

Tees, Esk & Wear Valleys NHS Foundation Trust

Substance misuse services

Quality Report

Tees, Esk & Wear Valleys NHS Foundation Trust
Tel: 01325 552000
Website: www.info@tewv.nhs.uk

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Locations inspected

Name of CQC registered location	Location ID	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
Trust HQ	RX301	The Dales Castlebridge Centre Bishop Auckland	DL14 7PB
Trust HQ	RX301	Sedgefield Thames House Newton Aycliffe	DL5 4SH
Trust HQ	RX301	81-88 Whinney Hill Durham City	DH1 3BQ
Trust HQ	RX301	Chester-Le-Street Health Centre	DH3 3UR

This report describes our judgement of the quality of care provided within this core service by Tees, Esk & Wear Valleys 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.

Where applicable, we have reported on each core service provided by Tees, Esk & Wear Valleys NHS Foundation Trust and these are brought together to inform our overall judgement of Tees, Esk & Wear Valleys 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.

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

Overall we found that Tees, Esk & Wear Valleys NHS Foundation Trust was effective, caring, responsive and well led. This was because:

- Environments were welcoming with kind and respectful staff.
- There were minimal waiting times into treatment
- Staff were well trained to deliver their roles with good management support.
- Provisions had been put in place to meet diverse needs of people using the service
- There were good governance systems in place to ensure lessons were learnt from incidents, staff received effective supervision and mandatory training and audits for continued improvement

- Staff responded promptly to required medication changes. People using the service were therefore in control of the pace of their recovery.
- There were regular and effective partnership meetings.

But we also found

- Staff did not identify or manage risk effectively.
- There were areas for improvement to reduce the spread of infections
- The service provided psychosocial interventions. However, staff did not encourage people to engage.
- A low proportion of people returned used injecting equipment to the needle exchange.
- Further measures were required to ensure the integrity and effectiveness of drug screens.

Summary of findings

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

Are services safe?

We did not find the service safe because:

- Risk identification and management measure did not ensure the safety of people using the service. Although risks were identified, this was not easily visible for all those involved in the person's care. Interventions to lessen the risks were therefore not followed.
- Further measure were required to control the spread of infections.
- Staff did not actively encourage people to return used drug taking equipment to the needle exchanges.

However,

- Staff demonstrated a good understanding of safeguarding procedures and teams included a social worker for additional support and reflective supervision.
- A Naloxone programme was available to reduce the risk of fatal overdoses by opiate users.
- Lessons were learnt from incidents through both the partnership arrangement and from elsewhere in the trust.

Are services effective?

We found the service was effective because:

- People received a comprehensive assessment followed by a recovery focused treatment package ensuring an holistic approach.
- The partnership arrangement ensured a multi-disciplinary approach.
- Staff received effective supervision and the necessary training for their roles

However

- There was a clear pathway into psychosocial interventions delivered as part of the partnership arrangement. Although staff offered this intervention, uptake was low and there was no evidence that staff encouraged people to attend.
- There were inadequate measures to check the integrity of urine samples provided by people using the service.
- There was no formal communication protocol in place with the pharmacies who dispense daily supervised medication to people who use the service.

Summary of findings

Are services caring?

We found the service was caring because:

- Staff were kind and respectful to people using the service.
- The clinician discussed medication options with the person.
- Family and carer support links were easily accessible.

Are services responsive to people's needs?

We found the service to be responsive to people's needs because:

- There were minimal, if any waiting times into treatment.
- The services were responsive to required medication changes to meet peoples needs and to encourage recovery.
- Staff were aware of the diverse needs of people using the service and provided a range of support to meet these needs.
- The facilities were welcoming
- The partnership arrangement enabled direct access to continued recovery support following discharge. This reduced potential representations.
- People using the service knew how to make a complaint if necessary

Are services well-led?

We found the service to be well led because:

- Staff felt supported by the trust and their line managers.
- Staff morale was good.
- Systems were in place for staff to raise issues or concerns.
- Staff were informed of lessons learnt from incidents.

