# Swanswell Newbury

## Quality Report

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

## Ratings

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

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

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

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

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

# Summary of findings

## Overall summary

We rated Swanswell Newbury as **Good**.

- The service provided safe care. Premises where clients were seen were safe and clean. The number of clients on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each client the time they needed. Staff managed waiting lists well to ensure that patients who required urgent care were seen promptly. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment and in collaboration with clients. They provided a range of treatments that were informed by best-practice guidance and suitable to the needs of the clients.
- Managers ensured that staff received training, supervision and appraisal. Staff worked well together as a team and with relevant services outside the organisation.
- Staff understood and discharged their roles and responsibilities under the Mental Capacity Act 2005.
- Staff treated clients with compassion and kindness, respected their privacy and dignity, and understood their individual needs. They actively involved clients and families and carers in care decisions.
- The service was easy to access. Staff assessed and treated clients who required urgent care promptly and those who did not require urgent care did not wait too long to start treatment. The criteria for referral to the service did not exclude clients who would have benefitted from care.
- The service was well-led and the governance processes ensured that that procedures relating to the work of the service ran smoothly.

However:

- Since the organisation had joined a larger group of charities, there was not yet a unified set of policies and procedures and staff had access to policies for the parent organisation as well as the ones specific to the service. No risk to service users arose from this, because staff understood all relevant clinical policies clearly understood, but there was scope for confusion amongst staff.
- There was scope to improve staff morale. Staff told us that better terms and conditions offered to staff doing the same roles within other services run by the same provider had an impact on staff morale and retention.

# Summary of findings

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Good

# Swanswell Newbury

**Services we looked at**

Community-based substance misuse services

# Summary of this inspection

## Background to Swanswell Newbury

Swanswell is a national drug and alcohol charity that has recently become part of the Cranstoun group. Swanswell Newbury provides treatment and support to adults aged 18 and over with a substance misuse need living in West Berkshire. The service offers group and one-to-one psychosocial interventions, and community alcohol detox, and has a sub-contracting agreement with a local GP surgery to provide opiate substitution therapy. The service also offers screening for blood borne viruses, a needle exchange, and family and carer support. At the time of this inspection, the service was treating a total of 373 clients, with an average of 90 people per week in contact with the team.

The service is registered to provide the following regulated activities:

Treatment for disease, disorder or injury

Diagnostic and screening procedures

A registered manager was in place. The service was last inspected in October 2016, at which time CQC did not rate substance misuse services. We asked the provider to ensure that physical health checks were carried with clients when they started treatment, to ensure the needle exchange was kept locked when not in use, and to ensure that physical health equipment was appropriately calibrated. These actions had all been completed prior to this inspection.

## Our inspection team

The inspection team consisted of an inspector with experience in substance misuse and an inspection manager.

## Why we carried out this inspection

We undertook an unannounced, comprehensive inspection of this service as part of our routine programme of inspecting registered services.

## How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about the location.

During the inspection visit, the inspection team:

- interviewed the registered manager
- interviewed the alcohol detox nurse
- interviewed two recovery workers
- interviewed a service user representative
- observed an alcohol detox assessment
- carried out a tour of the building and environmental checks, including the clinic room and needle exchange
- reviewed care records for seven clients
- reviewed minutes of service user forums, handover meetings and lessons learned bulletins.

# Summary of this inspection

- reviewed service paperwork including timetables, client welcome and discharge packs, service user newsletters, service user survey results, the service development plan, key partnership agreements, incident and complaints records.

## What people who use the service say

The service user representative told us that staff were responsive and supported clients well. They described how engaging with the service had enabled them and their peers to achieve positive changes in their lives. Ninety-four per cent of the 38 clients who completed the annual service user survey for 2018/19 said they would recommend the service, and when invited to choose three words to describe how their contact had made them feel, the most frequently reported words were “supported” “hopeful” and “friendly”.

# Summary of this inspection

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

Good

We rated safe as Good because:

- The environment was clean, tidy and well maintained. Environmental risk assessments were carried out regularly and staff had safety alarms for one to one working and a robust lone working procedure. Staff adhered to the services infection control procedures.
- Staff assessed and managed client risk effectively, stored information safely and shared it with partners as appropriate.
- Staff and managers maintained a strong focus on safeguarding adults and children from abuse.
- Staff were proactive in engaging clients with the service and to prevent clients dropping out of treatment early. Staff gave personalised and appropriate harm reduction advice at every opportunity.
- Medical cover was provided through a service level agreement with a local GP practice with a specialism in substance misuse, and through a part time alcohol detox nurse who also carried out health checks with all clients.
- Incidents were reported and investigated effectively. Outcomes of investigations were fed back to staff and clients. The service fulfilled its duty of candour.
- Staff turnover created pressure on recovery workers, however staffing did not fall below safe levels and sickness was low.
- The needle exchange was safely managed, and equipment was securely stored. All staff were trained to deliver needle exchange interventions and to provide naloxone to clients.
- Physical monitoring equipment was calibrated regularly.

