Westminster Drug Project

WDP Greenwich

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

This was the first time we had inspected this service. We rated it as good because:

- 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 involved clients in care planning and risk assessment and actively sought their feedback on the quality of care provided.
- Staff developed holistic, recovery-oriented care 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 about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- 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.
- All premises where clients received care were safe, clean, well equipped, well furnished, and well maintained.
- The teams had access to the full range of specialists required to meet the needs of clients under their care. Staff worked well together as a multidisciplinary team and relevant services outside of the organisation.
- Most 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 managed client safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team.
- Most 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.

However:

- Medicines were not always stored in accordance with the manufacturer's instructions.
- Whilst leaders were visible and approachable, not all staff felt their concerns were listened to.
- Face to face training was not always completed by staff, for example, de-escalation skills and motivational interviewing skills, although future training dates were planned.
- Debrief sessions were not always offered to staff after an incident occurred.
- Whilst regular governance meetings occurred, some agenda points were not able to be discussed each month due to time management of the meeting, for example, audit results, the risk register and equality and diversity matters.
- The service had expanded to take on more clients. However, the building capabilities remained the same. This meant there was not always room to see clients in interview rooms, and staff desk space had been reduced.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services	Good 	See the summary above for details.

Summary of findings

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Summary of this inspection

Background to WDP Greenwich

We undertook this short notice announced comprehensive inspection of Westminster Drug Project (WDP) Greenwich as part of our ongoing monitoring and inspection of registered services.

WDP Greenwich is a community substance misuse service. It supports clients aged 18 or over, who live within the London Borough of Greenwich. At the time of inspection, WDP Greenwich was providing a service to 892 clients.

The service provides information and advice, a group programme, peer mentoring and volunteering opportunities, needle exchange, harm reduction advice, community detox, substitute prescribing and supports clients to access inpatient detox and rehabilitation as needed.

The service was registered with the Care Quality Commission (CQC) in March 2020.

The service has 2 registered managers in post, and they are registered by CQC to provide treatment of disease, disorder or injury.

This service has not previously been inspected under this provider.

What people who use the service say

Clients were very complimentary when talking about staff, reporting they were approachable, non-judgemental and supportive. One client told us their recovery, and continued attendance at the service, was due to the kindness and support they received from staff.

Clients told us the group programme was supportive, “family-like” and run by clinicians who were knowledgeable.

Clients told us they were encouraged to ask questions and learn about their treatment. They were listened to whenever they had concerns.

How we carried out this inspection

The team that inspected this service consisted of 2 CQC inspectors, a CQC pharmacist specialist, and 2 specialist advisors who had experience working within substance misuse services.

To get to the heart of patients’ experiences of care and treatment, we always ask the following 5 questions:

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

These questions therefore formed the framework for the areas we looked at during the inspection.

Summary of this inspection

During the inspection visit, the inspection team:

- visited the service and observed the environment and how staff were caring for clients
- spoke with 3 clients who were using the service and 2 peer mentors. We also reviewed the recent feedback the service had received
- spoke with the service's 2 registered managers
- spoke with 17 members of staff including, team leaders, doctors, a non-medical prescriber, nurses, a consultant psychologist, lead pharmacist, a recovery coordinator, a clinical administrator and recovery practitioners
- attended a safeguarding meeting and observed a client non-dependence group
- reviewed 5 client's care and treatment records, as well as 6 client records specifically looking at medicines
- reviewed how medication was managed and stored
- reviewed information and documents relating to the operation and management 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.

Outstanding practice

We found the following outstanding practice:

- The service had a reward scheme called the Capital Card which aimed to encourage a client to engage with the service. Clients collected points on their card when they attended appointments and groups, as well as completing blood borne virus tests. Clients could spend their points at the service for a range of toiletries and food. Clients could also spend points with partners within the local community who had signed up to the scheme. This included local shops, restaurants and attractions.
- The service encouraged their clients to take part in courses and to become volunteers and peer mentors. At the time of inspection, the service had 8 volunteers and 7 peer mentors, with plans to recruit more. The service delivered training courses for clients, such as, Nurturing Opportunities Visions and Aspirations (NOVA), Next Steps and the Peer Mentor Programme. These training courses focused on confidence building, identifying strengths and goal setting. Peer mentors were involved in a range of activities, such as, service steering groups, they ran motivational client sessions, and 2 peer mentors represented the service at a national conference. One peer mentor had been instrumental in setting up links with a domestic violence charity. This had led to them working centrally with WDP and planning the national roll out of groups supporting individuals who had been victims of domestic abuse

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 provider should review the storage of medicines to ensure that they are stored in accordance with the manufacturer's instructions.
- The service should ensure debriefs occur after all incidents.
- The service should ensure staff are up to date with their face to face training, for example, de-escalation training.
- The service should ensure staff feel supported, and that their concerns raised with managers are listened to.

