

Surrey and Borders Partnership NHS Foundation Trust

Substance misuse services

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RXXW1	St Peter's Site	Windmill House	KT16 0QA
RXXHQ	Trust Headquarters	IAccess Chertsey	KT16 0AE
RXXHQ	Trust Headquarters	IAccess Guildford	GU2 7LX
RXXHQ	Trust Headquarters	IAccess Reigate	RH2 7JT
RXXHQ	Trust Headquarters	IHear Hounslow	TW3 1NE
RXXHQ	Trust Headquarters	Pavillions Brighton	BW2 3RL

This report describes our judgement of the quality of care provided within this core service by Surrey and Borders Partnership NHS Foundation Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Summary of findings

Where applicable, we have reported on each core service provided by Surrey and Borders Partnership NHS Foundation Trust and these are brought together to inform our overall judgement of Surrey and Borders Partnership NHS Foundation Trust.

Summary of findings

Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

Overall rating for the service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Mental Health Act responsibilities and Mental Capacity Act / Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Health Act and Mental Capacity Act in our overall inspection of the core service.

We do not give a rating for Mental Health Act or Mental Capacity Act; however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Health Act and Mental Capacity Act can be found later in this report.

Summary of findings

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Summary of findings

Overall summary

We rated Substance Misuse Services as good because:

- The ward and the community team bases were clean and well maintained. Within the community services, all group, clinic and interview rooms were in a separate area that could only be accessed by staff, these rooms were all soundproofed and private
- Care records and risk assessments within the community services were detailed, personalised and up to date.
- All services had sufficient staffing respect to client caseload.
- The medicines management was good in all community services and all staff followed the Trust policy.
- There were good and effective handovers between all teams during morning briefings and change of shift.
- At Windmill House, there were excellent working links with internal departments at St Peter's Hospital Site, such as the diabetes clinic and accident and emergency.
- Staff were able to book interpreters through the trust and were able to use the same interpreter for continued key work sessions.
- Staff felt that the trust's vision relating to substance misuse had improved and now appeared to have become more prominent on the trust's agenda.
- All service managers had a local risk register that was reviewed and updated regularly. This was then fed into the trust organisational risk register.
- All service managers felt very supported by their line manager and felt very connected to and part of the trust.
- Everyone we spoke to told us that they were confident that they could raise issues without fear of concern and knew the correct processes to follow if they wished to complain or whistleblow.

Summary of findings

The five questions we ask about the service and what we found

Are services safe?

We rated safe as good because:

The provider had made the significant improvements when we revisited in March 2017

Risk management plans were being completed for all patients and were comprehensive and addressed all aspects of risk.

There were clear detailed care records and risk assessments for all of the patients in the inpatient detoxification unit.

There was a clear process for unplanned exits for patients within Windmill House.

However during our first inspection in February 2017 we had found that:

There were risk assessments for people at Windmill House held on their care record however, peoples risk management plans were suboptimal. Records did not address all aspects of peoples risk and did not fully reflect physical health and mental health issues for people using services.

There was not a clear process for unplanned exits for any patients having treatment at Windmill House.

There were no nursing focussed care plans and suboptimal risk assessments for the people in Windmill House.

Good



Are services effective?

We rated effective as good because:

In the community services all care records were up to date, client focused and regularly reviewed.

All staff followed The National Institute for Health and Care Excellence guidance when carrying out titration and detoxification.

All services had full multi-disciplinary team including consultant psychiatrists, non medical prescribers, occupational therapists, nurses and drug and alcohol workers to offer the correct treatment for the client group.

Staff appraisal and supervision completion rates were 100%.

All services had access to pharmacists and medication management policies.

All staff had been trained in the Mental Health Act and Mental Capacity Act.

Good



Summary of findings

We saw no evidence of consent to treatment at Windmill House even though patients had been administered high levels of medication as part of the detoxification process. However when we revisited the service in March 2017 we saw assessment of capacity were being completed on admission and reviewed throughout treatment.

Patients at Windmill House were presenting on admission with physical and mental health issues but there had been no treatment plans completed that reflected the patients' needs. Upon revisiting the service in March 2017, we saw that comprehensive nursing care plans had been put in place relating to patients physical and mental health needs.

