Addaction RISE - Newton Abbot

Quality Report

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

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

Summary of findings

Contents

Summary of this inspection

Page

Background to Addaction RISE - Newton Abbot 3

Our inspection team 3

Why we carried out this inspection 3

How we carried out this inspection 3

What people who use the service say 4

The five questions we ask about services and what we found 5

Detailed findings from this inspection

Mental Health Act responsibilities 9

Mental Capacity Act and Deprivation of Liberty Safeguards 9

Outstanding practice 21

Areas for improvement 21

Action we have told the provider to take 22

Summary of this inspection

Background to Addaction RISE - Newton Abbot

RISE stands for 'Recovery and Integration Service' and is a partnership between Addaction and EDP Drug and Alcohol Services. RISE is commissioned by Devon County Council until April 2018 to provide adult community substance misuse services. Addaction is responsible for the overall performance of the contract. They are also the CQC registered activity provider for the regulated activity of treatment of disease, disorder, or injury. Addaction holds the registration for three sites in Devon referred to, for the purposes of CQC as Addaction RISE.

Addaction sub-contracts to EDP who manage premises, information technology and learning and development. Addaction employs all of the managers, administrators, clinical staff, family workers, life-skills workers and a volunteer co-ordinator. EDP employ team leaders, recovery workers, practice development leads and a peer mentor co-ordinator. Addaction reviews the performance of EDP in relation to their contractual requirements through quarterly meetings, which focus on premises, learning and development and information technology. Addaction manages the performance of all RISE staff, through Addaction's policy and governance frameworks.

Addaction RISE-Newton Abbot offers one to one support; group based psychosocial interventions, substitute prescribing, community detoxification and a needle exchange programme to anyone with drug or alcohol misuse concerns aged 18 years or older. Where needed, the service will support clients to access inpatient detoxification treatment and residential rehabilitation. Support and information is also available to friends and family members affected by someone's drug and alcohol use. At the time of the inspection Addaction RISE-Newton Abbot was supporting 345 clients in structured treatment.

This was the first CQC inspection of Addaction RISE-Newton Abbot since its registration. Only regulated activities provided by Addaction were inspected.

Our inspection team

The team that inspected the service comprised two CQC inspectors, one assistant inspector, a pharmacist, and two specialist advisors, both with professional experience of working in 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?

Summary of this inspection

Before the inspection visit, we reviewed information that we held about the location, asked other organisations for information, and gathered feedback from stakeholders.

During the inspection visit, the inspection team:

- visited Addaction RISE – Newton Abbot's service location, looked at the quality of the physical environment, and observed how staff were caring for clients,
- spoke with nine clients who used the service, and one peer support worker who was still receiving treatment,
- spoke with the registered manager, contracts manager, regional medical lead and associate clinical lead pharmacist,
- spoke with eight other staff members employed by Addaction, including a doctor, nurse and non-medical prescriber,
- spoke with one team leader employed by EDP about their views on Addaction RISE – Newton Abbot,
- collected feedback using comment cards from one client ,
- observed one episode of care and a prescribing review,
- observed a rapid handover,
- looked at eight clients' care plans and risk assessments,
- spoke with the local commissioning manager,
- looked at policies, procedures and other documents relating to the running of the service.

After the inspection, we:

- received feedback from five dispensing pharmacies about their views of Addaction RISE – Newton Abbot

What people who use the service say

We spoke to nine clients, and one peer support worker who was still in treatment, using Addaction RISE – Newton Abbot's services. Clients told us that they generally felt safe and spoke positively about staff. Clients described staff as being genuinely caring, willing to go the extra mile and being people you can trust. Particular praise was given to the breaking the cycle worker.

One client told us that they were leading on their own recovery. Other clients felt involved in their care and were given treatment options and supported this comment.

We also collected one piece of negative feedback from a client using comments cards. The complaint was about the lack of staff availability, particularly when staff members were off sick. The client did not feel supported by staff and felt that the service worked in a way that suited the staff and not the clients. Two other clients told us that it was hard to get hold of staff whilst their key worker was off, and the reception staff would not always pass on messages.

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:

- All office and client areas were clean and tidy. The reception area and client rooms were well lit and comfortably furnished.
- Addaction RISE-Newton Abbot helped protect the safety of clients and staff by installing alarms in all client rooms and locks onto all client facing doors. This prevented clients from walking through the service unaccompanied.
- Addaction RISE-Newton Abbot had well maintained equipment necessary to carry out basic physical health checks and a well stocked needle exchange.
- Addaction RISE-Newton Abbot stored prescription stationary securely and had good links with local dispensing pharmacies.
- Staff we spoke with had a comprehensive understanding of safeguarding and were able to raise concerns.
- Addaction had no current vacancies and did not use bank or agency staff. Arrangements were in place for covering staff annual leave and sickness.
- All staff at Addaction RISE were reporting, investigating and learning from incidents. There was good communication between the three Addaction RISE services and evidence of shared learning.

However, we also found the following issues that the service provider needs to improve:

- Addaction RISE-Newton Abbot was not informing the CQC of all incidents that needed to be reported as statutory notifications, as required by their registration.
- Documentation to support prescribing decisions and client recovery was often missing from records or incomplete. This included risk assessments, risk management plans and unexpected exit from treatment plans.

Are services effective?

