

Dorset Healthcare University NHS Foundation Trust

Substance misuse services

Quality Report

Dorset Healthcare University NHS FT
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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RDY	Trust Headquarters, Sentinel House, 3-6 Nuffield Road, Poole, Dorset	CADAS west Weymouth Community Health Centre Melcombe Avenue Weymouth Dorset	DT4 7TB
RDY	Trust Headquarters, Sentinel House, 3-6 Nuffield Road, Poole, Dorset	CADAS east 30 Maiden Castle Road Dorchester	DT1 2ER

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

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

Summary of findings

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

Summary of findings

Ratings

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

Overall rating for the service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

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

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

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

Summary of findings

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Summary of findings

Overall summary

We rated substance misuse services in Dorset NHS Trust as Good because:

- Staffing levels were good and there was managerial and team oversight of the safe management of caseloads.
- Staff had visited the homes of all clients with children living at or visiting their home to ensure that the client had safe storage facilities for their medication. Staff in the prescribing teams reviewed prescriptions regularly.
- Staff held multi-disciplinary meetings to discuss referrals, discharge, safeguarding and complaints. Assessments, reviews and interventions were well documented in all care records.
- The teams responded quickly if patients phoned into the service to ensure they received a timely service from both teams in line with the requirements of the Commissioners. Staff members were proactive in contacting clients who did not attend their appointments. Staff held multi-disciplinary meetings to discuss referrals, discharge, safeguarding and complaints.

- In CADAS west, there were a variety of rooms available for staff to see clients. Staff were able to call on interpreters if required, leaflets were available in different languages. There was good disabled access.
- There were managerial systems in place to audit clinical notes to ensure risk assessments and care plans were updated and completed correctly, ensure staff received training and yearly appraisals.

However :

- Managers did not ensure all staff had recorded staff managerial supervision sessions.
- All clients had the opportunity to provide feedback about the services. Clients did not receive written feedback about the outcome of their complaint.
- Clients in the CADAS east did not receive the same service as clients in CADAS west as there was no central hub where they could receive treatment.

Summary of findings

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

Are services safe?

We rated safe as good because:

- Staffing levels were good with few vacancies and managers had oversight of staff members' caseloads.
- Staff in the prescribing teams reviewed prescriptions regularly.
- Staff had visited the homes of all clients with children living at or visiting their home to ensure that the client had safe storage facilities for their medication. This was a lockable container to stop client's children or others taking the medication.
- Staff completed thorough risk assessments in both services..
- Managers monitored safeguarding alerts made within the team. Safeguarding information was documented well and shared within the team effectively.

Good



Are services effective?

We rated effective as good because:

- Staff members ensured that assessments, reviews and interventions were well documented in all care records.
- Staff followed the 'drug misuse and dependence: UK guidelines and clinical management (2007) consistently. Prescribers had a clear prescribing plan with actions and intended outcomes.
- Both locations offered good physical healthcare interventions including blood-borne virus testing and vaccination.
- Multi-disciplinary meetings were central to the running of the teams. They ensured referrals, discharge, safeguarding and complaints were agenda items.

However:

- The service did not ensure staff all received managerial supervision sessions.

Good



Are services caring?

We rated caring as good because:

- Staff attitudes were positive towards clients in both locations. We saw kind and respectful interactions between staff and clients.
- Clients told us they understood their rights regarding confidentiality and sharing of information.

Good



Summary of findings

- Clients were involved in their care plans in both locations.

However:

We found no evidence to show that clients were involved in decisions about the service including being able to recruit staff.

Are services responsive to people's needs?

We rated responsive as requires good because:

- The teams responded quickly if patients phoned into the service
- Staff members were proactive in contacting clients who did not attend their appointments.
- Staff were able to call on interpreters if required and leaflets were available in different languages. There was good disabled access.

However :

- Clients in CADAS east did not receive the same service as clients in CADAS west as there was no central hub where clients could be treated. This was due to differences in how the services were commissioned.
- Clients did not receive a letter after making a complaint detailing how their complaint had been investigated and resolved. Despite this, the service could demonstrate they were acting upon complaints.

Good



Are services well-led?

