Addcounsel Limited

Addcounsel Limited

Inspection report

28 Grosvenor Street
London
W1K 4QR
Tel: 02037093968
www.addcounsel.com

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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	Requires Improvement
Are services safe?	Requires Improvement
Are services effective?	Requires Improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires Improvement

Summary of findings

Overall summary

Addcounsel is an independent healthcare provider offering assessment and treatment to adults with mental health concerns or substance misuse. This service was inspected in 2018, but was not rated. During this inspection we rated the service for the first time.

We rated it as requires improvement because:

- Documentation was not always available to show staff were recruited safely and robustly or that they had received basic training to keep themselves and clients safe.
- The service was not adequately assured their sessional staff were receiving supervision and appraisals.
- Medication administration charts were not always fully completed. There were gaps when prescribing as required medicines, such as doctors' signatures and maximum doses.
- Governance processes did not always operate effectively, for example, the service did not always hold governance meetings within the timeframes they had set out.
- The service did not always highlight potential ligature points throughout the service.
- At the time of inspection, clinical areas were visibly clean. However, cleaning records were not always completed in full. Since the inspection the service has provided updated cleaning records.

However:

- 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.
- The service had access to the full range of specialists required to meet the needs of clients under their care. 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.
- Staff treated clients with compassion and kindness and understood the individual needs of clients.
- 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.
- Leaders had the skills, knowledge and experience to perform their roles and had a good understanding of the services they managed. Leaders were visible in the service and approachable for clients and staff.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Community-based substance misuse services	Requires Improvement 	See the summary above for details.

Summary of findings

Contents

Summary of this inspection

Background to Addcounsel Limited

Addcounsel is an independent healthcare service which provides assessment and multi-disciplinary treatment services to adults experiencing addiction and mental health problems. These include disorders associated with drugs, alcohol, sex and gambling, as well as mental health issues such as depression, anxiety, and stress. The service also provides physical examinations, prescribing and administration of medicines, and care and support during treatment.

Services are provided within client's own homes, at privately sourced accommodation or in privately rented office spaces. The service supports anyone aged 18 years or over.

At the time of inspection, the service had four active clients across its services. Each client is individually supported by their own dedicated treatment team. The service had not supported anyone with opioid detoxification in the past two years. Most recently they had supported people who were in recovery from alcohol use and those with mental health concerns.

The service directly employs three staff members; the chief executive officer, the mental health administrator and the registered manager who was also the clinical operations manager.

Clients receive support from a multi-disciplinary team of professionals, including consultant psychiatrists, registered nurses, recovery managers, psychologists, private GPs and therapy staff who were recruited to Addcounsel on a sessional basis. They work for the company on a sessional basis depending on need.

The service registered with the Care Quality Commission in April 2017. The service was inspected in February 2018.The service was not rated at this time.

The service is registered to provide treatment of disease, disorder or injury.

What people who use the service say

Clients and carers were very complimentary of the staff and the service they received.

Clients felt involved in their care and treatment plans. Staff were approachable and easy to contact.

How we carried out this inspection

The team that inspected this service consisted of two CQC inspectors and a specialist advisor who had experience working in substance misuse services.

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

• Is it safe?

• Is it effective?

Summary of this inspection

• 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.

We used CQC's interim methodology for monitoring services during the COVID-19 pandemic including on site and remote interactions.

During the inspection visit, the inspection team:

- visited the service, including one of the private apartments where clients can be treated
- spoke with two clients who were using the service and reviewed feedback from the service's client satisfaction survey
- spoke with one carer of those using the service
- spoke with eight staff, including the chief executive, clinical operations manager, the medical director, consultant psychiatrist, mindfulness practitioner, a psychotherapist, a mental health administrator and a recovery manager
- reviewed the care and treatment records of three clients
- reviewed three medicine administration records
- reviewed two employed staff records, as well as the sessional staff audit check lists for all sessional staff
- 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:

- Clients had access to a range of professionals to holistically support their care and treatment. When a need was identified, a specialist was sought. For example, a GP, psychiatrists, a yoga teacher, psychologist or a mindfulness practitioner. If the service did not have a sessional specialist for the need identified, outside referrals were made in a timely manner, for example, to osteopaths.
- Clients received a high level of input from professionals. Clients were reviewed and assessed on a daily basis by a range of clinicians. When a client was working with the service, they were able to access these clinicians at any time of the day for support.

