

Change, Grow, Live

# Barking and Dagenham Adult SMS Services

## Inspection report

St Lukes Service  
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Tel:

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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

The service provides specialist community treatment and support for adults affected by substance and alcohol misuse who live in Barking and Dagenham. This was our first comprehensive inspection of this service.

We rated it as good because:

- The service provided safe care. The premises where clients were seen were clean and well equipped. Staff responded promptly to sudden deterioration in clients' physical and mental health. Staff made clients aware of harm minimisation and the risks of continued substance and alcohol misuse. Staff followed good practice with respect to safeguarding.
- Staff developed recovery plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the clients and in line with national guidance on best practice.
- The teams included or had access to the range of specialists required to meet the needs of clients under their care. Managers ensured that these staff received training, supervision and appraisal. Staff worked well together as a multidisciplinary team and 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 recovery planning.
- The service was easy to access. Staff planned and managed discharge well and signposted people to alternative pathways when the service could not meet their needs.
- The service was well led, and the governance processes ensured that its procedures ran smoothly.

However:

- One of the fire exit routes was not fit for purpose and the fire risk assessment was not up to date.
- Staff did not consistently wear their personal alarms. There were no records kept on site demonstrating regular and consistent alarm testing.
- Notes and information from safeguarding meetings and clinical review meetings were not always added to clients' records.
- Temperatures of medicines storage areas were monitored by staff, but staff had followed the provider's protocol to safeguard the medicines when temperatures fell outside the recommended range.
- Not all clients' recovery plans included details of the recovery focused psychosocial activities and groups as part of their treatment and support and not all clients had not received a copy of their recovery plan.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services	Good 	

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# Summary of findings

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# Summary of this inspection

## Background to Barking and Dagenham Adult SMS Services

Barking and Dagenham Adult SMS (Substance Misuse Service) Services is part of the larger Change Grow Live provider who deliver a not-for-profit drug and alcohol treatment service nationally. The service provides specialist community treatment and recovery support for adults affected by substance and alcohol misuse who live in Barking and Dagenham. The service provides treatment and support from a main site at St Luke's Service on Dagenham Road and satellite sites at the Source on Ripple Road, Marks Gate community centre on Rose Lane, Thamesview Medical centre on Bastable Avenue, Dagenham Fire Station on Rainham Road and Dagenham Library on Church Elm Lane. At the time of the inspection the service was supporting and/or treating 528 clients.

Barking and Dagenham Adult SMS Service offer a range of services including initial advice; assessment and harm reduction services including needle exchange; prescribed medicines for alcohol and opiate detoxification and stabilisation; referral to inpatient detoxification treatment; naloxone dispensing; one-to-one key working sessions and consultant and nurse clinics which include health checks, blood borne virus and hepatitis C testing.

The service works in partnership across Barking and Dagenham with other agencies, including NHS services, social services, probation services, GPs and pharmacies.

The service is registered for the following regulated activity: Treatment of disease, disorder or injury. The service was registered on 30 April 2019. There was a registered manager at the service.

This was the first time we have comprehensively inspected Barking and Dagenham Adult SMS Services.

### What people who use the service say

People said staff were polite, understanding and respectful. They said staff provided help, emotional support and advice when they needed it and staff were responsive to their needs. Care was non-judgemental and met their individual needs. People described support staff who were highly motivated to help them through their recovery.

## How we carried out this inspection

This inspection was carried out by three inspectors, one of which specialised in the management of medicines. An expert by experience with expertise in substance misuse also attended. This inspection involved a three-day site visit.

During this inspection, the inspection team:

- visited the service and one of the service's satellite sites and observed the environment and how staff were caring for people that used the service
- spoke with the service's deputy manager
- spoke with 15 staff including the service's quality lead, the data lead, a consultant who specialised in substance and alcohol misuse, team leaders, recovery coordinators, a primary care network worker, and a social worker
- spoke with 2 staff from partner organisations who provided the service's space at satellite sites
- spoke with 7 people who used the service
- reviewed 10 clients' care and treatment records
- observed the service's daily briefing meeting

# Summary of this inspection

- reviewed prescribing and the medicines processes
- reviewed other documents concerning the operation 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>.

## Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a service **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

### **Action the service SHOULD take to improve:**

- The service should ensure that the environmental risk assessment covers all areas of the service and the actions related to fire risks are completed and reviewed.
- The service should ensure all client facing staff wear their personal alarms.
- The service should ensure staff keep records on site demonstrating regular and consistent alarm testing.
- The service should ensure clients' care and treatment records are updated with all relevant discussions and information from safeguarding meetings and clinical review meetings.
- The service should ensure that staff follow the provider's systems to safeguard medicines when the temperatures of medicines storage areas are outside the required range.
- The service should review their systems for the calibration and recording of blood glucose testing kits.
- The service should ensure clients' recovery plans include details of the recovery focused psychosocial activities and groups when this makes up of their treatment and support.
- The service should consider arrangements for ensuring all clients receive a copy of their recovery plan.






# 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

## Substance misuse services

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

### Are Substance misuse services safe?

Good 

We rated it as good.

