.

Safe and clean environment

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

Staff completed and regularly updated thorough risk assessments of all areas and removed or reduced any risks they identified. The premises were set out over two floors. The offices were in the basement. The consulting rooms were on the ground floor. Staff had completed assessments of any risk associated with the premises.

All interview rooms had alarms and staff available to respond.

The clinic room had the necessary equipment for clients to have thorough physical examinations. The clinic room contained a blood pressure machine, a breathalyser, a pulse oximeter, weighing scales and a defibrillator.

All areas were clean, well maintained, well-furnished and fit for purpose. All areas of the premises were clean, well maintain and uncluttered.

Staff made sure cleaning records were up-to-date and the premises were clean. The staff completed cleaning records for the clinic room. These records were up-to-date. Biohazard cleaning equipment was stored in the clinic room.

Staff followed infection control guidelines, including handwashing. Guidance on handwashing was displayed in all the toilets. The service had installed disinfecting gel dispensers throughout the building.

Staff made sure equipment was well maintained, clean and in working order. All equipment was clean and had been calibrated. Staff monitored and recorded the temperature of the clinic room and the fridge used for storing medicine. The needle and syringe provision was prepared well.

Good

Substance misuse services

Safe staffing

The service had enough staff, who knew the clients and received basic training to keep them safe from avoidable harm. The number of clients on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each client the time they needed.

Nursing staff

The service had enough nursing and support staff to keep clients safe. The service employed six recovery workers and three aftercare practitioners. The service employed two registered nurses who were both non-medical prescribers. The service also employed a team leader, a service manager and an administrator.

The service had low vacancy rates. The service had one vacancy. This was for a trainee recovery worker.

The service had low use of agency staff. One aftercare practitioner at the service was employed by an agency. They had been placed with the service on an initial contract for eight weeks. This contract would be renewed if necessary.

Managers made arrangements to cover staff sickness and absence. In the first instance, staff provided cover for colleagues who were absent. Managers frequently provided additional support during these times. Managers arranged for agency staff to cover prolonged periods of absence.

Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift. Agency staff received a local induction to the service covering an introduction to the premises, fire safety, a review of policies and operating procedures and opportunities to work alongside established members of staff.

The service had low turnover rates. Between May 2021 and May 2022, two members of staff had left the service. This gave an overall turnover of 14% for the year.

Sickness levels were low. The overall sickness rate for the service in 2021/22 was 4%.

Managers used a recognised tool to calculate safe staffing levels. The service had agreed the levels of staff in collaboration with commissioners, based on the service specification.

Medical staff

The service did not employ medical staff. However, the service provided shared care alongside general practitioners who provided medical treatment.

Mandatory training

Staff had completed and kept up-to-date with their mandatory training. The service provided a programme of eight courses that all staff were required to complete. All staff had completed six of these courses. The service had recently introduced courses on personal safety and protection of computer systems. Not all staff had completed these courses. Therefore, the overall rate of compliance was 90%.

The mandatory training programme was comprehensive and met the needs of clients and staff. The programme included courses on information governance, health and safety, infection prevention and control and safeguarding.

Managers monitored mandatory training and alerted staff when they needed to update their training. Managers kept a record of all staff mandatory compliance and were aware of when staff needed to update their training.

Good

Substance misuse services

Assessing and managing risk to clients and staff

Staff assessed and managed risks to clients and themselves well. They responded promptly to sudden deterioration in clients' physical and mental health. Staff made clients aware of harm minimisation and the risks of continued substance misuse. Safety planning was an integral part of recovery plans.

Assessment of client risk

Staff completed risk assessments for each client on arrival, using a recognised tool, and reviewed this regularly, including after any incident. Staff we spoke with understood how to assess and manage risk, the importance of sharing information and liaising with other agencies. Staff completed a risk assessment of all clients at the initial appointment. Risks could include aggression to staff or members of the public, risk of relapse, self-harm, neglect or risks associated with mental illness. Staff records of appointments with clients included details of any changes to risks. For example, one record showed there had been a discussion about changes to the clients mood. Another record showed there had been a review of protective factors that reduced the client's risk of harmful behaviours.

