

Addaction East Ayrshire Recovery Service Support Service

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Type of inspection: Announced (short notice)
Inspection completed on: 15 November 2016

Service provided by:
Addaction

Service provider number:
SP2004004093

Care service number:
CS2007147847

About the service

Addaction East Ayrshire is a 'recovery' service. The service provides support in a variety of settings but is primarily based in a town centre office in Kilmarnock. Group work and one to one support meetings are provided from both this office and various other community based settings. The service uses a Self Management and Recovery Training (SMART) approach and provides counselling and relaxation therapies.

The service previously covered South, North and East Ayrshire but it no longer provides a service in North Ayrshire. Addaction South Ayrshire is registered separately.

What people told us

The service users with whom we spoke were very enthusiastic about the service and the way it had and continued to help them through crisis and on-going recovery. They especially valued the ability to talk to staff in confidence and with each other in a peer support environment. Meeting places facilitated by the service were also singled out as crucial to effective recovery.

Management and staff we spoke with were very motivated to achieve good outcomes for those they supported but were also frustrated due to resource and structural issues. Staff were very knowledgeable and informed regarding local addiction trends and issues. Multi-disciplinary working was seen as on-going and effective.

Self assessment

The Self Assessment was fully completed and submitted in good time.

From this inspection we graded this service as:

Quality of care and support	5 - Very Good
Quality of environment	not assessed
Quality of staffing	5 - Very Good
Quality of management and leadership	4 - Good

What the service does well

We found the service to be providing a high standard of service to a complex client base in a professional, personalised and needs based manner. While this is essentially a recovery service, they inevitably supported crisis and reduction issues related to their clients real time needs.

Service users were encouraged to take ownership of their problems and challenges with support as required. Opportunities and venues were facilitated including recovery group meetings, satisfaction surveys, participation in addiction events at local and national level and liaison work with multiple agencies including Community Addiction Teams, Community Mental Health Teams, Keep Well initiative, Food Banks, Social Work and Housing agencies and local education and vocational resources.

Once assessed and engaged with the service, Service users were encouraged to structure and direct their own recovery plan which ensured not only full participation but also a truly person centred and personalised approach

to recovery. Through continuous consultation with service users, a number of initiatives had been started including a Mutual Aid Partnership for female clients.

In terms of health and wellbeing, existing and previous service users ran the East Ayrshire Recovery Group. This group identified a shortfall in desired funding and secured funding for the purchase of activities which would benefit a healthy living plan. Activities included Yoga, Art Therapy, Guitar Tuition and Alternative Therapies. A drop in Blood Born Virus service was also facilitated by the service in response to concerns over confidentiality and stigma. We noted that the service was experiencing an increase in self-referrals but were responding to the challenge.

A number of new policies and approaches had been adopted by the service in an effort to both respond to the increased demand and improve the support experience for service users. These included the introduction of 'Assessment Clinics' which in effect meant that the service was taken out into the community to the service users enabling easier access to assessment and support. The service was also in the process of rolling out an easy read Recovery Plan in 'postcard' form which was modular and could be easily carried by the service user as a prompt and recovery tool.

We considered that the staff working within the service were experienced, confident and competent practitioners. We spoke to service users and staff members and it was apparent to us that the ethos of self determination, empowerment and person centred support promoted by the organisation was embraced and employed by all staff members. While speaking to individuals and examining records we were satisfied that service users were encouraged to and had responsibility and control over their recovery planning and support and this was very much the focus of support staff.

The service operated an induction and training system which ensured that staff had the knowledge and experience needed to carry out this complex and sometimes challenging role in a safe and competent way. This small team worked well together and complimented and supported each other despite the often remote locations involved. We examined the recruitment and induction process used by the service and found it to be robust in recognition of the strengths and qualities required of the role. We noted that wherever possible, service users were involved in the interview process and also participated in staff training. There was a six month probationary period to allow both the worker and the service to assess progress and competence. Staff were required to qualify to a minimum of SVQ3 and some had achieved SVQ4.

Staff were fully supported and supervised by their manager and senior staff but were also required and able to work in an autonomous way. Appropriate training was given in all relevant subjects pertinent to the role in both face to face and e-learning formats. Advanced training was also provided as and when circumstances dictated. Joint training with external organisations such as the NHS and local authority was also carried out whenever possible. Weekly staff meetings were held to facilitate information sharing, case discussion and problem solving to take place.

We noted that at the time of our inspection the Service Manager had been in post for only a few months. They were however considerably experienced and familiar with the service and the areas of work involved. Under the leadership of the Service Manager a number of initiatives and procedures had been developed and implemented with the aim of making improvements to the quality of service and the opportunities available to service users. Some of these have been detailed earlier in this report.