Summary of this inspection

- The service should ensure there is effective time management in the governance meetings to ensure all planned topics are able to be discussed.
- The service should ensure there is enough space for their clients and staff within the building following the expansion of their client group.
- The service should ensure emergency call alarms are tested monthly, in line with their policy.

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

We rated it as good.

Safe and clean environment

All premises where clients received care were safe, clean, well equipped, well furnished, and well maintained. However, staff felt there was not always enough space within the building to cater to the volume of clients seen.

Staff completed and regularly updated thorough risk assessments of all areas and removed or reduced any risks they identified. The service had completed a ligature risk assessment in March 2022. This assessment stated observation of clients was a mitigation to the ligature points in areas such as meeting rooms.

Alarms were available for staff at reception. Staff would take these alarms into interview rooms when they were with clients. The alarms had 2 buttons, 1 button called the support of people within the building, the other went to a service who called the police. These alarms were due to be tested monthly, however the most recent documented tests were May 2022, February 2022 and December 2021, the reasons for this were unclear.

The service carried out a fire risk assessment, as well as regular fire drills.

All areas were clean and well maintained. There were building works taking place at the time of the inspection. This was to update their clinic room and interview rooms. However, the service had not increased the amount of office space or clinic space available to staff and clients to take into consideration the service expanding.

The service had a contract with a waste management company who disposed of all their used sharps bins and clinical waste.

The service had appropriate COVID-19 measures in place. They completed regular infection control risk assessments. The service had up to date guidance, which included staff wearing masks when working closely with clients and

screening clients for COVID-19 symptoms before they attended the service. A thermometer was used at reception to check visitor's temperature on arrival to the service. This machine was not displaying correct temperatures when we arrived. We escalated this during our inspection and were advised that the equipment had subsequently been reset and was working properly.

The clinic rooms had the necessary equipment for clients to have physical examinations. During our inspection this service was not able to carry out electrocardiograms (ECG) due to the refurbishment works taking place in the clinical room. Clients were sign posted to GPs or hospital to have ECGs.

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, varied. Some staff had high caseloads.

The service had enough staff to keep clients safe. At the time of our inspection there were 41 members of staff working within the service and there were 6 vacancies. These vacancies were for a safeguarding lead, a team leader, an administrator, 2 recovery practitioners and 1 navigation practitioner. The safeguarding lead and administrator had been recruited but were awaiting their employment checks prior to starting.

The service was attempting to recruit into the 4 remaining positions. Managers reported they were having difficulty in finding new staff with the level of knowledge and experience needed for these roles. The service reported they were looking to review staff's pay throughout the service in order to retain staff, as well as advertising vacant posts on a range of different websites to increase the chances of more people seeing their vacancies. At the time of inspection, the admin vacancy, and the 2 recovery practitioner vacancies were being covered by agency staff.

Recovery practitioners had caseloads of clients from all service pathways, for example, the alcohol dependent pathway, the non-dependent pathway and the opioids pathway.

Caseloads varied across staff as some practitioners had dual roles, and others were new in their post. The average caseload for a key worker was 31 clients, with the highest caseload being 66 clients. A recovery practitioners caseload contained clients who were in structured treatment, awaiting assessments and those in post treatment aftercare. Some staff felt caseloads were too high to allow them to carry out their full role, for example, some staff reported not having time to close clients to the service due to the volume of admin work involved with a closure. Service managers were aware of this challenge, and had been supporting their staff in closing cases. This saw an overall reduction in the number of cases awaiting closure. Mangers also reported an increase in managerial staff, allowing more clinical supervision and support to the key workers. The service had also recently recruited a psychologist who offered a space for staff to discuss any challenging cases.

The service had 1 full time doctor and 1 full time non-medical prescriber. They also had input form a psychiatrist 1.5 days per week. The service had expanded to include the complex case team, however there had not been a review of how many prescribing staff were needed. There was a recent occasion where the doctor had 6 weeks annual leave, and the non-medical prescriber was on maternity leave. The service struggled to recruit agency cover for these posts, and there were some delays to medical reviews during this time. Managers reported reviews were now happening more regularly, 99% of clients having had a medical review within the last 12 months. The service attempted to see clients for a medical review every 6 months. At the time of inspection, 85% of clients had a medical review within the last 6 months.