Staff used a recognised risk assessment tool. Risk assessments were completed on a standard risk assessment template.

Staff could recognise when to develop and use crisis plans and advanced decisions according to client need. When clients were first offered an appointment, the service provided information on harm minimisation and advised clients not to stop drinking straight away due to the risk involved. The service also provided details of other services that could provide support in a crisis, such as the emergency department at the local hospital and the mental health crisis support line.

Management of client risk

Staff responded promptly to any sudden deterioration in a client's health. If staff identified risks of relapse they would increase the frequency of appointments and attendance at groups. If the clients required enhanced support from mental health services or more specialist substance misuse services, staff would refer them accordingly.

Staff continually monitored clients on waiting lists for changes in their level of risk and responded when risk increased. Recovery workers contacted new clients within three days of referral to arrange the first appointment. If there was any indication of increased risk during this first contact, the recovery worker escalated their concerns. If the client felt their risk was increasing, they could contact the recovery worker. When clients presented a risk of overdose, the service provided naloxone kit.

Staff followed clear personal safety protocols, including for lone working. If staff were aware of risks, they would arrange for the client to be interviewed by two members of staff at the service's offices.

Safeguarding

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

Staff received training on how to recognise and report abuse, appropriate for their role. All staff had completed training on safeguarding. All staff said that if they had concerns about safeguarding, they would discuss the matter with their manager.

Staff could give examples of how to protect clients from harassment and discrimination, including those with protected characteristics under the Equality Act. For example, staff described a situation where they had made a referral to the local authority safeguarding team when they believe that a clients drug use was presenting a significant risk to their children.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. The service had a comprehensive policy on safeguarding. Between May 2021 and May 2022, the service had submitted four safeguarding referrals to the local authority safeguarding team. Staff gave examples of how they had involved the local authority, the police and other agencies when they raised safeguarding concerns. Records showed that staff had taken appropriate action to ensure clients' safety.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff demonstrated that they were familiar with the local arrangements for reporting concerns to the local authority.

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.

Client notes were comprehensive and all staff could access them easily. All records were clear and up to date. Records highlighted specific concerns and provided details of the progress that clients had made in their recovery. However, the service did not have remote access to nurses prescribing records on the GPs' electronic client records. Nurses were required to copy their notes from the GP system to the record system used by the service.

Records were stored securely. All information relating to clients was stored on an electronic client record. Staff could only access the records by entering a personal username and password.

Medicines management

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

Staff followed systems and processes to prescribe and administer medicines safely. The service employed two registered nurses. Both nurses had completed the Nursing and Midwifery Council non-medical prescribing course. This meant they were able to prescribed certain types of medicine. Nurses prescribed medicines to clients as part of the medically assisted detoxification from alcohol. Nurses also prescribed medicines to reduce cravings for alcohol, medicine and vitamin B supplements. General practitioners (GPs) prescribed medicines as part of the opioid substitution treatment programme.

Staff reviewed each client's medicines regularly and provided advice to clients and carers about their medicines. Nurses met with clients before starting a detox programme to ensure that clients understood the nature of the programme and the effects of the medicine. Staff also gave advice on storing medicines.

Staff completed medicines records accurately and kept them up-to-date. Nurses completed medicine records on the electronic client record at the GP practice. Staff could only access these records at the GP's premises. Therefore, nurses copied the details of what medicines they had prescribed onto the electronic client record used by the service.

Staff stored and managed all medicines and prescribing documents safely. The clinic room was clean, well-maintained and very well organised. The only medicine kept onsite was an antedote for opiate overdose. Nurses prescribed medicines on prescription pads held at the GP practices.

Staff reviewed the effects of each client's medicines on their physical health according to National Institute of Health and Care (NICE) guidance. During the first four days of an alcohol detox, a nurse met with the client each day to review the effects of the medicine. This included recording the client's pulse, respiration, blood pressure and oxygen saturation. Nurses also asked about client's well-being and completed a brief assessment of the client's mental state. The nurse adjusted the dose of medicine if the client was continuing to experience severe withdrawal symptoms or was over-sedated.

Track record on safety

The service had a good track record on safety.