### Are services effective?

Good

We rated effective as Good because

- We found excellent interagency working between the service, the local authority, and the local NHS trust to ensure that clients' needs were met, as well as effective networking with the wider social care system. This included effective partnerships with mental health, sexual health, hepatology, domestic violence, homelessness, family safeguarding, and criminal justice services. These partnerships consisted of clear referral pathways, joint working agreements and co-location of staff, enabling clients' holistic needs to be met seamlessly. Examples of this partnership work included a project to engage heavy, entrenched drinkers. They also worked with probation and the

police to support offenders, including diversionary work to prevent people who had been caught with small amounts of substances from re-entering the criminal justice system. The service also had close links with a specialist women's organisation and was a member of the local homelessness strategy network.

- The service had identified travel to the main hospital being a barrier to clients engaging in treatment for hepatitis C and had developed a partnership agreement with the hepatology department for treatment to be delivered on site at the service. This had improved access to treatment for hepatitis C and improved the health of this group of clients.
- The service actively monitored client outcomes through the use of the drug and alcohol outcome star as well as the treatment outcome profile tool required by Public Health England. Service data showed client outcomes for the successful completion of treatment to be better than the national average, and service user survey results showed the majority of clients (82%) reporting positive changes as a result of their engagement with the service.
- Staff ensured all clients received a comprehensive assessment of their needs and a holistic, personalised care plan. Records were thorough, and staff gathered consent to receive treatment and to share information.
- All clients were offered physical health checks, which were completed by the nurse employed by the service.
- The service delivered treatment in line with National Institute for Health and Care Excellence guidance, including group work and key-working tools.
- Staff tested for blood borne viruses and offered Naloxone to all opiate users accessing the service for treatment or needle exchange.
- The continuing development of the staff's skills, competence and knowledge was recognised by the service as being integral to ensuring high-quality care. Staff were proactively supported and encouraged to acquire new skills, use their transferable skills, and share best practice.
- Supervision was provided four weekly by managers and appraisals for all six eligible staff were up to date.
- Staff understood the Mental Capacity Act as it applied within the service and adhered to its principles.

However

- Although the service had qualified staff and safe protocols in place to provide community alcohol detox, no clients had

# Summary of this inspection

received this service in the 12 months prior to the inspection. The service was unsure about whether this was due to low referrals, the criteria applied or the application of those criteria by staff carrying out assessments of need and suitability.

## Are services caring?

Good

We rated caring as Good because:

- Staff treated clients with dignity and respect, and showed a non-judgemental approach, speaking of clients with high regard and understanding, and avoiding the use of stigmatising language.
- Clients were treated as partners in their recovery planning.
- There was support provided to families and carers.
- The service user forum had recently gathered momentum and was used to consult service users on service developments. We found evidence of the forum affecting positive change within the service.

## Are services responsive?

Good

We rated responsive as Good because:

- The service had open access sessions and extended opening hours twice a week, to maximise accessibility for clients. The service operated seven satellite locations across the area, including GP services and a substance misuse service in a neighbouring local authority, in order to overcome the significant barrier posed by many clients of travel costs and distance in a mainly rural area. Home visits were also provided where needed.
- Satellites and the main service hub had adequate disabled access.
- The service offered an evidence based on-line advice, information and treatment tool to all clients which could be accessed remotely from the service.
- Complaints were dealt with effectively and outcomes were fed back to clients and staff. We saw evidence of the service discharging its duty of candour and apologising when things had gone wrong.
- The service engaged pro-actively with local community organisations in order to fundraise and to take part in community engagement events that promoted social integration for service users and challenged stigma around substance misuse.

# Summary of this inspection

## Are services well-led?

Good

- The service had a clear vision and values, and good quality assurance systems in place, to monitor all aspects of service delivery
- The manager of the service used the resources to maximise the range of skills within the staff team, through training and specialist roles, and ensured a strong network within the local statutory and voluntary networks to extend the reach of the service as far as possible.
- The service had a stable and skilled management team and staff reported generally high morale despite some workload challenges.
- There was a robust incident and complaints processes that were utilised effectively with lessons learned shared appropriately
- The service used key performance indicators to assess its performance and fed these back to the commissioners monthly.