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 MUST take to improve:

Summary of this inspection

- The service must ensure that sessional staff are up to date with mandatory training before they are deployed, including where appropriate, fire safety. They must also ensure that recruitment processes for sessional staff are robust and safe, and that recruitment documentation is available for all staff. Regulation 18(2)(a)
- The service must ensure medication administration charts are completed accurately, including ensuring all prescriptions are signed by the prescriber Regulation 12(2)(g)
- The service must ensure that sessional staff receive regular supervision and appraisal. Regulation 18(2)(a)
- The service must ensure that its governance systems are sufficiently robust to ensure the safety and effectiveness of the services provided. Regulation 17(1)(2)

Action the service SHOULD take to improve:

- The service should ensure it informs all clients what platforms are being used discuss their care and treatment, for example, through online messaging services.
- The service should ensure all ligature anchor points throughout client areas have been assessed and the risks have been adequately mitigated.

Our findings

Overview of ratings

Our ratings for this location are:

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

Requires Improvement

Community-based substance misuse services

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

Are Community-based substance misuse services safe?

Requires Improvement

We rated it as requires improvement.

Safe and clean environment

All premises where clients received care were well equipped, well furnished, well maintained and fit for purpose. Areas were visibly clean; however, at the time of inspection cleaning records were not always completed in full. After the inspection the service provided updated cleaning records. Staff did not highlight all potential ligature points throughout the service, however where identified appropriate risk assessments and mitigations were in place.

Staff completed and regularly updated risk assessments of client areas. As well as renting office spaces, the service also rented serviced apartments. Clients who required more intensive support were able to use these apartments, with a member of staff present at all times. Health and safety risk assessments were carried out for all apartments. The risk assessment looked at areas such as any loose carpet, loose wiring, poor lighting, fire exits and ligature points. Since the last inspection the service updated their health and safety risk assessment to include assessing ligature anchor points in the apartments. The service had checked for ligature points and noted loose cords as a concern, however this risk assessment did not highlight other potential ligature anchor points which were fitted throughout the apartments, such as lamps fitted to the walls, lights and door handles. This was raised with the service who reported they would not accept clients into these apartments who presented as high risk in terms of self-harm and suicide.

All areas were clean, well maintained, well-furnished and fit for purpose. External domestic staff cleaned apartments twice per week, the recovery worker was responsible for cleaning on all other days. At the time of inspection, not all cleaning records were completed in full. All three cleaning records we looked at had gaps to show some areas had not been cleaned, for example the sinks, door handles, bathroom and the lounge area. Areas were however visibly clean. Since the inspection the service has provided updated cleaning records.

The service also rented rooms in large buildings in central London. A fire risk assessment was carried out by the landlords of these buildings. Addcounsel had copies of these risk assessments and evacuation plans.

The service carried out fire risk assessments of its five rented apartments. The assessment ensured all gas appliances complied with the gas safety regulations and all electrical appliances complied with the electrical equipment regulations. All apartments had fire extinguishers and fire blankets in kitchen areas. Apartments were fitted with smoke detectors as well as carbon monoxide detectors. There were fire evacuation plans in place for all apartments, these detailed what the alarm sounded like and the action for staff to take in the event of a fire.

Whilst there were fire extinguishers and fire blankets available, the service did not keep records to ensure all staff working within these apartments were trained on fire safety and how to effectively use these pieces of equipment.

All employed and sessional staff had been vaccinated against COVID-19. All staff living in with clients had a weekly COVID-19 test. If a staff member or client exhibited symptoms of COVID-19 they would test for five days to ensure they did not have the illness. Visitors to the service were required to fill out a form prior to entry stating they did not have symptoms and had not recently tested positive for COVID-19.

Staff made sure equipment was well maintained, clean and in working order. There was a service level agreement with an external company for the collection of clinical waste materials and portable appliance testing (PAT). Medical equipment was available for staff to use which included a blood pressure machine, thermometer and pulse oximeter. This equipment had been calibrated and PAT tested. PAT testing ensured the equipment had been tested for electrical safety.

Safe staffing

The service had enough staff who knew the clients. However, documentation was not always available to show staff were recruited safely and robustly. The service did not ensure all had received basic training to keep clients safe from avoidable harm

The service employed three full-time staff who managed the service's business and clinical operations. This included the chief executive, the clinical operations manager and the mental health administrator.

The other members of the multidisciplinary team (MDT) comprised of medical and healthcare specialists with backgrounds in a range of areas, such as, psychiatry, nursing, recovery, holistic therapies, psychology, and general medicine.

The team supporting a client was individually designed to ensure the client's needs were met. The team were hired on a sessional basis to support a client through their treatment programme. MDTs would be led by a consultant psychiatrist for clinical care, with the operations manager overseeing service co-ordination and delivery.