We found the following areas of good practice:

Summary of this inspection

- Clinical staff followed national guidance when prescribing for clients to support their community detoxes. The eight client care records we looked at contained relevant and comprehensive prescribing rationale.
- Staff were able to offer psychosocial interventions as recommended by National Institute of Health and Care Excellence (NICE) guidance.
- Addaction RISE-Newton Abbot had developed good relationships with local GPs through shared care arrangements, the police, criminal justice services and other local services.
- Staff demonstrated an understanding of the Mental Capacity Act and used this to support clients.
- Addaction RISE-Newton Abbot was developing person centred projects to help engage clients who had complex needs and had been using the service for a long time.
- Addaction RISE-Newton Abbot had good relationships with the local police and was part of their Operation Venus project.
- Clinical staff had access to managerial supervision, clinical supervision and annual appraisals.

However, we also found the following issues that the service provider needs to improve:

- Although clinical staff had access to regular supervision, this did not occur as frequently as detailed in the local policy
- Recovery plans to support prescribing decisions and client recovery was often incomplete or did not meet standards of being specific, measurable, agreed upon, realistic and time-based.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients told us that staff were respectful, supportive and non-judgemental. We observed positive interactions between staff and clients.
- Clients gave particular praise to the breaking the cycle worker.
- One client told us that they were leading on their own recovery. Other clients also felt involved in their care and were given treatment options.

Summary of this inspection

- We saw evidence that staff had discussed confidentiality with clients. Clients could input into how Addaction RISE would share their information, including if they wanted their family members involved and whom they wanted to see at the service.

However, we also found the following issues that the service provider needs to improve:

- Clients commented that it could be hard to get hold of staff whilst they were on annual leave or away from work. Clients told us that the reception did not always pass messages on.

Are services responsive?

We do not currently rate standalone substance misuse services.

- We found the following areas of good practice:
- Addaction RISE-Newton Abbot had no waiting lists and clients received an initial assessment within five days of referral.
- Addaction RISE-Newton Abbot had designed all client rooms to promote people's privacy and dignity, and conversations in them could not be overheard.
- Staff listened to the feedback and responded quickly to complaints. We saw evidence of changes made and lessons learnt shared with staff.
- Addaction RISE-Newton Abbot was involved in a number of initiatives aimed to engage clients who found it difficult, or were reluctant to engage with substance misuse services.
- Addaction RISE-Newton Abbot was working with and signposting to clients to other local support groups and organisations.
- Clients chose to have success stories and thank you messages displayed in the reception and recovery café area

However, we also found the following issues that the service provider needs to improve:

- There was a lack of discharge planning for clients
- Addaction RISE-Newton Abbot was not offering an external advocacy service to clients. This was not in line with Addaction policy.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following issues that the service needs to improve:

Summary of this inspection

- Addaction RISE-Newton Abbot had not been providing CQC with all notifications in line with the number of incidents identified locally. This was required as part of their registration.
- Although Addaction had identified that documentation to support prescribing decisions and client recovery was often missing from records or incomplete, they had not worked effectively with staff to ensure this was completed to an appropriate standard.
- Clinical staff told us that there was a lack of access to additional training provided by to aid career progression.

However, we also found the following areas of good practice:

- There was an effective clinical governance process in place which ensured audits were happening and learning was disseminated.
- Staff told us they enjoyed working at the service and felt supported by their team and managers.
- All staff knew Addaction RISE's vision and values, and felt that staff from both Addaction and EDP worked well together as a RISE team.
- Addaction RISE-Newton Abbot was actively seeking feedback from clients and staff.
- Addaction RISE-Newton Abbot was engaging in innovation and research across the whole service.

Detailed findings from this inspection

Mental Health Act responsibilities

The service was not registered to accept clients detained under the Mental Health Act. If a client's mental health were to deteriorate, staff were aware of who to contact.Some of the nursing staff had been trained as registered mental health nurses which meant that they were aware of signs and symptoms of mental health problems.

Mental Capacity Act and Deprivation of Liberty Safeguards

Clinical staff had received Mental Capacity Act training as part of the mandatory training. This was provided through online learning and staff were required to be updated every three years.

Staff could access and refer to policy guidance on the Mental Capacity Act as part of Addaction's safeguarding adults policy.

