

WDP Harrow

Quality Report

44 Bessborough Road
Harrow
Middlesex
HA1 3DJ
Tel:0300 303 2868
Website : www.wdp.org.uk

Date of inspection visit: 13 March to 14 March 2018
Date of publication: 14/05/2018

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

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.

Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- The service had a robust system in place to oversee the service and to drive improvements. The governance structure, information from audits and senior management meetings, and the quality of the service improvement projects demonstrated that leaders understood the needs of the client group and delivered services to meet them.
- The service had a safeguarding tracker for children and adults, which they reviewed monthly. This tracker included clients and their children for whom a safeguarding referral had been made by the provider, the referrer or by other agencies. The service had a Hidden Harm practitioner to link the service with children and adult social services.
- The service provided naloxone training and kits to clients who use opiates and staff members. The delivery, storage and issuing of naloxone medication to clients was monitored and audited by the chief pharmacist during prescriptions and medicines management audits. Two clients had averted potentially fatal episodes because of this scheme.

Summary of findings

- The provider had responded to national concerns about long-term substance misuse and its impact on people of late middle age by conducting an audit of clients within the risk group and then implementing actions to try to improve their quality of life.
- The service had strong links with the Tamil community and staff supplied information and counselling in the Tamil language. The service was also able to provide counselling in Urdu, Punjabi and Hindi to support the large Asian community in the area.
- Staff supported LGBT+ clients with a dedicated approach and pathway, which the service created for them. This included referrals to rehabilitation services, which met their needs.
- Qualified or trained and experienced staff provided a range of therapeutic support in line with best practice guidance. The service was rolling out the Capital Card Scheme, which provided rewards to help motivate clients to attend.
- The service had a service level agreement with the hepatology services at a local hospital, which allowed clients to access monthly clinics at the hospital for hepatitis C testing and treatment.
- The service had enough staff to safely care for the clients' needs. The provider had systems in place to ensure that 97% of staff had undertaken mandatory training and were inducted and trained into other responsibilities such as fire warden or first aider as required.
- Staff routinely completed risk assessments and risk management plans at the start of clients' engagement with the service and updated them regularly afterwards.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse/ detoxification		See overall summary.

Summary of findings

Contents

Summary of this inspection

	Page
Background to WDP Harrow	6
Our inspection team	6
Why we carried out this inspection	6
How we carried out this inspection	6
What people who use the service say	7
The five questions we ask about services and what we found	8

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards	12
Outstanding practice	25
Areas for improvement	25

WDP Harrow

Services we looked at

Substance misuse/detoxification

Summary of this inspection

Background to WDP Harrow

WDP Harrow provides advice, support and treatment to adults and families with drug and alcohol problems in Harrow. It is commissioned by the Harrow Clinical Commissioning Group. This is a recovery service delivered by WDP Harrow in partnership with other community organisations. The service came into being on 31 January 2017. The service provides abstinence based therapy, access to prescribing and community

detoxification, group work, and support for family and carers. The service currently supports 454 clients, of whom 102 receive medication to support them to become abstinent from alcohol and illicit drugs.

WDP Harrow is registered to carry out treatment of disease, disorder or injury. There is a Registered Manager in post. This is the first time that the service has been inspected by the Care Quality Commission.

Our inspection team

The team that inspected the service comprised of a lead CQC inspector, a CQC inspection manager, and two specialist advisors. The two specialist advisors were a nurse and a doctor with experience in addictions. There

was also an expert by experience. An expert by experience is a person who has personal experience of using, or supporting someone using, substance misuse services.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme to make sure health and care services in England meet the Health and Social Care Act 2008 (regulated activities) regulations 2014.

How we carried out this inspection

To understand the experience of people who use services, we ask the following five questions about every service:

- 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 and asked other organisations for information.

During the inspection visit, the inspection team:

- visited this location, looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with six clients
- spoke with the registered manager, the lead doctor and the clinical manager for the service
- spoke with 13 other staff members employed by the service provider, including nurses and recovery workers
- attended and observed a multidisciplinary meeting and a daily planning meeting
- collected feedback using comment cards from six clients
- attended and observed four workshops for clients
- looked at 15 care and treatment records, including medicines records, for clients

Summary of this inspection

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

What people who use the service say

We spoke to six clients and received six comments cards from clients during the inspection. Clients told us that they felt part of the family at the service and that staff were very kind and attentive. Clients were very happy with the support they received for their mental and physical health needs. Clients said that they were well supported if they relapsed from treatment, and said that the service worked hard to make sure they did not relapse again. Clients said that the service was calm and welcoming and that they had not observed any

disruptive or aggressive behaviour. A former client told us how they were encouraged to become a peer mentor at the service after completing treatment, which they were very happy about.

Four of the six comment cards were positive and stated that the staff were welcoming and that clients felt listened to. Clients also wrote that the environment was welcoming, the staff always listened, and the life skills group was life changing. Two comment cards were not positive and complained of a variety of issues, including not getting prescriptions if clients were late for an appointment and lack of progress with housing.

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?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The service had enough staff to safely care for the clients' needs. The provider had systems in place to ensure that 97% of staff had undertaken mandatory training and were inducted and trained into other responsibilities such as fire warden or first aider as required.
- Staff routinely completed risk assessments and risk management plans at the start of clients' engagement with the service and updated them regularly afterwards.
- The service addressed risks to adults and children in a robust way. The service kept a safeguarding register to monitor ongoing safeguarding concerns and had a Hidden Harm practitioner in post to provide close links with children and adult social services. Staff understood safeguarding procedures.
- The service provided naloxone training and kits to clients who used opiates and to staff members. The delivery, storage and issuing of naloxone medication was carefully monitored. This had resulted in the avoidance of a fatal overdose in two episodes during the past year.
- Staff monitored clients' prescriptions through a prescriber tracker, which gave prompts to staff when it was time for clients' medications to be reviewed. Staff saw clients who were having detoxification from alcohol or opiates at least three times a week during treatment.
- Staff escalated deterioration in clients' mental and physical health appropriately.
- Staff learned from incidents at their own service as well as from incidents that happened at other provider locations through monthly meetings. Changes had been implemented as a result.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff completed comprehensive assessments using recognised tools and were trained for their role.