However:

- Since the organisation had joined a larger group of charities, there was not yet a unified set of policies and procedures and staff had access to policies for the parent organisation as well as the ones specific to the service. No risk to service users arose from this, as all relevant clinical policies were clearly understood, however there was scope for confusion amongst staff.
- There was scope to improve staff morale. Staff told us that better terms and conditions offered to staff doing the same roles within other services run by the same provider had an impact on staff morale and retention.

# Detailed findings from this inspection

## Mental Capacity Act and Deprivation of Liberty Safeguards

DoLS does not apply at this location.

- The provider delivered Mental Capacity Act training via e-learning, and all staff were up to date with this. Staff we spoke with described how the act applied within their service, with regard to consent to receive treatment and situational capacity fluctuating due to intoxication or withdrawals. Care records included record of consent having been discussed and recorded appropriately at the start of treatment. Staff supported patients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have fluctuating mental capacity.

## Overview of ratings

Our ratings for this location are:

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|---|---|---|---|---|---|---|
| **Community-based substance misuse services** | Good | Good | Good | Good | Good | Good |
| **Overall** | Good | Good | Good | Good | Good | Good |

Good

# Community-based substance misuse services

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

## Are community-based substance misuse services safe?

Good

### Safe and clean environment

- Swanswell Newbury was located over three floors of a terraced building on a small parade of shops close to the town centre. The service had a number of one-to-one interview rooms and two large enough to deliver groups. Staff were provided with personal alarms to call for assistance if necessary, although staff and managers told us that incidents of aggression were exceptionally rare and these would more likely be used to summon help in a medical emergency. A system that displayed the location of the incident on a central panel that was in development at our last inspection had been successfully installed by this visit.
- The service carried out monthly environmental risk assessments and an annual fire risk assessment was carried out by an appropriate contractor. The reception area had been redeveloped with the input of service users to make it safe and welcoming to clients.
- The service was clean and tidy throughout and in a good state of repair.
- First aiders and fire wardens were allocated at the morning handover meeting and a signing in and out book ensured that the number of people in the building was well accounted for.
- The service had a dedicated clinic room and a room to carry out screening for substances (testing client's urine or taking oral swabs). These rooms were also clean and had a blood pressure monitoring equipment, an examination couch, alcohol breathalyser and weighing scales. Equipment was regularly calibrated to ensure accurate recordings, and fridge temperatures were checked twice daily. Clinical waste bins were present and the service had appropriate arrangements for clinical waste disposal. No defibrillator or other life support equipment was stored on site and the staff called emergency services if this was needed. The service did have a well stocked and regularly checked first aid kit, which contained Naloxone. Naloxone is a medicine that can be used in an emergency to temporarily reverse the effects of an opiate overdose long enough to seek medical care.
- No controlled drugs were stored at the service.
- The service needle exchange was private, tidy, organised and well stocked with sterile injecting equipment, condoms and foil. All staff were trained to offer needle exchange interventions and guidance for staff and clients was clearly displayed. The room was accessible to staff but kept locked when not in use.

### Safe staffing

- The service employed 15 substantive staff, including the registered manager, team leader, recovery workers, administrative staff and a part time alcohol nurse. Two members of staff were based within the local authority family safeguarding service and held caseloads of clients with these specific needs.
- Information submitted prior to the inspection showed that there had been a total of four staff leavers in the preceding 12 months. Staff turnover was 26.6%. Staff sickness was low at 3.2%.

- The service had processes for managing sickness and annual leave to ensure that staffing never fell below safe levels and a duty member of staff was always available to provide support in the absence of a client's own key worker.
- Staff said that although they were positive about their work, demand for the service was high and vacancies did mean an increased workload for recovery workers. Caseloads were around 50 clients per full time worker (pro-rata for part time staff). Staff had confidence in managers to distribute work fairly and that their welfare was considered (for example, ensuring they took breaks and received appropriate support).
- Pharmacological treatment in the form of opioid substitution therapy (OST) was provided by a GP surgery with whom the provider held a contract. We found evidence of clearly understood roles and responsibilities between the GPs and the service, and that work was underpinned by a clear and effective joint working agreement that was regularly reviewed.
- Staff received mandatory training through face to face and e-learning. The training matrix submitted by the service showed that all staff had received relevant mandatory training to undertake their roles. Training was required within time frames of starting at the service and then updates required at specified intervals thereafter.

