



Indicators of Good Practice in Drug and Alcohol Services

Tool for inspectors in regulating substance use services

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This document is an aid for inspectors in the Care Inspectorate and Healthcare Improvement Scotland in regulating drug and alcohol services. Authors of this report include the Care Inspectorate, Healthcare improvement Scotland, NHS Greater Glasgow and Clyde, and NHS Lothian as part of a multi-agency group focused on improving the inspection of substance use services (December 2015 – May 2016).

This document had been developed based on national policy, legislation and good practice in the health, social care and substance use fields. In particular, this includes current inspection themes from the National Care Standards (2002), the Quality Principles: Standard Expectations of Care and Support for Drug and Alcohol Services (2014), the Recovery Outcomes Web (ROW) tool (2015) for drug and alcohol services, and areas of national improvement focus in this area.

This is not designed to act as a checklist but as a guide for inspectors in assessing good and poor practice in services. An accompanying document to this tool is the [Factsheet on Drug and Alcohol Services](#).

Development days about this tool and substance use practice accompany this document and support current inspectors of these services.

Core component	Good practice / rationale	Identifying Poor Practice	Source of evidence (if known)
Service is accessible	<p>Quick Access to treatment and care - 3 weeks or less waiting time referral to treatment.</p> <p>Discharge after at least 3 missed appointments.</p> <p>Assertive follow-up after missed appointments, e.g. phone calls, further appointment offers, home visits.</p> <p>Simple and effective referral system for service users.</p>	<p>Excess of 3 weeks WT.</p> <p>Discharge after 1-2 missed appointments.</p> <p>Evening and weekend opening for some services.</p> <p>People using the service are able to come and go in supported living services.</p>	<p>ISD Waiting Times (WT) record.</p> <p>Service Manager Provides update data. (Directive to Contact Manager)</p> <p>Speak to people using the service.</p> <p>Opening hours and staffing meets needs of service user demand.</p> <p>People using the service are asked their views of referral system.</p>

<p>Person centred support plans that are asset based and outcome focused.</p> <p>Regular reviews take place</p> <p>Quality of Care & Support</p>	<p>People receiving services are aware of what their personal outcomes are and support they require to achieve these.</p> <p>Assessments and support or recovery plans capture an individual's recovery capital, strengths and assets.</p> <p>Outcome monitoring tool in place.</p>	<p>Plans not updated within 3 month period.</p> <p>Assessment too narrow, not holistic, person-centred or service user not involved.</p> <p>Reviews in excess of 3 months. For short programmes this should be more frequent e.g. monthly, 6 weekly - reflective of programme length.</p> <p>Absence of key staff attending reviews.</p>	<p>Speaking to people receiving the service and looking at support or recovery plans, outcome tools and review minutes.</p> <p>Recovery Outcomes Web (ROW) tool, Outcome Star or other compatible tool.</p> <p>Review minutes.</p>
<p>Staff have a good understanding of addiction and recovery</p>	<p>Staff training may include the following across the service with a requirement for professional registration:</p> <p>Induction</p>	<p>Lack of support/encouragement for people using the service to attend recovery groups, services, cafes, etc. where possible.</p>	<p>Training and induction records that demonstrate ongoing development, refreshers and updates in evidence based approaches.</p>

Services are trauma informed Quality of Staffing	<p>Understanding drug and alcohol misuse Understanding withdrawal and detox Understanding recovery approaches and recognising the benefit or peer recovery Medication supervision, administration, recording, storage Motivational interviewing Solution focused therapy Steps to excellence CBT skills Naloxone and overdose prevention training Cardio Pulmonary Resuscitation (CPR) Assessing and managing risk BBV training Adult Support and Protection Mental health awareness</p>	<p>Lack of 'holistic' care/recovery plan – housing, health (mental/physical/sexual), finance, offending behaviour, self-care, drugs/alcohol, children/family/peers, occupying time/goals.</p> <p>Areas of care plan with no improvement, activity, or significant delays, possibly across a sample of service users, or based on specific staff, with no reasonable explanation for this.</p>	<p>Observation of staff skills based on the needs of people using the service. Evidence of the promotion of peer recovery. Evidence that assessment tools are being completed, inform practice and where relevant are linked to support plans, reviews and outcomes. Practice approaches are discussed at team meeting and within supervision. Staff attitudes and values - ongoing development/supervision Referral to pain clinic for ongoing pain (medication) issues – addressing underlying causes of pain – recovery plan/case file.</p>
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	<p>Assist training</p> <p>Self-harm/suicidal ideation</p> <p>Child Protection</p> <p>Childhood sexual abuse</p> <p>Sexual & Reproductive Health training</p> <p>Domestic abuse</p> <p>Managing traumatic disclosure</p> <p>Parenting skills</p> <p>Pain management/medication dependency</p> <p>Relapse Prevention</p> <p>Standardised assessment tools specific to what the service offers i.e. CIWA (alcohol), COWS (opiates)</p> <p>ROW Outcome Tool training</p> <p>Self-directed learning and reflection is promoted.</p>		
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Staff and service users have an understanding of the service that informs roles, expectations and outcomes. Quality of Care & Support	<p>Approaches and activities are evidence based, purposeful, evaluative and linked to support plans and outcomes.</p> <p>Staff have good knowledge of a wide range of local services, improving each identified relevant domain area of the ROW outcome tool and recovery plan.</p> <p>(See: http://www.ssks.org.uk/media/134321/ro%20web%20tool%20-%20pdf.pdf)</p>	<p>Lack of focus and direction in work with people using the service from case file notes, care/recovery plans.</p> <p>Delays and gaps in recording the persons progress, without reasonable explanation.</p>	<p>Welcome pack.</p> <p>Service aims and objectives.</p> <p>Timetable.</p> <p>Programme.</p> <p>Evidence of involvement and feedback from people using the service that informs change.</p> <p>Quality Principles Standard Expectations of Care and Support in Drug and Alcohol services (evidence that this is informing approaches).</p> <p>ROW outcome tool.</p>
Staff have a good understanding of prescribed and over the counter	<p>Consistency of approaches to drug testing and a protocol for dealing with positive tests.</p> <p>People using the service are treated with respect and dignity.</p>	<p>Inexperienced, untrained staff administering and recording CDs, without support.</p>	<p>Protocols in place to guide staff</p> <p>Speaking to staff about their approaches.</p> <p>Individual and service risk</p>

