WDP Brent - Willesden Centre

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Requires improvement

Overall summary

We rated WDP Brent - Willesden Centre as **good** because:

- The service provided safe care. The premises where clients were seen were safe and clean. The number of clients on each person's caseloads was not too high to prevent staff from giving each client the time they needed. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- Staff worked well with their NHS partner to ensure clients had access to the full range of specialists required to meet their physical and mental health needs. Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment, with thorough contingency planning in place.
- Managers ensured that staff received training relevant to their role, as well as supervision and appraisal.
- Staff treated clients with compassion and kindness and understood their individual needs. They actively

Summary of findings

involved clients in decisions and care planning. Clients attended a local service user forum, which met monthly, in addition to a monthly strategic service user group across WDP.

- The service was easy to access. Staff planned and managed discharge well and had alternative pathways for people whose needs it could not meet.
- The service encouraged innovation and worked closely with its NHS partner to run Quality Improvements (QI) projects. Projects included reducing supervised consumption of controlled drugs and wellbeing training that included service users.
- The service participated in a provider wide reward card scheme to encourage clients to engage with the service.

However,

- The service had not completed any of the required statutory notifications in respect of service user deaths and allegations of abuse related to the service without delay, as required since registration with the Care Quality Commission in April 2018.

Summary of findings

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Services we looked at-
Community-based substance misuse services

Summary of this inspection

Background to WDP Brent - Willesden Centre

WDP Brent – Willesden Centre is a community-based recovery and wellbeing centre provided by Westminster Drug Project. The service works in partnership with drug and alcohol services provided by a local NHS partner to form a service called New Beginnings. WDP Brent is the lead agency in this partnership. WDP Brent is one treatment system operating from two sites, WDP Cobbold Road and the Willesden Centre, to provide community-based alcohol and drug detoxification for residents in the London borough of Brent. Both WDP and the NHS partner employed outreach recovery workers for those that need assertive follow up.

There was no registered manager at the service. The service has a service manager who had applied to be the registered manager with the Care Quality Commission (CQC) prior to the inspection. The previous registered manager had been promoted within the provider organisation. The service is registered by the CQC to provide the regulated activity treatment of disease, disorder or injury.

This is the first inspection of the service since registration in April 2018.

Our inspection team

The team that inspected the service comprised two CQC inspectors, one specialist advisor and an expert by experience. An expert by experience is a person who has personal experience of using or supporting someone using substance misuse services.

Why we carried out this inspection

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

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about the location. We notified the service of the inspection 48 working hours prior to the visit in line with our methodology.

During the inspection visit, the inspection team:

- visited the clinic, looked at the quality of the environment and observed how staff were caring for clients
- spoke with 11 clients who were using the service
- spoke with three carers
- spoke with the service manager and an operations manager
- spoke with a recovery worker, a health trainer, and an administrator employed by WDP

Summary of this inspection

- spoke with eight staff employed by the NHS partner who work alongside WDP staff, including a consultant psychiatrist in addictions, registered nurses, a non-medical prescriber, a consultant psychologist, a group facilitator, and a sector manager
- reviewed three supervision records
- looked at 11 care and treatment records of clients
- observed two client groups run by the service
- observed one managers' meeting and a morning briefing
- carried out a specific check of the medicine's management
- looked at a range of WDP policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with 11 clients and three carers. Clients and carers gave extremely positive feedback about the service. They described the environment as clean, safe and welcoming. They told us that staff were caring, accepting, non-judgemental, and generous with their time.

They were offered regular appointments which were never rushed, felt listened to, and encouraged to develop. Clients were proud of their achievements with the help of staff from the service. One client told us that from the first time they came to the service, they felt very welcome, and felt that they were not being judged but being guided.

Clients talked about the service saving their life and noted that the after-care was exceptional. They told us that groups were very good, and they were encouraged to speak up and be themselves.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

We rated safe as **good** because:

- All premises where clients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- Caseloads were not too high to prevent staff from giving each client the time they needed, and staff had received appropriate training to keep clients safe from avoidable harm.
- Staff assessed and managed risks to clients and themselves well. They responded promptly to sudden deterioration in clients' physical and mental health and worked closely with their NHS partner when needed.
- 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 kept detailed records of clients' risk assessments, care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service had a good track record on safety. The service managed client safety incidents well. 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.

However:

- Not all WDP staff were up-to-date with their mandatory training, although they were booked on courses to complete this. This was mitigated by good overall staff training in the team from clinical staff provided by the NHS partnership organisation.
- Staff followed the appropriate safeguarding processes to identify and manage safeguarding issues in a timely way but did not always update the service safeguarding tracker to reflect this. Managers used the safeguarding tracker to have an overview of the actions staff had taken. Staff did record their actions relating to managing safeguarding in patients' progress notes in a timely way.

Are services effective?

Good

We rated effective as **good** because:

Summary of this inspection

- Staff ensured clients could access a wide range of suitable care and treatment interventions, some of which were over and above national guidance on best practice.
- 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. They also included thorough contingency planning, for example in the event of a client's unexpected exit.
- Staff ensured that clients had good access to physical healthcare and supported clients to live healthier lives.
- Staff supported clients to make decisions on their care for themselves. They understood the provider'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.

Are services caring?