Are services caring?

We rated caring as good because:

We witnessed staff showing understanding and caring towards the clients in both assessments and groups.

People using the service told us that the staff were kind and non judgemental.

Staff were passionate about their roles and the client group.

Good



Are services responsive to people's needs?

We rated responsive as good because:

The trust had a policy for unplanned exits from treatment which stated that a standard 14 day and 28 day follow up letter would be sent and referrals were made to local drug and alcohol support services and the outreach team if a person left before discharge. This policy was being followed by all the community services.

All people who accessed the community services had access to toilets and refreshments.

Blood borne virus testing was done in the clinic rooms at the community services and there were adequate measures in place to ensure privacy and dignity when this was happening.

In all services we found information for different cultures and leaflets in different languages.

All services were accessible for disabled or people with mobility issues with large door frames, interview and group rooms on the ground floor and disabled toilet facilities.

Good



Are services well-led?

We rated well-led as good because:

Good



Summary of findings

All the staff we spoke to told us that they were fully aware of the senior management team within the trust and had attended meetings with them or had visits from senior managers.

We saw very clear pathways for the preparation of people looking at becoming alcohol or drug free and the prescribing process for people who wish to reduce their alcohol or drug use .

The community prescribing and alcohol detoxification policies were clear and concise.

All teams appeared happy and supportive of each other. We were told by staff that there was a good stable management structure across the sites and that people loved their jobs enjoyed working with the client group.

Staff told us that the trust induction process was very good. All staff said it was a very supportive trust to new employees.

Managers told us that the trust was very supportive of professional development. Managers completed leadership courses and had management coaching sessions.

Summary of findings

Information about the service

Surrey and Borders Partnership NHS Foundation Trust provides community and inpatient mental health services and provides specialist substance misuse services for people with drug and alcohol issues. Staff working in the trust's inpatient detoxification, use medication to supervise a quick withdrawal from alcohol or drugs within a 24 hour clinical setting. The community services provide community detoxification, stabilisation and reduction with community prescribing, using medication to slowly stabilise clients' alcohol or drug use in order to reduce the risks associated with withdrawal in order to then lower the doses of medication to enable the person to become drug and alcohol free. Medication used to cover withdrawal is prescribed through a community service and collected and dispensed through local pharmacies.

Staff in these services work in partnership with other substance misuse providers to provide prescribing and community detoxification in Hounslow and Brighton.

The trust has four divisions within its substance misuse services:

1. Windmill House

A 13 bedded inpatient detoxification unit based at the St Peter's Hospital site in Chertsey. Windmill House takes referrals for both men and women with alcohol and substance misuse issues who wish to become abstinent. The unit provides 24 hour residential treatment and support during the detoxification process and a four week recovery focused programme is offered after treatment is completed. All referrals are taken from the IAccess community services based in Surrey.

2. IAccess

IAccess is the drug and alcohol community service which supports people throughout the Surrey area. The main hub sites are in Guildford, Cherstey and Reigate. Staff run clinics in satellite services throughout the county in order for people to access services in doctors' surgeries, community and health centres. IAccess offers prescribing, community detoxification, support and onward referrals for people who want help with their issues with alcohol or drugs.

People can self refer and they also take referrals from GPs, social services, community mental health teams, hospitals, prisons and other health professionals.

3. IHear

IHear is a service based in Hounslow and is run by Cranstoun Drug Services. Surrey and Borders Partnership NHS Foundation Trust is contracted to provide the clinical element of the contract including providing the doctors, nurses and prescribing service.

IHear offers residents of Hounslow community alcohol detoxification and on site prescribing.

4. Pavillions Brighton

This service in Brighton is led by Cranstoun Drug Services. Surrey and Borders Partnership NHS Foundation Trust provides the clinical input to the service.

The service offers prescribing through an on site titration clinic, using medication to substitute the opiate and regularly adjusting the dosage until the person becomes stabilised and will not feel any symptoms of withdrawal, community alcohol detoxification and on site alcohol group and medical assessments.

Our inspection team

The team comprised Kelly Pain (lead CQC inspector), three CQC inspectors, a CQC pharmacist inspector, a CQC inspection manager, one specialist advisor who was a consultant psychiatrist, one who was a talking therapist and one expert by experience.