medication relating to misuse of drugs and alcohol. Quality of Care & Support	<p>Drug & Alcohol Training.</p> <p><u>Residential settings</u></p> <p>Risk assessments for outings, activities and visitors that strike a balance to enable people to take risks whilst acknowledging the potential for accessing illicit substances.</p> <p>Access to Naloxone training for people using the service and staff.</p> <p>Access to training that reflects the profile of service users.</p>		<p>assessments, policies and procedures.</p> <p>Speaking to staff and people using the service and looking at training records. Exploring staff competency.</p> <p>Training needs analysis and training plan.</p> <p>Pharmacy rationalisation of medication to avoid long term use of certain medications, interactions between medication and unnecessary supply of medication.</p>
Effective storage and management of medication	<p>Correct storage facilities for medications (see Misuse of Drugs (Safe Custody) Regulations 1973 – lockable cabinet, secured to a wall, possibly a double locked</p>	<p>Absence of locked and secure cabinet for CDs in care home, or safe storage if stored in person's</p>	<p>Medication records and audits.</p> <p>By observing how medication is</p>

<p>including controlled drugs (CDs) and prescription only medication (POM)</p> <p>Quality of Care & Support</p>	<p>cabinet within a cabinet, with inner cabinet for CDs.</p> <p>Effective medication administration record keeping system (staff training commensurate with system in use and regular updates)</p> <p>Controlled Drugs (CDs) book where applicable.</p> <p>Homely Remedies Policy</p> <p>Regular auditing of records and stock medication.</p> <p>Record of destruction or return of unused medication.</p> <p>Home Office licence if ordering supplies of CDs.</p> <p>Supervised Methadone and Buprenorphine on initiating prescribing (first 3 months), whilst stabilising on medication and at risk points.</p> <p>Take-home Methadone/Buprenorphine doses at weekends and for stable individuals to support holidays, work commitments and family life.</p> <p>Regular reviews of medication at up to 3 months by staff familiar with individual.</p>	<p>'home'.</p> <p>Storage of CDs mixed with other medication and medical supplies.</p> <p>Absence of double staff signatures for administering CD medication (single required for POM).</p> <p>Lack of registered nurse medication signature, where service has nurses as main (half) body of service.</p> <p>Unreported mistakes on MAR Sheets. Any gaps, corrections, changes made by staff rather than prescriber. Any erased information.</p> <p>Multiple and/or frequent mistakes with medication.</p> <p>Absence of prescriber having direct (face-to-face) contact with the person regarding medication</p>	<p>being stored, administered, supervised and recorded.</p> <p>Location of medication storage in supported living, client home/room/flat.</p> <p>Medication changes authorised by prescriber.</p> <p>Medication stock matches records.</p> <p>Organisational medication administration policy and procedure – staff awareness and understanding of this.</p>
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	Organisational policy, within SOP, for dealing with missed attendance for medication	initiation and changes.	
<p>Effective and responsive medical assessments that result in the appropriate detox regimes.</p> <p>Regular review of the above.</p> <p>Quality of Care & Support</p>	<p>An assessment tool that is holistic in approach, informs the support plan, is informed by a medical practitioner where applicable, and is person-centred.</p> <p>Detox regimes which are best practice informed.</p> <p>Regular input from relevant health professionals.</p>	<p>Lack of change to dosage, without reasonable (person-centred) explanation.</p> <p>Lack of regular consultation with the person using the service.</p> <p>Absence of risk assessment record or not up-to-date.</p> <p>Lack of improvement or a deterioration substance use dependency.</p>	<p>Assessment documents, detox regimes, support</p> <p>Individuals are consulted about the changes to dose</p> <p>Plans and review minutes.</p> <p>Outcomes improvement (ROW tool).</p>