Good

We rated caring as **good** because:

- Staff treated clients with a high level of compassion and kindness, making them feel welcome and at ease within the service. They understood the individual needs of clients and were proactive in supporting clients to understand and manage their care and treatment. This included understanding people's particular needs relating to ethnicity, religion, sexual orientation, age and disability.
- Each client had a named recovery worker and gave positive feedback about them. Staff involved clients in care planning and risk assessment and actively sought their feedback on the quality of care provided.
- The service participated in a provider wide reward card scheme to encourage clients to engage with the service. They also provided additional activities alongside a voluntary sector partner, including an event for international women's day.
- Clients attended a local service user forum, which met monthly, in addition to a monthly strategic service user group across WDP. The service name, 'New Beginnings,' and logo design, were based on the result of clients' feedback. WDP also held a service user conference produced by a committee of service users, in which staff and clients from WDP Brent were involved.
- Staff provided clients, their family members and carers with access to appropriate emotional support, including mutual aid groups.
- Staff informed and involved families and carers appropriately and encouraged clients to invite family and friends to their graduation event.

Summary of this inspection

Are services responsive?

Good

We rated responsive as **good** because:

- The service was easy to access. Staff planned and managed discharge well. The service had alternative care pathways and referral systems for people whose needs it could not meet.
- The design, layout, and furnishings of treatment rooms supported clients' treatment, privacy and dignity. Clients had access to a kitchen, with food available, including fresh fruit.
- The service made adjustments for people in response to their needs, including those with a protected characteristic, mobility, or with communication support needs.
- The service took a pro-active approach to re-engaging with people who did not attend.
- The service engaged with commissioners, social care, the voluntary sector, and the local community, to ensure services were planned, developed and delivered that met the needs of the local population including those in vulnerable circumstances.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and the wider service.

Are services well-led?

Requires improvement

We rated well-led as **requires improvement** because:

- The service had not made the required statutory notifications to the Care Quality Commission of allegations of abuse and client deaths since registration in April 2018.

However,

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and staff reported that the operations manager was supportive, approachable and visible within the service.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team. Staff felt respected, supported and valued. They reported that the provider 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 encouraged innovation and worked in partnership with its NHS partner in running Quality Improvements (QI) projects.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

All staff had completed or were due to complete training on the Mental Capacity Act, which included training on capacity and consent.

Staff understood mental capacity and were aware of how substance misuse can affect capacity. Staff worked under the principle that capacity is always assumed and where they queried a client's capacity this was assessed.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community-based substance misuse services	Good	Good	Good	Good	Requires improvement	Good
Overall	Good	Good	Good	Good	Requires improvement	Good

Good

Community-based substance misuse services

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

Are community-based substance misuse services safe?

Good

Safe and clean environment

Safety of the facility layout

The premises where clients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose. They were accessible to clients with mobility difficulties. Staff undertook monthly risk assessments of the care environment. Staff recorded and reported on any areas which required attention.

Staff had the option of carrying personal panic alarms and some of the rooms where staff saw clients had an alarm button to use in an emergency. Staff at the service had landline and mobile telephones to call emergency services. Staff had arranged for an extra door to be fitted at the service recently, to provide further security in between reception and the consultation rooms.

A fire risk assessment had been carried out for the service and the risk assessment identified the key risks of fire and how these should be mitigated, including the training of fire wardens and first responders on each day. We saw that a fire drill had taken place within the previous 12 months and all staff, clients and visitors had been evacuated safely. The allocated fire warden for the day was discussed in every morning meeting so that staff were aware.

Maintenance, cleanliness and infection control

All areas that clients had access to were visibly clean at the time of the inspection, and there were regular cleaning schedules in place for the service to ensure that no areas were missed.

The service had a clinic room, which could be used to undertake physical examinations with an examination couch. It was visibly clean and clutter free. There were records to show that equipment, including scales and height measuring equipment were cleaned and calibrated regularly.

Staff completed monthly environmental audits and cleaning audits including checks on the safe storage of cleaning detergents.

Safe staffing

Staffing levels and mix

WDP Brent is one treatment system operating from two sites, WDP - Cobbold Road, and the Willesden Centre.The majority of staff at the Willesden Centre were employed by the NHS partner trust. Seven WDP staff worked alongside 10 NHS staff. There were enough staff to meet the needs of clients accessing New Beginnings and the service could manage any unforeseen shortages in staff. WDP staff received relevant training to keep clients safe from avoidable harm. For example, in safeguarding and assessing risk. The service had a morning meeting to discuss staffing and cover arrangements.

WDP staff had an average of 50 clients on their caseloads and reported that this was manageable. WDP staff were responsible for booking appointments for clients, being

involved in assessments, maintained regular contact with them, and ensured that client records were kept up-to-date. Staff from the NHS partner delivered clinical interventions and medicines management.

The sickness rate for WDP staff was 7% and there had been no staff turnover of WDP staff in the last year prior to the inspection. Most of the WDP staff had worked at this service for several years.

The service had arrangements in place for annual leave and sickness absence. For example, staff covered each other during periods of absence. At the time of the inspection there were no vacancies.

The medical establishment and medical cover, both in and out of hours, was provided by the partner NHS trust and was easily accessible to the team.

The service ensured robust recruitment processes were followed in line with WDP policies. This included current criminal record checks, a minimum of two references and evidence of suitable experience for the role to ensure staff were safe to work with vulnerable adults. For example, some staff previously worked as volunteers for the service.

The service had arrangements in place to ensure staff had received vaccinations recommended by the Centres for Disease, Control and Prevention, for example, hepatitis B or chickenpox. Healthcare workers are at risk of exposure to Hepatitis B Virus (HBV) from infected clients and are also at risk of transmitting HBV to clients.

Mandatory training

Staff were not up-to-date with all their mandatory training but were booked on courses to complete gaps in their training shortly after the inspection. Of the seven WDP staff, three had completed training in first aid, Mental Capacity Act, equality, diversity and inclusion; five were trained in fire safety, and appropriate levels of safeguarding adults and children; and six were trained in information governance. Overall there were appropriate levels of trained staff on duty at all times, when combined with the training of the NHS partner staff on site.