We rated well-led as good because:

- The services met all their targets for assessment or treatment in all areas. Caseload management was well managed by both the managers and the teams.
- Staff were confident about their roles and morale was high.
- Systems were in place to ensure staff received training and yearly appraisals.
- There were managerial systems in place to audit clinical notes to ensure risk assessments and care plans were updated and completed correctly.
- Staff members ensured that incidents were investigated effectively and changes were made as a result.

However:

- The service did not ensure staff all received managerial supervision sessions.

Good



Summary of findings

Information about the service

The trust service is divided into Community Alcohol and Drug Addiction Service (CADAS) west and CADAS east. They offer specialist prescribing, stabilisation, detoxification and blood-borne virus testing and vaccination.

CADAS east provides specialist clinical support to clients suffering from drug and alcohol problems across east Dorset including Christchurch, Wimborne, Ferndown, Swanage, Wareham, Blandford, Dorchester, Gillingham, Shaftesbury and surrounding areas.

The team offers a range of specialist prescribing and psychosocial interventions, as well as offering help and information to other professionals and provides a confidential assessment and treatment service from GPs surgeries in east Dorset. There was no central hub but the team provided services in clinics in GP surgeries.

CADAS west provides specialist clinical support to people suffering from drug and alcohol problems for people living in Weymouth and Portland and surrounding areas.

This includes Weymouth, Portland, Sherborne, Beaminster, Bridport, Lyme Regis, Cerne Abbas, Puddletown and surrounding areas. The service was located in a building on the Hospital site that clients could visit for treatment. Both services were commissioned by Public Health Dorset.

CADAS west has an open referral policy and provides a confidential assessment and treatment service from premises in Weymouth and Portland areas.

The team offers a range of specialist prescribing and psychosocial interventions. It offers help and information to other professionals and provides a confidential assessment and treatment service. The trust services offer specialist prescribing, stabilisation, detoxification and blood-borne virus testing and vaccination.

Both locations are part of wider integrated substance misuse services.

We have not inspected the service previously.

Our inspection team

The team was led by a CQC inspector Jacqueline Sullivan and comprised another CQC inspector and a pharmacist.

Why we carried out this inspection

We inspected this core service as part of our ongoing comprehensive mental health inspection programme.

How we carried out this inspection

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

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

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

During the inspection visit, the inspection team:

- visited both services at the two sites and looked at the quality of the environment
- we attended two MDT meetings
- observed two clinics.
- visited four community pharmacies.

Summary of findings

- spoke with six clients who were using the service in a focus group
- spoke with eight clients who were using the service on the phone
- spoke with the managers for each of the two services
- spoke with 12 other staff members; including doctors, nurses and administrators.
- interviewed the senior manager with responsibility for these services
- looked at 10 care records
- carried out a specific check of the medication management in both services
- 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

Clients we spoke with told us staff treated them with kindness and respect, and that the staff team worked hard to support them.

Areas for improvement

Action the provider **SHOULD** take to improve

- The trust should ensure staff record managerial supervision sessions.
- The trust should ensure clients have the opportunity to provide feedback about the services they receive.
- The trust should ensure clients receive written feedback about the outcome of their complaint
- The trust should consider the introduction of a hub office in CADAS east where the staff team could give clients treatment.

Dorset Healthcare University NHS Foundation Trust

Substance misuse services

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
CADAS east.	Dorset Healthcare University NHS FT Sentinel House 3-6 Nuffield Road Poole Dorset BH17 0RB
CADAS West	Dorset Healthcare University NHS FT Sentinel House 3-6 Nuffield Road Poole Dorset BH17 0RB

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.

The Mental Health Act is not applicable at this service.

Mental Capacity Act and Deprivation of Liberty Safeguards

Records demonstrated that staff recorded consent to treatment and sharing of information with others.

Staff we spoke with understood how intoxication or an acute episode of mental ill health could affect mental capacity and were aware of the principles of the Mental Capacity Act.

Are services safe?