#### Safe and clean environment

**Most areas where clients received care were safe, clean, well equipped, well furnished, well maintained. However, one of the fire exit routes was not fit for purpose and the fire risk assessment was not up to date. Staff did not consistently wear their personal alarms**

Staff completed and regularly updated risk assessments of internal areas and removed or reduced any risks they identified.

There was a fire safety risk assessment and emergency plan for St Luke's Service. The fire equipment was serviced regularly, fire alarms were tested regularly and there were named fire wardens for the site. Fire drills had been conducted regularly. However, one of the fire exit routes was not fit for purpose. The service had a primary and secondary fire exit route to leave the building and move through to the assembly point. The secondary fire exit route was not maintained as the external pathway had become overgrown and there were multiple trip hazards as several drains were protruding along the path and the path itself had become uneven. This meant there was a risk that people would not be able to safely evacuate if they had to use this escape route. The service's environmental risk assessment did not identify this risk.

The fire wardens had identified in March 2022 that the fire risk assessment needed updating and set a two week deadline for this. This was not completed. Staff confirmed that this had not been followed up due to staff shortages. These issues were raised with the service on the first day of the inspection. Staff escalated these concerns to the provider and the facilitates team attended the next day and authorised works to be carried out on the alternative fire escape route immediately with the aim to complete this within two weeks. A full fire risk assessment was booked to coincide with the completion of this work. The environmental risk assessment was updated and these issues with placed on the morning briefing meeting and integrated governance team meeting agendas. The garden area was also emphasised on the daily environmental check. The review and follow up of environmental risks were added to the registered manager's and deputy manager's responsibilities to ensure ongoing oversight.



# Substance misuse services

Most rooms where staff saw clients had a push button wall alarm fitted which was connected to the reception desk. The nurse's office, and drug screening room did not have alarms. The service provided staff with personal alarms when using these spaces, however these were not consistently worn by staff. Although staff said alarms were tested regularly, there were no records kept onsite demonstrating this. Clients and visitors signed in and out at reception. Keyworkers would meet clients in the reception room and support them when in the building. Areas, where only staff were allowed access, had keypads fitted to the doors.

All clinic rooms had the necessary equipment for clients to have thorough physical examinations. Staff made sure most equipment was clean and in working order. However, not all medical equipment had been reviewed and checked for use. Staff were unable to provide evidence that the blood glucose testing kit had been calibrated.

All areas where clients seen were clean, well maintained, well-furnished and fit for purpose. Staff made sure cleaning records were up-to-date and the premises were clean. Staff followed infection control guidelines, including handwashing. Staff disinfected rooms regularly after staff and client use, wiping down all furniture and frequently touched surfaces. Signage was in place indicating maximum room occupancy. Staff said the team worked together to ensure face to face appointment bookings were coordinated to ensure low numbers of clients attended the service at any one time.

## 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. They knew the clients and received basic training to keep them safe from avoidable harm.

The service had a low vacancy rate of 9.5%. This totalled 3 vacancies across the service. These were one opiate recovery coordinator, one alcohol/non-opiate recovery coordinator and one psychologist. The service had just successfully recruited to 7 additional posts which were all going through onboarding with the provider and awaiting start dates. These roles were 1 nurse, 1 lead nurse, 1 nurse medical prescriber, 2 criminal justice and complex needs workers, 1 opiate recovery coordinator and 1 hospital liaison worker. All these roles were previously filled with long term agency workers except of the psychologist. Managers monitored the level of service demand within the borough and used this to calculate safe staffing levels. From a recent review of service demand, managers put in a business case to their commissioners to increase the staffing complement by 1 nurse medical prescriber and 2 criminal justice and complex needs workers. This was accepted and the relevant staff were recruited. The service had also introduced a GP and local pharmacy liaison worker to support the primary care relationships.

Most staff said caseloads felt manageable. Staff caseload numbers had been affected by vacancies and sickness during the height of the Covid19 pandemic, however, staff reported this had recently improved. Over the last 12 months staff on the opiate team had an average caseload of 55, staff on the alcohol and non-opiate team had an average caseload of 49 and staff on the criminal justice team had an average caseload of 15. Team leaders were working with staff to monitor caseloads and review contact, recovery planning, re-engagement, discharge planning and case closures.

Managers made arrangements to cover staff sickness and absence through the use of agency staff. The service's sickness rate over the last twelve months was 13%. The service used agency staff and managers and team leaders requested staff familiar with the service. Staff said that the use of agency staff had led to some additional work, for example covering

# Substance misuse services

additional lead areas which in turn impact of their client time. However, they confirmed that many of the vacancies that recently been filled, and this had addressed their concerns. Clients felt that they had adequate time with their keyworkers, confirmed they saw regular staff members and that agency staff were always helpful and well informed. Staff new to the service received an induction and understood the service before starting work.

The service had enough medical staff. The service could get support from a consultant and nurse quickly when they needed to. When the service was open there was always a consultant who specialised in substance and alcohol misuse onsite. Clients said they were able to see the consultant and nurse when needed.