Summary of findings

Why we carried out this inspection

We inspected this core service as part of our on going announced comprehensive substance misuse 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?

During the inspection visit, the inspection team:

- visited the inpatient detoxification unit, looked at the quality of the ward environment and observed how staff were caring for patients;
- visited all five community services and observed how people who used the services were treated and cared for;
- visited the recovery café in Guildford;
- spoke with 18 people who were using the service;
- spoke with three peer mentors;
- spoke with the managers for each of the services;
- spoke with 31 other staff members; including consultants, nurses, receptionists, admin and pharmacists;

- interviewed the both the clinical lead and the services manager who both had responsibility for these services;
- attended and observed four hand-over meetings, two multidisciplinary meetings, one staff briefing, two medical assessments, one titration clinic, one alcohol detoxification clinic, three service user groups and one partnership learning meeting.
- looked at 24 treatment records of people who used the services;
- carried out a specific check of the medication management at the inpatient unit and all community services;
- looked at a range of policies, procedures and other documents relating to the running of the services.
- During the initial inspection in February 2017 we identified a number of concerns at Windmill House which we fed back to the trust during the inspection. The trust produced an action plan for immediate action in response to our concerns. We re-visited Windmill House on 3 March 2017 to review the actions the trust had made and found that they had made significant improvements.

What people who use the provider's services say

All people who used the service reported feeling safe.

Everyone we spoke to reported being involved in and having a copy of their care plan

We were told by the people who use the services that the staff understood and respected them.

A lot of people we spoke to informed us that the services had saved their life.

Surrey and Borders Partnership NHS Foundation Trust

Substance misuse services

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Windmill House	St Peter's Site
IAccess Chertsey	Trust Headquarters
IAccess Guildford	Trust Headquarters
IAccess Reigate	Trust Headquarters
IHear Hounslow	Trust Headquarters
Pavillions Brighton	Trust Headquarters

Mental Health Act responsibilities

There were no people detained under the Mental Health Act in any of the services at the time of inspection.

All staff had completed mandatory training in the Mental Health Act.

Mental Capacity Act and Deprivation of Liberty Safeguards

All staff had completed mandatory training in the Mental Capacity Act and Deprivation of Liberty Safeguards.

We could find no evidence on our first visit in February 2017 that staff assessed patients' capacity to consent to treatment before starting detoxification treatment or that they reviewed patients' capacity to consent to treatment during treatment at Windmill House. Patients being admitted to an inpatient detoxification unit may still be

severely under the influence of substances meaning that their understanding of what is being explained or happening to them could be impaired, making the treatment dangerous and unlawful, however all people admitted to Windmill House discussed and completed an advanced statement with their community key worker

Detailed findings

before being referred. The signed advanced statement is required prior to the person being admitted. Advanced statements had been completed and signed by all those admitted to Windmill House at the time of the inspection.

When we returned in March 2017, all patients had up to date completed capacity to consent forms signed on admission and this was being reviewed throughout their stay at the stages of treatment.

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Our findings

Safe and clean environment

The ward and all of the team bases that we inspected were clean and well maintained. There were cleaning schedules which were up to date. The community services were cleaned five evenings a week and the inpatient unit was cleaned daily.

All clinic rooms were clean and tidy and there were systems in place for checking the date and ordering of emergency medications.

All resuscitation equipment was checked and found to be in date. During the inspection the clinical medical devices team was on site at IAccess Reigate. The team carried out electrical testing for the defibrillator and suction machine, to ensure that they were safe to use.

At IAccess Reigate the first floor had an operational management plan in place for staff. This plan indicated that the floor could only have seven people seated because the building did not have an external fire escape. Staff and visitors had to exit using the internal staircase. Therefore the number of people allowed in the area was restricted. The first floor was used as staff offices with no patient access and was managed by the team with a clear procedure and risk assessment and we could see that the procedure was being followed. The service was due to move to a different location in Wingfield in Redhill. The planned move date was between the 8th May 2017 and the 1st June 2017. The manager had been heavily involved in the transition plans for developing the service they were moving into.