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

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

Our findings

Safe and clean environment

- Community Alcohol and Drug Addiction Service (CADAS) west was located on the ground floor of a building in the grounds of the hospital. There were sufficient rooms for meeting clients and all rooms had an alarm system. Staff had access to personal alarms that were in working order. CADAS west was clean, well maintained. We saw cleaning records from the October 2016 all of which were in date.
- CADAS east was located on the first floor of a building within a shopping centre. This was a collection of offices for staff and not used for interviewing or treating clients. The offices in the east were very small. In CADAS west there was a larger room used for team meetings. In CADAS east, staff members could not meet together as the rooms were too small
- The CADAS west building contained appropriate equipment for physical health monitoring of clients. Staff checked clinical areas regularly. There was a clinic room on site, which gave staff access to an examination couch, fridge, scales and a blood pressure machine. We saw records that showed fridge temperature monitoring took place recording maximum and minimum temperature over the last six months and that the room temperature had been monitored since November 2016. All were present and within the appropriate range. In Christchurch and Weymouth clinic and the Ferndown (office) in CADAS east fridge records indicated medicines were stored within their recommended temperature ranges. There was an appropriate clinical waste disposal arrangement in place. Staff in all sites had visible procedures to follow in emergency.
- In CADAS west staff had access to emergency medications such as naloxone and adrenaline for use in overdoses. This is medication used to treat an opioid overdose in an emergency. Staff checked this regularly and received training to administer it safely. There was also first aid equipment. There was no immediate access to a defibrillator and staff would need to call 999 if required. However, the building was on the hospital site so staff members could seek assistance quickly. The service had put together grab boxes for emergency drugs so that all equipment needed was together and easy to take to a client. Keys to the medication cupboard were kept in a combination safe that only registered nurses could access.
- Clients could access harm-reduction equipment such as needles from a wide network of pharmacies and fixed needle exchanges around the county, and syringes from various sites across Dorset. Clients were offered this equipment to help reduce the potential harm related to injecting opioids.
- The service logged all medical equipment with the trust for routine calibration and maintenance.
- There were effective systems for the safe management of prescriptions. Prescribers monitored, audited and stored prescriptions securely. Prescribing staff kept blank prescriptions secure.
- In both sites, there were appropriate facilities for staff to wash their hands. They were seen to adhere to infection control procedures. There were appropriate arrangements in place for the disposal of clinical waste. The service had hand wash gel dispensers, but they had decided not to fill them to avoid any risk to patients consuming alcohol gel.

Safe staffing

- In both CADAS west and east, Staff said there were sufficient team members to provide treatment for their current caseloads. In CADAS west, there was one social worker vacancy in the team of twelve staff. The service had had a recent recruitment drive this year and there was now only one vacancy. Although a lot of the staff team were new to their posts in CADAS west, they had relevant experience and skill to perform their roles.
- There were two nurse prescribers in the east and four in the west. An additional two staff were undergoing the training at the time of inspection. The west and east worked slightly differently. In CADAS west, the team operated shared client care with GPs and in the CADAS east, they had a specialist GP.
- The Trust set the safe staffing establishment levels for the service to ensure the safe treatment of clients.

Are services safe?

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

- The average caseloads in the east were between 30 and 40 clients. In CADAS west, the average caseloads were around 50 clients. Staff stated that although they were busy they felt these numbers were manageable.
- Staff caseloads were regularly monitored by the managers at their fortnightly meetings. To ensure caseloads are managed the team has discharge as a regular item at their MDT meetings.
- There were cover arrangements for staff sickness and leave to ensure patient safety. For example, a local GP covered if the specialist doctor was not available. Sickness rates were low compared to the national average at 2.8%. The locality manager said staff sickness was currently low and had been for the last nine months.
- There was no use of agency/bank or locum staff in locations except for administrative staff cover.
- Clients had rapid access to a psychiatrist as both teams had direct referral access to mental health services in the trust.
- The percentage of mandatory training rates were high across both services at 90%. Staff received mandatory training relevant to their role. Staff training included motivational interviewing techniques, safeguarding, and care planning and risk assessment.
- Staff understood safeguarding and how to make an alert. Safeguarding training for adults was at 90% with a clear plan for the remaining 10% of staff to receive this training.
- The trust had a lone working protocol. The staff we spoke with were aware of the protocol and could explain how they followed it.