Between May 2021 and May 2022, the service had recorded 15 incidents. This included the deaths of five clients, three incidents classified as clinical, three classified as governance and three relating to information governance. Other incidents were classified as a near miss, challenging behaviour, crisis management and prescribing. The service had recorded incidents for five people who had died whilst they were clients of the service, although these deaths were not necessarily related to treatment or indicative of poor care.

Reporting incidents and learning from when things go wrong

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

Staff knew what incidents to report and how to report them. Staff recorded incidents on an electronic incident record.

Staff raised concerns and reported incidents and near misses in line with the service's policy. Staff had reported 15 incidents in the previous year. Staff said they were familiar with the system for recording incidents.

The service had no never events.

Staff understood the duty of candour. They were open and transparent and gave clients and families a full explanation if and when things went wrong. For example, when an information governance incident occurred, the staff told the client that this had happened and apologised.

Managers debriefed and supported staff after any serious incident.

Managers investigated incidents thoroughly. For example, we reviewed the record of an incident involving letters for a client being sent to the wrong address. As part of the investigation, managers interviewed the staff involved. They reviewed these letters to assess whether they contained confidential information. Managers sought advice from the organisation's information governance team. The managers also assessed whether the incident needed to be reported to the information commissioner's office and concluded that it did not.

Staff met to discuss the feedback and look at improvements to client care. For example, staff discussed the incident involving letters being sent to the wrong address. To reduce the risk of this happening again, they agreed a system of checking that each client's address on the record was the same as the address on the care plan.

Good

Substance misuse services

Are Substance misuse services effective?

Good

Our rating of effective stayed the same. We rated it as good.

Assessment of needs and planning of care

Staff completed comprehensive assessments with clients on accessing the service. They worked with clients to develop individual care plans and updated them as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.

Staff completed a comprehensive assessment of each client. This included details of the patterns of their substance misuse. Staff completed a structured assessment of each client at the triage interview. This covered the client's history, physical health, mental health, and details of any previous contact with substance misuse services. Once clients were accepted onto a tier three programme, staff completed a more comprehensive assessment covering a more detailed history, details of any contact with criminal justice organisations, and social circumstances.

Staff made sure that clients had a full physical health assessment and knew about any physical health problems. During the initial interview, staff recorded the client's medical history. Staff encouraged clients to speak with their GP if they needed treatment for their physical health.

Staff developed a comprehensive care plan for each client that met their mental and physical health needs. Staff worked collaboratively with clients to create a plan for their care. Care plans included details of the goals the client was seeking to achieve and action they would take to reach the goal. For example, one care plan included the goal of reducing the client's drinking. Actions to achieve this included keeping an alcohol diary, attending the 'preparing for change' group and having regular contact with their recovery worker.

Staff regularly reviewed and updated care plans when clients' needs changed. Staff regularly updated care plans during consultations with the client.

Care plans were personalised, holistic and recovery-orientated. For example, one care plan included details of how the client would avoid specific triggers that increase their risk of relapse and details of personal distraction techniques. The plan also included details of personal relationships and a comprehensive personal history.

Best practice in treatment and care

Staff provided a range of care and treatment interventions suitable for the client group and consistent with national guidance on best practice. They ensured that clients had good access to physical healthcare and supported clients to live healthier lives.

Staff provided a range of care and treatment suitable for the clients in the service. The service provided different levels of service depending on the needs of each client. For clients who were stable and not dependent, the service provided a tier two service. Tier two services involved brief advice and signposting to other local services. Staff provided brief interventions of two or three sessions to give advice on reducing drinking and making positive lifestyle changes. More complex clients could receive a more structured programme of treatment for up to a year. Treatment programmes

included support and monitoring of clients receiving opioid substitution treatment, medically assisted alcohol detox, ongoing key worker sessions and referrals to residential rehabilitation. The service facilitated support groups including a weekly alcohol support group, a women's group, a preparing for change group and a smart recovery group. The service also facilitated needle and syringe provision.

Staff delivered care in line with best practice and national guidance (from relevant bodies such as NICE). For example, the service used formal assessment tools to ascertain the nature and severity of alcohol misuse. The staff had a competency framework to ensure staff were sufficiently skilled to identify harmful drinking and alcohol dependence and staff agreed treatment goals with clients at the initial assessment.