## Mandatory training

Staff had completed and kept up to date with their mandatory training. All staff mandatory training completions rates were in line with the provider targets with a compliance rate of 90% or above,

The mandatory training programme was comprehensive and met the needs of clients and staff. The training included children and adult safeguarding, health and safety, equality and diversity, data protection, and the Mental Capacity Act. Managers monitored mandatory training and alerted staff when they needed to update their training.

## 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.**

## Assessment of client risk

We reviewed 10 client care and treatment records. Staff completed initial risk assessments for each client as they were allocated onto their caseload and updated these. Risks concerning physical and mental health were assessed, in addition to specific risks regarding substance and/or alcohol misuse. The risk assessment of clients misusing alcohol included assessing the risks of alcohol withdrawal seizures and delirium tremens. With clients using opiates, the risk assessment included the risk of overdose. Staff reviewed and updated risk assessments regularly, including after any incident or significant changes. Contextual risk factors were also considered such as housing, finances, family relationships and networks, social networks and support organisations individuals are working with. Safeguarding information and concerns were also comprehensively risk assessed. Additional information from other stakeholders, for example GPs was requested and considered as part of the risk assessment. Staff reviewed and updated risk assessments regularly, including after any incident or significant changes.

Staff worked with clients to develop and use crisis plans. Most records showed plans for unexpected treatment exit and all records showed involvement with other agencies where needed. Unexpected treatment exit plans included information to assist staff to support clients to re-engage with the service. If clients did not attend an appointment, staff contacted the client to help them re-engage with the service. Care and treatment records showed when clients missed appointments, they received several calls and messages from staff within a few days.

## Management of client risk

Staff were aware of the risks and safeguarding concerns for their clients and this informed their support. Staff responded promptly to any sudden deterioration in a client's health. Risk information was shared and discussed as part of the morning briefing meetings and at wider multidisciplinary team meetings. Briefing meetings were a daily morning meeting where staff discussed the clients and all the activities of the day. This included significant updates and changes in risk and safety for clients, appointments, discharges, incidents, and actions and tasks for the day such as assessments. All referrals and the previous day's assessments were discussed. Staff also discussed pending detoxes,

## Substance misuse services

high risk cases and cases where a medical review was needed. In addition to this, staff discussed cases where clients experienced seizures, had a history of trauma, physical and mental health issues, learning disabilities and any safeguarding issues. In addition to this, they spoke of the need for support for individual recovery coordinators working with complex clients.

Records showed good documentation regarding discussion of risk and decision making with clients and other stakeholders. Staff took appropriate action as a result of risk, such as following up with clients more frequently, and discussing risk issues. For example, clients continually missing appointments prompted the team to visit the clients at their homes and contact other support organisations such as community mental health teams and probation teams. Where clients had given consent staff also contacted family members if needed. Any actions from safeguarding meetings and clinical review meetings were added to clients' records. However, where clients were discussed in safeguarding meetings and clinical review meetings, but no actions were needed, notes and information from these discussions were not always added to clients' records. This meant there was a potential risk that relevant updates and information may not be added to client records.

Safety measures were also discussed such as the use of safe storage boxes for medicines. When clients stored medicines such as methadone, an opiate substitute, at home they were provided with safe storage boxes to ensure children or others could not access it. Clients receiving opiate substitute treatment, had varying levels of medicines supervision, based on assessed risks. Some clients attended a community pharmacy daily for a pharmacist to supervise them taking their medicine. Staff liaised with pharmacies to ensure this process was manageable with pharmacy staff feeding back any concerns or problems. Other clients, with lower assessed risks, collected their medicine each week or fortnight from the pharmacy.

Clients receiving over 100mg of methadone per day received an annual electrocardiogram. This was to monitor clients for abnormal heart rhythms which are associated with high doses of methadone. Such abnormal rhythms can be fatal, and this monitoring followed national guidance.

All client records included harm minimisation advice. Client records showed staff regularly discussed and offered clients who used opiates, naloxone, a medicine which reverses the effects of an overdose. Staff offered and trained clients on using naloxone and noted when a client did or did not accept. Staff also offered naloxone and the relevant training to clients whose social network included opiate users. Naloxone was promoted with displayed posters about the use of naloxone around the services. The service provided safe storage boxes to clients to store medication, clients with children and families were a priority for these boxes. Staff made clients aware of harm minimisation and the risks of continued substance misuse. This included information to prevent clients becoming infected with blood borne viruses and about the risks to clients of drinking alcohol or taking drugs with their prescribed medicines.

At the time of the inspection the service had 208 clients in medication assisted treatment. Medication assisted treatment involves the use of medicines, in combination with other treatments such as counselling and group therapy. One client on medication assisted treatment had not had their full medical review updated within the last 12 months. The service's consultant, one of the nurse's and the individuals' keyworker had completed a remote review with the client and the client was booked to come into the service for an in-person full medical review on the day of the inspection. The service monitored and tracked all clients receiving medication assisted treatment and data for when medical reviews was readily available on the service's activity report dashboard. The activity dashboard was available to all staff and it contained key performance indicators for the service. This allow managers and staff to identify upcoming medical reviews and book them in.