Summary of this inspection

- Staff routinely monitored clients' physical health and referred clients to other local services if intervention was required. The service tracked blood borne virus results to make sure clients received appropriate vaccinations and testing if required.
- The service had a service level agreement with the hepatology services at a local hospital, which allowed clients to access monthly clinics at the hospital for hepatitis C testing and treatment.
- Staff worked with clients to develop holistic recovery plans, which addressed clients' priorities and included contingency plans for early exits from treatment. Clinicians worked with clients to agree on prescribing medication and treatment plans.
- Qualified or trained and experienced staff provided a range of therapeutic support in line with best practice guidance. The service was rolling out the Capital Card Scheme, which provided rewards to help motivate clients to attend.
- The service had built strong links with other local services to meet clients' assessed needs; for example, the local liver unit and children's social services.
- Staff supported LGBT+ clients with a dedicated approach and pathway, which the service created for them. This included referrals to LGBT+ dedicated rehabilitation services.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients found the staff caring and non-judgmental. They were treated with dignity and respect. They said they felt safe within the service.
- Staff knew clients' individual needs and took steps to respond to them.
- The service held monthly service user feedback forums with the involvement of service peer mentors and volunteers, as well as the service management team to hear concerns and feedback from clients.
- Staff informed and involved families and carers appropriately and provided them with support when needed. Carers were able to access a number of groups and activities. The counselling service was also open to carers.
- There were strict protocols in place to keep client information confidential.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

Summary of this inspection

- Staff saw clients quickly after referral. There were no waiting times between referral and first appointment, or from first appointment to full assessment and allocation. The service aimed to see clients within 48 hours of referral.
- The service had strong links with the Tamil community and staff supplied information and counselling in the Tamil language. The service was also able to provide counselling in Urdu, Punjabi, and Hindi to support the large Asian community in the area.
- The provider had responded to national concerns about long-term substance misuse and its impact on people of late middle age by conducting an audit of clients within the risk group and then implementing actions to try to improve their quality of life.
- The service had a dedicated education, training and employment worker who supported clients in recovery and reintegration into the community. Clients were also recruited and trained to become peer mentors.
- The team tried to engage with people who found it difficult or who were reluctant to engage with services. They monitored the number of clients it worked with who had extra needs, such as those with mental health issues.
- The service had a safe and welcoming environment for the clients, including a comfortable reception area.
- The service reviewed and responded to complaints in line with the provider's policy.
- The service had identified some clients needed access to a safe space at weekends; they had contracted with a separated provider to run weekend social groups on the premises to meet this need.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The service had a robust system in place to oversee the service and to drive improvements. The governance structure, information from audits and senior management meetings, and the quality of the service improvement projects demonstrated that leaders understood the needs of the client group and delivered services to meet them.
- There was strong, visible leadership at the service and good support from the provider's head office; this was recognised by staff and they were proud to work for the service. Managers promoted a positive culture and high quality within the service.

Summary of this inspection

- Both the provider and staff within the service were well-informed about risks associated with the delivery of the service. The provider was implementing a new care record management system to address the issue of dual record systems.
- Within a short time, the service had established strong links and care pathways with other local providers and had identified where further links could be made.
- Training records showed, and staff confirmed, that there was a commitment to staff training and development. The service encouraged skilled staff to train colleagues.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff routinely sought clients' consent to treatment and consent to share information with other relevant agencies. Staff understood the principles of the Mental Capacity Act; they had received training and knew how to find the provider's policy if they were concerned about

someone's ability to make a decision. They showed us the policy was easily accessible on the provider's intranet. Staff recorded clients' consent to treatment and sharing of information in care records. Ninety three per cent of staff had training in the Mental Capacity Act.

Substance misuse/detoxification

Safe

Effective

Caring

Responsive

Well-led

Are substance misuse/detoxification services safe?

Safe and clean environment

- Rooms set aside for office use only were only accessible by a fob and strip alarms were located in all rooms where clients had access. The alarms alerted the whole building to an incident and the duty manager coordinated the response.
- The clinic room was well-equipped with the necessary equipment to carry out physical examinations. The clinic room was well organised, with emergency kits, oxygen and grab bag with naloxone medication. There was emergency naloxone in the reception area in a labelled locker for easy access. Naloxone is a potentially life-saving medication, which can be used in an episode of opiate overdose to avert the death of a client.
- All areas were clean, had good furnishings and were well-maintained. Cleaning records were up-to-date and demonstrated that the premises were cleaned regularly.
- All staff had completed infection control training as part of their induction. Staff completed monthly audits covering health and safety and infection control, which included hand washing audits.
- We looked at the risk assessment for the premises and saw that it covered the appropriate issues and was reviewed monthly by the service manager. There were very few outstanding issues and the manager had plans in place to address these. A control of substances hazardous to health (COSHH) risk assessment was also in place.
- The service had records to show relevant safety checks had been carried out by appropriate people. This was

confirmed when we looked at fire extinguisher checks. There was a weekly fire alarm test and a fire evacuation drill had been carried out the week before we visited, which included a wheelchair evacuation.