Safe staffing

The total number of substantive staff per service were: Windmill House with 14, IAccess services in total were 51, I hear were 15 and Pavillions were 27. This number was consistent with the teams' caseloads. At the time of inspection, these were: for IAccess Guildford - 283 with average number of people seen per week 69, IAccess Chertsey - 614 with average number of people seen per week 155 and IAccess Reigate - 425 with average number of

people seen per week 121. The caseload for Ihear was 223 with the average number of people seen per week 122 and Pavillions 553 with the average number of people seen per week 205.

The at Windmill House team consisted of a ward manager, eight nurses, occupational therapists, two drug and alcohol workers and two health care assistants. The ward based its staffing levels on the assumption that all beds were occupied although there were six residents during our inspection. The staff worked three shift patterns of early (0700-1430), late (1330-2100) and night (2045-0715) and we were told that there was always a minimum of one qualified member of staff on all shifts

Bank staff were used to cover vacancies and sickness. Staff informed us that all bank staff had knowledge of the services and client group and management always made sure that they used long term cover. The total shifts covered by bank and agency staff between September 2016 and December 2016 were for Windmill House 150, IAccess 217, I Hear 6 and Pavillions 3.

The total percentage of vacancies in the services between December 2015 and November 2016 were Windmill House 15%, IAccess 13%, I Hear 0% and Pavillions 2%.

Staff sickness rates per service from December 2015 to November 2016 were reported as Windmill House 1.5%, IAccess 2%, I Hear 1.7% and Pavillions 6.5%.

Windmill House had above 75% compliance for all mandatory training, all IAccess services were 75% compliant with training except for basic life support and the prevention management of violence and aggression which were below 50% at the time of inspection.

Assessing and managing risk to patients and staff

All of the 18 care records we reviewed with the community services had an up to date risk assessment in place and an associated risk management plan including a plan for unexpected treatment exit. On our first visit to Windmill House we reviewed the care records for the six patients and we could find no up to date risk assessments or any risk management plans. We raised our concern with managers. When we re-visited on 3 March 2017, we found that staff had updated risk assessments and had completed risk management plans for all patients.

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

Staff had recorded in patients records that Clinical Withdrawal Assessments for Alcohol (CIWA) had been completed, but we could find no completed forms in the patients' records or with their prescription charts. We asked staff but no one was able to provide one for us. The doctor later provided us with all the completed assessments but the information on the forms did not fully relate to the information that had been recorded in the care records. When we re-visited Windmill House on 3 March 2017, staff had completed CIWA forms for all patients receiving alcohol detoxification treatment.

All services had localised risk registers and related risk management plans that we could see were reviewed and updated regularly. We saw the management plan of the ongoing risks detailed at Windmill House which stated the risk, and how it would be managed through actions.

All staff had been trained in safeguarding and knew the process to follow when reporting a safeguarding incident.

Track record on safety

There were 51 incidents, none serious at Windmill House between January 2016 and January 2017. The incidents included medication errors, agency staff not turning up for shifts and fire alarms activated by accident. We saw evidence of learning from these and what improvements had been made to stop reoccurrence.

Reporting incidents and learning from when things go wrong

All staff used the datix reporting system and told us they felt confident in following the incident policy.

Staff received a debrief after involvement in any serious incident.

Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Our findings

Assessment of needs and planning of care

In all the community records there was evidence that staff had carried out a full drug and alcohol assessment and had offered blood borne virus assessments to patients. The results of blood borne virus tests were in the patients' records. Staff in the community services completed physical health care assessments when patients started treatment and carried out ongoing physical healthcare monitoring. Staff at Windmill House were inconsistent in recording whether they had monitored patients' physical or mental health in patients' records when we first visited. We raised our concern with managers. When we returned in March 2017, we found there were now comprehensive nursing care plans in place containing patients health needs and staff were and clinical records checks twice weekly.

Best practice in treatment and care

The trust had a Naloxone policy and all clients who attended the titration clinics and were being discharged from Windmill House were encouraged to take a naloxone pen. Naloxone, also known as Narcan is a medication used to block or reverse the effects of opioids and is used to reduce the risk of overdose. A naloxone pen can be given to clients who have completed a detox or are being titrated and having their doses reduced as both are classed as high risk of overdose due to the reduction in their opioid tolerance levels. The pen can be used in emergency overdose situations to block the opiates taken in order for the person to be able to receive medical treatment.