Shortly after the inspection the service had received additional funding and were therefore planning to recruit into more roles, such as non-medical prescriber, an assistant psychologist, a criminal justice senior practitioner, a specific women's worker, a service user engagement worker and a health trainer.

Over the past 12 months the sickness rate for the service had been 8.56%, which included 9 episodes of long term sickness. Managers made arrangements to cover staff sickness and absence with agency staff where possible.

Staff turnover in the service over the last 12 months was 31.71%. Managers conducted exit interviews and reported this movement of staff was in part due to the change in provider, as well as the increase in funding across the sector, meaning their staff had moved to other job roles within the substance misuse network.

Mandatory training

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

Compliance with mandatory online training was 85%. This included topics such as health and safety, harassment at work, the Mental Capacity Act and fire safety. However, compliance with mandatory face to face training was 68%. Face to face training included safeguarding level 3, motivational interviewing and professional boundaries. At the time of inspection 68% of staff had completed face to face training in de-escalation skills.

Managers reported new staff had not yet been able to book onto these face to face courses and the COVID-19 pandemic had affected the availability of some courses. However, managers reported staff had been booked onto face to face training courses over the coming months.

Nurses were required to complete basic life support training. All 4 nurses had completed this training. A nurse was available on each shift.

Managers monitored mandatory training figures and alerted staff when they needed to update their training. The service was in the process of implementing a new online Learning Hub which would highlight when training courses were due for renewal in a much clearer way, which they hoped would lead to better compliance scores. This new system would allow staff to book essential training sessions over the next 12 months, as opposed to only being able to see the next available date, supporting staff to better plan their training needs.

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 entering the service. We reviewed 5 care records and found they all had a comprehensive risk assessment in place.

The risk management plans included any risks or potential risks, such as substance misuse and driving, risks associated with mental health and any safeguarding concerns.

Staff followed structured assessments to determine the severity of clients' alcohol use, such as the alcohol use disorder identification test (AUDIT), the severity of alcohol dependence questionnaire (SADQ) and they used the clinical opiate withdrawal scale (COWs) to assess opiate withdrawal levels for clients who were under medication assisted treatment.

All referrals came through the clinical admin team and were reviewed by the duty manager each day. They were allocated to a recovery practitioner for assessment. Higher risk clients would be allocated to a key worker who had experience with supporting these clients, for example, pregnant women, those under probation services and those experiencing homelessness. New referrals were discussed in the service's morning handover meetings, as well as in their weekly clinical meetings.

Management of client risk

Staff responded to changing risks to clients, which were reviewed in daily handover meetings and at weekly clinical meetings. Staff shared information and reviewed client risks, new incidents and safeguarding concerns.

The service's record keeping system flagged any concerns that staff should be aware of, for example, previous convictions.

Staff offered clients advice and support to keep as safe as possible. Clients who took certain medicines such as methadone were offered a safe storage box so that children and other people could not access it. When needed, staff completed home visits to assess the home environment to ensure safety boxes were used correctly.

Staff followed clear personal safety protocols. There were alarms available for staff to use when seeing clients in the office. When staff made home visits to clients they did so in pairs and ensured that their diaries were updated with their whereabouts.

At the time of our inspection, the service had around 400 clients in medication assisted treatment. Medication assisted treatment involved the use of medicines, in combination with other treatments such as psychotherapy, counselling and group therapy. The service was expected to complete a medical review for each client under medication assisted treatment every 6 months, as opposed to annually in line with national guidance. At the time of inspection, the service had conducted 6 monthly medical reviews with 85% of their clients. The service reported this was in part due to the shortage of doctors and non-medical prescribers recently. The service was however meeting the national target of seeing 99% of clients for a medical review in the last 12 months. The 1% of clients who had not had a review related to 6 clients who did not attended their booked meeting. Appointments had been rebooked for these 6 clients.

Records included plans for unexpected treatment exit. If clients did not attend an appointment, staff contacted the client to help them re-engage their meeting. Staff reported they would attempt contact by numerous routes, such as phone call, text, email and letter. Clients who did not attend their assessments or disengaged from treatment were discussed with senior staff in the morning meeting and clinical meeting.

Staff responded promptly to any sudden deterioration in a client's health. The service had a medical emergency plan in place, which included a resuscitation policy as well as a management of seizures policy. Staff received training in de-escalation skills to support client engagement.