Safe staffing

- There were four nurse posts within the service, of these there were two permanent nurses in post, and two agency nurses were covering the vacancies, which were being recruited to.
- There were 12 recovery worker posts and all were filled.
- The sickness rate was 6% during the previous year.
- The turnover of all substantive staff was 28% during the previous year. The manager said that this was due, in part, to cuts in funding, but also to staff gaining expertise and moving to higher positions elsewhere. Staff told us that the cut to funding was the main reason for staff leaving, as the service was otherwise a good place to work.
- The service had 445 clients at the time of the inspection, and the service saw on average 203 clients a week. There were 28 clients per worker at the service.
- The use of bank or agency staff was low. Eleven shifts had been covered by bank or agency staff in the previous year. The service had 27 shifts that it had not covered with bank and agency staff and remained unfilled. This was due to a nursing vacancy. When shifts went unfilled, the provider was able to send a clinical lead, if necessary, to cover nurse absence at the service.
- Staff told us that the daily meeting was used to plan cover for unexpected staff absence and this worked well. Recovery workers told us that because they participated in the duty system, and sat by the reception area when they did, they knew most of the regular clients, which made it easier to cover for each other. The

Substance misuse/detoxification

team leader told us that groups were rarely cancelled as the team leaders had appropriate training and experience to step in and lead them if the usual leader was unavailable.

- Overall, 97% of staff had undertaken mandatory training. The provider had in place a mandatory training action plan, which the manager kept up-to-date and showed when actions had been completed or when they were due. Mandatory training included health and safety, infection control and first aid.
- There was a system in place to make sure that staff who took on additional roles alongside their main duties, such as fire warden, first aider or food handler, were thoroughly trained and inducted into these roles. Each member of staff assigned to these roles had signed a document to confirm they had completed all the recommended activities, such as attending training courses or reading policies.

Assessing and managing risk to clients and staff

Assessment of client risk

- Staff completed risk assessments with clients during their initial contact with the service and updated them whenever new information became available or during the routine three monthly reviews. Staff paid particular attention to potential risks to any children the client was in contact with. The provider had its own risk assessment format that was in line with best practice.
- The risk assessments were appropriate for this client group and included analysis of current substance use, injecting history, if relevant, blood borne virus status, and risks concerning children, family and accommodation.
- Staff routinely assessed clients for the risk of disengaging with treatment and for self-harm.

Management of risk

- Staff completed risk management plans with clients during their initial contact with the service and updated them whenever new information became available or during the routine three monthly reviews. Staff discussed any elevated risks in the multidisciplinary meeting. When necessary, staff discussed immediate risks with the duty manager and with the team in the

daily meeting. Staff knew when they needed to liaise with other agencies around certain identified risks and the service had systems in place to facilitate this; for example, with children's social services.

- Staff escalated deterioration in clients' mental and physical health appropriately. We found two examples of staff contacting clients' GPs when electrocardiogram (ECG) readings were abnormal. We saw a high risk behaviour safety management plan for a client who disclosed risk to self, which included a 'staying safe' assessment.
- The service had safe working practices for staff who went to clients' homes for appointments. Home visits were sometimes used to aid assessment and engagement. Staff went in pairs to first appointments after reading risk summaries provided by the referrer. Staff knew the provider's lone working policy and the procedures they needed to follow in their work. We attended a morning planning meeting where team leaders reminded staff to follow the lone working protocol if they were going off site for any reason.
- All staff told us they felt safe when within the premises. One member of staff, who regularly saw clients at another provider's premises, did not always feel safe there. When we told the service manager they said they would immediately address it with the provider. On occasion, clients who presented a high risk to staff or others were seen in premises with an extra layer of security, such as probation offices.
- Recovery workers felt well-informed about risk. They said they were informed of risks in multiple ways, depending on the severity and likelihood. Methods included the daily meeting and the weekly multi-disciplinary meeting. When staff were allocated to a client all known risks were emailed to them alongside other relevant information.

Safeguarding

- All staff had completed level one and level two adult and children safeguarding training. Ninety three percent of staff had completed level three adult and children safeguarding training.
- The service had an electronic safeguarding register, on which staff recorded adults at safeguarding risk and clients with children who had been identified as being at risk. Staff monitored the register monthly and updated it each time there was a change in safeguarding circumstances.

Substance misuse/detoxification

- Staff showed no hesitation when describing the threshold for raising safeguarding alerts with the local authority and knew the relevant phone numbers. If a client had any contact with children, they routinely contacted the local authority to find out if there were any safeguarding issues, recorded the response and took action when necessary.
- Staff knew which of the clients most at risk of financial or other exploitation and told us they stepped in if other clients seemed to notice this and might use it to their advantage.
- The service had a Hidden Harm practitioner who worked three and a half days a week with children social workers. A Hidden Harm practitioner is a professional who has experience in the effects that substance misusing family members have on the children they are caring for or in contact with. The Hidden Harm practitioner made joint visits with social workers to clients who were misusing drugs or alcohol and who had children. The service received many referrals from local social services after a child safeguarding referral had been made to them. The service demonstrated a close working relationship with local partners to keep children safe from the risks associated with carers and relatives who abused drugs or/and alcohol.