Track record on safety

- The trust recorded one serious incident in the previous 12 months involving the unexpected death of a client in the community. Staff spoken with knew about the incident. The locality manager had an action plan that identified lessons to learn from the incident, which they shared with staff. Learning included monitoring clients three months after discharge.

Reporting incidents and learning from when things go wrong

- Staff used an electronic system to report incidents appropriately in line with the trusts policy. Managers cascaded outcomes from incidents to staff in team meetings. Staff discussed incidents and lessons learnt as part of a meeting standing agenda item.
- The trust reported thirty-three incidents in the between January 2016 and December 2016. Types of incidents included violence from clients, breaches in confidentiality and medication errors.
- Staff we spoke with gave us examples of incidents resulting in improvements. For example, ensuring improved discharge monitoring and close links with security personnel for the buildings.

Duty of candour

- Staff we spoke with understood their responsibilities around duty of candour. Duty of candour is a legal requirement that means providers must be open and transparent with clients about their care and treatment. This includes a duty to be honest with clients when something goes wrong. They were able to explain their responsibilities around being open and transparent when mistakes occurred.

Assessing and managing risk to patients and staff

- Staff carried out a full assessment, recovery plan, risk assessment and a treatment outcomes profile that measured change and progress in the lives of people accessing substance misuse and alcohol services. For example, in the east, there were three types of risk assessment. These included an initial three question risk assessment about immediate risk to health, a risk assessment about the client's current health, housing etc. and then a risk plan at the assessment stage about their specific need on their treatment journey.
- The risk plan was formally reviewed every three months and updated if risks had changed. These were monitored by the managers on a computer system
- Staff responded quickly to sudden deterioration in service user's health. Service users were offered additional appointments and home visits.

Are services effective?

Good 

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

Our findings

Assessment of needs and planning of care

- We reviewed ten clinical records and all had a comprehensive assessment in place that included a review of physical and mental needs. A holistic assessment of needs was completed during the initial screening in both locations. The screening included an assessment of client's immediate needs including risk, safeguarding and healthcare needs. For example, in CADAS west, clients had a fresh start meeting with a support staff member, which was an introduction to treatment for drug and alcohol misuse, talk about harm reduction, expectations, detox programme and other services available. The staff assessed a client's motivation and suitability for home detoxification. All records reviewed had an up to date risk assessment and recovery plan in place. Staff used drug tests to confirm drug misuse.
 - The doctor prescribed substitute medication on the same day that a client had their initial assessment in order to start treatment in good time. The client needed to have attended the fresh start programme prior to this appointment.
 - Clients we spoke with stated they were not always given care plans but client records, which showed all clients had a care plan, did not support this. Staff told us that it was sometimes difficult to give a patient a care plan, as they did not want a printed copy.
 - In all the care records we reviewed, we saw evidence of holistic person centred planning that had a recovery focus. Staff encouraged clients to set achievable goals in addition to being free from drug or alcohol misuse. Clients' views were included in the care plans. We saw that care plans were reviewed with clients and updated.
 - The service provided nurse prescriber clinics that increased clients access to prescriptions and reviews of their substitute medication.
 - Staff in both locations shared an electronic case management system with the wider team. This ensured all information was accessible and contained in one document. Information was stored securely.
- and department of health guidance known as the orange book. This included treatment initiation; stabilisation, detoxification and post detoxification follow up. Medicines were either prescribed for service users or accessed via their GPs under shared care prescribing guidelines depending on the substance of abuse and local arrangements. All staff received training in motivational interviewing (MI) techniques. MI is a goal-oriented, client-centred counselling style for eliciting behaviour change by helping clients to explore and resolve ambivalence. MI is a recognised tool and recommended for behaviour change by NICE. The locality manager sat on the Dorset drug & alcohol quality and standards committee that was responsible for the governance of drug and alcohol services within Dorset. This assisted the service work within standards in line with NICE guidance.
- Prescribers carried out initial clinical assessments and pharmacological interventions in line with the National Institute for Health and Care Excellence (NICE) guidelines CG52 (2007) Drug misuse on over-16s: opioid detoxification.
 - Staff in both CADAS west and east offered psychological interventions through their integrated pathway. This included talking therapies, support around social issues such as housing, harm reduction, motivational work and relapse prevention. This was in line with drug misuse and dependence: UK guidelines on clinical management 4.2.1.
 - Staff in both locations used treatment outcome profiles with people who attended appointments to measure substance misuse, social needs, physical health, mental wellbeing and overall quality of life.
 - Staff were being trained to supply naloxone (a medication used to counter the effects of opiate over dose) to clients, prior to it being available from the service, they advised clients where they could access it.
 - Staff assessed clients' physical health and offered healthcare interventions, such as blood-borne virus (BBV) testing and vaccinations. Immunisation against BBVs was not currently available via PGD within CADAS east. However, if it was required then the GP could prescribe. The manager showed us a plan to re-introduce the service within CADAS east. Screening for BBV's was an essential part of the assessment but staff were respectful when clients declined the tests. All