Safeguarding

Most 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 were required to complete online safeguarding training, as well as face to face training. For safeguarding children, 88% of staff had completed online training and 77% of staff had completed face to face training. For safeguarding adults 85% had completed online training and 74% had completed face to face training.

Staff were able to identify risks related to clients. Staff knew how to make a safeguarding referral and who to inform if they had concerns. Most staff gave examples of where they had to make a safeguarding referral, such as concerns about children in the home environment, or self-neglect.

Most staff were able to describe to us examples of recent safeguarding concerns and how these were managed

The service held a safeguarding meeting once per month. At the time of the inspection, the service's safeguarding lead was vacant. The post had been recruited to with the new appointee going through pre employment checks prior to taking up their post. In the meantime, the safeguarding lead role was being covered by the deputy service manager.

Staff access to essential information

Staff kept detailed records of clients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.

Staff kept comprehensive and detailed records of clients' care and treatment.

Staff used a secure electronic records system. Staff used this system to record and access each client's progress notes, care plans, risk assessments and other information relating to care and treatment. We looked at 5 records, and all were clear, up-to-date and all staff could access them easily.

Staff had their own mobile phones and laptops which allowed them to work from home and access information when visiting clients.

Medicines management

The service used systems and processes to safely prescribe, administer and record medicines. Staff regularly reviewed the effects of medications on each client's mental and physical health. Staff completed medicines records accurately and kept them up to date. However, some improvements were needed in how naxalone sprays were stored.

Staff followed systems and processes to prescribe and administer medicines safely. Staff monitored temperatures of medicines storage areas. If temperatures went outside the recommended range, we saw evidence that staff acted to safeguard the medicines. This included liaising with the pharmacy team and raising concerns with the operational team at head office. However, we found naloxone nasal sprays were stored in a portable cooler box. The clinical manager and staff informed us that the cooler box was used to store medicines in when the weather was warm. We saw the cooler box had condensation which caused some damage to the packaging of the naloxone and water had collected at the bottom of the cooler box. This raised concerns about infection control in the cooler box, which had not been noted and risk assessed by the service. Whilst some staff were aware of this concern, they did not feel confident in raising this issue with the clinical manager or head office.

Medicines and controlled stationary were stored securely. Staff used an electronic system to document medicines prescribed.

Staff completed a 'prescription change form' before clinical administrators generated prescriptions. Once the prescription was generated, the prescriber reviewed and signed it.

Prescriptions were either given directly to the client or posted to the pharmacy. All prescriptions were logged which enabled staff to follow up if there were any issues of loss or theft.

Access to medicines storage areas was appropriately restricted. Staff had access to emergency medicines, equipment, and medicines disposal facilities.

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.

Staff followed national practice to check clients had the correct medicines when they were referred, or they moved between services. Staff obtained client's consent to access and share information with their own GPs. This enabled staff to access medical and drug histories prior to the prescribing of medicines.

Staff developed links with a local GP practice to enable clients to register if they did not have a doctor. Staff requested a GP summary for each client every 6 months in preparation for the medical review and to ensure that medicines records were up to date. We saw that staff wrote to GP practices to keep them informed of the treatment being provided by the service.

Staff learned from safety alerts and incidents to improve practice. Medicines incidents were reported on an electronic system and investigated by the clinical lead. Incidents were reviewed at a governance meeting. Any learning was shared with staff as well as any changes that required implementation.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff wrote to GPs to ask them not to prescribe certain medicines whilst clients were receiving treatment from the service.

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.

Track record on safety

The service had a good track record on safety.

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. When things went wrong, staff apologised and gave clients honest information and suitable support. However, debrief sessions were not always offered to staff after an incident occurred.

Staff knew what incidents to report and how to report them. Staff told us they were encouraged by managers to report all incidents and near misses via their online incident reporting service. The service reported 118 incidents in the past 12 months. These included medicines incidents, violence and aggression, death of service users and incidents related to information governance. The service had no never events.

Good

Substance misuse services

Seventeen clients using the service had died within the previous 12 months. None of these deaths were related to the treatment being provided by the service. Managers investigated these deaths and implemented improvements when needed, for example, to strengthen their links with safeguarding services and ensuring updated care records were received from client's GPs.