Staff we spoke with demonstrated a good understanding of the Mental Capacity Act and its application to their work. Staff provided examples of where they had deferred decisions if clients presented with high levels of intoxication. Staff could escalate and discuss concerns at clinical team meetings.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- Addaction RISE-Newton Abbot used volunteers and peer supporters to welcome clients to the service and settle them in the waiting room. The waiting room was also the location of the recovery café.
- All members of staff and volunteers used electronic fobs to access all client areas, this meant clients could only access rooms when accompanied by staff or a volunteer. This was to protect the safety of both clients and staff. All client rooms contained emergency alarm points.
- Addaction RISE-Newton Abbot had one clinic room, a group room and two smaller rooms where staff could meet clients individually. All rooms were adequately sound proofed. Addaction RISE-Newton Abbot had designed the clinic room and separate bathroom to maintain clients' dignity and respect when carrying out intimate procedures, such as drug and alcohol testing.
- All toilets and the clinic room had hand-washing facilities and posters were displayed advising staff and clients of correct hand washing techniques.
- The clinic room and needle exchange were visibly clean, well stocked and clutter free. The clinic room contained necessary equipment for physical observations; including a couch, weighing scales and blood pressure monitors. Staff checked these on a regular basis. All supplies in the needle exchange were in date. There were guidelines for staff handling needles and we saw evidence that staff gave safer injecting information to clients. Condoms were also available in the needle exchange.
- Addaction RISE – Newton Abbot had appointed an infection control lead.
- Addaction RISE-Newton Abbot kept vaccines in a locked fridge and disposed of them correctly. Staff safely stored, prescribed, and administered vaccines to clients. The patient group directives for vaccines were in date and signed by competent staff. Staff checked fridge and room temperatures on a daily basis and these were within the correct ranges. Addaction RISE-Newton Abbot kept no controlled drugs or medicines for substance misuse on site. Adrenaline was the only emergency drug kept on site. There was no emergency resuscitation equipment in the service.
- Addaction RISE-Newton Abbot did not stock naloxone. Naloxone is an antidote for opiate overdose and can reverse the effects of an overdose and save people's lives. National clinical guidance considers naloxone to be potentially lifesaving medication. However, Addaction RISE was starting a naloxone scheme in January 2017
- A registered waste collection company collected clinical waste regularly.. Sharp bins were collected every fortnight; staff could request these to be collected more often if needed.
- The building was visibly clean, tidy and in good order. The reception area and client rooms were well lit and comfortably furnished. Addaction RISE-Newton Abbot contracted cleaning to an external service; EDP oversaw the cleaning of the building as they held contractual responsibility for the management of the building. Staff reported that they held contact numbers for the cleaning provider and found them easy to contact. EDP carried out annual building risk assessments, including health and safety, fire and legionella checks. Addaction RISE – Newton Abbot had one fire warden and was in the process of training up another warden.

Substance misuse services

Safe staffing

- Addaction and EDP had agreed the staffing requirement during the tendering process to reflect the number of clients in treatment. The manager monitored staffing needs and reviewed them at quarterly contract meetings.
- Addaction RISE-Newton Abbot had a range of staff employed by Addaction and EDP. At Newton Abbot, Addaction employed the registered manager and all clinical staff; a full time nurse, alcohol liaison nurse and one non-medical prescriber. An Addaction doctor was available for four sessions per week. Addaction RISE-Newton Abbot accessed support from Addaction's regional medical lead and associate clinical lead pharmacist. Addaction also employed one breaking the cycle worker who worked with clients with young children. EDP employed two team leaders and 10 whole time equivalent recovery workers in roles including criminal justice and re-settlement.
- Addaction RISE – Newton Abbot did not use bank or agency staff and had no Addaction vacancies at the time of inspection. EDP had two vacant recovery worker posts. Staff planned cover for annual leave.
- Staff sickness for Addaction RISE – Newton Abbot in the previous 12 months until September 2016 was 12%. Staff covered sickness locally and arrangements existed for staff to provide cover across the county. For example, Addaction employed a 'floating' administrator across the county.
- The Addaction registered manager at Newton Abbot was responsible for overseeing the recovery workers' caseloads. The average caseload per worker was 30 clients. Addaction RISE-Newton Abbot was also trialling having a full time duty worker, who held no caseload, and were monitoring the impact this had on clients.
- Addaction RISE-Newton Abbot used volunteers and peer supporters to help support and run groups, including the recovery café, and provide reception cover. Peer support workers also helped clients use the computer at the reception. Peer supporters shared their own experiences with clients and Addaction had trained them to provide information about how to claim benefits and access local services. There were seven volunteers and peer supporters at Addaction RISE – Newton Abbot at the time of inspection.
- Clinical staff received mandatory training in areas including safeguarding children and adults, health and safety, information governance and whistleblowing. The service held a training matrix demonstrating that clinical staff were up to date with mandatory training requirements.

Assessing and managing risk to clients and staff

- Addaction RISE-Newton Abbot used an electronic risk assessment tool that looked at risk in a number of areas including neglect, violence, vulnerability, and suicide. Addaction prescribing staff completed an assessment of risk at initial and ongoing medical reviews and summarised this in client's progress notes and GP letters. Recovery workers also attended medical reviews and led in completing and updating the risk assessment tool. However, we saw that electronic risk assessments were incomplete or lacked detail in eight records. Seven out of eight risk assessments were in date.

Addaction RISE-Newton Abbot clinical staff recorded prescribing decisions and plans in progress notes and GP summary letters. However, supporting documentation was often missing from records or incomplete. For example, risk management plans were brief, not comprehensive and lacked detailed action plans in all eight records we looked at. Three of the records did not have clear unexpected exit from treatment plans in place.

- We saw evidence that prescription stationary was stored securely and staff logged and tracked the prescriptions. Both staff and the five pharmacists we spoke with told us there were good links between the services. Prescriptions were transported by recorded delivery and were issued a fortnight in advance. Addaction RISE-Newton Abbot had weekly communication with the each dispensing pharmacy, and discussed any prescription changes or collection arrangements. Both Addaction RISE-Newton Abbot and the pharmacies could raise concerns about clients.
- Staff assessed risks and followed National Institute for Health and Care Excellence guidelines prior to providing prescriptions to clients. This included three months supervised consumption before clients could take their medication home. Staff also assessed the safe storage of medication in clients' homes and issued safe storage boxes when required.