Summary of findings

Background to the service

Tees, Esk & Wear Valleys NHS Foundation Trust are one of 23 different organisations commissioned to provide substance misuse services in the County of Durham.

The trust provides specialist drug services at seven drug treatment centres in the following locations:-

- Derwentside
- Seaham
- Chester le street
- Durham City
- Peterlee
- Bishop Auckland

- Newton Aycliffe

The trust staff provide prescribing, medication management intervention, specialist advice and support complex care. Other providers are responsible for the main care co-ordination, recovery and residential care.

Operational management and the premises the trust staff work from are the responsibility of, and managed by other providers with the exception of Chester le street Health Centre which is owned and managed by Tees, Esk & Wear Valleys NHS Foundation Trust.

Our inspection team

Our inspection team was led by:

Chair: David Bradley, Chief Executive South West London and St Georges.

Team Leader: Patti Boden, Care Quality Commission

Head of Inspection: Jenny Wilkes, Care Quality Commission

The team that inspected the substance misuse services comprised of a CQC inspector, a specialist social worker in substance misuse and a recovery co-ordinator in substance misuse.

Why we carried out this inspection

We inspected this core service as part of our on-going comprehensive mental health inspection programme.

How we carried out this inspection

To get to the heart of 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?

Prior to the inspection we reviewed a range of information we held about substance misuse services and asked other organisations to share what they knew. We carried out an announced visit on 27 and 28 January 2015 to the following community services

- Bishop Auckland
- Newton Aycliffe
- Durham City
- Chester-Le-Street

During the inspection visit, the inspection team:

- spoke with nine people who were using the service
- spoke with the managers for each of the services
- spoke with 15 other staff members; including doctors, nurses and social workers
- attended and observed a medical review meeting

We also:

- Looked at 28 treatment records of people.

Summary of findings

- carried out a specific check of the medication management.

- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the provider's services say

We spoke with nine people who use the service. Comments were all positive, describing staff as supportive and good at sorting out problems. People felt they were treated with respect and in the best place for their treatment.

Good practice

The trust had implemented a Naloxone programme specifically for those identified as high risk of opiate overdose. Naloxone is an opioid antagonist used to counter the effects of opioid overdose. This can be injected directly into the muscle. Staff have been trained

to deliver Naloxone kits and instructions on use to those identified to reduce deaths by overdose. Although there are no formal mechanisms to collect outcomes for the use of these kits, staff had informally been advised they had prevented a number of deaths in the community.

Areas for improvement

Action the provider **MUST** or **SHOULD** take to improve

Tees, Esk & Wear Valleys NHS Foundation Trust should consider taking the following actions to improve:

- Ensure risks are clearly identified with robust management plans
- Ensure anti-bacterial gels are available in all rooms used by staff and those using the service

- Ensure that protective gloves are used for urine screening
- Promote and encourage people to return used equipment to the needle exchanges
- Promote and encourage people to access psychosocial interventions
- Introduce formal communication protocols between the pharmacies and service

Tees, Esk & Wear Valley NHS Foundation Trust

Substance misuse services

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Bishop Auckland	Trust HQ
Newton Aycliffe	Trust HQ
Durham City	Trust HQ
Chester-Le-Street	Trust HQ

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

Mental Capacity Act and Deprivation of Liberty Safeguards

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

Summary of findings

- Risk identification and management measure were inadequate to ensure the safety of people using the service. Although risks were identified, this was not easily visible for all those involved in the persons care. Interventions to lesson the risks were therefore not followed.
- Further measures were required to control the spread of infections.
- There was a lack of encouragement to safely return used drug taking equipment to the needle exchanges.
- Staff demonstrated a good understanding of safeguarding procedures and teams included a social worker for additional support and reflective supervision.
- A Naloxone programme was available to reduce the risk of fatal overdoses by opiate users.
- Lessons were learnt from incidents through both the partnership arrangement and from elsewhere in the trust.

clinical rooms at all locations and no displays promoting effective hand washing techniques. The absence of protective gloves for taking a urine sample was also observed in Durham City.