Learning from incidents was shared by managers in whole team meetings. During the service's monthly governance meetings, the team separated into smaller groups to discuss a range of recent incidents. Each group reported back to the team on the areas of good practice, if there were any gaps in the care provided and what the learning was. Staff had identified learning, such as, ensuring they book a client's next appointment while they were at their current session and increasing their use of breathalysers for clients when needed.

There was evidence that changes had been made as a result of staff feedback. When the service transitioned to the current provider, staff were allocated caseloads of clients they were generally not familiar with. Staff told us this felt unsafe, as they had a higher caseload with clients they did not know and were also working from home on their own, due to the pandemic. The service managers learned from this and created a handover document to be completed when any client moved between recovery practitioners, to ensure a smoother transition for both staff and clients.

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.

Debrief and support was not always offered to staff after an incident occurred. Staff told us debriefs did not always take place. Staff also told us they felt more support should be offered when their client deteriorated or died, such as, being able to meet with seniors to discuss the impact this had on their wellbeing.

Are Substance misuse services effective?

Good

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.

We looked at 5 care and treatment records. Staff completed a comprehensive assessment of each client. Assessments covered a range of areas, such as, history of substance use, mental health and physical health needs, safeguarding concerns and social functioning.

Staff made sure that clients had a full physical health assessment and knew about any physical health problems. The service was not able to carry out blood tests and ECGs within the centre. Clients were referred to their GP or local hospital for these interventions.

Staff developed a comprehensive care plan for each client that met their mental and physical health needs. Care plans were personalised, holistic and recovery-orientated. We saw evidence that clients had been involved in their care, their opinions were documented, and they had been given copies of their care plans.

All assessments were audited by a senior member of staff before being signed off. The audit ensured the assessment had been completed in full, all risk assessments had been updated, that there was an appropriate care plan in place, a treatment pathway had been identified and the next appointment had been booked.

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). This included training staff in motivational interviewing, 1:1 key working sessions, substitute prescribing, community alcohol detoxification, psycho-social therapy groups and voluntary work opportunities.

The service had a psycho-social therapy group timetable for clients, which included groups such as non-dependent groups, pre-detox groups, post-detox groups, and aftercare groups. The service also ran narcotic and alcohol support meetings 3 times per week from their premises which clients were encouraged to attend.

Staff made sure clients had support for their physical health needs, either from their GP or community services. Blood borne virus (BBV) testing was routinely offered to clients at the point of assessment. Clients had access to a hepatitis C team, who regularly attended the service to carry out physical health screens. If a client tested positive for hepatitis B, nurses were able to administer the hepatitis B vaccine on site via a Patient Group Direction (PGD). A PGD allows specified health professionals to supply and/or administer medicine without a prescription or an instruction from a prescriber.

Staff supported clients to live healthier lives by supporting them to take part in programmes or giving advice. The service signposted clients to health and wellbeing support in the community, such as smoking cessation services.

Staff used recognised rating scales to assess and record severity and outcomes. Clients seeking treatment for alcohol misuse were assessed using the alcohol use disorder identification test (AUDIT). Staff used the clinical opiate withdrawal scale (COWS) to monitor the severity of opioid withdrawal during opioid detoxification.

Staff used technology to support clients. The service had been working with a local charity who agreed to provide data sim cards for those experiencing data poverty. This was due to be piloted in September, and the service hoped this would support and upskill their clients.

Staff took part in clinical audits and there was an annual service audit plan. These audits looked at health and safety, safeguarding, case management, medication, incidents, complaints and controlled drugs. The service's new consultant psychologist had started to conduct an audit of the service's psychological interventions. This enabled staff to have a better understanding of their current client's needs as well as review the service's outcomes and pathways. As part of this review all staff were sent a survey to complete which looked into identifying the learning needs of the team.

Managers used results from audits to make improvements. For example, following a recent audit of case management, leaders implemented training on the discharge process to support smoother transitions.

Good

Substance misuse services

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. Managers made sure staff had the right skills, qualifications and experience to meet the needs of the clients in their care, including bank and agency staff. These included recovery practitioners, nurses, a doctor, a nurse prescriber, administrators, a consultant psychologist, and a building recovery in the community coordinator (BRIC).

Managers gave each new member of staff an induction pack before they started work. The induction included time for training, as well as shadowing activities within the service. A new staff member's caseload would steadily grow with their time at the service.

Managers supported staff through regular, constructive appraisals of their work. At the time of inspection, 85% of staff had received an appraisal within the last year.