Assessing and managing risk to clients and staff

Assessment of patient/client risk

WDP staff were involved in assessing and managing risks to clients and themselves, and did this well. During the inspection, we reviewed the risk assessments of 11 clients including those on the alcohol or opiate pathways, and found that these were up-to-date. Staff created and made use of client risk management plans. Staff had completed risk assessments on admission for each client. Risk assessments included areas of potential risk, such as overdose or relapse, suicidal ideation, and concerns around children and families. They were reviewed at least three-monthly, or more frequently when necessary.

Records showed risk assessments were reviewed on a regular basis and staff updated clients' risk assessments following a new risk incident, as appropriate.

Staff were trained to complete a Treatment Outcome Profile (TOP) with clients to assess the degree of substance misuse. This was used for initial, review and exit stages. This could be used for substance misuse, injecting behaviour, crime, health, and social functioning.

Management of client risk

Clients were educated about the risks of continued substance misuse, and risks identified were integral to the support plans created by staff with clients. Where risks changed, the support plans were reviewed as needed to ensure the clients' safety. In some cases, where clients did not wish to work towards abstinence, staff worked with them on harm minimisation to themselves and others. For example, they were offered use of the needle exchange service at the sister WDP service at Cobbold Road, and distributed Naloxone with training on its use in the event of an opiate overdose.

Clients had plans in place in the event of their unexpected exit from treatment. This included consent given by clients for home visits. Staff had a system in place to alert them if a client was not seen for 28 days or more, and would attempt to contact clients in accordance with their previously agreed choices. For planned end of treatment, staff provided information to each client's GP, and where relevant to next of kin prior to discharge.

Staff saw clients on site or conducted home visits when necessary. Where there were concerns about clients' welfare that needed a home visit, risks were discussed in team meetings such as the safeguarding team meeting prior to home visits being conducted by more than one staff member.

Staff gave clients information cards, with information about who to contact in the event of a crisis. The service also displayed information about a weekend drop in service for people suffering with substance misuse issues, and those caring for them.

Safeguarding

Staff understood how to protect clients from abuse. The service worked effectively with other agencies to promote safety including systems and practices in information sharing. Staff had access to a safeguarding lead, who had received level 5 safeguarding training for this role, and a safeguarding champion trained to level 3. This meant that staff had a person they could go to for advice and guidance if they had a concern about a client's safety.

Staff had training on how to recognise and report abuse, and they knew how to apply it. Staff knew how to identify adults and children at risk of, or suffering, significant harm. This included working in partnership with other agencies. Staff told us that they referred any safeguarding concerns to the local authority's safeguarding team where the person lived. WDP staff we spoke with were able to demonstrate a good understanding of safeguarding and gave examples of recent safeguarding and the process of referrals to the local authority.

Staff attended formal safeguarding meetings monthly. However, safeguarding was reviewed daily at check in meetings and at the weekly multi-disciplinary team meeting. Urgent cases could be discussed at either site. A safeguarding tracker was used by the service in these meetings to review clients. All staff had access to the tracker to record safeguarding referrals that had been made to the local authority. There was evidence in clients' notes that staff had made and recorded referrals. However, in a small number of cases the safeguarding tracker had not been updated to reflect this. We found that this information had instead been completed on the client's electronic notes. We did not find evidence that any clients at risk were not being reviewed regularly.

The service had made nine child safeguarding referrals and 11 adult safeguarding referrals in the previous 12 months. Staff also contacted local social services team for clients with children to check if they were known to social services after initial assessment.

Staff access to essential information

Staff used an electronic client record system, all assessments completed on paper were uploaded onto the electronic system for staff to access.

Medicines management

Medicines were managed by the partner NHS trust.

Track record on safety

In the six months, between 1 January 2019 and 30 June 2019, the service had four deaths, and two incidents of self-harm. A recent incident analysis at the service, from when the service opened in April 2018 to July 2019, indicated that there were 57 incidents across both Brent services.

Reporting incidents and learning from when things go wrong

WDP staff we interviewed knew what incidents to report and how to report them. They were able to give examples of incidents that had been reported, and the learning from them.

Staff shared learning from incidents in team meetings, this was evident in their team meeting minutes, and at governance meetings. We also observed that, where appropriate, incidents were discussed at staff supervision meetings. Staff we interviewed were able to give us several examples of incidents that had occurred, these included reviewing guidelines on reproductive health and operating procedures following the death of a pregnant client. Immediate action taken included keeping a stock of pregnancy tests on site, and specific questions to ask clients of child-bearing age. Other learning from incidents included more rigorous follow-up of clients who do not attend appointments, and maintaining contact with clients who are admitted to hospital for physical health reasons.

In addition, WDP shared alerts from other services it provided, such as a recent fentanyl overdose in a nearby borough.

Staff understood the duty of candour. They were open and transparent, and gave people using the service and families (if appropriate) a full explanation if and when something went wrong. Duty of candour is a legal requirement, which means providers must be open and transparent with clients about their care and treatment. This includes a duty to be honest with clients when something goes wrong.

Good

Community-based substance misuse services

The service was planning a thematic review of the lessons learned from all incidents since it opened in April 2018.

Are community-based substance misuse services effective?