Needle exchange services were offered. In Durham City, staff actively promoted the return of used injection paraphernalia equipment. This was done through outreach work, issue of street safety gloves and used well displayed posters. However in Bishop Auckland and Newton Aycliffe, staff did not actively promote the return of used injection paraphernalia when people attended to obtain clean equipment. This could have a potential impact for the safety of the wider community if not disposed of safely.

Safe staffing

Information gathered from staff, people who used the service and records demonstrated staffing establishments kept people safe and met their needs. The staff mix included prescribing GPs, non-medical prescribers, clinical staff and support workers. Services were commissioned which used other partners to provide administration, outreach support and psychosocial intervention workers to ensure a holistic support package.

Assessing and managing risk to patients and staff

Staff did not identify or manage risk effectively. The paperwork and electronic systems used to record risks, did not allow for detailed information. Commissioning arrangements ensured all partners used the same systems; this therefore limited the trust's ability to use more effective tools. Risks were identified on assessment or reviews of care but there was limited detail in the documentation of how these were being managed. Interventions to mitigate potential harm to the people using the service, staff and the wider public were therefore not always clear due to the detail being embedded into lengthy case notes.

Staff were compliant with mandatory medicines management training. Locations had secure storage for prescriptions and systems in place to ensure accountability and an audit trail for blank prescriptions. People were given their prescription to take to the pharmacy. However these were not signed for. Although staff informed us that this has never resulted in an incident, there is potential for dispute.

Our findings

Safe environment

All locations visited were well maintained and corridors clear and clutter free. The waiting areas had secure door systems for access into appointment rooms and staff areas. A behaviour agreement is signed on induction into the services; the records we viewed confirmed this. Staff in Chester le street had panic alarms for appointments.

Emergency resuscitation equipment was in place and checked regularly to ensure its fitness for purpose. Resuscitation training was mandatory and staff were compliant in this. Fridges which contained vaccines were temperature tested on a daily basis. However, the electrical PAT test for the fridge at Chester le street was overdue.

There was a lack of anti-bacterial hand gel in staff and toilets for people who use the service, receptions and

Are services safe?

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

The needle exchange services at all locations visited were well equipped with a range of needles, barrels, filters, vitamin C and other equipment for safer injecting. Other harm minimisation advice was promoted via posters. We observed case notes detailing conversations regarding safer sex and safe storage of medication.

Staff were trained in the safeguarding of vulnerable adults, children and young people. Staff were aware of what to look for and how to make a referral. The trust operationally managed the Durham based specialist social workers which covered all sites. These were a direct point of contact for trust staff and offered advice and guidance and provided reflective supervision.

The trust had implemented a Naloxone programme specifically for those identified as high risk of opiate overdose. Naloxone is an opioid antagonist used to counter the effects of opioid overdose. This can be injected directly into the muscle. Staff had been trained to deliver Naloxone kits and instructions on use to those identified to reduce deaths by overdose. Although there were no formal mechanisms to collect outcomes for the use of these kits, staff had informally been advised they had prevented a number of deaths in the community.

Track Record on Safety

Information about events specific to substance misuse were cascaded to staff both through the trust and the

partnership in regular meetings. Multi agency risk assessment conferences (MARAC), local intelligent networks (LIN meetings) and other relevant events were attended by either a member of the trust or the partner organisations and fed back to the staff teams as required.

Reporting incidents and learning from when things go wrong

Staff knew what constituted an incident and how to report it. Only incidents directly affecting the staff from the trust or from their activity were reported through the trust incident reporting system. All other incidents were reported via the partnership management in the commissioning arrangement. The partnership management was an organisation commissioned to oversee the entire service involving the trust and other partners. The partnership conducted post incident briefings and updated the teams following incidents at partnership meetings. Staff received feedback from trustwide incidents via e-bulletins and from team meetings where trust wide learning was cascaded from management. While visiting Chester le street, we observed an incident of dual prescribing. Staff were open and transparent with the person involved whilst ensuring their well-being. The incident was recorded on the electronic recording system and an internal investigation commenced.