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Staff monitored clients who were waiting for their initial assessment for any changes in their level of risk and responded when risk increased. For example, clients with high risk concerns had their referrals fast tracked. They were assessed and reviewed by the service's multidisciplinary team and then contacted by their allocated recovery coordinator on one of the managers within 24 hours. Clients said they were provided with contact details, so they knew who to contact if their health or circumstances changed.

Staff followed clear personal safety protocols, including for lone working. Staff made sure their diaries were up to date and would contact the team regarding their movements. Staff said they always carried out home visits accompanied by another staff.

### Safeguarding

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

Staff received training on how to recognise and report abuse, appropriate for their role. Staff kept up to date with their safeguarding training. At the time of the inspection, 98% of staff had completed adults at risk safeguarding training and 98% had completed children and young people safeguarding training. Staff also received additional training in areas such as recognising and support of domestic abuse and children and families reporting around safeguarding.

Staff were able to identify risks to and from clients and knew how to make a safeguarding referral and who to inform if they had concerns. Staff were aware of how to get further advice from the designated safeguarding lead. The service had a dedicated monthly safeguarding meeting where staff discussed client's with safeguarding concerns. This space was used to discuss service and team level safeguarding updates and follow up safeguarding actions for individual cases. Minutes and actions were shared with all staff. Staff said they found this very useful and could bring cases to the meeting for discussion and advice. Staff also discussed safeguarding concerns in other meetings such as the daily briefing meetings, multidisciplinary team meetings, and the weekly leadership meetings. Clients said staff discussed any safeguarding matters with them in their keywork sessions.

Staff could give examples of how to protect clients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. The service's deputy manager was the safeguarding lead. Safeguarding logs for the service showed multi-agency discussions and actions being taken to address safeguarding concerns. Information concerning clients, their families and safeguarding risks were recorded on clients' electronic records. Clients' records showed comprehensive and very detailed records around safeguarding actions. Safeguarding concerns were reviewed by the multidisciplinary team and safeguarding lead and only closed following a full risk review and involvement from other professionals such as the local authority safeguarding team. The service had a strong relationship with the local authority safeguarding team.

### 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.**

Records were stored securely. Staff used electronic clients records to record and access information concerning clients. Staff kept comprehensive and detailed records of clients' care and treatment. Records were clear, up-to-date and all staff could access them easily.

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## 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. Temperatures of medicines storage areas were monitored. However, when they were outside the required range, staff had not taken action to safeguard medicines supplies.**

Staff followed systems and processes to prescribe and administer medicines safely. Medicines and controlled stationary were stored securely. Records were kept of their use. Prescriptions were given directly to the client. They were only posted or taken to a pharmacy in emergencies. All prescriptions were logged which enabled staff to follow up if there were any issues of loss or theft. Staff who were trained as clinical administrators were responsible for producing printed prescriptions. Access to medicines storage areas was appropriately restricted. Clinical rooms were clean, spacious and equipped with handwashing facilities. Staff had access to emergency medicines, equipment, and medicines disposal facilities. The service had a contract with a waste management company who disposed of all their used sharps bins and clinical waste. Controlled drugs were not stored at the service. Temperatures of medicines storage areas were monitored by staff. However, when temperatures fell outside the recommended range, we saw that staff had not acted to safeguard the medicines. The provider had a process for staff to follow in this situation. We highlighted this issue during this inspection and staff then sought appropriate advice. Clients were given medication storage boxes for locking and storing medicines at home.

Staff reviewed each client's medicines regularly and provided advice to clients and carers about their medicines. Staff discussed the progress of each client in multidisciplinary meetings. New staff were provided with training regarding naloxone. All staff actively encouraged clients to have access to naloxone. Clients were provided with information on how to use it.

Staff completed medicines records accurately and kept them up to date. When prescriptions were generated by the service, they were added to the client's medical record.

Staff stored and managed all medicines and prescribing documents safely. Staff used an electronic system to document medicines prescribed. Staff told us that they wrote to GP practices to keep them informed of the treatment being provided by the service.

Staff followed national practice to check clients had the correct medicines when they were admitted or they moved between services. Staff obtained client's consent to access and share information with their own GPs. They were able to access medical and drug histories using summary care records prior to the prescribing of medicines.

Staff learned from safety alerts and incidents to improve practice. Medicines incidents were reported on an electronic system and investigated by the senior leadership team. They were also discussed at governance meetings and learning was shared with staff. The provider had a system for managing patient safety alerts and ensuring that information was disseminated, however formal records were not kept of this. Staff were working with community pharmacies to develop more training to minimise the incidents of errors.