Staff access to essential information

- Staff used an electronic case management system to store client records and paper case records, which were stored in lockable filing cabinets.
 - Staff had access to the information they needed to safely support clients. Some information, such as the medical information and clinical discussions, was stored on the electronic client progress notes, and other information, such as client care plans, was stored in paper form. We reviewed 15 care records and found that the information on the electronic care records was not always reflected in the paper client care plans. The service had oversight of this issue and was in the process of transferring all client records onto a new electronic care record system.
 - Staff told us they could access all necessary information to carry out their work and the administrator described the process for setting up new staff on the computer system. This included mandatory training on data management.
- The service provided naloxone training and kits to clients who used opiates and to staff members. Naloxone was available to reception staff so that if clients presented at the service and disclosed that they were opiate users, staff could train them in the use of naloxone and provide them with the medication before they left. This responded to the fact that there were clients who were referred to the service who did not then take up the offer of treatment. The delivery, storage and issuing of naloxone medication to clients was monitored and checked by the provider's pharmacist during prescription and medicines management audits. Information from the service showed that 155 clients were in receipt of naloxone between 1 July and 1 October 2017. Staff told us that two episodes of potentially fatal opiate overdoses had been averted by the distribution of naloxone during the past year.
 - The assessment documentation included a prompt to remind staff to offer safe storage for medication to clients with children. Safe storage could be a lockable storage box in the home, which only the client had access to, so that others in the home could not access the medication. When we looked at the care records we saw that this had been provided to one client with children, even though the children did not currently visit them at home. This was good practice as the client's circumstances could suddenly change.
 - Staff monitored clients' prescriptions through a prescriber tracker, which gave prompts to staff when it was time for clients' medications to be reviewed or when staff needed to return a client to optimum opioid substitution treatment.
 - Staff safely supported clients to reduce and stop their drug and alcohol use through the appropriate use of withdrawal symptoms audit tools and by following national guidance on detoxification. Staff saw clients who were actively detoxifying from alcohol or opioid substances, or who were lowering the amount of opioid substitute medication, at least three times a week. Staff showed awareness of appropriate national guidance such as National Institute for Health and Care Excellence (NICE) and the Drug Misuse and Dependence: UK guidelines on clinical management (known as the 'Orange Book').
 - The provider carried out regular audits of the service. The prescription management audit was last completed

Medicines management

Substance misuse/detoxification

by the pharmacist on 12 October 2017. The medicines management was last audited by the quality lead on 17 January 2017. Audits showed that staff made four medication errors in the previous 12 months.

Track record on safety

- There were three serious incidents in the previous year including an unexpected death of a former client and two incidents temporarily that affected the delivery of service.

Reporting incidents and learning from when things go wrong

- Staff reported all incidents, accidents, and near misses on an electronic incident management system. Medium and high risk incidents generated an automatic email to alert the provider's senior management team. Staff investigated serious incidents and complete the investigation form, which included lessons learned, actions taken and best practice identified.
- Staff received feedback from investigation of incidents through local integrated governance meetings. We reviewed the minutes from three integrated governance meetings and saw that staff discussed lessons learned from incidents at this service and from incidents at other services run by the provider. For example, in response to incidents of mislaid client information at other services, staff at this service reviewed lessons around duty of candour and the provider policy on sending confidential information. They had also introduced posters reminding staff to keep client information safe and confidential. Staff felt they were kept fully informed of any incidents within the service and relevant incidents within other parts of the organisation.

Are substance misuse/detoxification services effective?
(for example, treatment is effective)

Assessment of needs and planning of care (including assessment of physical and mental health needs and existence of referral pathways)

- Staff assessed clients at the first appointment and developed a recovery plan. Clients were allocated a named worker, and when necessary they were matched

to members of staff with specific skills and experience. For example, clients with suspected alcohol related physical health needs were allocated to one of the specialist substance misuse nurses to ensure clients had appropriate support. Assessments covered clients' mental and physical healthcare needs, as well as their social circumstances. Staff included identified issues in the client's recovery plan when the client consented to this. Staff recognised they had a responsibility to guide people to have their needs adequately met, especially those clients at risk of self-neglect.

- Staff provided assessments within 48 hours of receipt of referral. In practice, if anyone self-referred staff tried to provide an immediate assessment as they recognised how hard it was for people to make a first contact. Staff recognised they had a responsibility to guide people towards beneficial choices, but they accepted that progress was most likely when the client was motivated by the goals set.
- Staff took steps to ensure that clients' physical health needs were assessed and met. There was an ECG machine on the premises to assist them with this. Staff carried out physical health observations for clients at the service and supported clients to access support from their GP and other services when necessary.
- Care plans were personalised, holistic and recovery-oriented. We reviewed 15 care plans. They were personalised and had the client's perspective clearly stated. Staff updated care plans regularly and following significant events; for example, when a client disengaged from the service and then came back for further support. However, in two of the 15 care plans we reviewed, there were instances where staff did not record the outcome of one-to-one discussions with the client. These episodes were in the electronic client progress notes, but not in the paper files. The service recognised this problem and had plans to move to a more comprehensive electronic care record system to resolve it.

Best practice in treatment and care

- Staff delivered a range of interventions to clients. This included one-to-one work with staff, prescription of medication, counselling, group work and recovery interventions such as health and fitness, music and art groups, and peer mentoring.
- The service recognised clients were not always motivated to attend support groups and clinics regularly

Substance misuse/detoxification

and had responded with the Capital Card Scheme, which was being rolled out during the inspection. Staff had developed this project in consultation with clients. Clients received plastic cards, which were topped up with points each time they attended a group or clinic. Clients could then redeem these points at selected local businesses offering health or wellbeing services, such as the gym or cinema.