Risk Assessment Quality of Care & Support	<p>Risk Assessment policies for staff, people using the service and visitors – holistic (e.g. relationships, finance, medication, substance use, mental/physical/sexual health, self-care and children)</p> <p>People using the service have a risk assessment and action plan documented , inclusion of their views of their risk areas and reducing/managing risk, coping skills. [new placement]</p> <p>Outcomes improvement of risk areas, use of ROW outcome tool – self-care outcome.</p> <p>Key and emergency contacts – information sharing</p> <p>Child safety and wellbeing</p> <p>(See also Safe Discharge)</p>	<p>Lack of recent update.</p> <p>Case files or care/recovery plan not reflecting risk assessment – attention to key areas of risk, for example dependent children status, historic partners, medication changes, mental health status.</p>	<p>A risk assessment and action plan documented for all people using the service</p> <p>Reflects current situations, included in the persons case file notes</p> <p>Speak to people using the service and staff</p> <p>Appropriate staff have knowledge of risk areas.</p> <p>ROW tool –self-care</p> <p>Possibly, Child Plan if family service.</p>
Effective quality assurance systems. Quality of Management &	<p>Is undertaken regularly and leads to actions which are addressed.</p> <p>Is on occasion independently undertaken e.g. critical friends.</p> <p>Includes all relevant areas and is specific to the</p>	<p>Lack of progress towards achieving actions in improvement plan.</p> <p>Lack of staff awareness at all levels of improvement work reported as underway or</p>	<p>Audit documentation with action plans, evidence of changes made and actions addressed.</p> <p>Self-assessment document for the Care Inspectorate</p>

Leadership	<p>service.</p> <p>Includes people using the service views on their risk areas and reducing/managing risk.</p>	<p>achieved.</p> <p>Service evaluations, views of the person using the service, surveys and focus groups on quality of the service.</p> <p>Awareness across service by staff.</p> <p>Processes for people using the service to anonymously feedback on quality.</p>
Family Inclusive	Assessment includes significant family members (e.g. parents, partners, siblings, children)	Blanket policy of blocking visitors and relationships.
Quality of Care & Support	<p>Consultation and information sharing with family members, with service user consent</p> <p>Good risk assessment, management and review regarding relationships.</p> <p>Person-centred approach with cognisance of the European Convention of Human Rights (article 8 - right to private and family life).</p>	<p>Child safety in adult services as visitors/residents.</p> <p>Lack of cognisance of (young) carers' needs/wishes, where appropriate.</p> <p>Awareness of risks regarding key</p>

	<p>Supporting people using the service to make informed choices. (See also risk assessment section)</p>		(historic) relationships –recorded in risk assessment.
			<p>Availability of contraception in discrete location within service.</p> <p>Access to family mediation, if appropriate.</p>
Safe Discharge and Follow-up Support Quality of Care & Support	<p>Good interagency working and referral systems</p> <p>People using the service have discharge planning included as part of recovery plan.</p> <p>People using the service are supported to make plans at an appropriate time for discharge.</p> <p>People using the service are supported to engage with relevant other treatment services, universal services, recovery and community opportunities, at an appropriate time for discharge.</p> <p>Unplanned discharge is avoided, where possible.</p> <p>Assertive (phone call/letter/home visit) follow-up for unplanned discharge. Offer of 3 appointments before</p>	<p>No lengthy delayed discharge, without reasonable explanation</p> <p>Lack of awareness of unplanned discharge issues.</p> <p>High numbers proportionally of unplanned discharge.</p> <p>Lack of discharge information/packs with key/emergency information/ and potentially Naloxone if known history of opiate dependency.</p> <p>Lack of follow-up for recently</p>	<p>Length of stays and service specification.</p> <p>Staff knowledge of other services (criteria and how to refer)</p> <p>Service information on (un)planned discharge.</p> <p>Trends of high unplanned discharge should be explored by staff and improvement action taken.</p> <p>Ready supply of discharge packs with emergency/re-referral</p>

	<p>discharge.</p> <p>People who have used the service are able to keep in contact with the service after discharge, where appropriate.</p>	<p>discharged individuals (previous 3 months).</p> <p>High numbers proportionally of re-referrals.</p> <p>Lack of progress regarding any improvement actions.</p>	<p>contact information, and Naloxone supply if appropriate, for all individuals being discharged.</p> <p>Consult service log book and speak to any re-referred service users.</p> <p>Service Discharge Policy.</p> <p>Check care plans for near planned discharge date.</p>
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