**Assessing and managing risk to clients and staff**

- Staff assessed and managed client risk well, and all seven records we reviewed included good evidence of risk assessments and risk management place being kept up to date.
- On initial assessment into the service staff completed a comprehensive risk assessment including drug and alcohol use and physical health status. There was ongoing risk assessment for clients accessing the service and this was clearly recorded in the client's electronic record along with a management plan for the risks identified. The case management system was accessible to the GPs enabling risk information to be shared seamlessly. Risk information was discussed daily at morning handovers and shared with external agencies as appropriate.
- Five of the seven care records we reviewed had an up to date risk assessment, two were out of date by a number of weeks. The managers of the service had identified the updating of risk assessments as an area for improvement and we reviewed a recent caseload management action plan which showed this was being actively addressed through case load tracking and supervision.
- The service worked closely with the prescribing GPs to manage risk to clients receiving OST. These clients received a comprehensive face to face assessment of risk with consideration of safety around how the prescription was collected, led by the prescribing doctor but informed by the knowledge of the recovery worker. For example, there would be an initial period of a client taking their medication under supervision from a pharmacist. Before a change could be made to this there was consideration of the risks of taking the medication away from the pharmacy; if there were risks with children at the clients' home clients were kept on supervised consumption at the pharmacy. Staff provided clients with lock boxes to store their prescriptions if it was agreed that they could take medication away from the pharmacy.
- The service had protocols for assessing and managing clinical risk to clients undertaking an alcohol detox, which was led by the service nurse.
- The staff jointly reviewed clients receiving OST with the doctor every 12 weeks to monitor risk and progress.
- All staff received safeguarding training at level 3 as e-learning by the provider, and bi-annual training at level 3 from the local authority. Staff understood what the signs of abuse or neglect of a child or vulnerable adult were and knew how to share those concerns to safeguard them. Safeguarding issues were also covered as a standing item on morning handover meetings attended by all staff. The service had very strong links with the local authority with two members of staff based within the family safeguarding service, holding caseloads with family safeguarding needs.
- Staff described a sensitive and confident approach to raising safeguarding alerts and were transparent with clients about the reasons and the purpose, giving reassurance where appropriate. Alerts were overseen by managers and closely monitored.
- Staff managed the risk of unexpected exit from treatment by encouraging clients to plan for their own periods of disengagement and give consent to be contacted in a variety of ways. This included writing a message to themselves when they were motivated at the start of treatment, to be sent to them if they stopped responding to calls or attending. The service

Good

# Community-based substance misuse services

engagement policy included being able to reach out to clients via their GP or pharmacy, and to have prescriptions collected from the service to ensure they were seen by a worker every two weeks. The ethos of the service encouraged all attempts at re-engagement to be exhausted before a client was discharged and had their treatment stopped.

- The service had a robust lone working protocol for staff working off site, and staff reported feeling safe when carrying out their work inside and outside the service.
- Staff stored medicines such as vaccinations against Blood Borne Viruses (BBV) safely as required.

**Track record on safety**

- In the 12 months prior to the inspection, the service reported four clients known to the service to have died. No further serious incidents requiring investigation had occurred.

**Reporting incidents and learning from when things go wrong**

- The service used an electronic reporting system for incidents which allowed management to track and escalate incidents within the organisation and to manage external reporting. Learning from incidents was a standing items in team meetings and incidents from the previous day were handed over and discussed in morning meetings. “Lessons Learned” bulletins were shared across services.
- Staff used the electronic system not only for incidents but for complaints, concerns and compliments. The service had received one formal complaint in the 12 months leading up to the inspection.
- Staff reported that they felt well supported following reporting an incident. De-brief was conducted in the morning check-in meeting and issues discussed in supervision.

**Duty of candour**

- The service had a duty of candour policy in place. We found evidence of the service fulfilling its duty of candour by being open with clients and by offering an apology following an information governance breach.

## Are community-based substance misuse services effective?

(for example, treatment is effective)