Staff made sure clients had support for their physical health needs, either from their GP or community services. Practitioners held consultations with clients in GP surgeries and could support clients to meet with the doctor.

Staff supported clients to live healthier lives by supporting them to take part in programmes or giving advice. Staff provided clients with information and advice on harm minimisation. The service provided tests for blood borne viruses. Staff also created care plans for clients to address poor physical health. For example, one client had a care plan to improve their diet and address their recent weight loss. The actions for this care plan included a referral to a specialist dietician.

Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives. For example, staff used the alcohol use disorders identification tool (AUDIT) and the severity of alcohol dependency questionnaire (SADQ) to assess the extent and impact of clients' alcohol consumption.

Staff used technology to support clients. For example, staff encouraged clients to use online applications to support clients to reduce their drinking. The service provided a computer in the reception area to ensure that clients could access these applications.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. Managers conducted audits of clients' records every two weeks. This involved managers selecting a sample of records and checking whether entries were compliant with policies in risk management, recovery planning, record keeping and safeguarding. The service also completed audits of the premises and of health and safety. Humankind carried out internal inspections of the service to review compliance with standards and regulations. The service was also involved in benchmarking exercises that enabled staff to compare the performance of the service to national averages.

Skilled staff to deliver care

The teams included or had access to the full range of specialists required to meet the needs of clients under their care. Managers made sure that staff had the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

The service had access to a full range of specialists to meet the needs of each client. The service employed recovery workers, aftercare workers, registered nurses a team lead and a service manager. The service worked closely with general practitioners and other substance misuse services to ensure that clients' needs were met.

Good

Substance misuse services

Managers made sure staff had the right skills, qualifications and experience to meet the needs of the clients in their care. Staff at the service all had a background in substance misuse services. Some staff had a degree in psychology or had completed specialist training in counselling. The service also employed people with lived experience of substance misuse. The service monitored the skills of staff through its competency framework. This framework set out the behaviours and competencies expected at each grade.

Managers gave each new member of staff a full induction to the service before they started work. All new employees completed a corporate induction and a local induction. The corporate induction programme included an introduction to the organisation, a review of the staff handbook, e-learning packages and basic training on incidents and safeguarding. The local induction involved familiarisation with the building, attending triage and key working sessions, visits to partner organisations and working alongside experienced colleagues for the first two weeks.

Managers supported staff through regular, constructive appraisals of their work. Managers conducted a professional development review with each member of staff once a year. The reviews covered the employee's performance over the previous year, areas for development, objectives for the year ahead, training required and a self-assessment by the employee.

Managers supported staff through regular, constructive clinical supervision of their work. Managers provided staff with individual supervision every six weeks. Formal supervision sessions were recorded on a standard form. Supervision sessions included detailed discussions about casework. The service also arranged group supervision once a month. This was led by an external facilitator.

Managers made sure staff attended regular team meetings and gave information to those who could not attend. Staff held a team meeting three times a month. During these meetings, staff discussed clients with complex needs and supported each other to resolve any particular challenges that the clients presented.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. For example, staff were assigned specific responsibilities within the team, such as leading on domestic violence or hepatitis C testing. Managers encouraged staff to complete further training in these areas.

Managers made sure staff received any specialist training for their role. For example, the lead for working with lesbian, gay, bi-sexual and transgender clients had recently completed training on medicines to reduce the risk of clients being permanently infected by human immunodeficient viruses.

Managers recognised poor performance, could identify the reasons and dealt with these. The service set out the performance requirements for all staff in a behavioural competency framework. Managers monitored performance through supervision and audits of records. In the first instances, managers dealt with concerns about performance through conversations in supervision. If they needed to escalate the matter, they were supported by the human resources department.

Managers recruited, trained and supported volunteers to work with clients in the service. The organisation employed a volunteer co-ordinator who worked across the region. They had supported the service to facilitate volunteer placements to carry out promotional activity. The current volunteer helped with the delivery of the aftercare service.

Good

Substance misuse services

Multidisciplinary and interagency team work

Staff from different disciplines worked together as a team to benefit clients. They supported each other to make sure clients had no gaps in their care. The teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.