Staff reviewed the effects of each client's medicines on their physical health according to NICE guidance. Clients were offered a urine drug screen initially and during their time with the service. Clients were offered blood borne virus tests prior to treatment (hepatitis B, hepatitis C, and HIV). If a client tested positive for hepatitis B, nurses was able to administer the hepatitis B vaccine on site via a Patient Group Direction (PGD). A PGD allows specified health

## Substance misuse services

professionals to supply and/or administer medicine without a prescription or an instruction from a prescriber. PGDs were in date and had been signed by the nurses using them. Electrocardiograms (ECGs) were conducted by staff in the service where appropriate, for example, clients who were taking high doses of methadone. If the ECG result was abnormal, staff completed the necessary referrals for more investigations.

### Track record on safety

#### **The service had a good track record on safety.**

Ten clients of the service died in the previous year. None of these deaths were related to the treatment being provided by the service. The service managers attended regular panels with external partners where all deaths were individual reviewed. Learning from these panels was brought back to the service and shared with staff through meetings such as the morning briefing meetings, managers meetings and multidisciplinary meetings.

### 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 understood their responsibilities to raised concerns and reported incidents and raise concerns in line with the service's policy. Staff said they felt confident and supported when reporting and discussion incidents. The service used an electronic system for recording and reporting incidents.

Managers investigated incidents and shared lessons learned with the team. Staff said they discussed learning from incidents in morning briefing meetings, multidisciplinary meetings and integrated governance team meetings.

Managers debriefed and supported staff after any serious incident. Staff could seek further support after distressing incidents through the provider's employee assistance programme or from managers within the service. Staff ensured clients, and where appropriate family members and other professionals were updated. Staff also ensured care records were updated.

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, a prescription was given out to the wrong person who had the same name as the individual the prescription was meant for. This was identified before the individual left the service with the wrong prescription and the prescription was retrieved. Both clients received an apology and were updated and kept informed about the incident review and findings.

## Are Substance misuse services effective?

### Assessment of needs and planning of care

#### **Staff completed comprehensive assessments with clients on accessing the service. They worked with clients to develop individual recovery plans and updated them as needed. Recovery plans reflected the assessed needs and were personalised. However, not all recovery plans included details of the recovery focused psychosocial activities and groups.**

## Substance misuse services

Staff completed a comprehensive assessment of each client. Recovery plans reflected the assessed needs and were personalised. Clients said they were involved in developing their recovery plans, however, not all clients had not received a copy of their recovery plan. Also, not all clients' recovery plans included details of the recovery focused psychosocial activities and groups they attended as part of their treatment and support. Six of the 10 client records we reviewed did not mention psychosocial activities and groups within their recovery planning although the progress notes showed that they had been attending the recovery support groups, SMART recovery groups, and men only and women only groups.

Staff made sure that clients had a full physical health assessment and knew about any physical health problems. All 10 client records we reviewed had an initial physical health assessment on admission and those on the opiate or alcohol pathways had a full physical health assessment completed by the consultant. All clients on the opiate or alcohol support pathways received a full physical health assessment. Clients who were not on the opiate or alcohol support pathways could access a full physical health assessment if requested. Staff could also request a full physical health assessment for clients if they had any concerns. There was evidence of ongoing physical health care for these clients. Staff worked with other services with complex physical health problems. For one client, the service had communicated with the local hospital services regarding ongoing liver function concerns. Staff would also support patients to register with a GP.

Staff developed a recovery plan for each client that met their mental and physical health needs and considered their social circumstances. Staff regularly reviewed and updated recovery plans with clients when clients' needs changed. Most clients felt involved in their treatment and said they were encouraged to take responsibility for their own recovery.

In line with national guidance, clients seeking treatment for alcohol misuse were assessed using the alcohol use disorder identification test and the severity of alcohol dependence questionnaire. An experienced consultant who specialised in substance and alcohol misuse and experienced nurses assessed clients for community alcohol detoxification with a focus on risk factors associated with community alcohol detoxification. When clients needed a prescription for opiate substitution treatment they were assessed in person by the consultant. Correspondence from clients' GPs, blood test results and urine drug screen tests were part of their initial assessment and were obtained prior to treatment commencing where available.

### 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. Staff delivered care and treatment in line with best practice and national guidance from relevant bodies such as the National Institute for Health and Care Excellence (NICE). These included self-management and recovery training groups, motivational interviewing, counselling and therapy based groups. The service had a timetable of group interventions available to clients to attend such as recovery support, SMART recovery, mindfulness, CBT support, living with chronic conditions, relapse prevention, men's focused and women's focused groups. Other interventions offered to clients included needle exchange and support relating to accommodation and housing, educational and vocational training, including dyslexia and dyscalculia support, and finance needs. Clients could access groups and interventions immediately after their initial assessment. They did not need to wait for further appointments. Clients said the range of interventions were very helpful, both as one to one session and in groups. Clients felt the interventions met their needs.



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Staff made sure clients had support for their physical health needs. Clients with opiate dependence had a prescription for methadone or buprenorphine. Clients taking methadone had their dose gradually increased which followed national guidance. Clients' prescriptions were reviewed regularly, and clients had urine drug tests to monitor their use of illicit drugs. Clients with alcohol dependence had treatment based on their assessment and alcohol use disorder identification test and the severity of alcohol dependence questionnaire results. Clients with less severe dependence had psychosocial treatment to support them with reducing their alcohol intake. This followed NICE guidance.