The Manager and in some cases Project Workers and service users were in contact with and attended events and meetings at a regional level thus enabling them to be aware of and keep abreast of policies and initiatives at that level. They were also in regular contact with other relevant agencies involved in the addiction and recovery support system such as Health, Social Work and Housing professionals. We considered this multi-agency co-

active work to be good practice which would ultimately benefit the service users at the centre of this work.

As social isolation and withdrawal were recognised areas of concern for those with an addiction, the service based much of its support work in addressing these areas. This they did very well. We found that there was a real focus upon re-connecting service users with their community resulting in an increase in confidence and self-esteem. The service supported service users to identify and seek out areas of interest and activities in which they could participate. This was done in a way and at a pace suitable to the individual. Service users told us that safe and confidential venues where they could meet were of particular value to them. These were seen as places where service users could support each other in a safe, confidential and non-stigmatising atmosphere. Although this was a challenge in terms of available and affordable premises we were pleased to see the success of the Kilmarnock Railway Station project which not only offered opportunities to meet but also provided work experience of different types. We noted that the Service Manager was one of the originators of this popular and expanding initiative.

What the service could do better

We found that there were a number of differences in format and content within Support Plans including Index and Consent Forms. While the content was generally of good quality and the level of detail subject to the length of time support was given, we felt that uniformity in this important reference document was desirable. We made Recommendation regarding this.

We considered that while the service had an acceptable Accident and Incident recording policy and process, this was not being utilised resulting in events not being recorded. While events arising were, in our opinion, being properly handled, there was often no record made for reference purposes. The service employed an 'Incident Recording Form', an additional 'Critical Incident Sheet' and a Health and Safety Accident Book. The incident Recording Form should be used in all cases and the other forms as and when required. We made a Requirement regarding this.

While we considered that communication between team members was generally good we were aware that a great deal of lone and autonomous working took place resulting in a disconnect in terms of information sharing between staff members at times. The service may wish to revisit this to ensure that opportunities and systems are in place to allow all staff to share new operational information. We noted that files containing staff information such as supervision and appraisal were not structured and difficult to navigate. The service may wish to review these records in terms of accuracy and uniformity. This will ensure that any errors or omissions are identified and rectified. While minutes of Team Meetings were taken and recorded we felt that they would benefit from 'Action Points' at the end which would then be carried forward to the next meeting. This would ensure that issues, concerns or ideas raised would be followed up and the results fed back as required.

We noted when examining training documentation and speaking to staff that there appeared to be a need to ensure that all relevant training courses including those which should be refreshed were provided to staff and further training explored and provided as appropriate. This was in recognition of the complex and at times challenging nature of the support given.

We were aware that over time, due to a number of factors including the financial climate and a shortage of available addiction related resources, the service, over time, had become increasingly engaged in work which was arguably beyond its remit. This resulted in significant challenges in terms of resources, staffing and available hours to continue to fulfil their commitment to the 'recovery' of service users with an addiction. Combined with an increase in self referrals, the service was increasingly engaged in assessment and reduction work with service users on a scale which had the potential to overwhelm and adversely effect their ability to properly fulfil their

remit. We were concerned that should trend continue, the service may struggle to operate in the way for which it was registered. We made a Recommendation regarding this.

Requirements

Number of requirements: 1

1. The service must ensure that all Incidents and Accidents are fully recorded providing an account of the event and the service's response to same.

NCS 10 Support Services - Feeling Safe and Secure

This should be carried out with immediate effect.

Recommendations

Number of recommendations: 2

1. The service should endeavour to make all Support Plans accurate and uniform in style and content. This will make quality, omissions and errors easier to identify and monitor.

SSI 2011/210 5 Personal plans

2. The service should clarify and reinforce with external referrers what is and is not an appropriate referral and operate the service in this manner. If however there is a perceived ability and desire to fill a gap in the addiction services available other than 'recovery', the service may wish to formally expand and resource the support it provides to those in their area with an addiction.

NCS 2 Support Services - Management and Staffing Arrangements

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Inspection and grading history

Date	Type	Gradings
9 Dec 2013	Announced (short notice)	Care and support
		Environment
		Staffing
		5 - Very good
		5 - Very good
		5 - Very good

Date	Type	Gradings	
		Management and leadership	4 - Good
2 Apr 2013	Re-grade	Care and support Environment Staffing Management and leadership	Not assessed Not assessed Not assessed 1 - Unsatisfactory
10 Dec 2010	Announced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed Not assessed Not assessed
3 Dec 2009	Announced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 4 - Good Not assessed
2 Jun 2008	Announced	Care and support Environment Staffing Management and leadership	6 - Excellent 5 - Very good 6 - Excellent 5 - Very good

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