Staff held regular multidisciplinary meetings to discuss clients and improve their care. All staff said they had good relationships with their colleagues. The staff team met each week. At these meetings they discussed complex clients and worked together to address specific challenges.

Staff had effective working relationships with other teams in the organisation. Information about incidents and drug related deaths were shared through email bulletins as well as team meetings.

Staff had effective working relationships with external teams and organisations. Managers and staff said that communication with other substance misuse services in the borough was very good. Staff worked closely with other providers of substance misuse services within the borough to ensure that clients received the most appropriate service. Staff and managers held weekly meetings with these services. The service also worked closely with mental health and criminal justice services. The shared care model with GP practices meant the service had good links with primary care. Information could be accessed and shared effectively with GPs.

Good practice in applying the Mental Capacity Act

Staff supported clients to make decisions on their care for themselves. They understood the service's policy on the Mental Capacity Act 2015 and knew what to do if a client's capacity to make decisions about their care might be impaired.

Staff received and kept up-to-date with training in the Mental Capacity Act and had a good understanding of the five key principles.

Staff assessed and recorded capacity to consent clearly each time a client needed to make an important decision. If staff suspected that a client may lack the mental capacity to give consent to treatment, they completed a mental capacity assessment. The standard capacity assessment involved tests of the client's memory and simple numerical skills. If the assessment indicated that the client lacked capacity, the service would discuss the matter in a team meeting and with the clinical lead. The service had referred clients lacking capacity to mental health services and substance misuse services for clients with more complex needs.

Are Substance misuse services caring?

Good

Our rating of caring stayed the same. We rated it as good.

Kindness, privacy, dignity, respect, compassion and support

Staff treated clients with compassion and kindness. They understood the individual needs of clients and supported clients to understand and manage their care and treatment.

Staff were discreet, respectful, and responsive when caring for clients. Staff were observed to be encouraging, supportive and kind towards clients. For example, one staff member agreed to support a client to liaise with their GP to get a timely medicine review which meant they would not run out of medicines.

Staff gave clients help, emotional support and advice when they needed it. Staff asked clients about their mental health and emotional well being as a routine part of each interview. Staff understood the importance of trauma informed care. For example, staff described how previous trauma could have a significant impact on clients coping skills and well being. Staff referred clients to mental health services when appropriate.

Staff supported clients to understand and manage their own care, treatment or condition. For example, staff talked to clients about personal boundaries and safety.

Staff directed clients to other services and supported them to access those services if they needed help. For example, staff provided information to clients on other recovery groups such as alcoholics anonymous and narcotics anonymous.

Clients said staff treated them well and behaved kindly. One client said they felt they had been treated with dignity and respect. They said they had been referred by their GP and waited one week for an appointment. Staff had sent a reminder text ahead of the appointment to prompt the clients memory, which they had found helpful.

Staff understood and respected the individual needs of each client. Staff emphasised the importance of listening to clients and understanding what is going on in their lives.

Staff followed policy to keep client information confidential. All meetings with clients were held in rooms with good sound proofing. Records were stored securely. Staff only discussed clients in private offices.

Involvement in care

Staff involved clients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that clients had easy access to additional support.

Involvement of clients

Staff involved clients and gave them access to their care plans. The service planned care and treatment collaboratively to meet the individual needs of clients. The documentation of each contact included details of the client's views and feedback on their care and treatment. During interviews, we observed that clients were given time and space to state their views on their treatment and ask questions.

Staff made sure clients understood their care and treatment (and found ways to communicate with clients who had communication difficulties). Staff identified and addressed difficulties in communication at the triage interview.

Staff involved clients in decisions about the service, when appropriate. The service did not have any formal structures to involve clients in decisions about the service. However, the service had plans to appoint a user involvement lead within the aftercare team to introduce more co-production with clients.

Clients could give feedback on the service and their treatment and staff supported them to do this. The service had recently conducted a client survey. People from the borough-wide service user forum had attended team meetings and aftercare groups and gave feedback.

Good

Substance misuse services

Involvement of families and carers

Staff informed and involved families and carers appropriately. Some of the client records included details of family members. Staff explained that support from families and friends was often an essential part of clients' recovery. They routinely discussed family relationships and support networks when they met with clients.