When a client was in treatment, their MDT was available for support 24 hours a day, seven days a week. This allowed the service to respond immediately to requests for assistance. When required, recovery managers lived in with clients. A recovery manager reported they would spend one full week with a client. If required a registered mental health nurse could also live in, for example, if a client was being supported to take medication. Staff who lived in with clients had scheduled breaks during the working day when the client was engaged in other activities.

The service rarely advertised vacant roles. Instead, new staff were recommended by colleagues and then approached by senior members of the service. Employment records for employed staff were complete with all pre-employment checks. However, the service did not always have these assurances for their sessional staff. For example, 14 out of the audited 41 staff did not have two references available.

Requires Improvement

Community-based substance misuse services

The service implemented a process of recording staff interviews from August 2021. Prior to this, the service did not always keep accurate records of the interviews that took place prior to offering sessional employment contracts. At the time of inspection eight out of the 41 sessional staff had their interview process documented within their staff file. These eight staff had started their employment after August 2021.

Where staff had professional registrations such as being a doctor, nurse or clinical psychologist, there was evidence they were registered with the General Medical Council (GMC), the Nursing and Midwifery Council (NMC) and Health and Care Professions Council (HCPC). At the time of inspection, the service did not keep evidence of other health care professionals' registrations, such as psychotherapists. Therefore, the service did not have assurances these staff members were safe and qualified to work with clients. Since the inspection the service provided updated documentation to show they held psychotherapists professional registration information.

The service's website stated it had worked with over 100 sessional staff. The audit spreadsheet to track sessional staff contained 41 staff. This was raised with the clinical operations manager, who reported they would use this smaller core group of staff when planning care and treatment. The other staff members were available if needed. It was therefore not recorded if the other sessional staff members had received training and supervision. Managers reported as these staff members had been recommended to them, and they were registered professionals, their training and supervision should have been up to date as per their professional revalidation. If a sessional staff member, who was not on their audit spreadsheet, was needed to work, there were no assurance checks in place to ensure these staff members were fit to work.

Managers ensured there was always senior cover arrangements in place when staff were on leave or sick. Annual leave was arranged among the senior team to ensure there was always a senior member of staff available. Sickness levels for this service were low, in the last 12 months sickness had accounted for 1% of employed staffs hours.

Mandatory training

The three employed staff had completed and kept up to date with their mandatory training.

The mandatory training programme was comprehensive and met the needs of clients and staff. The training programme comprised of 11 courses, including basic life support, safeguarding, lone working and mental capacity act.

Mandatory training for sessional staff was not monitored. The service had recently implemented checks to ensure these staff had training in information governance and safeguarding children and adults. Of the 41 staff on the audit list, nine had confirmed they had information governance training, 13 had confirmed they completed safeguarding children training and 14 had confirmed they completed safeguarding adults training. The service did not have assurances staff were trained in areas such as the mental capacity act, equality and diversity and basic life support.

There service did not have assurances their recovery managers and registered nurses, who often live-in with clients, had received basic life support training and fire training to support them in the event of an emergency. Following the inspection, the provider told us they had introduced a training programme for all staff. This included conflict resolution, equality and diversity, fire safety and resuscitation training.

Assessing and managing risk to clients and staff

Staff assessed and managed risks to clients and themselves well. Staff documented risk at each review. Staff demonstrated a good understanding of the individual risks and management plans relating to the client they were supporting

Requires Improvement

Community-based substance misuse services

Assessment of client risk

Client risk was assessed and documented in client notes on admission and throughout their treatment plan. Clients were reviewed and assessed on a daily basis by a range of clinicians.

Risk assessments were documented within doctors' notes, identified through the assessment process. The staff we spoke to were aware of the range of potential risks present for their clients.

Records showed the risk had been assessed for an unexpected exit from treatment and other agencies were involved where needed.

The service had a lone worker policy which included the use of personal alarms. The staff we spoke with said they rarely saw clients on their own, as treatment was a team approach. Managers reported staff were encouraged to use their mobiles to call for support with any concerns.

Management of client risk

Before commencing treatment, clients signed an agreement which outlined their roles and responsibilities and conditions of treatment. This included a zero tolerance to any form of abuse to staff.

Staff demonstrated a good understanding of the individual risks and management plans relating to the client they were supporting. Staff reported a meeting was held prior to a client starting treatment where all clinicians came together to discuss the risks and treatment plans. Staff were able to ask questions and clarify any concerns at this meeting.