Good

**Assessment of needs and planning of care**

- The service had open access sessions every week day, including late opening on a Monday, to enable clients to start their treatment journey at a time that suited them. Clients registered and received a comprehensive assessment and a health check with a nurse and were allocated a key-worker; this was captured in a clear process map followed by all staff.
- Staff completed a comprehensive assessment of needs for all clients, covering social issues, benefits and housing, mental and physical health issues, offending history and safeguarding issues. The language used in the assessment tools was positive and recovery focussed.
- Care records were detailed and highly personalised, and all recovery plans, risk assessments and progress notes provided clear and detailed information that could be easily understood by another professional if they needed to pick up the person’s care at short notice. Staff also used node link mapping tools as a visual aid to recovery focussed planning and decision making.
- We found evidence of consent to treatment and share information being consistently sought and recorded in the seven records we reviewed. Confidentiality policies were clearly explained in the client welcome leaflet and staff we spoke to understood best practice with regard to confidentiality.
- The service actively monitored client outcomes through the use of the drug and alcohol outcome star as well as the treatment outcome profile (TOP) tool required by Public Health England. TOP consists of 20 simple questions focusing on the areas that can make a real difference to clients' lives - substance use, injecting risk behaviour, crime and health and quality of life. Staff updated these at regular intervals and used the tool in key-works to discuss progress with clients, in addition to the outcome star which captures progress across key care planning domains.

- Service data showed client outcomes for the successful completion of treatment to be better than the national average, and service user survey results showed the majority of clients reporting positive changes as a result of their engagement with the service.
- All staff had access to essential information on a secure electronic case management system used by the alcohol nurse and partner GPs as well as managers, administrators and recovery workers.

**Best practice in treatment and care**

- The service ensured the partnership GP surgery used robust clinical policies that were based on National Institute for Health and Care Excellence (NICE) guidance and on Drug Misuse and Dependence: UK Guidelines on Clinical Management 2007. For example, the service used substitute prescribing using methadone or buprenorphine in conjunction with psychosocial interventions as indicated in NICE guidance Drug Misuse in Over 16's: Opiate Detoxification.The prescribing doctor provided 12 weekly physical checks for clients receiving OST.
- Staff facilitated group and one-to-one psychosocial interventions and used motivational interviewing techniques in conjunction with mapping for key-working. Motivational interviewing is a goal-oriented, counselling style to promote behaviour change by helping clients to explore and resolve ambivalence. The service had developed packs of maps so that clients could pick and choose which ones were most appropriate to the situation.
- A nurse was employed by the service two days a week and offered physical health checks to all clients starting treatment.
- Processes were in place for clients undergoing a medical detox from alcohol to receive a comprehensive physical health assessment and daily monitoring for the first days of withdrawal in line with NICE guidelines. The assessment included assessment of suitability based on risk, and for clients with physical health complications the service referred to a local mental health unit for inpatient detox. Whilst the processes were in pace to offer community alcohol detox, none had been completed in the 12 months prior to the inspection. [LP1]It was not apparent whether this was due to low referral numbers, unsuitable referrals, or the application of the assessment criteria, and we suggested the management of the service explore this.
- The service provided offered a weekly BBV screening clinic and vaccination against BBV's such as Hepatitis B, with fast track inoculation for Hepatitis B to ensure that clients were protected quickly. Staff completed blood spot testing for Hepatitis C and were able to test for Human Immunodeficiency Virus (HIV). Clients testing positive for hepatitis C had the option of being treated within the service instead of travelling to the unfamiliar environment of hospital, as the service had a partnership arrangement in place for this to be delivered on site. This had improved the access to treatment for hepatitis C, and significantly improved the health of this group of clients.
- All clients accessing the service for treatment or needle exchange were offered Naloxone, which is a drug that can be used in emergency situations to reverse an opiate overdose. All the team were trained in teaching clients on how to administer Naloxone.
- The service used recognised tools to screen and assess alcohol problems, the Alcohol Use Disorders Identification Test (AUDIT) and the Severity of Alcohol Dependency Questionnaire (SADQ), as recommended by the World Health Organisation (WHO).
- Staff participated in clinical audits and audits of care records, with findings and areas for improvement fed back through team meetings. The team leader used tracking tools and clear Red/Amber/Green (RAG) reports for staff with actions to make all case records compliant and up to date.
- A handover meeting took place every morning, for all staff to discuss issues that had arisen the previous day, new risks, safeguarding issues and plans for the day.

**Skilled staff to deliver care**

- Staff within the service were experienced and qualified to do their role. The team was made up of a manager, team leader, nurse, recovery workers and admin staff. Clients were prescribed OST by a GP surgery with whom the provider held a contract. The surgery is well established across the local area and has a many years' experience in treating people with substance misuse needs, and the practice lead is a General Practitioner with Special Interest (GPSI) in substance misuse.
- Managers ensured that all new staff had a full induction to the organisation and to the service. All staff received a core training programme with individual training agreed according to their individual needs and areas of interest.

The induction period included shadowing other staff and the gradual build up to a full case load. Policies for staff to read and links to e-learning modules were accessed via the intranet.