Best practice in treatment and care

- Medicines were prescribed and supplied in line with national institute for health and care excellence (NICE)

Are services effective?

Good 

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

appropriate records, we reviewed, had a completed BBV screening completed. For example, in CADAS west, the preparation stage for clients starting treatment included full blood tests, liver function tests, and blood pressure baseline.

- Staff monitored clients who did not attend appointments. When clients had not collected their prescriptions they were written to explain that they would need to be reviewed prior to recommencing treatment in line with drug misuse and dependence: UK guidelines and clinical management (2007). Staff would also attempt to contact clients by telephone.
- The nurse prescriber sent an electronic list of what prescriptions have been issued and a treatment plan of the next agreed step to the practice manager, GP and the CADAS administrator. A physical copy of this was also available in the surgery.

Skilled staff to deliver care

- Staff within the services had a variety of skills and experience. The team in both locations included doctors, nurses, prescribers and experienced administration staff. Social workers from Dorset county council were integrated into the teams.
- The locality manager told us clients had access to a specialist psychologist based in Bournemouth.
- Staff had access to specialist substance misuse training to aid them in their role. Staff also received training on naloxone and blood-borne virus testing and vaccinations.
- Clinicians held three monthly peer supervision sessions to share best practice and support. Managers provided supervision to staff who requested it. However, managers told us the trust had told them managerial supervision was not mandatory so they had an open door policy. The trust guidance to staff stated 'good line management practice was extremely important but could be achieved through regular meetings between management and staff in whatever style suits staff needs therefore there was no need for specific

frequency of recording of this. These conversations form an important part of the overarching annual appraisal process' Therefore, staff had access to supervision but it was inconsistent. All staff in both teams received annual appraisals last year. The managers and staff spoken with felt that the open door system worked for them.

- Staff received specialist training to allow them deliver good care and treatment to clients. This included nurse prescribing and motivational interviewing.

Multi-disciplinary and inter-agency team work

- Doctors, nurses, social workers and staff attended the weekly MDTs. The team reviewed all referrals and allocated to team members, the waiting list for detoxification, plans developed to address any issues that prevented the client entering a programme. They also discussed changes to medicines doses, supervised consumption to daily collection and changes to collection frequencies. The social worker lead went to MDT meetings in both east and west. Adult safeguarding and child protection were agenda items.
- Staff described the multidisciplinary meeting as the hub of the service. Information provided by them to other agencies like the aftercare service were detailed.
- The staff reported having good links with primary care colleagues and that both teams will support each other when needed. In CADAS west staff said that links with mental health colleagues was not as strong and they found it harder to get support. We visited three community pharmacies who told us they had a good working relationship with the service.

Good practice in applying the MCA

- Staff received yearly training in the Mental Capacity Act with 90% having completed this training. In CADAS east, a social worker was completing best interest's assessor training. 79% of the two CADAS teams had completed the MCA training with five members of the team left to complete the training.
- We saw in all care records we looked at staff documented consent to treatment and share information.

Are services caring?

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

Our findings

Kindness, dignity, respect and support

- We saw staff interacted with clients and each other in a positive and supportive way and spoke to people with respect.
- Clients said all the staff were polite and respectful.
- Clients told us staff had explained confidentiality to them. They felt assured staff would not share their information without consent.
- Staff we spoke with were enthusiastic, positive and spoke about clients with care and respect.