Are services effective?

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.

Summary of findings

- People received a comprehensive assessment followed by a recovery focused treatment package ensuring an holistic approach.
- The partnership arrangement ensured a multi-disciplined team.
- Staff received effective supervision and the necessary training for their roles
- There was a clear pathway into psychosocial interventions delivered as part of the partnership arrangement. Although this was offered the uptake was low with no evidence of encouragement for people to attend.
- There were inadequate measures to check the integrity of urine samples provided by people using the service.
- There was no formal communication protocol in place with the pharmacies who dispense daily supervised medication to people who use the service.

Our findings

Assessment of needs and planning of care

Staff completed comprehensive assessments in a timely manner. This was done at the time of self-referral or an appointment was made to be seen within two weeks. The assessments included people's physical health, risk factors, children's information, substance use, drug screening, treatment history and treatment options. This was followed up, if required, with an appointment to commence pharmaceutical treatment. This was done within two weeks from initial presentation. Blood borne virus testing and vaccinations were also offered within this timescale.

Generally, recovery plans were up to date and recovery orientated. They included the holistic needs of the person; for example housing, employment and criminal activity. Goals were set to address substance use and minimise the harm of their current practices. However, recovery plans in Bishop Auckland and in Newton Aycliffe used generic paragraphs within these, lessening the certainty that full personalised assessments had taken place.

Paper records were stored securely in lockable cabinets with controls for access to keys. Electronic records were stored on the partnership electronic system and accessible to partners under the commissioned partnership arrangement. Drug screening results were not always located in the same area on this system which meant that these were not easily accessible. In addition the records did not clearly identify who was the lead recovery co-ordinator.

Best practice in treatment and care

National Institute for Health and Care Excellence guidance (NICE) was followed for prescribing medications. However, treatment for drug misuse should always involve a psychosocial component as per NICE Guidance UKCG07 Drug Misuse and Dependence UK guidelines on clinical management. The partnership used an external organisation to provide this element in the treatment of those that use the service. Although staff offered referral into this intervention there was only an approximate 20% uptake. There was no evidence of encouragement for people to engage in psychosocial interventions. This could result in treatment only addressing the physical needs of addiction and not the psychological needs. This was not the case for those seeking treatment for benzodiazepines misuse. Psychosocial interventions preceding pharmaceutical interventions for this group was part of the benzodiazepine detoxification pathways as a means of ensuring the motivation of this group. .

Urine screens were carried out by staff to identify substance use. Steps were not however taken to check the integrity of the samples provided such as routine temperature testing as suggested in NICE guidance.

Physical health needs were managed by the GP of the person using the service; the trust communicated with GPs with regards to prescribed medications. Staff conducted electrocardiograms at all locations as required by prescribing guidelines for people on high doses of methadone. They also treated infections and abscesses relating to injecting behaviours.

Change and progress of people using the service was measured using treatment outcome profiles (TOPS). These outcomes are measure as part of the National Drug Treatment Monitoring Service (NDTMS).

Staff had been involved in clinical audits to monitor their effectiveness including audits of pregnant service users, electrocardiograms and non-medical prescribing.

Are services effective?

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.

Skilled staff to deliver care

The trust had funded staff in non-medical prescribing degrees to enable easy access and responsive prescribing of medication. This was complemented by support workers also employed by the trust. Partner organisation provided peer ambassadors, outreach workers, psychosocial workers and a complimentary therapist. Social workers were managed by the trust via a partnership agreement.

Staff received appropriate supervision, training and professional development and were supported and encouraged to specialise in an area of personal interest. For example, one worker was taking a lead on mental health and dual diagnosis. Records showed that most staff were up to date with mandatory training. This comprised of infection control, medicines management, equality and diversity, health and safety at work, clinical resuscitation, safeguarding, dual diagnosis and information governance.

All staff attended monthly team meetings which included audits, training, patient safety alerts, incidents, lessons learnt and equality and diversity as agenda items.