- The service recognised the continuing development of the staff's skills, competence and knowledge as being integral to ensuring high-quality care. Managers proactively supported and encouraged to acquire new skills, use their transferable skills, and share best practice. Staff received specialist training in leadership and management, needle exchange, blood borne viruses, professional boundaries, risk assessment, using the outcome star, group work facilitation skills, mental health awareness, relapse management and safeguarding. Staff were also supported to gain accredited qualifications in Level 3 Health and Social Care.
- All staff received regular four weekly supervision, and group reflective practice sessions to review complex cases.

**Multidisciplinary and inter-agency team work**

The service had very strong inter-agency links to ensure clients' needs were met. This included:

- Well developed pathways between mental health services and attended monthly meetings with the crisis team to support joint work with clients with mental health needs. The service was in the process of piloting joint assessments with mental health services for the common point of entry (CPE), from the service hub.
- A sexual health and BBV nurse visiting the service fortnightly and supported pathways between the service and the local general hospital's hepatology department. Travel to the main hospital had been identified as a a barrier to clients engaging in treatment for hepatitis C and had developed a partnership agreement with the hepatology department for treatment to be delivered on site at the service.
- Staff attendance at monthly multi agency meetings to share information about high risk domestic violence and abuse cases and hosted a monthly satellite for a local organistion supporting women with complex needs, including domestic violence.
- Staff were members of two multi-agency strategic forums to support homeless and rough sleeping clients, the Making Every Adult Matter and homelessness strategic board. The service had offered to host a mental and physical health check clinic for these clients, to encourage them to access treatment and engage with services.
- There were strong links with the criminal justice system. The service was delivering a partnership initiative with the probation service and police, including diversionary work to people who had been caught with small amounts of illicit substances and prevent their use or involvement in the criminal justice system from escalating. The staff liaised closely with the local police to identify victims of "cuckooing" and to support safety planning for adults at risk of criminal exploitation.
- The service was an integral part of the local family safeguarding model, with two members of staff based within children services to ensure parents with substance misuse needs received specialised support.
- The service having built good links with local mutual aid networks including Alcoholics Anonymous, Cocaine Anonymous and Self-Management and Recovery Training groups, which were well publicised within the building.
- The service providing work placements to student social workers, who supported prescribing clinics and co-facilitated criminal justice groups.

**Good practice in applying the MCA**

- The provider delivered Mental Capacity Act training via e-learning and all staff were up to date with this. Staff we spoke with described how the act applied within their service, with regard to consent to receive treatment and situational capacity fluctuating due to intoxication or withdrawals.
- Care records included record of consent having been discussed and recorded appropriately at the start of treatment.

**Equality and human rights**

- Equality training was provided by an organisational e-learning module and had been completed by all staff at the time of our inspection. We reviewed the organisational policy, which reflected the Equality Act 2010.
- Service literature was not routinely provided in languages other than English, as this was not needed,

Good

# Community-based substance misuse services

however the service had provision to allow for access to audio information and language interpreters to ensure that the needs of non-English speaking clients and those with literacy difficulties could be met.

**Management of transition arrangements, referral and discharge**

- The service accepted referrals from external agencies, the main route being self -referral. The service had an 'open access' policy meaning that clients and potential clients could attend for support within opening hours.
- Discharges were closely overseen by managers. Of the 241 clients who had exited treatment in the 12 months prior to the inspection, 61% had been planned. This meant that they had transferred effectively to another treatment provider or completed treatment successfully. This was above the national average.

## Are community-based substance misuse services caring?

Good

**Kindness, privacy, dignity, respect, compassion and support**

- Staff treated clients with dignity and respect, and showed a non-judgemental approach, speaking of clients with high regard and understanding, and avoiding the use of stigmatising language.
- Clients were treated and partners in their recovery planning, and we saw evidence of clients determining their own individual treatment goals through the care records,
- There was support provided to families and carers, in the form of a peer support group.

**Involvement in care**

- The service user forum had recently gathered momentum and was used to consult service users on service developments. We reviewed minutes of the forum and found evidence of improvements to the service made in response to requests from service users, including a "who's who" board of service staff, a sharing library for clients to bring and take books and DVDs, and a TV in reception displaying useful information.
- Service users had co-produced a welcome pack and exit pack for their peers. The welcome pack provided essential information about the service, other local services, and words of encouragement and support for newcomers to treatment. The exit pack, entitled "The Journey Continues", contained celebratory messages from the staff team and service user representatives, advice on sustaining the successes made in recovery, positive affirmations, mindfulness and relaxation tips and a directory of useful services like food banks, mutual aid and financial support services.
- Service user representatives had begun producing a quarterly newsletter, with information about forthcoming events, how to get involved, poetry, competitions and stories to help inspire recovery.
- At the time of the inspection, two clients had completed training to become peer mentors. The registered manager was seeking to resource a paid coordinator role to build on the peer mentoring training and provide support and supervision for all volunteers.
- The service held shared learning events attended by staff and clients.