The involvement of people in the care they receive

- We spoke with six clients accessing the service in Dorset west and nine on the phone in Dorset east. Overall clients felt involved in their care. Although three clients in CADAS west said they did not know about their care

plan we saw documentation showing that there was involvement of the client in the care planning process. We reviewed ten client records and saw evidence of staff discussing treatment with clients in all of them.

- We saw some good examples in the care records of client involvement and clear recovery plans mutually agreed between staff and client.
- The service was in process of developing client involvement in the service. Currently in the west team, there was just the friends, family test, and a suggestion box in the main corridor. However, staff told us there was rarely any suggestions from clients. In the east, they are looking to improve direct feedback from clients. A client was invited to the staff team's away day in 2016 but could not attend.
- Clients were not currently involved in decisions about the service including being able to recruit staff. However, both managers told us they would include this in their development plan for next year.

Are services responsive to people's needs?

Good 

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

Our findings

Access and discharge

- There was no waiting list into the service at the time of the inspection.
- The managers of both locations said that the clinical staff could see clients quickly. The service had received an initial referral target of three weeks to see a client. In the first two quarters of 2016 (April – end of September), 95 % of clients were seen within the three week target time. The locality manager said the remaining 5% did not attend their appointments. The service prioritised clients with elevated needs, for example pregnant women.
- In CADAS west clients needed to attend a “fresh start” session before commencing treatment. Staff told us that they would adapt this to clients’ needs. Usually this was a group session but staff provided a one to one session if needed. We saw the service had arranged an extra session so a client could start their treatment immediately.
- There were 630 clients in treatment on the caseload of west and east. Ten percent of those clients required treatment for alcohol misuse and 90% required treatment for substance misuse. Referrals into the service were around 500 per year for both substance misuse and alcohol misuse. Clients with substance misuse concerns tended to have much longer episodes of treatment and therefore made up the majority of the treatment population at any one time.
- The discharge rates were quicker for clients receiving treatment for alcohol misuse, as this was a twelve-week programme. Twenty percent of the total caseload of substance misuse clients were discharged from the service in the last 12 months with over ninety percent of these clients being followed up within seven days of discharge. The locality manager said clients could phone the trust’s crisis response team if they require assistance out of hours. Although both managers stated that if clients required changes to methadone, prescribing then must be via the CADAS service.
- The teams responded quickly if patients phoned in. For example, in CADAS west if a patient was referred to the service they had a face-to-face assessment from a clinician the following Thursday. For clients using the

alcohol detoxification process preparation work was then started. This included blood pressure and baseline assessments. There was a medication request to the GP when the detox programme started. Staff visited the client at home and if it was required, the nurse took the medication to the client. Tasks included completing the alcohol withdrawal scale, breathalysing the client and giving the responsible adult the medication sheet to sign. The nurse visited the client for the first three days or if there were additional concerns then the nurse visited more often. The worker from the community recovery service also visited daily and there was a referral to the aftercare abstinence service (ACAP). The staff contacted alcoholics anonymous and would go with the client to the first meeting. The preparation stage was three weeks and the detoxification stage was a week.

- Staff were proactive in taking steps to re-engage clients that did not attend. The teams monitored the number of clients who did not attend appointments. Staff phoned clients and contacted other health services client had contact with them. For example, contacting a client’s GP to try to re-establish contact with the client.
- The service had responded to the needs of clients that could not attend for daytime appointments by setting up evening clinics. For example in CADAS east, there was a late night service each month until 6.30pm in Christchurch clinic.
- Staff rarely cancelled appointments. Clients we spoke with confirmed that appointments ran on time.
- The service had access to residential detoxification services via individual funding requests to the commissioners. The services used were generally outside of the area as the local detoxification unit had closed. Staff referred clients to a funding panel that operated fortnightly. One client raised this as a concern in the focus group. However, recently, the locality manager ensured they sat on this panel to quicken the referral times for clients in the service.

The facilities promote recovery, comfort, dignity and confidentiality

- CADAS west had a variety of rooms available, including group rooms, clinical and interview rooms. Clients could talk to staff privately in these rooms without anyone

Are services responsive to people's needs?