(for example, treatment is effective)

Good

Assessment of needs and planning of care

WDP staff were involved in completing comprehensive assessments with clients accessing the service. They worked with clients to develop individual care plans and updated them as needed. Care plans reflected their assessed needs, were personalised, holistic and recovery-oriented. We reviewed 11 care and treatment records during our inspection. Staff completed a comprehensive health assessment of clients' needs at their first appointment. Assessments covered clients' mental and physical healthcare needs, as well as their social circumstances. They included an assessment of the client's drug or alcohol dependence level using a recognised evidence-based tool, such as Alcohol Use Disorders Identification Test (AUDIT) and Severity of Alcohol Dependence Questionnaire (SADQ) for alcohol dependency. A full injecting history was recorded where relevant, and clients' motivation to change was monitored.

Each client had an assigned recovery worker, matched to members of staff with specific skills and experience. For example, clients with suspected alcohol related physical health needs were allocated to one of the specialist substance misuse nurses employed by the partner NHS trust. The name of their recovery worker was recorded on the patient record system. Clients we spoke with knew who their allocated recovery worker was.

Staff provided assessments within 48 hours of receipt of referral. In practice, if anyone self-referred staff tried to provide an immediate assessment as they recognised how hard it was for people to make a first contact. Staff developed recovery care plans with each client with a focus on harm minimisation. The care plans we reviewed were personalised, included clients' views and strengths. Care plans included thorough contingency planning, for example in the event of a client's unexpected exit.

Staff took steps to ensure that clients' physical health needs were assessed and met. WDP staff were trained to carry out physical health observations for clients and supported clients to access support from their GP and other services when necessary. In addition to clients coming to the centre, staff saw some clients at GP surgeries, in order to avoid the risk of clients not attending if asked to attend another centre. In some cases, staff supported clients to attend hospital appointments.

Best practice in treatment and care

The service provided care and treatment based on national guidance and evidence. Blood borne virus testing was undertaken by WDP and NHS staff. Prescribing and vaccination was undertaken by the partner NHS trust.

Staff encouraged clients through a reward card scheme to attend for vaccinations. Points earned on the reward card scheme could be spent on local community services.

Staff discussed with clients the importance of living healthier lives if they wanted to make changes. Staff encouraged clients to give up smoking and referred them on to smoking cessation services. The health trainer for the service had been a peer support worker, and worked with individual clients and a weekly health and wellbeing group including taking positive steps such as keeping active, nutrition, and forming connections.

Staff could refer their clients to a hepatology nurse (specialising in liver health), who visited the service to conduct a regular surgery for clients, offering clients a fibroscan (similar to an ultrasound) to check if they had sustained any liver damage.

Through their NHS partner, WDP staff could refer clients to psychological treatment interventions, and eye movement desensitisation reprograming for trauma and behavioural couples' therapy (BCT).

Late and evening clinics were available for clients who were working. Allocated practitioners followed up client non-attendance pro-actively, and where necessary would refer clients to the outreach team to follow up with a home visit.

WDP staff were involved in providing a pre-tox group prior to clients undertaking any detoxification. This included alcohol awareness, relapse prevention, what to expect after detox, triggers, and awareness of risk situations.

Good

Community-based substance misuse services

The service was involved in piloting new pathways for clients, which was led by clinical staff in the NHS partner. WDP staff could refer relevant clients to this where appropriate. An example was a new pathway to support clients to come off opiates in less than 90 days.

The service had introduced a dog therapy programme based on evidence that this helped to improve the wellbeing of clients by reducing anxiety levels and promoting rapport with therapists, increasing the success of recovery programmes.

The service participated in a provider wide evidence-based reward card scheme to encourage clients to engage with the service. This reward scheme was developed in consultation with clients.

The service had a good relationship with their NHS partner and participated in quality improvement projects on reducing supervised consumption of controlled drugs and wellbeing training that included clients.

Monitoring and comparing treatment outcomes

WDP staff participated in local audits, which we reviewed. This included audits on client records. An internal audit had also been commissioned to assess other elements provided by the service such as staff experience, client involvement, safeguarding, training records and information governance.

Skilled staff to deliver care

WDP staff were experienced and qualified to deliver their role. Some staff previously volunteered in the service prior to taking up permanent roles within the team.

The service ensured staff were competent to carry out their role supporting clients with substance misuse. Staff completed specialist training for their roles. For example, they had access to additional training such as safeguarding level 5, needle exchange, management of alcohol, group facilitation, motivational interviewing, mindfulness and assertiveness. Other training provided to staff included peer support training, recovery focused practice, resilience and emotional intelligence, relapse prevention, and managing stress.

The service provided new staff with a local induction. The local induction included orientation to the service and reading various policies and procedures. The induction included access to a resource centre where staff could have additional online training and work towards developmental goals for the year.

There were processes in place for managers to deal with poor performance promptly and effectively. All staff received individual monthly clinical and managerial supervision of their work performance and an annual appraisal. Alongside staff from the NHS partner, WDP staff could access group supervision with staff of different grades, monthly group reflective practice and regular multidisciplinary team meetings.

Staff received training in meeting the needs of clients from diverse communities. This was covered as part of the equality and diversity training which all staff attended. One WDP staff member was the black and minority ethnic group lead.

Multidisciplinary and inter-agency team work

WDP staff worked alongside NHS partner staff to provide multidisciplinary input into clients' comprehensive assessments. NHS partner staff included medical staff, a pharmacist, nurses, and a psychologist. Input from the clients' social workers was also sought where appropriate. Contact from all staff was recorded in all client records we looked at.

The service had regular team meetings. Staff met in daily morning meetings to discuss cases of concern, staffing, and any service updates. Staff shared pertinent information at these meetings including incidents and new safeguarding referrals. Multidisciplinary staff met weekly, to look at staff cover, expected appointments, clinics, clients who had not attended, sharing issues of concern, and good practice.