All the clients receiving community alcohol detoxification treatment had been reviewed by the consultant and the risks of treatment had been carefully assessed. Clients said that physical health checks carried out daily for the duration of their detoxification programme. In line national guidance, clients were also prescribed thiamine and, where indicated, pabrinex. These medicines were prescribed to minimise memory loss as a result of alcohol misuse. Blood borne virus (BBV) testing was routinely offered to clients at the point of assessment. The service was working on the provider's micro-elimination targets of hepatitis C. Micro-elimination is an approach of tackling hepatitis C in local areas. It uses a series of targets to make sure that people are being diagnosed and getting the treatment they need quickly and easily. At the time of the inspection 85% of clients who were current or previous injectors had been tested for hepatitis C. In partnership with local NHS services, clients had BBV treatment, tuberculosis scans and general physical health treatment.

Staff supported clients to live healthier lives by supporting them to take part in programmes or giving advice. Clients said staff signposted them to health and wellbeing support in the community. The service held regular open days that focused on physical health, such as open days for HIV and hepatitis testing. The service also partnered with another community provider, Build on Beliefs, so clients could access additional groups programmes such as Tai Chi, and walking, cycling and yoga groups.

Staff used recognised rating scales to assess and record severity and outcomes. Staff in the service also used the treatment outcomes profile to assess clients' progress and outcomes before, during and at the end of treatment. The service contributed to the National Drug Treatment and Monitoring System.

Staff took part in clinical audits and there was an annual service audit plan. These audits which were set by the provider looked at health and safety, safeguarding, infection, prevention and control, vaccine storage, prescriptions assessment documentation, risk and recovery planning, client consent, medication assisted treatment and safe environments. The service also conducted a range of local level audits. These included case records, alcohol treatment plans, criminal justice documentation, hepatitis C data and risk management for clients at high risk of BBV.

Staff used technology to support clients. Staff provided text, telephone and video call support which clients found particularly helpful. The service accessed electronic GP summaries which provided staff with quick access to information when assessing clients.

## 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.**

Managers supported staff through regular supervision and annual appraisals of their work. At the time of the inspection, over the last year, the service's supervision rate was 92% and the appraisal rate was 94%. Managers used the activity report dashboard to inform parts of the supervision discussion. For example, it displayed when the last positive contact



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was with the client. Managers told us that the dashboard helped quickly identify if a member of staff needed support with their workload. Staff said during supervision they were able to discuss their wellbeing, client support, case management, personal and professional career development in supervision. They also said they were able to take time to reflect. Managers also supported staff through observations of practice. Observational practice was included as part of the inhouse audit process and provided feedback on staff practice. New staff received an induction to the service before they started work. Managers used an induction checklist for new starters. The induction checklist covered things such as important policies and procedures and mandatory training.

Managers made sure staff attended regular team meetings, such as business meetings, multidisciplinary meetings and leadership meetings. Managers ensured meetings minutes were shared with staff that could not attend.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Managers made sure staff received any specialist training for their role such as blood borne viruses screening, awareness and understanding of chemsex and best practice in optimising opioid substitution treatment. Staff said there was a good range of mandatory and specialist training on offer to develop their professional competence.

The provider had a clear pathway to support the employment of individuals with lived experience. The provider encouraged and supported individual through volunteer opportunities to paid roles. Several staff had come via this route into their positions within the service. This gave staff in-depth understanding, empathy and knowledge for their roles.

## Multidisciplinary and interagency teamwork

**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 team(s) had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.**

The multi-disciplinary team included a building relationship in the community worker, a GP pharmacy liaison worker, a hospital liaison worker, a consultant that specialised in alcohol and substance misuse, nurses, recovery coordinators and therapists. Staff held regular multidisciplinary meetings to discuss clients and improve their care. We observed good communication and team working during their morning briefing meeting which was attended by a variety of clinical and non-clinical staff. Staff valued these meetings. Staff felt they supported learning across their teams and encouraged personalised care. Staff had regular learning and development sessions, with different topics including safeguarding and incident management. Staff were positive about the training and support available

Staff made sure they shared clear information about clients and any changes in their care including during daily meetings.

Staff had effective working relationships with external teams and organisations. These included pharmacies, local authority safeguarding teams, community mental health teams, and other service providers such as housing providers and probation services. Clients' records showed communications and updates on client support and care with other teams and organisations. For example, for one individual, records showed regular updates back and forth between the individual keyworker and their social worker sharing information on progress and appointment times. Staff also maintained effective working relationships at the organisational level. The service had good relationships with the

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organisations that provided the meeting spaces at the satellite sites. Staff from these organisations said they had a positive and beneficial partnership. The service also made use of their relationships to support the main site. For example, staff had arranged for volunteers from the borough probation services to attend the main site and maintain their garden area.

### 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 training in the Mental Capacity Act and knew to seek support from the service managers if needed. The principle social worker for the provider was the lead for implementation of the MCA, and staff could consult with them when needed. The Mental Capacity Act was included in mandatory training. There was a policy on the Mental Capacity Act, which staff knew how to access.