Managers supported staff through regular supervision of their work. The staff we spoke with told us they received regular supervision. WDP required staff to receive supervision 9 times over a 12 month period. At the time of inspection 94% of staff received this level of supervision. Staff were also able to access clinical support through weekly team meetings, as well as access a monthly group supervision session.

Staff attended regular team meetings. The minutes from this meeting were available for staff who were unable to attend.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Training and development was discussed within supervision and appraisals. Of the 17 staff we spoke with, 1 staff member reported they felt development opportunities were limited in their current role.

Managers made sure staff received any specialist training for their role. For example, ensuring all staff had completed best practice in optimising opioid substitution treatment (BOOST) training.

Managers recruited, trained and supported volunteers to work with clients in the service. The service had 8 volunteers and 7 peer mentors within the service and they planned to recruit more.

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

Staff held regular multidisciplinary (MDT) meetings to discuss clients and improve their care. A daily meeting occurred each morning, as well as a more in depth meeting once per week.

Staff had effective working relationships with other teams in the organisation. Service managers from each WDP service across the country came together each month to discuss any concerns, good practice and to share learning.

Good

Substance misuse services

Staff had effective working relationships with external teams and organisations. These included GPs, pharmacies, local authority safeguarding teams, community mental health teams, and other service providers such as housing provider and probation services. The service employed 2 dual diagnosis workers who worked closely with inpatient and community mental health services. They had access to the client record systems at the local NHS trust to enhance information sharing. These 2 staff members also had supervision with a manager within the NHS mental health team to support them to work with clients with mental health needs.

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 on the Mental Capacity Act. Compliance with this training was 93%.

We reviewed 5 care and treatment records. All records showed clients consented to their care and treatment and this was recorded and reviewed in a timely manner.

Staff had access to relevant policies and support in relation to the Mental Capacity Act. Staff supported clients to make decisions on their care for themselves. There were good links with local mental health teams and safeguarding services.

Staff understood the importance of maintaining client confidentiality and obtaining consent from the client before sharing any information with third parties.

Are Substance misuse services caring?

Good

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.

Clients were very complimentary of staff, reporting they were approachable, non-judgemental and supportive. One client told us their recovery, and continued attendance at the service, was due to the kindness and support they received from staff.

Staff were passionate about their work and supporting their clients. They understood their client's individual needs.

Clients were seen in one to one sessions with a staff member and also within group settings. Clients said the group programme was supportive, "family-like" and run by clinicians who were knowledgeable. We observed a non-dependent group and saw very positive interactions, with a caring and supportive recovery practitioner leading the group.

Staff supported clients to understand and manage their own care, treatment and condition. Clients told us they were encouraged to ask questions and learn about their treatment. They were listened to whenever they had concerns.

Staff directed clients to other services and supported them to access those services if they needed help, for example, for benefits support, community training and voluntary programmes.

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. We saw evidence of client involvement in all records we reviewed. All clients had also received a copy of their care plans.

Clients told us staff encouraged them to ask questions to help them understand their care.

Clients gave feedback on the service and their treatment and staff supported them to do this. Clients gave feedback through a number of routes, for example, by informing the receptionist, through the service's online website, at the service user forum or by using the suggestion box. The clients we spoke with felt able to discuss any concerns with their key worker or group facilitators.

Staff involved clients in decisions about the service, when appropriate. We reviewed service user forum minutes which showed a discussion around the building works which were taking place within the building. The service manager also attended a recent service user forum and answered any questions clients had, such as around staffing and volunteer roles.

The service had employed a building recovery in the community (BRIC) coordinator. This staff member coordinated the client representatives, peer mentors and volunteers. They also delivered training courses for clients, such as, Nurturing Opportunities Visions and Aspirations (NOVA), Next Steps and the Peer Mentor Programme. These training courses focused on confidence building, identifying strengths and goal setting. Peer mentors were involved in service steering groups, ran motivational client sessions, and 2 peer mentors represented the service at a national conference. One peer mentor had been instrumental in setting up links with a domestic violence charity. This had led to them working centrally with WDP and planning the national roll out of groups supporting individuals who had been victims of domestic abuse.

The service had a reward scheme called the Capital Card which aimed to encourage a client to engage with the service. Clients collected points on their card when they attended appointments and groups, as well as completing blood borne virus tests. Clients could spend their points at the service for a range of toiletries and food. Clients could also spend points with partners within the local community who had signed up to the scheme. This included local shops, restaurants and attractions. The service was also in the process of supporting a peer mentor to offer haircuts through this reward scheme.

Involvement of families and carers

Staff informed and involved families or carers when it was appropriate and where clients had consented to their involvement.