Are Substance misuse services responsive?

Good

Our rating of responsive stayed the same. We rated it as good.

Access and waiting times

The service was easy to access. Staff planned and managed discharge well. The service had alternative care pathways and referral systems for people whose needs it could not meet.

The service had clear criteria to describe which clients they would offer services. The service provided shared care with GP practices, operating through a network of eight GP surgeries. Most client interventions were delivered in the community at GP surgeries. The service was commissioned to work collaboratively with other organisations within the borough to provide specific aspects of the overall substance misuse provision. The service worked with people over the age of 18. There were specific criteria for clients depending on the type of substance misuse. Overall, the service worked with clients with moderate levels of needs and risk. They referred more complex clients, such as clients with co-morbidities or clients drinking more that 300 units of alcohol per week, to a specialist service. The service held a referral pathway meeting with the other providers each week to ensure that clients were being seen by the most appropriate service.

The service met the service's target times for seeing clients from referral to assessment and assessment to treatment. The service received between 10 and 20 referrals each week. The team leader reviewed all referrals to the service and assigned referrals to recovery workers on the basis of the GP practice the client was registered with. Recovery workers were required to contact all new clients within three days of being assigned the referral. They were required to arrange an appointment within ten working days. Managers monitored compliance with these requirements through regular audits of client records. At the time of the inspection, there were five people on the waiting list.

Staff saw urgent referrals quickly and non-urgent referrals within the service's target time. If someone needed to be seen urgently, a member of staff would see them straight away.

Staff tried to contact people who did not attend appointments and offer support. If someone did not attend an appointment, staff would contact them to arrange an alternative appointment time.

Clients had some flexibility and choice in the appointment times available. For example, the service held some individual appointments and group sessions in the evening. The 'Preparation for Change' group was held online between 6pm and 7pm. The service could arrange to meet clients at their homes or at the local GP surgery, or hold appointments using video conferencing facilities.

Staff worked hard to avoid cancelling appointments and when they had to, they gave clients clear explanations and offered new appointments as soon as possible.

The service used systems to help them monitor waiting lists. Managers kept a record of all clients on the waiting list. Records showed how long they had been waiting and the recovery worker they had been assigned to.

Staff supported clients when they were referred, transferred between services, or needed physical health care. For example, the substance misuse services within the borough had clear criteria for which clients they worked with. Staff transferred clients with more complex needs to another substance misuse service. They discussed and monitored these transfers at weekly 'pathway' meetings with the other service. Staff also ensured there were smooth transitions within the service from the treatment team to the aftercare team. This transition included a meeting between the support worker, the aftercare worker and the client.

The service managed discharges well. Staff created discharge plans with clients. These plans included information about services that provided ongoing support. Discharge plans also included guidance on how clients could refer themselves back to the service if necessary.

The facilities promote comfort, dignity and privacy

The design, layout, and furnishings of treatment rooms supported clients' treatment, privacy and dignity.

The service had a full range of rooms and equipment to support treatment and care. The premises included three consultation rooms where clients could meet with recovery workers and aftercare workers. There was a clean, well maintained clinic room where staff carried out basic assessments of clients physical health. Staff also used the clinic room to store naloxone, water for injections and clinical equipment.

Interview rooms in the service had sound proofing to protect privacy and confidentiality.

Meeting the needs of all people who use the service

The service met the needs of all clients, including those with a protected characteristic or with communication support needs.

The service could support and make adjustments for people with disabilities, communication needs or other specific needs. For example, the service had a lead for lesbian, gay, bi-sexual and transgender (LGBT) clients. This member of staff had stong links with local groups supporting LGBT clients and could refer clients for specialist counselling and provide treatment to reduce the risk of clients being permanently infected by human immunodeficient viruses. Staff were planning to promote the service at a community event in July 2022.

Staff made sure clients could access information on treatment, local services, their rights and how to complain. The service provided a wealth of information for clients in the waiting area, including leaflets and cards that clients could take away. This included information about referral pathways, advice lines, Mental Capacity Act, safeguarding, domestic violence and local services provided by the NHS and local authority.