Staff gave clients all possible support to make specific decisions for themselves. Clients records showed consideration and assessments of client's capacity was in line with underlying principles of Mental Capacity Act.

Staff assessed and recorded capacity to consent clearly each time a client needed to make an important decision. Clients' records showed that staff ensured clients had given their consent to treatment and that this was reviewed regularly.

Staff were aware of the appropriate processes to follow if clients were assessed as not having capacity. Staff said they would apply a best interests approach to ensure decisions would be made in the best interest of clients and considered the client's wishes, feelings, culture and history.

## Are Substance misuse services caring?

### 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. Clients said staff were polite, respectful, understanding non-judgemental and caring, and provided care that met their individual needs. Clients also reported staff provided help, emotional support and advice when they needed it. Clients felt cared for and said staff were responsive to their needs. Clients described flexible support from staff at the service and said they could be open and honest. We observed staff that were highly motivated and inspired to offer care that promoted people's recovery.

Staff supported clients to understand and manage their own recovery. Clients felt that staff personally knew them as individuals. Most clients felt like the staff had gone the extra mile for them and felt fully supported.

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Staff signposted clients to other services and supported them to access those services if they needed help. Staff had a wide knowledge of services in their local areas and used this to provide clients with information about what would be available in the wider community. Clients said staff made them aware of what other services were available to support their care, such as housing and physical health support.

Staff felt comfortable and supported by their colleagues to raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards clients and staff.

Staff followed policy to keep client information confidential. Clients felt staff were suitably discrete when communicating.

### Involvement in care

**Staff involved clients in recovery planning and risk assessment. They ensured that clients had easy access to additional support.**

### Involvement of clients

Staff involved clients in assessing risk and recovery planning. Clients said they felt involved in their recovery planning and risk management.

Staff made sure clients understood their care and treatment. Clients reported they received clear information and explanations of their care and the treatment and interventions available. Clients said staff were informative and information staff provided was easy to understand. For example, information relating to accessing housing support and support with learning difficulties. Clients said they were able to discuss their recovery with their keyworkers and the service's consultant at regular meetings. Clients told us their care was reviewed regularly and they received advice from the staff about medications. Clients felt fully supported through their recovery.

Clients were aware of the complaints procedure and felt confident to give feedback on the service and their treatment. Clients said they felt comfortable in giving feedback via the client forum if needed.

### Involvement of families and carers

Staff informed and involved families and carers appropriately. Clients' records showed whether client's consented to share information with their families or carers. If clients consented, family members and carers could be involved in the client's care by attending appointments and having direct communication with staff. Some clients had family support plans in place. Records documented clear involvement of families with correspondence and text updates.

Staff gave families and carers support information, and where appropriate information on their loved ones care and treatment. They provide signposting, and advice, access to counselling and psychosocial interventions to support individuals who were directly or indirectly impacted by alcohol and substance misuse.

## Are Substance misuse services responsive?

### 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.**

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People could access the service in a way that suited them. Clients were referred to the service by a wide range of agencies. These included GPs, community mental health teams, housing and homelessness teams, and probation services. Clients could self-refer to the service. Clients could fill out an online referral form or phone the service. The service had clear criteria to describe which clients they would offer services to.

The service met the providers target time of seeing clients from referral to first appointment with 30 days. Referrals were discussed daily at the service's briefing meetings. As referrals came into the service, the quality lead and managers would triage and assess them. Any complex referrals would also be reviewed by the consultant. They would then be discussed by the multidisciplinary team and allocated to a keyworker. The individual would then be contacted, and an appointment would be arranged. Most referrals were assessed and booked in for an appointment within 24 hours.

Staff saw urgent referrals quickly. Referred clients with high risk concerns were fast tracked and were triaged, assessed, contacted and allocated an appointment to be seen within 24 hours, if the service was able to contact the individual and/or referrer. These included individuals who were opiate users, homeless people and individual linked to probation services.

Staff tried to engage with people who found it difficult, or were reluctant, to seek support. Staff raised awareness with marginalised and hard to reach people and other agencies so that they were aware of the service. Staff tried to contact people who did not attend appointments to rebook them and offer support. Clients' records showed persistent attempts to contact people that did not attend appointments. This included discussing signposting people to alternative community services and home visits where necessary.

People could also access treatment regardless of their housing or social circumstances, and they had some flexibility and choice in the appointment times available. Clients said they were able to arrange appointment that suited them, and appointments were rarely cancelled. If they were cancelled, clients were offered new appointments as soon as possible.

When clients were ready to be discharged from the service, staff ensured that other agencies had relevant information to support clients. Managers actively promoted discharging clients when safe to do so. Managers and team leaders reviewed discharges and discharge planning with keyworkers in supervision.

## 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 environment was welcoming. Interview rooms in the service were soundproof to protect privacy and confidentiality. There was a clinic room with equipment suitable for the physical examination of clients. The site also had several accessible toilets for clients to use to produce urine drug screen.