- Clinical staff knew who the local safeguarding children and adults leads were and could receive further support from Addaction's national safeguarding lead. Staff we spoke with knew what constituted a safeguarding concern and how to report concerns. Staff attended multi agency risk assessment conferences with the local authority to discuss safeguarding and could receive additional training from them.
- Addaction RISE-Newton Abbot notified the CQC of one safeguarding concern in the 12 months prior to inspection. We saw that Addaction RISE – Newton Abbot had taken appropriate action. No safeguarding alerts had been raised in relation to this service.
- Addaction RISE-Newton Abbot had a local lone working procedure, in line with Addaction policy. The service manager told us that staff carried mobile phones and informed the duty worker before leaving the office. We saw that staff recorded their visits on a board in the office.
- Addaction RISE-Newton Abbot did not exclude children from the Newton Abbot site. However, staff encouraged clients not to bring children with them. The registered manager informed us that this would not be a barrier to treatment. Staff would conduct a risk assessment and arranged appointments at alternative locations.

Track record on safety

- The CQC received one other statutory notification from Addaction RISE – Newton Abbot in the 12 months prior to inspection. We saw that staff took appropriate action and the service demonstrated good practice in seeking advice before sharing relevant information with the police in order to protect their client's confidentiality.
- In the period April to November 2016 Addaction RISE-Newton Abbot recorded six death notifications as critical incidents, none of which had been reported to CQC as the clients had not been in receipt of a regulated activity.
- Addaction RISE-Newton Abbot 's manager gave us an example of a serious incident that involved patient aggression and the police. We saw that actions had been taken to mitigate the risk of further patient violence to staff and clients. However, the service had not reported this to the CQC.

Reporting incidents and learning from when things go wrong

- Staff knew what to report and gave examples of the types of incidents that they would report. This included safeguarding concerns, attendances by emergency services, and occurrences of client harm or death. Staff recorded incidents on an electronic reporting system and on client's electronic records.
- Addaction RISE-Newton Abbot escalated incidents meeting a threshold and took them to Addaction's monthly national critical incident review group (CIRG) for discussion, with outcomes summarised to staff. Staff reported that client deaths were escalated be the CIRG.
- We saw evidence that staff at Addaction RISE – Newton Abbot were recording and investigating incidents that occurred. Staff discussed resulting action points and learning at operational meetings and recorded this in minutes. Devon critical incident review group discussed all local incidents and staff received summaries of the outcomes.
- We reviewed two recent prescribing incidents and saw that staff had rated the incidents depending on their severity and likelihood of occurring again. Addaction RISE-Newton Abbot had taken clear actions to improve their prescribing process as well as working with local pharmacies and GPs to prevent incidents reoccurring.
- Staff we spoke with reported that they received a de-brief and support following serious incidents. Addaction provided an employee assistance scheme that staff could access if they required any additional support.

Duty of candour

- Addaction RISE-Newton Abbot followed Addaction's national duty of candour policy. Staff we spoke to commented that the team was open and transparent, which included apologising when things went wrong. Two clients told us that they had received apologies from staff when the service had cancelled a group.

Substance misuse services

Are substance misuse 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)

- On admission to the service, clients received an initial assessment followed by a comprehensive assessment of their physical, mental and social health needs and drug use. Physical health remained the responsibility of a client's GP and staff would ask them for the client's medical history. Staff encouraged clients who had not had recent blood tests to complete this via their GP. Staff discussed completed assessments at weekly meetings where clients needing treatment were allocated to a member of the clinical team.
- We found clients care records brief and lacked details of physical health monitoring. Staff carried out clients' initial and comprehensive assessments. In the eight client records we reviewed, we found that the recovery plans were of poor quality. Plans were brief and four out of eight were not personalised, holistic or recovery orientated. Clients on going assessments did not contain details on clients' physical health and staff did record base line physical health checks for clients. The only exception was clients undergoing community detoxifications.
- Clinical staff were responsible for prescribing medication to clients. All eight care records we looked at had relevant comprehensive prescribing rationale for medicines prescribed, and these were regularly reviewed. The records contained evidence of multidisciplinary input and assessments of clients' drug and alcohol use. We saw that assessment had included the history of substance misuse, risk and safeguarding children and adults.
- Addaction RISE-Newton Abbot had established shared care arrangements with local GP surgeries. GPs were responsible for clients' physical health. Clients with a dual diagnosis were offered joint assessments with Addaction RISE – Newton Abbot staff and mental health teams from the local hospital. 'Dual diagnosis' is a term to describe people with mental health problems, who also misuse drugs or alcohol