The service discharged people when specialist treatment was no longer necessary. Staff worked closely with NHS community mental health teams and GPs to ensure relevant information was transferred as needed.

Good practice in applying the Mental Capacity Act

The service had a policy on the Mental Capacity Act. Not all staff had completed training on the Mental Capacity Act, which included training on capacity and consent, but all were scheduled to do so.

Staff understood mental capacity and were aware of how substance misuse can affect capacity. Staff worked under

the principle that capacity is always assumed and where they queried a client's capacity this was discussed amongst the team, with a capacity assessment carried out by one of the doctors when needed. Staff used a checklist and prompt card to guide them in making an assessment. Staff we interviewed were able to demonstrate their understanding of mental capacity by giving examples in their practice.

Are community-based substance misuse services caring?

Good

Kindness, privacy, dignity, respect, compassion and support

We saw staff across the service engaging very positively with clients during the inspection. Reception staff were very attentive to clients waiting to be seen, ensuring that they felt welcome, and were not waiting too long. They were aware of the importance of making the first contact with the service a positive one.

We observed two groups facilitated by staff where clients engaged well and were supported to speak up about what was and was not helpful on the recovery day programme. WDP staff including recovery practitioners and the health trainer, provided additional support to patients on this programme. Staff communicated positively with clients. Relationships between clients and staff were caring, respectful and supportive.

We spoke with 11 clients and three relatives of people using the service. All provided very positive feedback about the service. They described the environment as clean, safe and welcoming. They told us that staff were caring, accepting, non-judgemental, and generous with their time. They were offered regular appointments which were never rushed, and felt listened to, and encouraged to develop. One client told us that staff enabled them to continue to reduce their opiate dose, and how proud they felt about their achievement thanks to their recovery worker. Another client told us that from the first time they came to the service, they felt very welcome, and felt that they were not being judged but being guided.

Other clients told us that they could not ask for a better service, felt a really warm welcome from the staff, that it was a pleasure to come to the service, and that they could always knock on someone's door and get access to staff. They were very proud of their achievements with the service. Clients talked about the service saving their life and noted that the after-care was exceptional.

Clients told us that groups were very good, and they were encouraged to speak up and be themselves. They were offered the opportunity to join a taster session before committing to a programme. They could not think of things that could be improved at the service. One person told us that everything about the place was good for them.

Clients told us about extra activities provided, such as a Christmas lunch party, and invitations to alcohol-free events. A local bakery and some other community businesses provided regular food donations for clients, and fresh fruit was available to clients visiting the service. Each floor had a community kitchen with food available for clients while they waited for their appointment. The kitchens were clean and pleasant, and clients told us that they appreciated this service.

Staff supported clients to understand and manage their care, treatment or condition. This included understanding people's particular needs relating to ethnicity, religion, sexual orientation, age and disability. Staff demonstrated a good knowledge and understanding of people's needs. They told us about one client who did not speak much English but was able to participate in the recovery day programme, finding a common language, with members of the group. On graduating from the programme, the client noted that they had also learned English in the process, and now ran their own business. Staff told us that it was their emotional connection that made the biggest difference, inspiring confidence and self-esteem. They noted that clients often came back to say how they were getting on after graduating. Another client had gone on to undertake a business qualification following graduation from the day programme.

Staff directed clients to other services when appropriate. There was information available in the waiting areas, and corridors of the service. These services included legal advice centres, homelessness agencies, debts advice, groups that offered support with mindful drinking and a list of outdoor gyms in Brent. Records we reviewed showed that staff discussed with clients the range of services that

they could access. A local voluntary service project, worked in partnership with the service to arrange joint events including one for international women's day, and an alcohol-free party in the park.

Staff said they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards clients without fear of negative consequences. The service had clear confidentiality policies in place that were understood and adhered to by staff. Staff maintained the confidentiality of information about clients.

Involvement in care

Involvement of clients

Staff communicated sensitively with clients and ensured that they understood their care and treatment. Clients had access to a range of information leaflets about the service and other relevant local services.

Staff engaged with clients, and their friends and families (where appropriate) to develop support plans that met their needs and ensured they had the relevant information needed to make informed decisions about their care.

Each client had a named recovery worker. Staff actively involved clients in care planning and risk assessment and sought their feedback on the quality of care provided. Discussions were held with staff and information leaflets had been developed about their treatment for dependence on alcohol or an opioid based substance. Each client who used the service had a recovery plan and risk management plan in place. These had been reviewed and updated on a regular basis and all included clients' views.

Clients reported that they felt supported, informed and involved with their treatment decisions and care planning. All clients we spoke with reported they had discussed their plan of care with the team and were happy with it.

Staff displayed suggestion boxes in the reception area as another way for clients or carers and family to provide feedback on the service they had received. The service also displayed what they had learnt from suggestions and what they had done about it as a form of feedback. Examples of changes made as a result of client feedback included changes to the environment to make it more comfortable and access to the reward card scheme encouraging community access. Staff conducted a client and family survey for clients in September 2018. Client responses were positive. They felt that their views were sought and addressed by staff.

Staff provided clients, their family members and carers with access to appropriate emotional support, including mutual aid groups. There was a local service user forum, which met monthly, in addition to a monthly strategic service user group across WDP, including input from a local voluntary project. The service name, 'New Beginnings,' and logo design, were based on the result of clients' feedback. The local voluntary project facilitated a recovery champions course for clients who had completed graduation at the service.

The NHS provider held a service user conference produced by a committee of service users, in which staff and clients from WDP Brent were involved. The most recent 'engage' conference, had a 'Back to the Future' movie theme.