Each community team had a link worker as a point of contact for the community mental health recovery service. Each team kept a list of people using their services who also had mental health issues and worked together with the community mental health recovery services in order to stop duplication or people being missed.

There were established prescribing guidelines to describe what staff should do when a person fails repeatedly to collect their prescription from the pharmacy. Some community services had set up their own process whereby clients were given an appointment with their key worker or at the titration clinic before being given a repeat prescription. This allowed staff to monitor the person's physical health and carry out a urine test if required.

The services were moving from paper records to electronic records on System One which meant that some staff had to work with both when trying to gather information on a person using the service. We found that when looking at both paper records and electronic records for the same person, information was not consistent on both.

Skilled staff to deliver care

All community services had a full range of staff with consultant psychiatrists, non medical prescribers, nurses and drug and alcohol workers to offer the correct treatment for the client group.

Windmill House had a full range of disciplines including doctors, occupational therapists, nurses, health care workers and drug and alcohol workers to carry out 24 hour inpatient treatment.

All services had access to the trust's pharmacists who completed medication checks and audits.

All staff had completed an annual appraisal and had regular clinical supervision in line with the trust policy.

All nurses' registration was in date with 100% revalidation rates.

Multi-disciplinary and inter-agency team work

All teams held daily handovers in order to share information from the day before or earlier shift.

All teams had weekly multidisciplinary team meetings with a set agenda covering safeguarding and risk escalation issues from the trust.

Windmill House worked with the managers of all the community mental health recovery services so that their teams were able to access and assess all inpatients while still at the unit.

All teams informed us that they worked closely with local mental health teams, police, social services and the county council. Staff told us they had recently attended training supplied by Surrey County Council on the traveller community because the service had received more referrals from the settled traveller communities within Surrey.

All services had very good pathways upon discharge. Alcohol misuse clients were referred into Catalyst, the local drug and alcohol support services and drug misuse clients

Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

were referred to Surrey skills and Catalyst. Services also had good relationships with the recovery café in Guildford and with service user groups, encouraging people to get involved and get support through their peers.

Services on the St Peter's Hospital site were able to utilise the hospital via an internal telephone line that allowed them to bypass accident and emergency. Therefore, if an emergency situation arose, the service had direct access to hospital departments and doctors immediately.

Adherence to the Mental Health Act and the Mental Health Act Code of Practice

At the time of inspection there were no people detained under the Mental Health Act in any of the services.

There was a 100% completion rate for Mental Health Act training.

Good practice in applying the Mental Capacity Act

There was a 100% completion rate for Mental Capacity Act training.

We could find no evidence on our first visit in February 2017 that staff assessed patients' capacity to consent to treatment before starting detoxification treatment or that they reviewed patients' capacity to consent to treatment during treatment at Windmill House. Patients being admitted to an inpatient detoxification unit may still be severely under the influence of substances meaning that their understanding of what is being explained or happening to them could be impaired, making the treatment dangerous and unlawful, however all people admitted to Windmill House discussed and completed an advanced statement with their community key worker before being referred. The signed advanced statement is required prior to the person being admitted. Advanced statements had been completed and signed by all those admitted to Windmill House at the time of inspection.

When we returned in March 2017, all patients had up to date completed capacity to consent forms signed on admission and this was being reviewed throughout their stay at the stages of treatment.

Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Our findings

Kindness, dignity, respect and support

We witnessed staff treating clients with respect during assessments and groups.

People who used the service told us that staff supported them and were not judgemental.

The involvement of people in the care that they receive

All the community services we visited had service user involvement groups. These groups had information posters and leaflets in the services' waiting rooms and invited all people who used the service to become involved. The groups were led by the service users and any issues were fed back to the service managers.

One manager informed us that a service user representative was present on all interview panels for new staff.

All the people we spoke to who used the community services informed us that they were able to contribute to their care plans and that they all had all been given a copy of their care plan. We could find no evidence of comprehensive nursing care plans for people admitted to Windmill House. At the time of inspection all people had an iplan which were designed and supported by the people who use the services. This was held by them and formulated by them in unison with their key worker. However the iplan did not meet the standards expected for comprehensive nursing care plans.