Best practice in treatment and care

- Staff described using National Institute of Health and Care Excellence (NICE) guidance when prescribing medication. They also used the Drug Misuse and Dependence: UK guidelines on Clinical Management. We reviewed one care record of a client receiving a community detoxification. The client's detoxification plan was compliant with Addaction policy and national guidance, staff had recorded base line physical health monitoring and completed on going assessments.
- Staff routinely completed the Treatment Outcomes Profile to measure change and progress in key areas of the lives of their clients. Staff recorded this at the start of treatment, at three monthly intervals and at discharge. We also saw examples of staff completing the Alcohol Use Disorders Identification Test and the Severity of Alcohol Dependence Questionnaires, both indicated in National Institute of Health and Care Excellence guidance.
- Addaction RISE – Newton Abbot employed trained prescription administrators. We found that prescription stationary was stored securely and the use of staff logged and tracked the use of prescriptions.
- Addaction RISE-Newton Abbot offered psychosocial interventions as recommended by National Institute of Health and Care Excellence (NICE) guidance. This included opportunistic brief interventions, cognitive behavioural approach interventions, motivational interviewing, and mutual aid. Mutual aid describes activities where people with similar experiences help each other to manage or overcome issues.
- Addaction RISE-Newton Abbot offered community detoxification interventions and applications for inpatient detoxification as part of treatment plans for clients using alcohol or opiates. Staff assessed clients' level of need before commencing a community detoxification. Staff then then saw their clients undergoing a community detoxification either in their home or in the service. Staff referred clients with complex needs for inpatient detoxification
- Across the county, Addaction RISE provided 11 community detoxification interventions in the six

months to November 2016. In the same period the service had made 29 applications for inpatient detoxification programmes for patients unable to participate in a community intervention.

- We observed one meeting with a client undergoing a community detoxification. Staff demonstrated good practice by carrying out physical health monitoring, completing a Clinical Institute Withdrawal Assessment and asking the client about their wellbeing.
- Addaction RISE-Newton Abbot supported clients wishing to apply for residential rehabilitation as part of their treatment plan. In the six months to November 2016 the service had supported six clients across the county in making successful applications.
- Staff offered clients blood borne virus testing for hepatitis and HIV. Addaction RISE-Newton Abbot also offered hepatitis vaccinations.
- Staff supported clients to access employment, housing and benefits assistance. If clients required support with more complex issues staff would refer them to social care or other welfare organisations.

Skilled staff to deliver care

- All staff received an individualised induction package. Service team leaders scheduled and oversaw staff induction. The process of induction included the completion of mandatory training and shadowing of more specialised roles, for example; needle exchange.
- Clinical staff had access to managerial and clinical supervision. Staff received managerial supervision from service managers or team leaders. Addaction policy was to have supervision monthly or to a minimum of 10 sessions per year. Nurses received clinical supervision from the medical lead and non-medical prescribers accessed additional bi-monthly group supervision. The five supervision records we reviewed were detailed, demonstrated that regular sessions took place and contained evidence of performance management. However, managerial supervision was not always happening to the policy standard of 10 sessions per year.
- Addaction RISE-Newton Abbot followed Addaction policy around performance management for all staff. We saw evidence of the registered manager taking appropriate action and managing the performance of two staff members.
- Addaction staff received annual appraisals, reviewed after six months. As at September 2016, all Addaction staff had received their annual appraisal. The service manager oversaw clinical staff' revalidation and continued professional development. All staff had up to date revalidation at the time of inspection.
- All staff had access to monthly operational (team) meetings. If they could not attend, staff could read the minutes of team meetings when they returned.
- EDP led on the coordination and delivery of staff learning and development. This included reporting when staff do not attend and compiling the workforce development plan. Addaction was responsible for identifying training required, continuing professional development of clinical staff, authorising the annual plan and ensuring staff attendance.
- Staff had access to specialist training in motivational interviewing and cognitive behavioural approaches. Two Addaction clinical staff members commented that relevant training was available. However, there was a lack of access to additional training provided by Addaction to aid career progression.
- Addaction policy required all service managers and team leaders to have professional management qualifications. All managers were expected to meet the skills, qualifications and experience required of their job description. The service manager told us they would support staff to meet any additional training needs.

Multidisciplinary and inter-agency team work

- Addaction RISE-Newton Abbot held weekly clinical team meetings. The medical lead, nurses and recovery workers were amongst those who attended. We saw that meetings followed an agenda and staff took minutes. Discussions included actions arising from the last meeting, clients with safeguarding concerns, pregnant clients, and clients waiting for prescribing.

- Staff held case conferences for clients with complex needs. These were often because of discussions held at the clinical meetings. Staff reported that case conferences would commonly involve the client and involved professionals from external agencies.
- Addaction RISE-Newton Abbot held weekly operational meetings following the clinical meeting. We saw that meetings followed an agenda and staff took minutes. Discussions included service user alerts, development opportunities, service updates and feedback from incidents, accidents and complaints.
- We saw within clients' care records that Addaction RISE-Newton Abbot had regular communication with GPs regarding clients. Staff reported good links with GPs, pharmacists and other local services. Staff had established good links with the local criminal justice service. Addaction RISE-Newton Abbot took clients subject to alcohol treatment requirement orders who committed offences and this was part of their sentence.
- The Addaction service manager attended a quarterly Devon Substance Misuse Recovery Forum. A multiagency forum that shared feedback and learning help improve the provision of care in substance misuse services across Devon.
- Addaction RISE-Newton Abbot had good relationships with the local police and was part of their Operation Venus project. A number of local agencies were looking at how they could best spread information to young people about the dangers of the so called 'legal highs'. The registered manager was using this as an opportunity to develop relationships with services for young people and develop the transferral pathway into all of Addaction RISE's adult services.