Good 

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

overhearing the conversation. In CADAS west, there was a shower and washing machine available for clients to use. CADAS east did not have any premises where clients attended.

- CADAS west had a good variety of information in waiting areas and interview rooms relevant to substance misuse, such as mental health, medication, treatment and interventions harm reduction advice, safer injecting, overdose prevention, advocacy services and counselling. In the east, information was available in the clinics in GP surgeries.

Meeting the needs of all people who use the service

- CADAS west was accessible to everyone as it was on the ground floor and had disabled access. In CADAS east, the premises were smaller and more inaccessible with steep stairs leading to the offices. These premises were not used by clients; some staff found the stairs difficult to use. Staff at CADAS east stated they would like similar premises to their colleagues in the west, as clients in the east had no central hub so clients mostly went to clinic GP surgeries to receive treatment.
- Staff could access interpreters through the trust if required. In CADAS east, they had recently used an interpreter for Croatian clients to assist in their assessment.

Listening to and learning from concerns and complaints

- There had been had been no formal complaints in the last year. There had been five informal complaints. For example, one client complained about their medication. Staff discussed these complaints at the MDT meetings. Staff members recorded all complaints within the MDT minutes. However, the managers in both locations did not write to the complainants to ensure they were satisfied with the outcome of their complaint.
- All Clients spoken with told us they knew how to complain. They said they discussed any concerns with their care co-ordinators.
- Staff we spoke with described the complaints process and were aware of what steps people would need to take to make a formal complaint.
- We saw good information on how to complain displayed in CADAS west building. They were also available in the clinics we visited and sent out within information packs.
- Staff told us they fed back complaints in team meetings, MDT meetings and governance meetings.

Are services well-led?

Good 

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

Our findings

Vision and values

- The trusts values were displayed around the service but staff told us that they also had their own values that were around harm minimisation, safety and choice. Staff were clear about the services ethos of recovery from drugs and alcohol. They told us the definition of recovery comes from the client.
- Staff said they were aware of the senior managers in the trust. The service director had recently visited the locations.

Good governance

- The attendance rate for staff completing mandatory training compliance was high across both services. The overall completion was 90%. The managers had systems in place to ensure that staff received mandatory training as training was identified at supervision sessions and booked in advance.
- All staff had received a yearly appraisal. Clinical supervision took place regularly. However, the managers said that managerial supervision was no longer mandatory. They had an open door policy to discuss any issues staff had.
- Leadership was strong in both teams Staff morale was high and staff told us they were confident and happy in their roles. The staff teams were well supported by the locality manager.
- Some staff had concerns about the shared care with GPs as GPs worked differently across the county and the team wanted a consistent service. To address this they had built up the numbers of nurse prescribers.
- The staff teams reported incidents appropriately and there was learning to improve practise.
- Managers did not ensure that opportunities for involving clients in the running of the service and learning from feedback were optimised.
- Staff took part in some audits but the team recognised these could be further developed.

- Safeguarding was good, aided by social workers who were integrated into the teams.
- The managers ensured the teams met the key performance indicators (KPI) set by commissioners. The managers of each location monitored the team's progress in compliance
- The teams had two administrators each. Managers and administrative staff stated that it was a demanding role but they had sufficient administrative staff.

Leadership, morale and staff engagement

- Managers in the service were passionate about the staff team and proud of the client focussed and person centred care they delivered.
- Staff told us there was not a bullying or harassment culture in the teams. Staff knew how to raise concerns and felt they could do so without fear of victimisation. Staff told us they felt comfortable reporting any bullying. In the last year, there was one case but this was investigated and not upheld.
- Staff we spoke with told us that they knew how to use the whistleblowing process and that they would use it if they had concerns without fear of victimisation.
- Staff members across both services had opportunities for secondment and leadership development.
- Staff felt supported by the team leader and the senior manager for specialist services. The administrative team were integral to the service and they ensured good information sharing across the team.
- Morale was excellent, with all staff in the service praising their colleagues. They stated that they enjoyed working in the service and making a difference for clients. Staff reported it was a pleasure to come to work.

Commitment to quality improvement and innovation

- The service was not currently involved in any research or accredited quality assurance programmes.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.