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

Good

**Access and discharge**

- The service had open access sessions and extended opening hours twice a week, to maximise accessibility for clients who were working or had childcare commitments.
- West Berkshire is a large and mainly rural area, and the time and cost of travelling to the central hub of Newbury was identified as a significant barrier to accessing treatment for clients with substance misuse needs. The service had set up seven satellite locations across the area, including GP services and a substance misuse service in a neighbouring local authority, in order to allow access for those who needed it. Staff also carried out home visits where needed, usually for people with complex physical needs that made travelling difficult.

Good

# Community-based substance misuse services

- The service offered an evidence based on-line advice, information and treatment tool to all clients which could be accessed remotely from the service.

**The facilities promote recovery, comfort, dignity and confidentiality**

- The main service was tidy and well- presented and allowed clients to be seen by staff privately and in comfort. The reception area had comfortable seating and a television screen displaying useful service information, including the details of two advocacy organisations that clients could be referred to or approach independently. Literature displayed provided a balance of harm reduction information with positive and recovery focussed messages, and rules around acceptable behaviour were presented respectfully in terms of mutual expectations between clients and staff rather than lists of unacceptable actions and threats of consequences.

**Patients' engagement with the wider community**

- The service actively sought opportunities to engage positively with the wider community. This helped to raise the service's profile and enable access, challenge stigma around substance misuse treatment, and attract donations from local charitable organisations. In the weeks leading up to the inspection the service had taken part in a local event, with clients building a boat and competing in a race with other community groups.
- The service had successfully accessed a pot of funding from a national rugby club to support individuals with small one-off amounts to help them get back into work, for example, for safety clothes or basic tools.

**Meeting the needs of all people who use the service**

- At both strategic and operational level, the service had strong partnerships across the wider system in order to ensure all clients, including people with the highest levels of need and risk, could receive support. This included rough sleepers, entrenched drinkers, victims of domestic violence, people with mental health problems, parents in contact with children's social care, offenders and vulnerable adults.

**Listening to and learning from concerns and complaints**

- Complaints were dealt with effectively and outcomes were fed back to clients and staff. We saw evidence of the service discharging its duty of candour and apologising when things had gone wrong.

## Are community-based substance misuse services well-led?

Good

**Leadership**

- The service had a stable and skilled management team. The registered manager felt well supported by central departments like finance and human resources, and that senior managers were accessible and engaged with the service. Since joining the larger organisation, the registered manager described receiving peer support from other managers in neighbouring areas, and of being able to take opportunities for joint training and sharing posts across services. This approach enabled the service to include a range of roles within a relatively small team, for example, the service nurse post which was jointly funded and shared across two sites. The registered manager sought opportunities to network with other organisations and build relationships that led to fundraising opportunities as well as multi-agency and partnership work for clients.
- Managers of the service were supported through accredited training, including a management apprenticeship and a level 5 qualification in leadership and management. Managers also received informal collegiate support from other managers of neighbouring services within the organisation.
- Staff felt that their learning and development was invested in by the organisation. Staff felt well connected to Swanswell and that they were still in the process of getting to know the new parent organisation, stating that senior managers were not yet visible within the service.

**Vision and strategy**

- The service had a clear vision and values statement that was included on client welcome paperwork. The values were listed as ambition, compassion, innovation, integrity and inclusion. Organisational objectives were also evident in documents throughout the service and

included putting the provider's values at the heart of all activity, protect and promote health and wellbeing, supporting every individual's recovery journey, inspiring hope and optimism, learning and changing together and supporting community connections.

**Culture**

- The provider worked hard to foster meaningful co-production with clients, who are members of the regular bi-monthly "ROAD" (recovery orientated audit and development) events, where progress towards organisational objectives is mapped. Staff and managers describe and open and supportive "can-do" culture where the relatively small size of the staff team and budget limitations did not hamper the ambition to innovate and ensure that the service had a strong presence across the area it served.