Good practice in applying the Mental Capacity Act

- Clinical staff had received Mental Capacity Act training as part of the mandatory training. This was provided through online learning and staff were required to be updated every three years.
- Staff could access and refer to policy guidance on the Mental Capacity Act as part Addaction's safeguarding adults policy.
- Staff we spoke with demonstrated a good understanding of the Mental Capacity Act and its application to their work. Staff provided examples of where they had deferred decisions if clients presented with high levels of intoxication. Staff could escalate and discuss concerns at clinical team meetings. We reviewed one example where staff had raised concerns, Addaction RISE-Newton Abbot arranged a doctor's assessment for the client and organised a multiagency meetings to discuss client's care. Staff recorded this on the client's risk assessment.

Equality and human rights

- Equality and diversity was part of staff's mandatory training. All Addaction staff at Newton Abbot had completed this training.
- Addaction RISE-Newton Abbot did not discriminate against clients based on a person's sex, gender, disability, sexual orientation, religion, belief, race or age. The service was discussing specific projects around engaging with the local lesbian, gay, bisexual and transgender community.
- Leaflets on display were written in English. However, staff at Addaction RISE-Newton Abbot could access information in different languages and spot purchase translators and signers.

Management of transition arrangements, referral and discharge

- The service manager told us that the service had established transfer processes, which were effective. Clients accessing the service following release from prison were accompanied by a prison release pack containing current physical health and prescribing information that staff used to guide treatment decisions.
- Addaction RISE-Newton Abbot had pathways for accessing inpatient detoxification and residential rehabilitation placements.
- Staff supported clients to access employment, housing and benefits assistance. If clients required support with more complex issues staff would refer them to social care or other welfare organisations.

Are substance misuse services caring?

Kindness, dignity, respect and support

- Eight clients we spoke with talked positively about Addaction RISE – Newton Abbot staff, particularly the breaking the cycle worker. Clients told us that staff were very caring, helpful and respectful. Staff showed understanding and compassion. We observed positive interactions between staff and clients. However, one client did not agree but did recognise that their mental health affected what they thought of staff.
- Clients also said that staff were not judgemental and had a flexible approach in how they delivered care. Staff and clients told us that appointments were sometimes offered for when the service was quiet or more one to one sessions could be arranged to go through group material if this was better for the client. Two clients told us that they appreciated this.
- Four clients told us that staff were always available and one client explained that their key worker would always phone back if they missed a call. However, another client told us that it was hard to contact other recovery workers whilst their breaking the cycle worker was on holiday. A client also told us that ringing reception was sometimes upsetting and their message would not be passed on and that their call was not always returned.
- We observed positive interactions between the peer support worker and clients coming into the service for the recovery café. They greeted clients, made them feel at ease, and there was friendly chatter between everyone in reception. This included recovery workers who came to sit down for five minutes, clients and a peer support worker.

The involvement of clients in the care they receive

- Eight of the clients we spoke to felt involved in their care and thought that staff listened to their views and opinions. One client commented that they were leading on their recovery and another client told us they had jointly written their care plan with their recovery worker.
- Clients told us that staff explained what services Addaction RISE offered when they first engaged. All eight clients we spoke to said staff had offered them copies of their care plan.
- Clients could give input about how Addaction RISE staff shared their information, including if they wanted their family members involved and who they did not want to see at the service.
- One client told us that staff had given them information about different detoxification treatments, which enabled them to make an informed decision. Another told us that they regularly discussed the speed at which they should reduce their medication and staff supported them in this. However, another client commented that staff did not understand their needs.
- Addaction RISE – Newton Abbot used a number of sources to collect feedback from clients. These included suggestion boxes, client satisfaction forms and a service user forum. Clients we spoke to knew of the suggestion boxes and felt confident to give feedback and complain via their recovery and breaking the cycle workers.
- Four clients told us they played a part in improving the service by contributing to the design of the recovery café and reception room.

Are substance misuse services responsive to people's needs?

(for example, to feedback?)

Access and discharge

- Addaction RISE-Newton Abbot was open access, which meant clients could self-refer as well as being referred by a professional. Those wishing to self-refer could attend or telephone to speak to a duty worker or drop-in to a recovery café for information. The needle exchange was accessible to people who were not in treatment.
- Addaction RISE-Newton Abbot was open to anyone with drug or alcohol misuse concerns who was aged 18 years or older. Young people had their own service provided by a different organisation. Addaction RISE-Newton Abbot also provided support to people in the criminal justice system and those leaving prison.
- At the time of inspection Addaction RISE – Newton Abbot had no waiting lists for clients to access treatment. The service had a target of five days from referral to initial assessment; this was shorter than the national target of 15 days. The target from brief assessment to structured treatment was 21 days.
- Addaction RISE considered attendance at a recovery induction group (RIG) as the beginning of structured treatment. RIG aimed to provide clients with an introduction to the service, treatment information, and

motivational activities. Attendance at two RIG sessions was mandatory before Addaction RISE-Newton Abbot allocated the client a recovery worker and prescribing appointment. Staff provided clients with a RIG information leaflet that detailed scheduled appointments and the potential consequences of non-attendance.