Of the three records reviewed, two had risk management plans in place for the risks identified.

Staff responded promptly to any sudden deterioration in a client's health. Staff were able to discuss incidents where a client needed a hospital admission and how this was managed.

Staff worked in collaboration with clients to manage risk effectively. Senior staff reported that they did not take high risk clients and had exclusion criteria which they followed as part of their risk management strategy. If a client's needs could not be safely met by this service, seniors would discuss other more appropriate options with the referrer, for example a hospital admission.

There was a grab bag available when a client was staying in an apartment. This contained items to be used in a physical health emergency, such as, a stethoscope, a glucometer and an airways management kit. The grab bag also contained medicines to treat an opioid overdose and anaphylaxis.

Safeguarding

Staff understood how to protect clients from abuse and the service worked well with other agencies to do so.

The service had one safeguarding concern in the past 12 months. This involved the deterioration of a client's mental state. This client was being seen for a pre-assessment by the service, therefore was not receiving treatment from Addcounsel at the time.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. The staff we spoke with demonstrated a good understanding of the procedures they would follow to raise a safeguarding alert. All safeguarding concerns went through the clinical operations manager, this included out of hours concerns. The clinical operations manager was the safeguarding lead for the service. They had completed safeguarding training to level four.

The service sought external safeguarding advice from a training programme provider in 2020, they had supported them to review and update their safeguarding policies in line with current government guidance for health professionals.

Staff access to essential information

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

Client notes were comprehensive and detailed.

The care records we saw showed the information needed to deliver safe care and treatment was available to staff in an accessible way. Care records were stored securely in an online electronic system.

Staff maintained communication with each other via online messaging services, this included clinical updates, handovers and discussions. The clinical operations manager set up new chat groups for each client, ensuring only the relevant staff had access to these groups. Whilst this service followed their policy for the safe usage of this application, the service did not inform clients this online messaging service would be used for their clinical discussions, for example, in the terms and condition forms.

When needed, the service shared confidential information with staff through password protected files.

We saw evidence of client information being shared between other services who were involved in the client's care, for example, GPs and a community psychiatrist.

Medicines management

The service used systems and processes to safely prescribe, administer, record and store medicines. However, we saw that for one patient, these had not been followed. Staff regularly reviewed the effects of medications on each client's mental and physical health.

The service had a medicines optimisation policy detailing the processes for prescribing, how to manage adverse reactions and disposal of medication. Staff reviewed each client's medicines daily and provided advice to clients and carers about their medicines. The service kept prescription stationery securely and monitored its use. Private prescriptions were written for clients when needed.

The medical director was responsible for ordering and maintaining controlled drug stationary; the prescription pad was held securely in a locked box.

When medications were prescribed a copy of the prescription was saved in the clients notes. The service held a separate record which documented the treatment each client was prescribed, including their medication which enabled the service to monitor its overall medication usage.

The service carried out regular audits related to medication to ensure correct prescribing processes were followed. There had been one incident of staff not ensuring a copy of prescription had been saved on the client notes. The process was reiterated to staff and there had been no further incidents.

The service had administered medicines to three clients in the past 12 months and we reviewed these medication administration records. We were not assured that staff followed safe processes when completing medicines administration records. We observed that information was missing from some prescriptions such as the maximum dose that can be administered in 24 hours for an as required medicine, and the prescriber's signature was also missing on some prescriptions which meant it was not valid. The providers auditing system had not identified these errors.

Staff reviewed the effects of each client's medicines on their physical health according to the National Institute for Health and Care Excellence (NICE) guidance. For example, we saw evidence of clients having blood tests and an ECG prior to commencing treatment.
Client's may sometimes need support with taking medication. When this was the case, a staff member would collect the medication from a pharmacy and registered mental health nurse would administer the medication. Medication onsite was stored securely.

Track record on safety

The service had a good track record on safety.

There had been two incidents in the past 12 months.

The service had no never events.

Reporting incidents and learning from when things go wrong

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

Staff knew what incidents to report and how to report them. The service had an incident reporting policy which stated it was the responsibility of all staff to report an incident within 12 hours.

The service had an incident form which could be completed online by all staff. The form had information such as who was involved, any witnesses and details of the event. The clinical operations manager reviewed the incident and how it was managed. The service created an action plan and updated policies where necessary. Clients and carers would be involved in the investigations when appropriate.

Following an incident when a controlled drugs prescription had not been uploaded onto the client's file, the service updated its procedures to ensure all prescriptions were sent to the registered manager, who would then upload the prescription on the client file.