- Staff facilitated a number of weekly groups for clients to support them in their recovery. These included groups for managing emotions, for clients who misused alcohol, for those who misused cannabis, and recovery maintenance. There were also introduction to detox or rehabilitation services groups, and other groups for family and carers, women, and clients with mental health issues.
- The doctor completed physical health assessments for all clients when they were admitted to the service. Client care records showed that the staff contacted the clients' GPs and received previous medical history and blood test results. For example, where a client had an abnormal ECG reading, staff made an action plan, contacted the client's GP, and reviewed the client's medication. The client told us they were happy that their health problem had been addressed quickly and effectively by staff. We saw staff had also used the ECG readings to encourage a client who was stable in their recovery pathway, to reduce their opiate substitute medication and see improvements in their ECG readings.
- The service had introduced a blood borne virus tracker to monitor, which clients had had testing for different blood viruses. The service was also working with a local hospital to support the testing and treatment of clients at risk of hepatitis C. Staff were currently supporting three clients with hepatitis C to have treatment in the community through this project.
- Staff supported clients to live healthier lives through referrals to a sub-contracted service providing focused physical activities. Staff signposted clients to sexual health services, smoking cessation, cervical cancer screening, dentistry and optician services. For example, in quarter two of 2017/2018, staff signposted 142 clients to sexual health services.
- Care records demonstrated that staff used the alcohol use disorder identification test, the clinical opiate withdrawal scale, and the clinical institute withdrawal assessment, at appropriate intervals during detox. Staff

used treatment outcome profiles to monitor the outcomes of treatment and updated them twice a year. Staff used the STAR recovery model to monitor the effectiveness of counselling services for the clients who used this. This outcome measure was updated every six sessions of counselling.

- Staff participated in a number of clinical audits, benchmarking and quality improvement initiatives and benchmarking. For example, clinical staff audited the clients over 55 years of age accessing the prescribing interventions at the service in October 2017. This showed that out of 15 clients in this age group, six clients were being prescribed sub optimal doses of opioid substitutes and had also disclosed that they misused opioids in the community. However, the service was able to show a client-centred justification for each prescribing decision, which was easy to locate in the client records. Staff told us that prescribing rationale was reviewed regularly and monitored by the prescriber tracker, which alerted staff to the need for medical reviews.
- Staff were very proactive at liaising with GPs and requested reports from them when the client was first accepted into the service and six monthly thereafter. Records showed that they kept GPs updated in return.
- The admission process included planning in case of early exit from the service. Early exit can put some people at high risk of harm. Therefore, staff had extensive discussions with clients about the best way to make contact with them or their friends or family if they missed an appointment, did not collect a prescription or similar. A recovery worker described the steps they were taking to track down a client with no fixed address, friends or family who had missed an appointment. This involved liaising with the person's regular pharmacy and the local police.

Skilled staff to deliver care

- The team included a doctor, a non-medical prescriber (a nurse who has been trained to prescribe medication), a Hidden Harm practitioner, a life skills practitioner, a volunteer coordinator in charge of counselling, a criminal justice worker, and a dual diagnosis nurse (who had expertise in substance misuse and mental health). The service was supported by six volunteer counsellors.

Substance misuse/detoxification

This meant that the service was able to meet the diverse needs of clients using this service. The service also trained clients to be peer mentors and there were five peer mentors recruited during the past year.

- The service provided mandatory training courses in how to administer naloxone medication and the symptoms and treatments for hepatitis C. Ninety three percent of staff had completed these two courses. Staff also completed courses in motivational interviewing and maintaining professional boundaries as mandatory training and 90% of staff completed these.
- The clinical lead trained the nurses in management of clients on opioid substitution medication, complications of heroin use and the effects of methadone and buprenorphine.
- Managers provided staff with monthly supervision using a structured template, which included reviewing care records, incidents and safeguarding, and opportunities for staff education and career development.
- Staff attended to monthly team meetings, called integrated governance meetings, which followed a structured agenda based around the five key questions that CQC asks.
- The percentage of staff that had had an appraisal in the last 12 months was 96%. All staff had received monthly supervision.
- Managers dealt with poor staff performance promptly and effectively, through supervision and performance management procedures. This included weekly one to one meetings and identification and provision of extra support for staff.
- The service recruited volunteers from students completing their degree in counselling or psychotherapy from local colleges. There were six volunteers at the service at the time of the inspection. They had completed induction and training and had a disclosure and barring service certificate in place. The volunteer coordinator was a skilled psychotherapist who was completing their doctorate in addictions. There were 20 clients accessing counselling at the time of the inspection. Staff offered 12-week blocks of counselling at a time for clients or carers.
- Recovery workers described their skills repertoire, which included motivational interviewing, cognitive behaviour therapy, international treatment effectiveness project (ITEP) mapping and group work. They said they focused

on helping clients to understand their behavioural patterns and identify those that were unhelpful. Then they provided support and motivation to change those behaviours.

- Staff with specialist roles, such as the criminal justice worker, met regularly with their counterparts in other services run by the provider to discuss issues specific to their work and had informal links too.

Multidisciplinary and inter-agency team work

- Staff held weekly and effective multidisciplinary team meetings. We observed a multidisciplinary team meeting and saw that it covered relevant issues. The meeting was focused and each client was discussed. Staff reviewed action plans from previous meetings and updated them.
- Staff held morning planning meetings, which covered new referrals, new safeguarding concerns, incidents, clients who were about to be discharged from mental health settings or prison, clients who had failed to show up at previous clinics or groups and who were rated as medium or high risk, and allocation of duty workers.
- The service worked with the local mental health trust to improve pathways for clients of the service who were admitted to the local hospital and to facilitate discharge from inpatient services. Staff used local joint working protocols between the service and local social services. This included a local Hidden Harm practitioner to link with the children services.
- The service participated in a GP shared care scheme. Staff identified clients who had become stable in their prescription treatment and discharged them to their GP; the service then provided support and advice for the GP and could bring clients back into the service quickly if they relapsed.
- There were strong links with the local liver unit and the two services worked together to support clients with complex liver disease.
- Staff at the service provided training on substance misuse to other organisations. For example, staff delivered training on needle exchange procedures to local pharmacies every three months.
- Staff supported professionals in emergency departments, criminal justice settings, midwives and sexual health advisors to assess people with substance misuse risks in those locations. This was carried out as part of the service's Individual Brief Advice scheme. Information from the service showed that staff saw 72

Substance misuse/detoxification

people in these settings from 1 July to 1 October 2017, which resulted in 13 clients being treated by the service. This inter-agency working meant that people could be offered help at different locations and when they were in vulnerable circumstances, such as in custody or in the emergency department.