- Addaction RISE-Newton Abbot had criteria for urgent referrals, prioritising their allocation to a recovery worker's caseload or a prescribing appointment. This included pregnancy, parental responsibility, prison release, or high-risk presentations identified at triage assessment.
- Addaction RISE-Newton Abbot offered new start prescribing appointments to non-urgent clients within four weeks of referral. The service offered re-start prescribing appointments to non-urgent clients within two weeks of losing their prescription. For example, those that had missed appointments or failed to collect their prescribed substitute medication.
- In the 12 months prior to September 2016 Addaction RISE – Newton Abbot, had 492 recorded episodes where clients 'did not attend' planned attendances. The service had 297 discharges and patients transferring to other services.
- In the three months to November 2016, the three Addaction RISE services across Devon recorded 172 episodes where a client 'did not attend' for a planned medical review. This made an overall 'did not attend' rate of 18% for medical review.
- Addaction RISE had a policy for the management of clients that did not attend appointments. Staff described actions they would take depending on the level of client risk identified. This included staff making contact through a pharmacy, a telephone call or letter, calling a client's home and liaison with the client's general practitioner.
- The service manager reported that appointments and activities were rarely cancelled and provided examples of how Addaction RISE-Newton Abbot would manage unexpected staff absences to prevent service disruption to clients. However, two staff members told us that Addaction RISE-Newton Abbot had recently cancelled some activities due to short staffing.
- Addaction RISE-Newton Abbot was involved in a number of initiatives aimed to engage clients who found it difficult, or were reluctant, to engage with substance misuse services. This included the Green Light Group, for clients with engagement challenges who frequently accessed acute services and the development of a dual diagnosis pathway.
- Addaction RISE-Newton Abbot was open Monday to Friday, and was open until late on a Tuesday and also on Saturday mornings. Staff also attended local hubs in the south Devon region to help make the service more accessible to rural clients. Clients told us that the service's opening times were good but it was still a struggle for rural clients to access the service.
- When clients phoned reception, a duty worker would take the call and speak to them if their named recovery worker was not available. Addaction RISE-Newton Abbot was trialling having a full time duty worker. However, two clients told us that the reception did not always pass on their messages to their recovery worker and did not always return their missed calls. Another client told us that they sometimes had to wait half an hour for their booked appointment, but that staff apologised when they were running late.

The facilities promote recovery, comfort, dignity and confidentiality

- Addaction RISE-Newton Abbot had three rooms for seeing clients in and staff could book these via an online system. Staff told us that this was manageable but more rooms would be good. All rooms were adequately sound proofed.
- Addaction RISE-Newton Abbot offered a range of groups and sessions. These included, relapse prevention, Mutual Aid Partnership sessions and women only groups. Staff and clients told us that staff could also deliver group material in one to one sessions for clients who did not feel confident in a group setting.
- Staff and volunteers offered clients a hot drink on arrival and there was access to drinking water. There was a good range of teas available in the recovery café.
- Clients were involved in the design of the recovery café. Clients chose to have success stories and thank you messages displayed in the reception and recovery café area. There were also a number of photos on the wall of

clients shoes, this was to represent them starting on their journey to recovery. A radio was playing in the reception. Clients told us this was a pleasant and welcoming environment.

Meeting the needs of all clients

- The Newton Abbot site was situated in the town centre with good transport links. The service was on the ground floor and had disabled access into the building and all client areas. Addaction RISE-Newton Abbot had an accessible toilet.
- Addaction RISE-Newton Abbot had designed all client rooms to promote client's privacy and dignity, and conversations in them could not be overheard. An electronic fob was needed to access each room; this was to ensure the safety of both staff and clients.
- There were a range of leaflets and posters available to clients in the reception area. Information included drug awareness, local support groups and information on how to complain. All leaflets available were in English. However, staff had access to a range of information in other languages. Staff at Addaction RISE-Newton Abbot could also spot purchase language and sign interpreters for clients. Staff told us that they arranged for clients with educational needs to bring a support worker with them.
- When the recovery café was running clients could use the service's laptop, supported by a volunteer or peer support worker. Clients told us this enabled them to fill out benefits forms, look for housing or research products and local groups. Peer support staff and volunteers received relevant training to support clients and share information about local recovery groups and applying for benefits.
- Addaction RISE-Newton Abbot had identified hard to reach and vulnerable client groups and staff were actively engaging with them. For example veterans were allocated a specialist recovery worker who was engaged with local veteran services, clients with children were allocated a breaking the cycle worker to ensure their specific needs were met. Addaction RISE-Newton Abbot had identified further areas for improvement, such as engaging with lesbian, gay, bisexual, transgender communities, and rural clients.
- Addaction RISE – Newton Abbot did not use an external advocacy service, this went against Addaction's policy. However, the provider stated that their staff and peer supporters acted as an advocates for clients during their interactions with other agencies. Clients also told us that they saw staff as their advocates, as well as staff supporting them to self- advocate. Clients gave us examples of how staff were working with them when they had contact with social services, housing organisations and community mental health teams.

Listening to and learning from concerns and complaints

- Addaction RISE – Newton Abbot received four complaints in the 12 months prior to inspection. Staff investigated all complaints and dealt with them within the Addaction RISE's deadline of 20 days. The service manager told us that staff reviewed the comments made by clients in team meetings. The manager shared learning points with staff via team meetings.
- We reviewed one complaint that Addaction RISE-Newton Abbot upheld, the record demonstrated that staff dealt with the clients involved sensitively and engaged them in helping to improve the service. This included organising training for staff from a local crisis service. Clients we spoke to also said that staff had made changes to how they delivered group sessions because of feedback and complaints received.
- Addaction RISE-Newton Abbot had a complaints leaflet, and displayed information about how to complain to both Addaction RISE and external organisations. Addaction staff and clients told us that staff gave information on how to complain to clients during the assessment process.
- Staff we spoke with were aware of the complaints process and reported that they would first try to resolve complaints informally before escalating them. Staff knew how to access complaints information and could support clients through the process of complaining. Eight clients we spoke with told us that they knew how to complain and felt confident to raise concerns with staff.
- In the 12 months prior to inspection, Addaction RISE-Newton Abbot received four compliments.