Involvement of families and carers

We spoke with three family members of clients using the service as part of this inspection. Staff involved family members in the care and treatment of clients when appropriate. Clients were encouraged to invite family members or a friend to attend their appointments with them and discuss their progress if they desired to do so.

Relatives spoke highly of the service, including the straight forward way staff communicated with them. One relative told us that they had been supported to access bereavement counselling by the service. However, one relative felt that it had taken too long for their family member to be referred to the service. Families were also involved and offered support when there had been a serious incident.

Staff told us that they were in the process of re-establishing a carers group for the service, led by a peer support worker. A family lead worker was based at the Cobbold Road site.

They were planning to implement the CRAFT (community reinforcement and family therapy) approach, a recognised approach, supporting carers to encourage prospective clients to engage with the service. There were also plans for staff to undertake training in identifying young carers who might need support.

Good

Community-based substance misuse services

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

Good

Access, waiting times and discharge

Referrals were received from GP surgeries, community mental health teams, housing support workers, social worker and self-referrals. A referral form was easily accessible on the service website. The service had clearly documented admission criteria, including work with adults only.

The WDP Brent Willesden Centre worked with clients who were deemed to be more complex, particularly for alcohol or opiates detoxification. Others were referred to WDP Brent – Cobbold Road.

There was no waiting list, and clients were assessed for treatment without delay. Treatment commenced as soon as necessary medical checks had been performed by NHS partner staff. The service had robust alternative care pathways and referral systems in place for clients whose needs could not be met by the service. One relative of a client using the service, noted that it had taken a long time to be referred to the service, during which time their relative was at unnecessary risk. The service told us that they were working to ensure that the service had higher visibility throughout the borough, and to increase the number of clients accessing it.

The service took a pro-active approach to re-engaging with people who did not attend. The service had processes in place for when clients arrived late or failed to attend their appointments. Staff attempted to contact clients who did not attend, by phone and letter, and if appropriate the outreach team could visit clients at home to check on their welfare and encourage reengagement.

Discharge and transfers of care

Staff planned for clients' discharge including liaison with their GP. Clients' treatment and discharge were discussed in team meetings. When a client was discharged the service sent a letter to their GP or current community mental health team confirming the outcome and whether any follow up treatment was required.

Staff supported clients during referrals and transfers between services, contacting services that they referred clients to.

The facilities promote recovery, comfort, dignity and confidentiality

The service had enough rooms for clients to meet with staff on the premises. The rooms were adequately sound proofed to maintain privacy. Corridors and group rooms included a wide range of inspirational quotes to support people recovering from addictions.

There were kitchen facilities available to clients including food and beverages, and we observed clients making good use of these facilities. Fresh fruit and sandwiches donated by local businesses were provided.

Groups available to clients included a positive psychology group, detoxification, self- esteem group, pretox, anger management, relapse prevention, loss and graduate groups. There were also separate men and women's groups, peer recovery worker groups, wellbeing, moving on, emotional intelligence, and reiki groups.

Clients' engagement with the wider community

Staff encouraged clients to maintain contact with their families and carers and seek support from them where possible. The recovery day programme was open to clients with any sort of addiction, and not restricted to clients with substance misuse issues.

A voluntary partner in service delivery, offered weekly meetings to share with clients information about changes happening in the community, and also offered clients the opportunity to undertake recovery champions training.

Staff encouraged clients to access the local community and social activities, including specific event without drugs or alcohol. There were information leaflets in the service about the types of services, clients could access if they wished. These leaflets included a safe sleeping guide for parents with babies and infants, a guide for storing medicines and keeping families safe, and a weekend out of hours service that offered a drop-in service for people suffering with substance misuse.

The service used the Capital card reward card scheme for clients, families and carers of WDP services. This local authority-approved scheme rewarded and incentivised clients' engagement through a simple earn and spend

points system. Clients earned points by attending appointments or engaging in treatment interventions, and spent points on fun activities such as the cinema or gym. This scheme arose from clients' desires to reconnect with the real world, tapping in to the local community.

Following graduation, groups were held in the evenings, to facilitate clients to return to employment or study. Since the employment programme had been set up at the service in January 2019, 68 clients had been referred, out of which there had been seven job outcomes for clients.

Meeting the needs of all people who use the service

The service made adjustments for people in response to their needs, including those with a protected characteristic, mobility, or with communication support needs.

Staff demonstrated an understanding of the potential issues facing vulnerable groups, for example, LGBT+, black and minority ethnic groups (BAME), and people experiencing domestic abuse. The service had completed a LGBT+ toolkit to review how these needs could be met. Staff demonstrated good knowledge of supporting and understanding older people as well as those who may be victims of domestic violence. The service also had a specialist recovery worker role as a BAME lead, who was employed by WDP. The BAME lead had been working with the Somali community and developing links with mosques. Overall staff at the service told us that they were looking to improve engagement with under-represented communities within the borough.

The building was accessible for clients who lived with a physical disability. Staff arranged interpreter services as necessary for face to face and telephone appointments. In addition to this the staff team included multi-lingual staff.

The outreach team, made up of both WDP staff and staff from the NHS partner, were able to support people with mobility issues who were unable to attend appointments at the site, or unable to afford travel costs to the service. Staff noted that home visits, could be very helpful in providing holistic care and support to clients and their carers. On one occasion staff found that a client was effectively unable to leave their home due to their disability, and no lift being available. The outreach team also provided street outreach acting on local intelligence, such as from the community safety team. The outreach team worked with the local community safety team, and a frequent attender group at the local general hospital, to engage with potential clients who might benefit from the service. They also attended food banks with clients when needed.