**Governance**

- The organisation ensured that staff were recruited safely, received induction and mandatory training, as well as receiving regular supervision. The high staff turnover had been noted to have impacted on the regularity of supervision and this had been quickly identified and addressed. There was robust oversight of client care through auditing of records, which was well connected with supervisions and ensured that gaps in recording were also remedied in good time.
- Management collated Key Performance Indicators monthly to monitor numbers in treatment, successful completions of treatments, clients screened for BBV, referrals to sexual health services and safeguarding referrals among others. This fed into the performance monitoring contract with the local authority who commissioned the service. Data submitted and analysed by Public Health England showed that the service is performing above the national average for successful completions of treatment for alcohol users, people using heroin, crack or both, and for users of other drugs like cannabis. The service performance data showed an improvement from the previous years.
- The service had a robust incidents and complaints process that was overseen by senior management, who ensured appropriate remedial action was taken when necessary and oversight was maintained by the organisational clinical governance group. Lessons were shared with all staff through regular bulletins.
- Clinical policies and procedures were overseen by the provider's Medical Director to ensure that they remained up to date with current best practice. The medical director also held the role of the Caldicott Guardian. A Caldicott Guardian is a senior person responsible for protecting the confidentiality of patient and service-user information and enabling appropriate information sharing.
- Since the organisation had joined a larger group of charities, there was not yet a unified set of policies and procedures and staff had access to policies for the parent organisation as well as the ones specific to the service. No risk to service users arose from this, as all relevant clinical policies were clearly understood, however there was scope for confusion amongst staff.

**Management of risk, issues and performance**

- The management of the service had good systems to audit caseloads, case management, safeguarding and risk, and we saw evidence of robust action planning and compliance issues being addressed thoroughly where concerns were identified.
- There was a robust incident and complaints processes that were utilised effectively with lessons learned shared appropriately. We reviewed "lessons learned bulletins" shared by the organisation
- Managers monitored performance outcomes closely and reported a collaborative relationship with the service commissioners around ensuring that targets were achieved.

**Information management**

- The service used an electronic case management system to store client records which was compliant with the National Drug Treatment Monitoring System and could run a range of reports on individuals and cohorts of clients (for example, by substance of choice, key worker or stage of treatment), in order to analyse performance. The service also used an electronic system for recording incidents, accidents, complaints and compliments, also with reporting functions that the organisation used to support effective governance.
- Data was stored securely and in line with the general data protection regulation.

**Engagement**

Good

# Community-based substance misuse services

- Staff reported feeling well connected to their colleagues and to Swanswell, despite the  turnover of staff. The service struggled to recruit new recovery workers, and to retain trained staff. Staff told us that better terms and conditions offered to staff within the same group of organisations in the same geographical area was a contributing factor to this problem, and also had an impact on how valued they felt by the wider organisation.

**Learning, continuous improvement and innovation**

- The manager of the service used the resources to maximise the range of skills within the staff team, through training and specialist roles, and ensured a strong network within the local statutory and voluntary networks to extend the reach of the service as far as possible.
- The service carried out an annual service user survey every financial year, gathering qualitative and quantitative feedback and using the results to inform improvements and the strategic direction of the service. The responses were the subject of robust statistical analysis that considered demographic factors (gender, age, substance used, activity participated in).

# Outstanding practice and areas for improvement

## Outstanding practice

The service had very strong inter-agency links to ensure clients' needs were met. This included well developed pathways with mental health services, a sexual health and BBV nurse visiting the service fortnightly, and a partnership agreement with the hepatology department for treatment to be delivered on site at the service. It also included attendance at monthly MARAC meetings to share information about high risk domestic violence and abuse cases, a monthly satellite for a local women's organisation, membership of two multi-agency strategic forums to support homeless and rough sleeping clients, and strong links with the criminal justice system. The service was an integral part of the local family safeguarding model, with two members of staff based within children services to ensure parents with substance misuse needs received specialised support, and had good links with local mutual aid networks including Alcoholics Anonymous, Cocaine Anonymous and Self-Management and Recovery Training (SMART) groups.

Additionally, the service had found practical solutions to the challenges of delivering a service to people across a rural area, having set up seven satellite locations across the area, including GP services and a substance misuse service in a neighbouring local authority, in order to allow access for those who needed it. Staff also carried out home visits where needed, usually for people with complex physical needs that made travelling difficult.

The service had a proactive approach to community engagement. This helped to raise the service's profile and enable access, challenge stigma around substance misuse treatment, and attract donations from local charitable organisations.

## Areas for improvement

**Action the provider SHOULD take to improve**

The provider should continue to work to ensure all the appropriate policies and procedures are in place and old ones that no longer apply are removed to avoid confusion.

The provider should continue to work to improve staff morale and address issues which may impact on staff retention.

The provider should review the criteria for assessing suitability for community alcohol detox, and how the criteria is applied, to ensure that this intervention is offered to clients who need it.