The service had information leaflets available in languages spoken by the clients and local community. The service translated information about the service into 19 different languages.

Managers made sure staff and clients could get hold of interpreters or signers when needed. The service identified the need for an interpreter or signer at the point of referral. The service had a designated interview room with a telephone that could be used to connect with interpreters.

Good

Substance misuse services

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.

Clients, relatives and carers knew how to complain or raise concerns. The organisation published information about making complaints and giving feedback on its website.

Staff understood the policy on complaints and knew how to handle them. Staff described the policy on complaints.

Managers investigated complaints and identified themes. The most recent complaints about the service were both in 2020. The complaints related to waiting times, the availability of the service, and a welfare check by the police. Managers had investigated and partly upheld both complaints.

Managers shared feedback from complaints with staff and learning was used to improve the service. Although complaints were rare, staff included feedback from complaints on the standing agenda for clinical governance meetings.

The service used compliments to learn, celebrate success and improve the quality of care. Between May 2021 and May 2022, the service had recorded 11 compliments. Three compliments were from partner organisations and nine were from service users.

Are Substance misuse services well-led?

Good

Our rating of well-led stayed the same. We rated it as good.

Leadership

Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for clients and staff.

The service manager was very experienced, having worked for the organisation for 20 years. They were actively involved in the day to day service delivery. The organisation identified future leaders through its competency framework and encouraged staff to apply for opportunities to move to more senior posts. The organisation's learning and development programme provided leadership training.

Vision and strategy

Staff knew and understood the service's vision and values and how they applied to the work of their team.

The organisation had a vision for people of all ages to be safe, building ambitions for the future and enable people to reach their full potential. The service implemented these values through its regional development plan.

Good

Substance misuse services

Culture

Staff felt respected, supported and valued. They reported that the service promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.

The service was delivered by a small team of experienced staff. Staff said they felt supported by colleagues, valued and that members of the team communicated well with each other.

Some staff said they had been supported to pursue opportunities for leadership development.

Staff said that if they had any concerns about the organisation or colleagues professional practice, they would raise these concerns with their manager or with the GP whose practice they were assigned to.

Governance

Our findings from the other key questions demonstrated that governance processes operated effectively at a service level and that performance and risk were managed well.

The service held a team meeting three times a month. Matters relating to the governance of the service were reviewed and discussed. Governance meetings followed a standard agenda covering performance, serious incidents, safeguarding, complaints, feedback from clients and matters relating to operational running of the service such as staff leave and absence. During the governance meeting in May 2022, staff also discussed the equality and diversity strategy, acupuncture training and planning for a community event.

The service manager was part of a morbidity and mortality review group, attended by managers from all the substance misuse services within the borough. This group reviewed all deaths relating to drugs and alcohol within the local areas. The service manager presented any learning and recommendations to their colleagues at team meetings.

The organisation had appointed a lead nurse for London. This nurse provided supervision for the non-medical prescribers.

Management of risk, issues and performance

Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

The service maintained a register of risk. The risk register contained details of each risk, a risk score, and details of steps being taken to mitigate the risk. For example, the service had identified risks relating to staff being unable to access details of the medication that GPs were prescribing to clients. The risk register included details of the steps the service was taking to address this risk through establishing an information governance process with the GP practice manager.

The service provided quarterly reports to it's commissioners providing clear data on its performance.

Information management

Staff collected analysed data about outcomes and performance.

The service was working with other substance misuse providers and the commissioner to improve their services. The working group had created an action plan for development of substance misuse services within the borough.

Good

Substance misuse services

Engagement

Managers engaged actively other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population. Managers from the service participated actively in the work of the local transforming care partnership.

The service worked closely with commissioners and other providers of substance misuse services in the borough. The services had collaborated to produce a joint action plan. This included a joint marketing strategy to increase the numbers of people accessing the services. The action plan also sought to identify groups that were under represented in the service and seek ways to raise awareness among these groups.

Learning, continuous improvement and innovation

The service was actively seeking opportunities to develop. For example, the service was applying for funding for additional projects to provide an aftercare service for non-abstinent clients and a specific service for clients involved in the criminal justice system.

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.