Clients reported that staff rarely cancelled appointments. Staff met clients on the premises, or if there were concerns about clients' welfare joint home visits were considered. If clients failed to attend an appointment staff made every effort to contact them either by telephone, text messages or by contacting their next of kin and in some cases the client's GP.

The service engaged with commissioners, social care, the voluntary sector, and the local community, to ensure services were planned, developed and delivered that met the needs of the local population including those in vulnerable circumstances.

Listening to and learning from concerns and complaints

The service had received five formal complaints in the past 12 months. One was upheld by the service following investigation. We reviewed a selection of complaint responses, and found these to be appropriate, with lessons learned as a result such as being more proactive at reengaging clients who do not attend.

Staff received 55 compliments about the service in the past 12 months, these particularly related to the positive way in which staff at all levels interacted with clients.

Clients told us that they knew how to complain or raise concerns if they needed to. The service also had complaints and compliment leaflets accessible to clients, that advised them how to make a compliant.

Staff knew how to handle complaints appropriately. Staff dealt with informal complaints immediately if a client or their representative approached them. If necessary, staff escalated the complaint to the team managers or service managers.

If clients complained or raised concerns, there was a policy in place to follow. The policy outlined the process for making a complaint and how it would be handled. Clients were informed that they could contact the Care Quality Commission as well as the local government ombudsman if they remained unsatisfied with the response from the service.

Good

Community-based substance misuse services

Are community-based substance misuse services well-led?

Requires improvement

Leadership

Leaders could clearly explain their roles and demonstrated a clear understanding of the services they managed. Staff spoke positively about the service leadership, clients' recovery and how they supported them to achieve their goals.

Leaders were visible in the service and approachable for clients and staff. WDP Brent is one treatment system operating from two sites, WDP - Cobbold Road and the Willesden Centre. There was one full time service manager who covered both sites which were close by. The service manager worked across both sites but was based at the Cobbold Road site. There was a sector manager on site for the Willesden Centre who was employed by the NHS partner. Staff described their manager as supportive and motivating. The operations manager provided oversight across both services, and supervision to the service manager on a regular basis. The operations manager also had identified additional leadership courses that would be offered for team leaders, the service manager and other staff that desired this. At the time of the inspection the operations manager had been promoted to the role of joint head of service, and his role was out for recruitment.

Staff acknowledged that there were still some separate systems between the two sites, which sometimes resulted in duplication. Staff told us that they would have no hesitation in whistleblowing if they had concerns about the service.

Vision and strategy

Staff had opportunities to contribute to discussions about the vision and strategy of the service through team away days and at team meetings. Staff told us that they contributed to changes in the service. The service demonstrated the values of WDP including working in partnership with clients, having strong belief in service users and being community focussed. The vision was to build a cohesive treatment community which ensures that clients are not alone in their recovery journey, laying the path for clients to recover and make sustainable changes to their lives.

Goals included establishing a shared partnership vision, inclusive governance, and embedding a reflective and learning culture to promote creativity. There was a focus on staff support, clear service user pathways, ensuring continuity, client involvement, and reducing stigma.

Strategy included ongoing development of service partnerships with criminal justice and community partners, targeted outreach based on community intelligence, maintaining a close relationship with the voluntary partner service user led group, and improved alliance across different parts of the service.

Culture

Staff felt respected, supported and valued. Staff spoke positively about the visibility of senior leadership. Several WDP team members had remained in the staff team over ten years, having been through three tendering processes. They described a very stable staff team who knew their work well. Staff told us that they stayed in the role because of loyalty to the team. Staff had attended a team away day two months prior to the inspection, looking at ways of improving communication with the team over the two sites, better professional boundaries, and safer working practices.

Staff felt able to raise concerns with management if they needed to. Managers had systems to identify and deal with poor performance when needed in a supportive manner.

Staff reported that the provider promoted equality and diversity in its day to day work and in providing opportunities for development, for example previous clients had the opportunity to become voluntary staff, and then go on to become substantive members of the team.

The staff teams worked well together and where there were difficulties managers dealt with them appropriately. The leadership had developed an annual staff support plan in partnership with staff. This included an emphasis on wellbeing, with lunchtime walks, provision of a weekly fruit bowl for staff, taster sessions in yoga, online resources, opportunities to 'pitch your idea,' and prizes for high performance such as the highest number of Hepatitis B vaccinations achieved.

Good

Community-based substance misuse services

Governance

Data and notifications were submitted to some external bodies as required, for example to social services and commissioners. However, the service had not notified the CQC of the deaths of service users or any allegations of abuse since registration of the service in April 2018. In the six months, between 1 January 2019 and 30 June 2019, the service had four deaths, and two incidents of self-harm. Staff across both locations had made nine child safeguarding referrals and 11 adult safeguarding referrals to the local authority in the previous 12 months. However, staff had not completed any notifications of deaths, safeguarding incidents and other serious incidents to the Care Quality Commission (CQC) since its registration in April 2018. Independent health providers are required to complete statutory notifications to the CQC without delay.

The services standard operating policy for incidents was up-to-date and highlighted the requirement for statutory notifications to be completed to the CQC. Staff completed incident reports as per provider policy, which indicated that a CQC notification had been completed but they had not. Since the inspection the provider has completed notifications retrospectively to meet the requirements for independent providers. We have written to the provider separately about this matter.

The service had an integrated governance policy, which included policies for complaints, quality, record management, risk management, incident reporting and health, safety and wellbeing. Appropriate systems were in place to evaluate the safety and effectiveness of the service.

The provider had a clear framework of what had to be discussed at team meetings to ensure essential information was shared amongst the staff. The service held monthly team meetings where pertinent information was discussed. Clinical governance meetings were held, and information shared with the Cobbold Road location. This included an overview of service incident reports, compliments, safeguarding and complaints.