The service had a member of staff who led on working with carers. Carers were offered individual sessions with a member of staff who provided information and support. A group for carers was in development.

Good

Substance misuse services

Families and carers were able to provide feedback to the service via a staff member, online or by using the suggestion box.

Are Substance misuse services responsive?

Good

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, for example, inpatient detoxification.

People could access the service in a way that suited them. Referrals came directly from clients, as well as from a range of services, such as GPs, community mental health teams, housing services and probation services.

There was flexibility and choice in the appointment times available, for example, the service was able to offer evening appointments where needed.

All referrals came through the clinical admin team and were reviewed by the duty manager each day .

All new referrals were allocated to a recovery practitioner for assessment. Referrals were discussed daily at the service's morning meetings, and in more depth at their weekly case meeting.

The service did not have a wait list as all clients were allocated to a member of staff at the point of referral. Since expanding their service, the team had noted a rise in the number of new referrals. At the time of inspection, 211 of their 892 clients were awaiting assessment, that was 24% of all open clients. The service had a target to see clients within 2 weeks of their referral. At the time of the inspection the average waiting time for a first assessment was 16 days. The service had been working to improve this score, as in April 2022 the wait time was 22 days. Managers reported this improvement was due to the increase in managerial support available, the introduction of five new team members who worked with complex clients, and the support of their volunteers.

Staff saw urgent referrals quickly. Higher risk clients were allocated to lead staff within the team. These included individuals who were pregnant, homeless and prison leavers.

Staff tried to contact people who did not attend appointments to rebook them and offer support. Staff attempted to contact clients at least twice before closing the referral. Before a client could be closed to the service, staff would need to discuss their case with managers in the team meetings.

The team also worked with clients to identify appropriate inpatient detoxification and rehabilitation facilities. One staff member took the lead on assessing, referring and managing this group of clients. The staff member kept in touch with the clients and the team while they were in rehabilitation. They then supported clients who had completed rehab programmes and returned to the area.

The number of discharges were monitored on the activity tracker and staff were congratulated when clients were discharged successfully. The service had been working on reducing their caseloads, which had an emphasis on ensuring those who were ready for discharge were supported through this process. The staff we spoke to said a barrier for timely discharges were rising caseloads and workloads.

The facilities promote comfort, dignity and privacy

The design, layout, and furnishings of treatment rooms supported clients' treatment, privacy and dignity. However, delays in the reopening of community locations, post pandemic where satellite accommodation was provided, meant it was difficult to always book an appropriate room for client sessions.

The service had a full range of rooms and equipment to support treatment and care. However, staff told us the premises were too small for the size of the team and the number of clients they were seeing.

There was enough space in the reception area for clients to wait for their appointments.

Interview rooms had sound proofing to protect privacy and confidentiality. Music was played outside of the interview rooms which made it less likely for conversation to be overheard.

Clients had access to a kitchen where they could make hot drinks and food.

The service took on an additional caseload of complex clients, however the building capabilities remains the same. Staff spoke of needing to meet clients in the car park due to no interview rooms being available and having their desks made smaller to accommodate extra staff. Managers were aware of this concern, and recognised the service had grown in the last 12 months. At the time of inspection building works were taking place, this meant two rooms were not in use. Managers reported they were looking at satellite locations within the borough to offer their service from, such as community centres. Managers reported there were delays in getting this started due to the pandemic as many community services were not open, however they planned to again progress this project as services reopen.

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. The service saw clients on the ground floor of the building, this area had a disabled toilet available for use.

Interpreters were available for clients who did not speak English. They could specify the gender of the interpreter to meet clients' preferences.

Staff understood and respected the individual needs of each client, including the issues facing vulnerable groups, including LGBTQ+, homeless clients and clients subject to domestic abuse. The service was in the process of setting up specific client groups, such as LGBTQ+ and a women's group.

Staff made sure clients could access information on treatment, local service, their rights and how to complain. Clients told us staff encouraged them to ask any questions about their care and treatment. We saw leaflets in the reception area on local services, such as food banks and courses.

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. They shared the learning with the whole team.

Clients knew how to complain or raise concerns. Clients could feedback on the service through suggestion boxes located in the reception area, through speaking with a member of staff, or online. The clients we spoke with felt able to raise concerns if they needed to.

Between April 2021 and Match 2022 the service received 21 complaints. Nine of these were upheld and another 9 were partially upheld. The service saw a slight increase in complaints during July 2021 to September 2021, which managers attributed to the reintroduction of face to face appointments and the introduction of an online complaints form.