Learning from incidents was shared with staff through email. Learning was also discussed in governance meetings, however only seniors attended these meetings.

The service was in the process of devising a quarterly newsletter which would contain learning, training opportunities and updates to the service.

Requires Improvement

Community-based substance misuse services

Staff reported they liaised with similar services to share learning. The medical director also liaised with other clinicians in both national and local forums, bringing back learning.

The service was aware of and complied with the requirements of the Duty of Candour. The service encouraged a culture of openness and honesty.

Managers debriefed and supported staff after any serious incident. Staff confirmed debriefs occurred after they finished working with a client.

Are Community-based substance misuse services effective?

Requires Improvement

We rated it as requires improvement.

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.

A consultant psychiatrist completed a comprehensive holistic assessment of each client on admission. These assessments were thorough, looking into all of the needs of the client.

Staff developed care plans for each client that met their individual mental and physical health needs. For example, supporting clients to attend psychological therapy as well as learning about nutrition and fitness. Care plans were personalised, holistic and recovery orientated. Clients were heavily involved in planning their treatment.

Staff regularly reviewed and updated care plans when a clients' needs changed. Clients were reviewed daily by staff and we saw evidence of care plans being updated following these reviews.

Staff made sure that clients had a full physical health assessment and knew about any physical health concerns prior to treatment. The service was able to refer to external companies who visited clients to carry out blood tests and physical health checks.

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 planned and delivered care and treatment in line with current evidence-based guidance, best practice and legislation. For example, their alcohol detox treatment policy was in line with recommendations from the Department of Health's Drug Misuse and Dependence: UK Guidelines on Clinical Management policy 2017.

Clients had access to wide range of psychological therapies as recommended by the National Institute for Health and Care Excellence (NICE). This included cognitive behavioural therapy, psychotherapy, and mindfulness-based therapy.

Requires Improvement

Community-based substance misuse services

The service also supported clients to attend community 12-step recovery programmes to support their recovery journeys. A 12-step program is a set of guiding principles outlining a course of action for recovery from addiction, compulsion, or other behavioural problems.

Assessment letters, which were sent to clients, had NICE guidance attached for each concern identified. This enabled clients to also be able to review best practice guidance related to their treatment.

Staff made sure clients had support for their physical health needs. The service had access to private GPs who were able to assess and treat the clients. Physical health assessments were carried out upon acceptance into the service and there was evidence of ongoing monitoring of physical healthcare. Clients were referred to specialists whenever necessary for further physical health care, for example an osteopath.

Staff supported clients to live healthier lives by supporting them to take part in programmes or giving advice. Clients had access to personal trainers and chefs to support health lifestyles. One client told us they were able to shop for healthy ingredients and plan healthy meals with the chef.

Staff took part in clinical audits. These covered areas such as care planning, the environment, medication prescribing and incidents.

Managers used results from audits to make improvements. Where shortfalls were identified, action plans were in place to ensure that improvements were made.

Staff used recognised rating scales to assess and record severity and outcomes. The service created an outcome measures tool, this included questions related to how clients were managing their mental and physical health, as well as their recovery, hope and self-esteem. All clients completed these forms at one month, six months and 12 months into treatment. The service collated this information to easily see which areas clients were improving, and which areas needed more support. Traditional outcome measure tools to monitor anxiety and depression were also used.

Skilled staff to deliver care

The teams 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. Managers provided an induction programme for new staff. However, the provider had not assured themselves that sessional staff were receiving regular supervision and appraisal.

Clients had access to a range of professionals to support their care and treatment. When a need was identified, a specialist was sought. The multidisciplinary team (MDT) consisted of sessional staff, including the medical director, consultant psychiatrists, clinical psychologists, psychotherapists, private GPs, registered mental health nurses, recovery managers, yoga teachers and mindfulness teachers. If the service did not have a sessional staff specialist for the need identified, outside referrals were made in a timely manner, for example, to osteopaths.

Managers gave each new member of staff a full induction to the service before they started work. This included information on the service, incident reporting process, disciplinary processes and current infection prevention control measures in place. At the time of inspection 95% of staff had received an induction to the service.

When looking at staffing records it was not always clear if staff were appropriately qualified and experienced for their roles. There were gaps in documentation when looking at sessional staff's interview transcripts and assurances of professional registration. Managers reported they have requested this information from the staff members and were awaiting updates.

Employed staff received clinical and managerial supervision (meetings to discuss case management, to reflect on and learn from practice, and for personal support and professional development). Employed staff were supported through regular, constructive appraisals of their work.