Good practice in applying the MCA (if people currently using the service have capacity, do staff know what to do if the situation changes?)

- Ninety three per cent of staff had training in the Mental Capacity Act (MCA).
- Staff routinely sought clients' consent to treatment and consent to share information with other relevant agencies. They knew the principles of the MCA and knew how to find the provider's policy if they were concerned about a client's capacity to make a decision. They showed us the policy was easily accessible on the provider's intranet. Staff recorded clients' consent to treatment and sharing of information in care records.

Equality and human rights

- All staff had completed equality and diversity training, which had been set as mandatory training by the provider. Staff retook this training every two years.
- The service engaged with clients who had protected characteristics under the Equality Act 2010. For example, the service was accessible to those with mobility disabilities and there was access to interpreters for those whose first language was not English.
- The service had links with community lesbian, gay, bisexual, trans-sexual, and other (LGBT+) organisations to provide staff with advice and guidance on delivering inclusive substance misuse services. There was a pathway for staff to refer clients to a residential service run by the provider, which delivered specialist detox regimes for a range of presenting issues to LGBT+ clients.
- The service had an LGBT+ audit toolkit, which identified areas in which the service was compliant but also areas in which the service could improve to become more inclusive to LGBT+ clients. Staff developed an action plan on the recommendations of the audit, such as improving signs in the building and having a dedicated LGBT+ lead for the service.

- Staff were aware of the issues faced by some members of the LGBT+ community and told us they worked to ensure the service was inclusive and welcomed everyone.
- Staff described working alongside care workers to meet the needs of people living in supported accommodation or care homes on account of their disabilities.
- The service had strong links with the Tamil community and staff supplied information and counselling in the Tamil language. A key worker from the service liaised with Tamil community groups and provided support to clients there if they were not willing to come to the service. The service also provided counselling in Urdu, Punjabi and Hindi, which reflected the large Asian community in the area.

Management of transition arrangements, referral and discharge

- The service had partnerships with other local service to ensure effective pathways were in place for clients. This included pathways with the local hospital for alcohol related admissions, the local mental health hospital, GPs and sexual health services and pathways from probation services. There were also strong links with mutual aid groups. Managers were proactively involved in developing additional pathways, for example, with adult social services.
- The service supported clients to get funding for inpatient rehabilitation for substance misuse detox. The service had discharged seven people to inpatient services in the last 12 months. Overall, staff had supported 456 clients to discharge from the service in the last 12 months.

Are substance misuse/detoxification services caring?

Kindness, privacy, dignity, respect, compassion and support

- Staff supported clients in a respectful manner and provided clients with help, emotional support and advice at the time they needed it. We viewed four workshops for clients. We observed positive and empathetic interactions between staff and clients. The workshops were well facilitated and clients were treated with dignity and respect.

Substance misuse/detoxification

- Staff spoke about their clients respectfully. They spoke about the importance of being welcoming and not, inadvertently, creating barriers to support and treatment. They talked about making people from all walks of life feel comfortable within the service.
- We spoke to six clients and received six comment cards. Most clients told us that the service was the best one that they had ever attended. Clients said that staff were understanding and non-judgemental. Two clients said that they were supported to re-engage with the service after they had stopped attending the groups. However, two clients complained that they sometimes had to wait for their prescriptions.
- Staff supported clients to understand and manage their care, treatment or condition. Care records demonstrated that staff held regular medical reviews and were client-centred when making prescribing decisions or referring clients to groups or other services.
- Staff met the individual needs of clients, including their personal, cultural, social and religious needs. The service showed excellent commitment to supporting clients from diverse backgrounds to access the service. This included focused work to include members of the Tamil community, clients who were LGBT+, and those who were older opiate users.
- Staff maintained the confidentiality of information about clients. The service included data protection training as part of its mandatory training programme for staff and 93% of staff had completed this training. Staff held confidential information about clients in password protected electronic care records and, when information was in paper form, in lockable cabinets within the premises.
- If staff took confidential information out of the office, for example, to a client appointment off-site, they were required to sign the file in and out and transport it in a lockable bag.

Involvement in care

Involvement of patients

- Staff enabled clients to give feedback on the service they received. Staff gave clients feedback forms after the life skills courses, which informed the continuous development of the courses. The completed feedback forms were also sent to the keyworkers, and the commissioners of the service.

- The service held monthly service user feedback forums with the involvement of peer mentors (when in post) and volunteers, as well as the service management team to hear concerns and feedback from clients. Feedback was presented through the 'You said, we did' board on display at the service.
- Staff ensured that clients could access advocacy services. There was information on display regarding three advocacy organisations that clients could contact.
- Clients' records showed they had been involved in designing their recovery plan and setting their own goals. Staff said they tried to guide them, but the final choice was down to the client unless court orders were in place.
- Staff trained and recruited clients to become peer mentors if they met the criteria and wanted to take on this role. There were five peer mentors providing mentoring to 35 clients at the time of the inspection.