Managers investigated complaints and identified themes. Clients usually received the outcome letter within 28 days of making the complaint unless there were unforeseen delays. There were 4 occasions where the service required an additional 5 working days to complete their investigation.

Managers shared feedback from complaints with staff and the learning was used to improve the service. For example, checking with clients their preferred method of communication and reminding staff to send appointment letters in case client's phone numbers had changed.

The service used compliments to learn, celebrate success and improve the quality of care. The Building Recovery in the Community (BRIC) coordinator collated the compliments the service received. Compliments were shared in team meetings with all staff.

Are Substance misuse services well-led?

Good

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. They were approachable for clients and staff. However not all staff felt listened to.

The local leadership had worked for the service for many years in a variety of roles. They had also worked at the service under the previous provider. They had the knowledge and experience to perform their roles.

Leaders were a visible presence within the service. Staff reported WDP's senior management team visited their service often and were approachable.

Managers within the service met weekly to discuss any updates or concerns.

Good

Substance misuse services

All staff felt able to approach leaders with any concerns, but there was more work to do to ensure that staff with a clinical background felt heard when they raised issues with managers from a non-clinical background. Some staff reported raising comments or concerns in team meetings and they were not listened to, which led them to feel their opinions were not valued.

Vision and strategy

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

Staff knew and understood the provider's vision and values and how they were applied in the work of their team.

The service's values were centred around transforming lives and coproduction. We saw clear evidence of coproduction, such as the service user forums and voluntary schemes. The clients we spoke with provided very positive feedback about the care and treatment being offered at this service.

Staff we spoke with were able to explain the concepts of recovery, what recovery looked like and how the service worked with clients to achieve and maintain that recovery.

Culture

Most 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.

Most staff we spoke with felt respected, supported and valued. However, some felt managers did not always listen to their input.

Managers were proactive in ensuring staff had appraisals.

Everyone we spoke with reported good team working and a positive team morale. It was evident that all colleagues wanted the best outcome for clients.

Staff stated that they felt able to raise concerns when needed. Most staff were aware of the whistleblowing process.

Staff success was recognised through a WDP award scheme. The staff team within WDP Greenwich had won 5 awards at the most recent ceremony.

Staff could access support for their own physical and emotional health needs through an occupational health service provided by WDP. Staff reported being well supported through their own illness or recovery.

Staff reported the service promoted equality and diversity in its day to day work and in providing opportunities to staff who had their own experience of misusing substances.

Governance

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

There was a governance structure in place for the team to learn from incidents, deaths and complaints, which was discussed in the monthly governance meetings. From reviewing the minutes from recent governance meetings, it was clear incidents and complaints were discussed in full, with associated learning shared. However, some agenda points were not able to be discussed each month due to time restraints and time spent on discussing incidents. For example, the service did not always discuss audit results, the risk register and equality and diversity matters.

There was ongoing performance monitoring and auditing in areas such as health and safety, safeguarding, prescription management and controlled drugs. The consultant psychologist was in the process of auditing the service's psychological interventions, including understanding the needs of their current client group, as well as reviewing the learning needs of staff.

Managers had access to dashboards of client information, including overdue medical reviews and treatment schedules. Managers also had oversight of annual appraisal rates and mandatory training rates for staff.

Managers attended monthly service manager meetings with other WDP service managers, where they met to discuss any updates and shared learning.

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 had a quality improvement plan in place to identify and address risks, which corresponded with the service's risk register. Managers identified the top risks to the service as COVID-19 pandemic, the building premises and ensuring a safe workforce.

The service had a business continuity plan in place to address how to deal with emergencies, such as, IT system failure or a COVID-19 outbreak.

Information management

The service used an electronic confidential client record system. Staff collected analysed data about outcomes and performance.

Staff ensured that incidents were recorded on the service's incident reporting system. Staff told us they were encouraged to report all incidents and near misses.

Staff informed us that they had the technology and equipment to do their work. Staff told us they had were supported to work from home when COVID-19 initially began. They were given the technology needed to work outside of the office, such as mobile phones and laptops.

The service used an electronic confidential client record system. Managers had access to a range of dashboards which provided them with essential data on team performance as well as client care. This allowed managers to have oversight of their service.

Staff ensured that clients understood how their information was stored and who it was shared with. Clients signed consent forms to support this.

The service routinely completed outcome measures for their clients. These were saved in client's individual folders.