Are services responsive to people's needs?

Good 

By responsive, we mean that services are organised so that they meet people's needs.

Our findings

Access and discharge

Within the community services, staff managed unexpected exit from treatment well and on an individual basis. The trust's policy stated that a standard 14 day and 28 day follow up letter would be sent and referrals were made to catalyst and the outreach team if a person left before discharge. However at Windmill House we were unable to find evidence of advance planning in any of the patients' care records for what to do should the patient be discharged or discharge themselves unexpectedly; even though it was recorded that one patient was identified as high risk of self discharge.

The facilities promote recovery, comfort, dignity and confidentiality

All community services had open, accessible and welcoming reception and waiting areas, with leaflets and information available. All people who used the service had access to toilets and refreshments.

All community services group, clinic and interview rooms were in a separate area that could only be accessed by staff, these rooms were all soundproofed and private.

Blood borne virus testing was done in the clinic rooms at the community services and there were adequate measures in place to ensure privacy and dignity when this was happening.

At Windmill House there was a communal lounge for all patients with access to a private secure garden.

Meeting the needs of all people who use the service

In all services we found information for different cultures and leaflets in different languages. The staff at IAccess Guildford had identified a large Nepalese community within the area so the service had translated documents and information into Nepalese to meet the needs of this community.

Staff told us that they were able to book interpreters through the trust and were able to use the same interpreter for continued key work sessions in order to keep rapport and continuity with the person using the service.

All services were accessible for people with mobility issues with large door frames, interview and group rooms on the ground floor and disabled toilet facilities.

Clients used the recovery café to organise their own activities and projects such as country walks and an art group.

Listening to and learning from concerns and complaints

All complaints were dealt with by the local services manager, with an entry written into the patient notes. There was no trackable system for recording informal complaints made to the services. This meant that we could not assess whether staff had learned from those complaints.

Are services well-led?

Good 

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Our findings

Vision and values

All the staff we spoke to told us that they knew the senior management team within the trust and had attended meetings with them or had visits from senior managers.

Staff felt that the trust's vision was good and we saw posters and leaflet relating to the vision and values in all of the services.

Staff felt that substance misuse appeared to have become more prominent on the trust's agenda, and they were being asked to attend meetings and get more involved in the strategy work.

Good governance

The trust's systems were effective in ensuring that all services had 100% appraisal rates and 100% regular supervision.

All managers had a local risk register that was reviewed and updated regularly. This was then fed into the trust's organisational risk register.

There were established prescribing guidelines to describe what staff should do when a person fails repeatedly to collect their prescription from the pharmacy. Local services has started putting processes in place to try to combat the DNA rates by refusing future prescriptions until the person attended the service.

Leadership, morale and staff engagement

All managers felt very supported by their line manager and felt connected to and part of the trust. They had a monthly managers' meeting and a monthly service planning meeting where managers could share best practice and issues of concern.

Everyone we spoke to was very confident that they could raise issues without fear of concern and knew the correct processes to follow if they wished to complain or whistleblow.

All teams appeared happy and supportive of each other. We were told by staff that there was a good, stable management structure across the sites and that people loved their jobs and enjoyed working with the client group.

Staff told us that the trust induction process was very good, all staff said it was a very supportive trust to new employees and the ethos of how they cared for staff came across.

Staff we spoke with told us that managers and the trust were very understanding and we were given many examples of people being supported through referrals into occupational health, assessments and support for dyslexia and empathy with family issues and illness.

Commitment to quality improvement and innovation

Managers told us that the trust were very supportive of professional development with managers completing leadership courses and having management coaching sessions.

The trust had achieved an approved provider standard to develop a peer mentoring project within its IAccess services. All peer mentors were assessed for suitability and then trained before working within services. We saw evidence of role outlines, person specifications, minutes of peer mentor meetings and the policy.

All peer mentors we spoke with during the inspection told us that they felt that the training programme was very good and that they were very well supported including having regular supervision and ongoing training.

The trust has led on research papers looking at how to predict and prevent adverse events experienced by drug users in drug misuse services. We saw evidence of the completed paper which had very thorough study outcomes and trial logistics.