Sessional staff with professional registrations reported they received supervision and appraisals externally. However, this service did not carry out checks or receive confirmation that sessional staff were receiving supervision and appraisals. Managers reported they were able to do spot checks with sessional staff to ensure supervision was being carried out, however there was no documented evidence of these spot checks occurring.

The service's supervision policy stated all staff must provide details of the supervision they were receiving on appointment. Sessional psychotherapists working in the service had documented details of their supervisor, as well as how often they met for supervision, however, this was not provided for other sessional staff groups.

The provider's supervision audit showed the clinical operations manager was responsible for supervision with 11 sessional registered nurses and recovery managers once they were working with the service. This was to discuss their experiences, any concerns, their training needs and their wellbeing. At the time of the inspection the service had been actively working with five of these staff members, however supervision records were only found in three staff files to show that this supervision had occurred.

Employed staff were supported to undertake additional training relevant to their role. For example, the clinical operations manager had undertaken level 4 safeguarding training for adults and children and the mental health administrator was undertaking a course in psychiatric care.

There had been no recent staff performance issues reported. Managers confirmed this would be managed in line with their disciplinary procedure.

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 meetings to discuss clients and improve their care. The treating team would meet regularly remotely or via telephone to share updates and handover key information related to the client and their care and treatment.

Senior leaders met regularly to discuss client care. MDT meeting consisting of the chief executive, medical director and a psychiatrist were held every two weeks where they discussed all open cases. This meeting could be increased to weekly or reduced to monthly depending on the client need at the time.

Staff in the service maintained effective relationships with other services and organisations. For example, client's GPs and other health professionals were contacted to obtain further medical history. These external services were also copied into any relevant correspondence from the service.

Requires Improvement

Community-based substance misuse services

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.

There was a clear policy on the Mental Capacity Act, which staff knew how to access.

Staff understood and sought clients' consent to care and treatment in line with legislation and guidance. Clients voluntarily approached the service and were assumed to have the capacity to consent to their care and treatment.

All records showed consent to treatment had been obtained at initial assessment. Capacity to consent to treatment was then reviewed at each assessment and documented in letters shared with the GP. When consenting to treatment, clients were required to sign a document stating the risks and benefits of treatment had been discussed and they were agreeing to the proposed treatment plan.

Clients had also discussed and documented who they would like their information to be shared with. The service made it clear they would need to share concerns with external services if there were concerns for the health and safety of the client or others.

Staff knew where to get accurate advice on Mental Capacity Act. Staff told us that they would speak to the consultant or senior staff if they had any concerns about a client's capacity. If there were concerns regarding someone's capacity to consent to a specific decision, consultants told us they would work within the legislation in the best interests of the client.

Employed staff told us they received and kept up to date with training in the Mental Capacity Act. However, the service did not have documented evidence that sessional staff had undertaken training in this area. Since the inspection the service had implemented a training programme for all staff, which included the Mental Capacity Act.

Are Community-based 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.

Staff were discreet, respectful, and responsive when caring for clients. All staff were required to sign non-disclosure agreements prior to working with the service due to some of their clients being from high profile backgrounds.

Staff gave clients help, emotional support and advice when they needed it. Staff were contactable 24 hours a day should a client need support out of hours.

Staff understood and respected the individual needs of each client. One client provided information on themselves for staff to read and they reported the staff team took the time to understand them and their specific needs.

Requires Improvement

Community-based substance misuse services

Staff supported clients to understand and manage their own care treatment or condition. We saw evidence of clients having multiples sessions a day with a range of specialists to support their wellbeing, for example, learning yoga and mindfulness techniques, as well as learning about exercise and nutrition.

Staff directed clients to other services and supported them to access those services if they needed help. For example, being supported to attend their local community alcohol support meetings.

Clients said staff treated them well and behaved kindly. All clients and carers we spoke with spoke very highly of the staff team and the support they provided.

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 in their care and gave them access to their treatment plans. We saw evidence of collaborative care planning in client notes, and all clients reported being involved in the treatment plan and had copies of any correspondence.

Staff made sure clients understood their care and treatment and found ways to communicate with clients who had communication difficulties. For example, providing visual timetables to the clients being supported in private apartments to see their plan for the week. Managers and the consultant met with the clients regularly to discuss treatment plans and answer any questions when needed.

Clients could give feedback on the service and their treatment and staff supported them to do this. Feedback could be given to staff at any time. The service also had a survey which they routinely sent to clients. We viewed completed questionnaires and saw feedback was very positive.