Substance misuse services

Are substance misuse services well-led?

Vision and values

- The RISE partnership had developed their own vision, values, and definition of recovery, these built upon the vision and values of Addaction and EDP. There were diagrams of how these three sets of values worked together displayed in the Addaction RISE-Newton Abbot site.
- Staff we spoke to knew all three sets of values and they were able to demonstrate how they used them in their work.
- The service manager told us that staff based their individual development plans and team objectives upon Addaction RISE's values. This included recovery focussed work and integrated working with local agencies.
- Staff we spoke with knew who the senior managers of both Addaction and EDP were. The registered manager told us that members from the board of trustees as well as the chief executives of Addaction and EDP occasionally came to meetings and talked with the Newton Abbot team.

Good governance

- In our review of client, records we found that documentation was not complete and did not robustly support prescribing and treatment activities. This included the work of recovery workers to formulate risk assessments, risk management plans, and recovery plans.
- In November 2016, Addaction undertook an internal audit of service delivery and practice at Addaction RISE-Newton Abbot. At the time of our inspection, the service manager told us that action plans to meet identified areas of improvement were going to be developed. This included ensuring that client documentation was complete and recovery plans met required standards.
- Staff had access to managerial and clinical supervision. While records did not demonstrate that supervisory practices met the local standard of 10 sessions per year, supervision records viewed during inspection were detailed and demonstrated regularity. Staff received annual appraisals that were reviewed every six months.
- The full staff team met weekly. There were effective processes in place to enable the sharing of information between the Addaction RISE sites.
- Addaction RISE-Newton Abbot had good internal incident reporting systems. However, we were told of one incident involving the police that the service had not notified the Care Quality Commission about.
- Addaction RISE – Newton Abbot was engaged in Addaction's audit programme. Addaction staff carried out annual audits. Addaction shared this learning both locally and nationally across the organisation.
- The registered manager could submit items to the Addaction RISE risk register. Managers discussed these at Addaction RISE's monthly clinical and social governance group meetings.

Leadership, morale and staff engagement

- The service manager felt that they had the authority to do their job effectively and received good support from the Addaction RISE contracts manager. All staff we spoke to talked positively about the culture within Addaction RISE-Newton Abbot and felt supported in their roles.
- The EDP team leader we spoke to felt that staff were working well together. The service recognised that it had been difficult for staff when the RISE team was initially established, this had improved and all members of staff worked well together.
- We found that levels of stress varied amongst staff. However, staff said that stress levels were manageable and they enjoyed their jobs. Three members of staff told us that at times pressure came from there being a lack of staff at Addaction RISE-Newton Abbot.
- Sickness and absence rates for all staff at Addaction RISE – Newton Abbot were 12% of 22 substantive staff members for the 12-month period to September 2016. Staff turnover was 27% for the same period.
- There was a whistleblowing policy and staff knew where to find it. However, staff responses varied when we asked if they would feel confident using it. Two out of

five staff members expressed reluctance to raise concerns through the policy to their managers. There had been no whistleblowing cases in the 12 months prior to November 2016.

- Staff we spoke to felt that they were able to give feedback and help to improve the services provided by Addaction RISE-Newton Abbot.

Commitment to quality improvement and innovation

- Newton Abbot's registered manager was the innovative project lead for Addaction RISE and had set up a number of initiatives. These included projects to help staff engage with long term prescribed, hard to reach and complex needs clients. The projects were based on human centred design, and staff were reviewing client's journeys through treatment to understand what approaches worked best
- In November 2016, Addaction undertaken an internal audit of service delivery and practice at RISE Newton Abbot in order to monitor and improve client care and outcomes.
- Other engagement initiatives included setting up a Green Light project for clients in the south of Devon. This group supports clients who have been prescribed opiates for a long time build the skills and confidence to start reduction.
- Following a successful application for funding from a partnership between EDP and Exeter University psychology department, the service was engaging in a compassion study. The purpose of this was to look at how to best to care for clients who had experienced trauma.
- Addaction RISE-Newton Abbot had set up a healthy living team that was exploring how best to communicate nutrition information to clients.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must work with staff to ensure that all clients have a completed, accurate and up to date client record to support treatment decisions. This includes risk assessments, risk management plans, unexpected exit from treatment plans and recovery plans.

Action the provider SHOULD take to improve

- The provider should send all necessary notifications to CQC as set out in the registration of the service.
- The provider should ensure that staff supervisory activities meet the minimum standard of locally agreed policy.
- The provider should offer an external advocacy service to its clients.

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.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Whilst Addaction had identified that documentation to support prescribing decisions and client recovery was often missing from records or incomplete, they had not worked effectively with staff to ensure this was completed to an appropriate standard. This is a breach of Regulation 17(2) (a) (c).