Multi-disciplinary and inter-agency team work

In the partnership arrangement we observed a well-integrated team. Meetings were held fortnightly involving all the partners in the commissioned arrangement. These were attended by a representative of the trust. Messages were then cascaded all staff in the trust.

Treatment reviews were attended by the person using the service, their recovery co-ordinator and may also be attended by the social worker, psychosocial intervention worker and family worker if they were involved in their treatment.

Comprehensive assessments could be carried out by any organisation in the partnership to ensure a timely response and these were then assigned to recovery co-ordinators following this.

In Durham City, an external support agency for families and carers was located in the same building. This enabled easy and quick access. All locations used their partners to offer self-management and recovery training groups although the number of people who attended these varied. The hospital's blood borne virus nurse visited all locations on a weekly basis offering pre-testing and post-testing hepatitis C counselling and enabled direct referrals into treatment. There were also effective protocols in place with the maternity hospital for pregnant women using the service.

Pharmacies play a key role in identifying risks for those using the services that are on daily supervised consumption of prescribed medication within the pharmacy setting. People become at high risk of overdose if their tolerance levels drop due to missing doses. For people missing collections of their prescription, it may be necessary for re-assessment or a discussion with the prescriber before further prescriptions are issued. Pharmacies are also the most regular contact with the person and therefore able to identify other risks from their general presentation. Staff informed us that although there was regular informal communication with the pharmacies used, there were no formal protocols in place for regular communication or information sharing.

Are services caring?

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

Summary of findings

- Staff were kind and respectful to people using the service.
- Medication options were discussed between the clinician and the person.
- Family and carer support links were easily accessible.

Our findings

Kindness, dignity, respect and support

Staff treated people who use the service with respect, kindness and dignity. We observed people who used the services to be relaxed and well supported in their treatment with staff understanding their individual needs. Staff showed interest and commitment to providing good quality care and discussed people in a respectful manner.

People using the service signed an information sharing agreement on commencement of their treatment. However this form did not provide the opportunity to include additional members of family, friends or other additional agencies where consent is agreed and the extent of the information that can be shared.

The involvement of people in the care they receive

Recovery plans were mostly holistic covering substance misuse, health needs and social needs. Recovery plans in both Bishop Auckland and Newton Aycliffe contained some identical statements. This showed that they were not personalised to the individual person. As recovery plans were electronic, there was no record of signature from the person using the service to confirm their active involvement. Notes did confirm that copies had been offered but refused. In Durham City we found highly personalised plans with clear goals and interventions.

Prescribing options were discussed with clinicians and people who use the service prior to treatment and at reviews. Information leaflets about medications were given on commencement of prescribing. We observed a recovery orientated medical review supporting and guiding the person using the service to reduce medication at their pace and being empowered to own their recovery.

Services used an external, countywide agency for family and carer support which all services refer into. This service is located within the same premises as the Durham City service providing effective multi-agency working. All waiting areas had advice and liaison services leaflets for access to advocacy.

Are services responsive to people's needs?

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

Summary of findings

- There were minimal, if any waiting times into treatment.
- The service were responsive to required medication changes to meet peoples needs and encourage recovery.
- Staff were aware of the diverse needs of people using the service and provided a range of support to meet these needs.
- The facilities were welcoming
- The partnership arrangement enabled direct access to continued recovery support following discharge reducing potential representations.
- People using the service knew how to make a complaint if necessary

Our findings

Access, discharge and transfer

Waiting times in all the services were minimal. People were mostly seen for a comprehensive assessment at first point of contact if the person referred themselves. On occasions where this was not possible, appointments for comprehensive assessments were offered at a maximum of two weeks from referral. Each service opened late one evening per week to enable access for those in employment. There were clear step by step processes in place for prison leavers. This ensured that the transition from prison into the community was seamless preventing any gaps in their treatment which would increase risks to themselves and the community.

Prescriptions were mostly generated individually at the time of appointment. This ensured regular contact with the person using the service. This also enabled staff to be either responsive to changes in need or to encourage recovery focused reductions in treatment. There was a prescribing policy which detailed safe steps to be taken for those missing appointments.