Staff had implemented recommendations from incident reviews and safeguarding alerts at the service level. For example, women of child bearing age would be offered pregnancy tests at assessment. Staff completed audits to provide assurance on the performance of the service. The service also conducted a service audit in January 2019. This identified areas which the service needed to improve for example the audit identified that staff should have a medical device passport.

Managers advised that the service was awaiting a re-structure, to ensure more client voice and improve integration between the two locations. We attended part of a managers' meeting during the inspection, during which staff discussed the numbers of clients being seen, successful completions, and ways to increase these numbers. There was also talk of how the service could best address local gang issues and working in partnership with other agencies.

Managers told us that the service used performance score cards to monitor the quality of service provided. Key performance indicators included the number of clients starting treatment, successful completions, blood borne virus support, and data quality. The service held integrated governance meetings monthly, during which topics discussed included learning from incidents, safeguarding, audits, policies, and piloting of new treatments such as nasal naloxone. There were also local hub meetings at each location, and morning staff briefing meetings. To monitor quality at the service, managers had conducted a 'learning walk,' and a mock CQC inspection. Managers advised that the service would also be developing a quality lead role, for a staff member to ensure regulatory compliance at the service. There were plans to improve the accessibility of the alcohol pathway at the service, including providing a dedicated website for working drinkers.

Management of risk, issues and performance

The service manager reported that a risk register for the service was maintained and gave examples in the risk register such as medicine management risk of errors and information governance. We viewed the local risk register during the inspection, and this included contingency plans to support clients in the event of a heat wave, domestic violence, information governance breach and out of date medical devices.

The service had plans in place in case of an emergency, such as adverse weather conditions or an IT fault. There were arrangements in place to back up the client record system and see clients at another location in the event of a fire or a flood.

Good

Community-based substance misuse services

Staff sickness and absence rates were monitored by the team as were client completion rates. Staff told us that the service could be better advertised to reach more people in the borough.

Information management

Staff recorded incidents on both WDP's incident reporting system and that of the partner NHS trust.

Staff had access to the equipment and information technology needed to do their work. The telephone systems worked well, and clients did not report problems contacting staff when they needed to.

The service used an electronic client record system to record client information. The service also conducted an audit of the IT system and no problems were identified.

The service manager had access to information to support them in their management role. For example, supervision records, training data, sickness records, health and safety audit and annual leave requests.

Engagement

Staff and clients had access to information about the provider and could access the organisation's website and twitter page for information about services.

Clients could give feedback on the service through the client survey, the waiting room also had a box for clients to post feedback. The service displayed outcomes of the survey and what they had done to address these. Clients had the opportunity to discuss any feedback with the service manager if they wished to. The most recent family and friend test for client satisfaction across both sites indicated a 94% satisfaction rate.

A service user forum met monthly, in addition to a monthly strategic service user group for WDP, where Brent was represented. There was also a weekly meeting at the voluntary sector partner, at the Cobbold Road site. Joint events arranged included a celebration of international women's day, and a party in the park. The voluntary sector partner sat on the governance group and contracts integration group for the service. A committee of clients produced a video for the most recent WDP service user conference.

Staff feedback was collected through surveys, informal, meetings, supervision or appraisals. Staff and clients told us that they had the opportunity to be involved in the design of the recovery day programme.

Learning, continuous improvement and innovation

Staff used quality improvement (QI) methods and knew how to apply them. Staff provided two examples of QI projects, that were in partnership with the NHS partner. Projects included reducing supervised consumption of controlled drugs. Clients fed back that this had led to them feeling empowered, trusted and did not have to go to high risk places. The service won an award for this work.

Staff also had a QI project to measure the effects of the introduction of a well-being group on clients over a six-week period. Training was provided for both staff and clients. Clients' feedback included that the wellbeing group was important to their recovery, easy to understand, enjoyable and effective.

Staff had started working on a QI project to improve targeting and uptake of screening and vaccination for blood borne viruses for all new clients. The service was to procure its own fibroscan (for measuring liver health), and in the interim period had regular visits from a nurse specialist in liver health.

The service had worked well with its NHS partner to pilot a new pathway to support clients to come off opiates in less than 90 days. This included providing a 'cushioning package' to support clients, including a sleep package, support with coping with emotions, physical health check, managing withdrawal symptoms, and managing cravings.

Outstanding practice and areas for improvement

Outstanding practice

The service participated in an evidence based, provider wide reward card scheme to encourage clients to engage with the service. This reward scheme was developed in consultation with clients.

Staff used quality improvement (QI) methods in conjunction with their NHS partner. This included a QI project to measure the effects of the introduction of a well-being group on clients over a six-week period.

Training was provided for both staff and clients. Clients' feedback included that the wellbeing group was important to their recovery, easy to understand, enjoyable and effective.

The service had also piloted a new pathway known as DetoX, to support clients to come off opiates in less than 90 days. This included providing a 'cushioning package' to support clients, including a sleep package, support with coping with emotions, physical health check, managing withdrawal symptoms, and managing cravings.

Areas for improvement

Action the provider MUST take to improve

The provider must ensure all relevant incidents are formally notified to the Care Quality Commission. Regulation 16(1)(3) (Regulation 18(2)(b)(e) of the Care Quality Commission (Registration) Regulations 2009

Action the provider SHOULD take to improve

- The provider should ensure that the safeguarding tracker is kept up-to-date to enable robust oversight of safeguarding within the service.
- The provider should ensure that all staff are up-to-date with their mandatory training to ensure they work with patients in line with best practice.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 16 CQC (Registration) Regulations 2009 Notification of death of a person who uses services