Involvement of families and carers

- Staff informed and involved families and carers appropriately and provided them with support when needed. Carers were able to access a number of groups and activities that the service offered to them. The counselling service was also open to carers.
- The service established a carers' peer support group, which met weekly. Carers and families accessed one-to-one support from the carers and families lead at the service.

Are substance misuse/detoxification services responsive to people's needs? (for example, to feedback?)

Access and waiting times.

- There were no waiting times between referral and first appointment, or from first appointment to full assessment and allocation. The service aimed to see clients within 48 hours of referral.
- Clients usually spent six months in treatment, although there was a large inherited case load of clients from the previous provider who were still being treated and discharged. From 1 July to 1 October 2017, 248 clients spent six months or less in treatment, 81 clients spent

Substance misuse/detoxification

between six months to one year in treatment, and there were 141 clients who were in treatment for over a year and were inherited from the previous provider when the service began in January 2017.

- The team tried to engage with people who found it difficult or who were reluctant to engage with services. The service monitored the number of clients it worked with who had extra needs, such as those with mental illnesses. The service worked with 62 clients with mental illness between 1 July and 1 October 2017.
- Clients did not show up for their scheduled appointments 2,530 times during the past year. The service had a protocol that staff followed to re-engage with clients who did not attend appointments. Care records showed re-engagement plans were in place. The service had introduced a Capital Card Scheme to motivate clients to attend treatment and groups.
- The service was open two evenings a week to provide flexibility in the times of appointments.

The facilities promote recovery, comfort, dignity and confidentiality

- There were sometimes not enough rooms for the staff to meet with clients and to carry out group work. Staff said that it could be difficult to find an appropriate place to carry out assessments if clients came in without an appointment. All the rooms were pleasant and fit for purpose. The meeting rooms were sound-proof and comfortable with natural lighting.
- The reception area was welcoming with enough comfortable seating. The service had followed the provider's protocol in developing the reception area, which was designed to make clients feel safe and relaxed. There were hot and cold drinks available for clients, as well as a book swap trolley.

Clients' engagement with the wider community

- The service had a life skills worker who supported clients in recovery and reintegration into the community. The service had supported three clients to engage in training and motivational groups and then into employment during the previous 12 months. Clients were also trained to become peer mentors and there were five peer mentors at the time of the inspection. The life skills worker ran regular motivational and training groups for clients to inspire them to look for volunteering and work opportunities. We spoke to a

client who had completed these courses and they said they were excellent. The client was waiting for their disclosure and barring service certificate before they commenced working as a peer mentor at the service.

- Staff told us they actively supported people to engage with other agencies to resolve issues such as housing or debt or to follow up mental or physical health issues. This was confirmed in correspondence within care records.

Meeting the needs of all people who use the service.

- The service had disabled access and an accessible toilet for clients with mobility needs.
- Some appointments were offered in other premises, such as GP surgeries, community centres or mental health day services. These venues better suited some clients.
- Staff described using interpreters when needed, especially for assessments.
- The service had strong links with the Tamil community and staff supplied information and counselling in the Tamil language. The service was able to provide counselling in Urdu, Punjabi and Hindi to support the large Asian community in the area. Staff were able to support LGBT+ clients with a dedicated approach and pathway.
- The service recognised some clients were vulnerable and isolated when the service was closed. Therefore, it had subcontracted with Build on Belief (BoB) to provide safe weekend activities.
- The service was actively trying to meet the needs of an older group of men. An audit had identified they were only engaging in one-to-one activities and had complex needs. As a result, in discussion with clients within the older age range, some targeted groups were being trialled. These included guitar sessions and peer support groups, which were held on weekends.
- Staff had clear protocols for clients who missed prescription pick up or were going on holiday and needed more than a week's prescription of medication.

Listening to and learning from concerns and complaints

- Staff received nine complaints about the service in the previous 12 months. Seven of these complaints were upheld, or partially upheld, by the service following investigation.

Substance misuse/detoxification

- Staff received 58 compliments about the service in the previous 12 months.
- The service had a complaints policy all staff members were informed about during their induction. It included an appeals process. Formal complaints were overseen at provider level. Information on how to complain about the service was on display, and there were feedback forms and a feedback forms box in the reception area.
- Staff received feedback on the outcome of investigation of complaints and acted on the findings. Managers and staff discussed complaints in supervision, at monthly team meetings and at senior management meetings.

Are substance misuse/detoxification services well-led?

Leadership

- The governance structure, information from audits and senior management meetings, and the quality of the service improvement projects demonstrated that leaders of the service had a very good understanding of the needs of the service and of the client group that they supported. We spoke to the provider's senior clinical manager who said that the priority was establishing good outreach methods so that clients that were difficult to reach had access to the service. The service demonstrated achieved good outreach methods by their level of engagement with diverse client groups.
- Staff said that they saw the senior clinical manager at the service at least once a month. Staff also said they often went on training and met senior managers there.
- Staff were very complimentary about the quality and accessibility of leaders within the organisation. One staff member said the current service manager was the best they had ever had in many years within the sector and that their clarity and guidance was much appreciated.

Vision and strategy

- Staff were aware of the provider's vision and values. They said the operational and service managers were effective in reconciling the provider's vision and different stakeholders' priorities in order to give staff a clear way forward.
- Staff could explain how they were working to deliver high quality care within the budgets available.

Culture

- We spoke to 15 staff who all said that they felt positive and proud about working for the provider and their team. Staff were passionate about the work that they were doing and felt that the various specialists within the team were valued and well supported.
- Staff said that they felt confident to raise concerns about the service without fear of retribution as there was no of bullying or discrimination at the service.
- The service offered internal courses to staff such as an 'aspiring managers' course as well as external courses that were identified in staff appraisals.
- Staff worked together as a single team, even though some had clinical roles and others had psychosocial or administrative roles. When we asked staff what they were most proud of within the service, most staff said teamwork.
- Staff confirmed they had received appraisals and said their training and development needs had been considered.