Staff made sure clients could access advocacy services. The service reported having a leaflet they provided to clients with advocacy service details.

Involvement of families and carers

Staff informed and involved families and carers appropriately. When clients gave permission, we saw evidence of family members being involved in treatment planning and treatment sessions, such as mediation.

The carer we spoke with reported staff were very accessible and they were able to speak with the treating team multiple times per week.

Staff helped families to give feedback on the service. The carer felt able to discuss any feedback directly with the service.

When reviewing client records, we saw evidence of family being involved in mediation and attended review sessions with the consultant psychiatrist. In one case we saw a client's wife living in the privately sourced apartment whist they received treatment.

Are Community-based substance misuse services responsive?

Requires Improvement

Community-based substance misuse services

Good

We rated it as good.

Access and waiting times

The service was easy to access. Staff planned and managed discharge well. The service was able to signpost clients to other services when their needs could not be met within the team.

The service was advertised as offering help with a broad range of mental health issues with a bespoke one to one care package.

Referrals were received through GPs and other private health services, as well as directly from clients and their families. Referrals were screened by the senior team for suitability. If accepted, a comprehensive assessment was completed with the involvement of the multidisciplinary team (MDT). The service was able to meet with new referrals within a few days for their initial assessment with a consultant psychiatrist. The service did not have a wait list. Clients reported sessions ran on time.

The service operated a recovery route model of care which aimed to support people and their families long-term. This ranged from 12 weeks to 12 months.

The service had a policy in place that described which clients they would not offer services to. For example, those who were too unwell to engage with their treatment plans and those who were a high risk of harm to themselves or others. The policy also stated they do not offer treatment to those under the age of 18, however their service website states they treat clients from the age of 16 and over. Where clients were unsuitable for the service the manager facilitated alternative arrangements with other independent providers.

Clients had flexibility and choice in the appointment times available. The service was able to tailor treatment plans and appointments around a client's availability and preferences.

The facilities promote comfort, dignity and privacy

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

The service had a full range of rooms and equipment to support treatment and care.

Most care and treatment was provided in people's own homes or the serviced apartments. Clients did not share these apartments with any other client, there was a sperate living space for the live-in support staff. Any client conversations and appointments were therefore private and confidential.

The service also rented private office space with meeting rooms to hold any sessions as needed.

Clients were provided with personal security and a personal chef, if required, as part of their care and treatment.

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.

Requires Improvement

Community-based substance misuse services

Employed staff had completed training in equality and diversity to respond to clients diverse cultural, religious and linguistic needs.

The service could support and make adjustments for people with disabilities, communication needs or other specific needs. For example, one client who found it difficult to express themselves with words was able to draw their thoughts. The service did not have wheelchair friendly office spaces or apartments when we inspected, however, managers told us they would source an appropriate location for a client if this was needed.

At a client's initial appointment, they were given information about the service. Detailed information was also available on the provider's website to explain how the service worked, how to make an enquiry, frequently asked questions, the types of care packages available and what the costs would be for each treatment pathway.

Managers made sure staff and clients could work with interpreters or signers when needed. The service was able to request interpreters. The service also had access to sessional staff who spoke a range of languages.

Listening to and learning from concerns and complaints

The service was aware of how to manage concerns and complaints; however the service had not received any formal complaints in the last 12 months.

All clients, relatives and carers knew how to complain or raise concerns. This process was outlined in their initial terms and conditions which was given to all clients at the start of their treatment. One client reported they had raised a concern regarding finances, which was discussed with the chief executive and resolved, this was managed outside of the complaints framework.

Staff understood the policy on complaints and knew how to handle them. The policy reported staff had two working days to provide an initial response, and a full response would be complete within 20 working days.

Managers shared feedback from complaints with staff and learning was used to improve the service. For example, the service improved their transparency when it came to treatment fees, treatment options and realistic outcomes for their clients.

Learning from complaints was shared with the wider staff team through email.

The service used compliments to learn, celebrate success and improve the quality of care. The service had logged eight compliments in the last 12 months.

Are Community-based substance misuse services well-led?

Requires Improvement

We rated it as requires improvement.

Leadership

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

Requires Improvement

Community-based substance misuse services

Senior staff had a good understanding of the service they managed. They could explain clearly how the teams were working to provide high quality care and they knew the individual clients well. The leaders in the service were motivated and enthusiastic about supporting the client group.

All staff we spoke with described the morale within the team as high. They were proud to work for the service and being a part of the team.

Staff we spoke with told us the service had an open and transparent culture and they were able to raise any concerns with seniors and were listened to. One staff member reported suggesting some service improvements, they were listened to and the service implemented their suggestions.