There was no identified process in place to ensure sufficient cover when sickness or leave occurred in relation to routine recovery plan reviews.

The needle exchange provisions were accessible to all whether using the treatment services or not. These were

staffed by dedicated harm minimisation nurses during opening times . These provided comprehensive injecting equipment, advice and leaflets to minimise the harm of injecting behaviour but also acted as an extra opportunity to invite people into treatment.

The partnership arrangement meant that those leaving treatment in a planned way had easy access to continued recovery support from the other agencies in the form of SMART groups.

The facilities promote recovery, dignity and confidentiality

All services had clean and spacious waiting areas with a full range of rooms and displays promoting recovery, dignity and confidentiality. These included:

- Television presentation promoting recovery in Bishop Auckland and Newton Aycliffe
- Rooms for acupuncture
- Breakfast club in Durham City
- Employment and training links folder in the waiting area at Bishop Auckland
- Washing machines in Newton Aycliffe and Durham City
- Hepatitis C support posters
- Artwork from those using services at Durham City displayed throughout the premises
- Family room at Durham City
- Shower facilities at Durham City
- Service user kitchens in Durham City and Newton Aycliffe.

Meeting the needs of all people who use the service

The staff respected patients' diversity and human rights. Attempts were made to meet individual needs including cultural, language and physical needs. Interpreters were available to staff if required.

There was access for those in wheelchairs in all locations with the exception of Bishop Auckland. Where this was required, appointments would be either offered at the persons home or at the Newton Aycliffe location.

The facilities at Bishop Auckland, Newton Aycliffe and Durham City provided toys. This allowed those with parental responsibilities to engage in treatment appointments.

Newton Aycliffe used braille on door signs for appointments.

Are services responsive to people's needs?

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

We observed the records in Newton Aycliffe of a person supported to an external gender identity clinic as part of their recovery plan. This demonstrated an holistic approach that responded to other needs which impacted on their ability to address their substance misuse.

Harm minimisation literature was available in pictorial forms for those with reading difficulties at each location.

Listening to and learning from concerns and complaints

Information on the patient advice and liaison service (PALS) was displayed in the locations. Those wishing to make complaints were given a leaflet on request. Complaints received were managed through the partnership and not the trust directly. However very few complaints had been received as staff informed us they always aim to resolve any concern informally. People who use the services told us they were confident that they could speak to someone to complain if they wanted to. Newton Aycliffe had a complaints/suggestion box in their waiting area and discussed all contents in their team meetings.

Are services well-led?

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.

Summary of findings

- Staff felt supported by the trust and their line managers.
- Staff morale was good.
- Systems were in place for staff to raise issues or concerns.
- Staff were informed of lessons learnt from incidents.

Our findings

Vision and values

The trust's values for the service were well displayed throughout all locations. Generally staff were aware of these visions and values. Staff felt involved with the trust and were encouraged to use the intranet and e-bulletins to keep up to date with trust wide information. They did not always know who the most senior manager was or if they had visited.

Good governance

There were effective systems in place to ensure the service was covered by competent staff through management of

their training, regular supervision and adequate staffing levels. Staff were encouraged to develop through participation in audits and improve practice through learning from incidents.

Team managers had some limits to their authority due to the partnership arrangement. For example, budget control was under the partnership management. This restricted authority for required purchases like clinical equipment and harm minimisation items.

Leadership, morale and staff engagement

We saw that all locations were well led. There was evidence of clear leadership at location level with managers being visible and accessible. Staff appeared enthusiastic and informed us they were well supported by the local managers and enjoyed their jobs. Staff were aware of the whistleblowing process if they needed to use it. However staff felt that there was an open culture to bring forward ideas or concerns without fear of victimisation.

Commitment to quality improvement and innovation

At the time of the inspection, there was no participation in national improvement programmes. The Kaizen system is used by the trust to encourage continuous improvement. Substance misuse services used this system successfully to implement an initiative bringing a Naloxone programme to those at risk.