Governance

- The provider had an effective governance structure in place. It had developed an integrated governance policy, which linked into their other operational policies such as client information policy, clinical governance policy and quality policy. This integrated governance policy set out the minimum standards that the service was required to meet in relation to audits, policies, risk management, research, incidents, accidents and complaints. The service held monthly meetings to discuss and address these areas. Minutes from these meetings went to the quality assurance lead so that the provider had oversight of the governance at WDP Harrow through its senior management team.

Management of risk, issues and performance.

- The provider maintained a risk register, which included risks at this service. Staff concerns matched those on the risk register; for example, the staff worried about the future of the service and this was reflected in the risk register.
- The service had plans for emergencies, for example, IT failures. This had happened in the past year, and there was an action plan in place for ensuring that staff knew what to do if it happened again.
- When cost efficiencies took place, the provider worked hard to make sure they did not compromise client care. Cuts to funding during the previous year meant that the

Substance misuse/detoxification

service had to decide between closing one of its two sites and making staff redundant. The service chose to close a site and keep the full complement of staff. This meant that the service had enough staff to keep their clients safe and well. However, it also meant that space was at a premium in the service.

- Any health and safety issues were routinely discussed at the provider's monthly integrated governance meetings (IGM). We heard how steps had been taken to prevent neighbours using the service's bins. This prevented them from overflowing.

Information management

- The provider was about to introduce a new electronic client record system more suited to the service's needs. We found some issues with the current dual paper and electronic systems, particularly when it came to aligning information in both systems. The new system should help to resolve this problem.
- Staff identified, using a tracker, that the service was a bit behind with providing vaccinations for blood borne viruses. Therefore, this was made a priority for the new agency nurse and they were working systematically through the list.
- In common with many substance misuse services, many staff had previously worked for other providers and had retained their previous pay, terms and conditions. We heard that this would have been problematic for line managers when, for example, approving annual leave, but the provider's head office was very helpful in organising this and providing clear guidance.

Engagement

- Clients were involved in decision-making about changes to the service through the client forum.
- Clients and their families had access to information via the service's website, leaflets, information boards and meetings. Managers kept staff well-informed of the service's management and changes through regular meetings and daily planning meetings.
- Staff had the opportunity to give feedback and this information was used to improve services. Staff held key roles in delivering the different outreach methods used by the service to engage clients who were at risk of being hard to engage with.
- The service had close working relationships with the local hospital, local GPs, the criminal justice system,

children's and social services and local communities.

The service was planning to build stronger relationships with adult social services. This work was reflected in the quarterly reports to the commissioner.

Learning, continuous improvement and innovation

- The service used the skills, knowledge and experience of its own staff to upskill the rest of the team; for example, the multidisciplinary meeting often included a training slot. Recently they had covered naloxone and the alcohol pathway.
- The service had an excellent safeguarding tracker for children and adults. This tracker included clients and their children for whom a safeguarding referral had been made by the provider, referrer or by other agencies. This was reviewed every month and changes to the safeguarding status was updated and fed back to staff at monthly meetings.
- Continuous improvements included a prescriber tracker for staff to track reviews of client medication dates and prompts for optimum opioid substitution treatment; and a blood borne virus tracker to record and monitor dried blood spot testing, results and vaccination. The service had a service level agreement with the hepatology services at a local hospital, which allowed clients to access monthly clinics at the hospital for hepatitis C testing and treatment. Staff were supporting three clients with hepatitis C to receive treatment in the community as a result of this agreement.
- The service had established effective projects to engage with clients from different backgrounds such as the local Tamil community, the LGBT+ community, and had counselling available in different Asian languages to support the large Asian community in the local authority.
- The provider had responded to national concerns about long-term substance misuse and its impact on people of late middle age by conducting an audit of clients within the risk group and then implementing actions to try to improve their quality of life.
- The service was working with a local GP who was retiring, to safely transfer their 25 clients who were using prescribed medications for their substance misuse to the care of the service.

Substance misuse/detoxification

- The service had just established a service level agreement with the local authority so that young people could access addictions assessment and treatment pathways. This project will be implemented in the next few months.
- The service also planned to develop access for clients with special education needs including autism, attention deficit hyperactivity disorder and dyslexia.

Outstanding practice and areas for improvement

Outstanding practice

- The provider had responded to national concerns about long-term substance misuse and its impact on people of late middle age by conducting an audit of clients within the risk group and then implementing actions to try to improve their quality of life. This included groups and activities to address isolation.
- The service had strong links with the Tamil community and staff supplied information and counselling in the Tamil language. A key worker from the service liaised with Tamil community groups and provided support to clients there if they were not willing to come to the service. The service was also able to provide counselling in Urdu, Punjabi and Hindi to support the large Asian community in the area.
- Staff supported LGBT+ clients with a dedicated approach and pathway, which the service created for them. This included referrals to LGBT+ dedicated rehabilitation services. The service trained staff in LGBT+ awareness and had carried out an audit on the service to identify ways to make the premises and treatments more LGBT+ friendly. The service worked with community LGBT+ organisations to provide a joined up service in the community.
- The service recognised that it was difficult for this client group to keep coming to support groups and attend clinics regularly and had responded with the Capital Card Scheme. Staff developed this project in consultation with clients, and were rolling it out during the inspection. Staff gave clients cards, which were topped up with points each time they attended a group or clinic. Clients could then redeem these points at local businesses, such as the local gym or cinema.