## 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. Staff understood and respected the individual needs of each client. The service was accessible for clients using

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wheelchairs and clients with other mobility needs. The service provided information in a variety of accessible formats so the clients could understand more easily. Interpreters were available for clients who did not speak English. The service had information leaflets available in languages spoken by the clients and local community and easy read versions could be downloaded by staff to provide to clients.

Staff made sure people could access information on treatment, local service, their rights and how to complain. Information was on display throughout the service, for example there was information about how to complain, naloxone use, BBV treatment, family planning services, and improving access to psychological talking therapies. Clients said that staff made information about their treatment and other services easy to understand. Clients reported this was particularly helpful in managing accommodation and housing services within the borough.

### 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.**

The service had received seven formal complaints in the previous 12 months. These related to a group that did not take place, time between appointments, the length of time for the completion foundations of recovery groups and the pre-detox groups and relationship dynamics between an individual and their keyworker. These complaints had all gone through the service's complaints procedure and had been appropriately investigated.

Clients said they knew how to complain or raise concerns. Clients were informed about how to make a complaint when they were assessed and again when they started treatment at the service. Information about how to make complaints, and complaints forms were available in the reception areas. There was also a feedback link available electronically. Complaints leaflets were available, including easy read versions and in languages other than English. Clients said they felt comfortable to raise complaints with staff or could make a complaint if needed.

Staff knew how to acknowledge complaints and clients received feedback from managers after the investigation into their complaint. All formal complaints were logged on the service's data system.

Managers shared feedback from complaints with staff and learning was used to improve the service. Complaints were reviewed and discussed as a team at the monthly integrated governance team meeting.

The service used compliments to learn, celebrate success and improve the quality of care. The service had received 18 compliments in the previous 12 months either as thank you cards or on feedback forms. Feedback from compliments was shared in the monthly integrated governance team meeting.

## Are Substance misuse services well-led?

### 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 local leadership was strong and had worked for the provider for many years in a variety of roles. The leaders in the service were motivated and enthusiastic about supporting the client group. The team had an in-depth knowledge of the

# Substance misuse services

client group. The service had a clear definition of recovery that understood by the staff group. Staff were complimentary about the leadership and support provided by the service manager and the deputy managers. They felt the service's managers genuinely cared about the service and the staff. Staff said managers in the service were approachable and that they operated an open door policy. Clients said they felt comfortable in approaching the managers if they needed to.

## Vision and strategy

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

Staff clearly shared the providers' vision and values of making a difference in people's lives and giving everyone an opportunity. Managers, team leaders and staff role modelled the values in practice. Clients stated that staff treated them with in a caring and kind manner.

## 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.**

Staff told us that they received excellence support from managers and colleagues and valued the expertise and dedication of the staff team. Staff felt valued from their direct line managers and reported a positive sense of wellbeing. It was evident that all colleagues wanted the best outcome for clients. Staff said they were able to raise concerns if needed. Staff were aware of the whistleblowing process.

## Governance

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

All areas of the service were subject to performance monitoring and audit. Managers and staff were aware of the issues and development areas within the service and had plans in place to support improvements. There was a clear structure to the governance system, learning from incidents and complaints, and robust safeguarding procedures. There was ongoing performance monitoring and auditing in a range of areas. There was an annual audit plan, a local level audit plan, a service risk register, a service development plan and a business continuity plan. Systems and tools, such as staffing levels and the business continuity plan, were reviewed and tested to ensure they continued to reflect the service. Staff in the service understood how to work with other organisations and leaders attended multi-agency meetings.

## 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's risk register included all current concerns about the delivery of the service. The service managers were familiar with the key risks to service delivery and they associated factors. These included staff wellbeing, stress in the workplace, aggression toward staff, staff sickness, and prescription errors. Evidence of discussions of service risks and their contributing factors were seen in the service team meetings and in supervision discussions. Risk, issues and performance were discussed at all levels within the service.

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## Information management

### **Staff collected analysed data about outcomes and performance.**

The provider routinely collected performance and training data. The service had systems in place that provided leaders with information about the running of the service. This enabled leaders to maintain clear oversight of the service and identify good practice and areas for improvement. Managers spoke highly of the data lead in the service who had helped maintain and update the activity dashboard. All staff had access to the activity dashboard. This dashboard was highly detailed and allowed recovery workers and managers to have oversight of caseloads. For example, the dashboard recorded when clients had their medical reviews this allowed staff to identify clients who required medical reviews. All information needed to deliver care was stored securely and available to staff, in an accessible format when they needed it.

## Engagement

Managers engaged actively other local service providers to ensure that people with alcohol and substance misuse problems experienced good quality care. The service was transparent and collaborative with commissioners about performance. They were open and honest about the challenges and the needs of the population and felt comfortable in feeding back to commissioners.

## Learning, continuous improvement and innovation

The service did not use any structured quality improvement model to improve and develop the service. However, managers and staff were clearly committed to improving the service and responded to feedback from clients and staff. A clear framework of meetings was in place which facilitated sharing of learning from incidents, complaints and safeguarding across the service.