Seniors regularly met with clients to receive feedback on how their care and treatment was progressing.

Vision and strategy

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

The service had a clear vision and values that were that were to offer one to one person-centred care and to ensure clients were at the heart of the service. All staff were committed to providing a high-quality service which enabled clients to have a sustained recovery.

Clients told us they were happy with the care they had received, and they were fully involved in their care and treatment.

Culture

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

Staff that we spoke to felt respected, supported and valued. Staff told us they were happy working within the service.

Staff told us they could raise concerns and were encouraged to do so. They had confidence that these concerns would be addressed. The service had implemented surveys for all staff after a period of time working with a client where they sought feedback on a range of areas, such as how the experience was for them, and if they recommended anything to be done differently in the future.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. Due to the size of the service and their low client numbers, they had very few incidents and complaints. The provider was aware of and ensured compliance with the requirements of the duty of candour.

There were processes for providing employed staff with the development they needed. This included receiving a regular annual appraisal and supervision. However, they did not have these assurances for all of their sessional staff.

Senior leaders attended external events to support them in their role. For example, training and conferences on topics such as substance misuse, autism, suicide prevention and borderline personality disorder.

Some sessional clinicians, such as the medical director and consultant psychiatrists, reported attending external forums to keep up to date with current best practice.

Requires Improvement

Community-based substance misuse services

Governance

Our findings from the other key questions demonstrated that performance and risk were managed well, however, governance processes did not always operate effectively at service level.

There was a clear organisational structure and staff understood their own roles and responsibilities. The management team worked closely with staff so that clients received a high quality and responsive service.

Governance arrangements were in place to assess, monitor and improve the quality of the service. There were incident and complaint reporting systems in place which enabled learning. There was a system in place for client and staff feedback. However, these governance processes were not consistently followed.

A governance committee, consisting of the chief executive, medical director and clinical operations manager were due to meet every three months for a governance meeting. These meetings were minuted and covered areas such as safeguarding, quality improvements, audit results and client care. However, these meetings were not occurring every three months. The last three meetings were February 2021, June 2021 and November 2021. The next meeting was booked for May 2022, six months after the last meeting.

Senior meetings to discuss current clients and their treatment plans, as well as new referrals was held every two weeks. These meetings were minuted and attended by the chief executive, medical director and consultant psychiatrist.

The service did not have assurances around sessional staff receiving appropriate training, supervision and appraisals. Recruitment paperwork was not always documented to ensure staff were vetted and had the relevant specialist skills and qualifications before commencing work. For example, 14 out of the audited 41 staff did not have two references available and three did not have evidence of their professional registration in their file. The service informed us they had requested this information from the individual staff members.

Management of risk, issues and performance

The service had effective risk management systems in place.

The service held a risk register which identified risks such as financial, reputational, COVID-19 and staffing risks. Risks and mitigation actions were reviewed yearly in March.

The risks highlighted on the risk register matched those raised by staff.

The service had a business continuity plan in place in case of emergency. The plan detailed what should happen in the event of a death of senior staff member or cyber-attack.

Information management

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

Managers had access to information to support them with their management role. This included information on the performance of the service and the care they provided. This enabled leaders to maintain clear oversight of the service and identify good practice and areas for improvement.

The service had created a range of databases to keep track of key elements of care, for example, one database showed clearly what medication and treatment each client was receiving.

Requires Improvement

Community-based substance misuse services

Staff had access to the equipment and information technology needed to do their work. The information technology infrastructure, including the record keeping system, worked well.

Staff maintained regular contact with seniors and the multi-disciplinary team through the use of online messaging services. Staff would discuss information related to clients in these chats. These discussions were downloaded and saved in client notes. The service had a policy on the use of digital media which stated the clinical operations manager was the administrator an all groups, separate groups were used for each client, and the groups were closed and deleted following discharge. However, the service did not inform client's this media would be used for clinical discussion, such as in their terms and conditions documentation.

Staff made notifications to external bodies as needed, including the Care Quality Commission. The service made safeguarding referrals to the local authority safeguarding team when they were concerned about possible abuse of clients.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment The service did not ensure the proper and safe prescribing of medicines.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The service did not have the governance systems in place to ensure the safety and effectiveness of the services they provided.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing The service did not have assurances their staff had the appropriate training to carry out the duties they were employed to perform.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing The service did not have assurances their staff had the appropriate support, supervision and appraisal necessary to enable them to carry out the duties they were employed to perform.