

Community Substance Misuse Services Quality Standards Framework



Community Substance Misuse Services - Quality Standards Framework

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Introduction to the Quality Standards Framework

The Community Substance Misuse Service Quality Standards Framework builds upon the new regulations and Key Lines of Enquiry introduced by CQC by offering standards that are specific to community-based substance misuse services.

Community substance misuse services offer service users a wide range of therapeutic interventions that support the service user's journey towards recovery. The services provide a pathway that has a concentrated focus on recovery and reintegration. Community substance misuse services are able to work with service users with complex needs while also having robust expectations of service users and the outcomes they can achieve.

The Community Substance Misuse Services framework presents standards that encompass this diversity of approach and make clear what outcomes service users, commissioners and the family and friends of service users can expect a service will offer.

The Community Substance Misuse Services has been developed by the Skills Consortium in consultation with representatives of community substance misuse services, and commissioners.

Recovery and the standards

These standards have also been developed to reflect the focus on a treatment journey for service users that is based on identifying and developing recovery capital. They have been designed to reflect the recovery orientation of drug treatment services described in 'Medications in Recovery' (NTA, 2012)

They have also been based upon the 2010 national drugs strategy definition of recovery capital "the resources necessary to start, and sustain recovery from drug and alcohol dependence." (HMG, 2010). The strategy outlines four kinds of recovery capital, or resource (Best and Laudet, 2010):

- Social: support from and obligations to family, partners, children, friends and peers.
- Physical: finances and safe accommodation.
- Human: skills, mental and physical health, a job.
- Cultural: values, beliefs and attitudes held by the individual.

The focus on recovery recognises that each service user presents to a service with their own complex configuration of needs and recovery capital. These will change during treatment, as may the service user's own recovery goals. The role of treatment services is to offer interventions at each stage of a service user's recovery journey through treatment that are tailored to the service users, needs, recovery capital and recovery goals. The standards are based upon a consideration of treatment journeys based upon the graphic shown below.

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LAYERS	PHASES	ENGAGEMENT AND STABILISATION	PREPARATION FOR CHANGE	ACTIVE CHANGE	COMPLETION
STANDARD TREATMENT		Packages of interventions	Packages of interventions	Packages of interventions	Packages of interventions
ENHANCED TREATMENT		Packages of interventions	THE TREATMENT JOURNEY		Packages of interventions
INTENSIVE TREATMENT		Packages of interventions	Packages of interventions	Packages of interventions	Packages of interventions

The purpose of the Quality Standards Framework

The Quality Standards Framework supports community substance misuse services to demonstrate their quality against a set of agreed benchmarks.

The framework offers the community substance misuse sector as a whole a mechanism to demonstrate to local commissioners the value and quality of their service and their ability to achieve required outcomes for service users and their families and friends.

Commissioners are increasingly focusing on the achievement of outcomes and are basing their commissioning decisions on considerations of whether a service can deliver the required outcomes.

Community substance misuse providers who can show they can meet the requirements of this Quality Standards Framework will be able to show commissioners that they can demonstrate their ability to provide successful outcomes for service users **as well as** meet the registration requirements of the CQC (where necessary). The Quality Standards Framework can also be used as a self-audit tool, so this opportunity is open to both large and small community substance misuse services.

The Skills Consortium

The Skills Consortium has worked with CQC and will work with local Health and Wellbeing Boards to have the Quality Standards Framework recognised as the benchmark of quality for community substance misuse services.

The Quality Standards Framework describes good practice in terms of how a service is managed and delivered. The standards can usefully be read alongside content on the Skills Consortium's Skills Hub <http://www.skillsconsortium.org.uk/skillshub.aspx> and the drug and alcohol matrices <http://www.skillsconsortium.org.uk/alcohol-matrix.aspx> which provide resources to support service providers deliver specific interventions.

Who the Quality Standards Framework are for

Community substance misuse services can use these Quality Standards to audit their organisational management and service delivery and use their findings to develop and improve their practice. The findings of an audit can be used to demonstrate to commissioners, service users and their family and friends the quality of the service and the extent to which it will meet their needs.

Commissioners, service users and their family and friends can be confident that a

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service that can show it meets the quality standards and is delivering services in line with agreed, externally determined benchmarks.

How to use the Quality Standards Framework

The Quality Standard Framework is structured in the following thematic sections:

- Clinical Interventions.
- Quality of practice.
- Supporting Recovery.
- Service user and family member, carers and significant others involvement.
- Staff management and development.

The sections include one or more standards which each relate to a specific functional area. There is a brief introduction to each section, describing the activities the standards address.

Each standard is then introduced with the outcome(s) that a service user can expect if a service is meeting the benchmark. There is then a brief outline of the activities undertaken by a service that can deliver these outcomes for the service user.

This introduction is then followed by more detailed text for the community substance misuse service provider, which includes text, and information that is common to all of the standards. This includes the following:

'Who is this standard for?' This indicates if all community substance misuse services should meet the standard or if the standard only applies to services providing particular interventions.

'What does the standard address?' This describes the areas of practice included in the standard. This broadly describes the expected outcome(s) that a service user can expect if a service meets the standard.

'Link with CQC Key Lines of Enquiry' KLOEs. Links to the relevant broad areas of the five Key Lines of Enquiry are listed.

This introductory text is then followed by the main standard content. This is in two parts:

- The 'content of the standard' which lists the activities that a service has to undertake in order to achieve the required outcome of the standard.
- The 'evidence' that a service can use to demonstrate that it has met the standard, either as part of a self-audit or to present to an external assessor.

Service providers can allocate standards to specific staff members or develop a working group which will lead the work of auditing the service against the standard framework. Whichever method is used, it is best to begin the process by considering whether the service undertakes the activities set out in the '**content of the standard**' section. If it

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does not the service should consider how it can develop this area of activity.

Once the service has determined that it carries out all of the described activities it should then start to consider the evidence it can use to demonstrate that it carries out the activities in line with best practice. The standards describe what evidence can be used. Most services will have developed ways to identify and indicate where evidence is located, but if there is not a system in place one should be developed. It is easiest to not copy and store all the evidence in one place as this can result in large amounts of unnecessary paper. It is usually easier to develop a document which identifies where evidence can be found, e.g. on page x of the staff handbook, or in service user or supervision notes.

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Section Two: Quality of Practice.

SECTION ONE: CLINICAL INTERVENTIONS

Introduction

This section of the standards sets out what community substance misuse services have to do to ensure that they deliver aspects of their service in line with regulations and national guidance. It addresses aspects of service provision that are specific to the substance misuse sector. It outlines what services have to do to ensure that their service users receive clinical interventions in a safe way.

It also addresses the training and support that staff require to be able to safely and competently deliver services.

This section contains standards on:

1. Safe Prescribing for detoxification and stabilisation (opiates and alcohol).
2. Needle Exchange provision.

Community Substance Misuse Services Section Two: Quality of Practice.

Standard One: Safe prescribing for detoxification and stabilisation (opiates and alcohol).

Outcome

What should people who use community substance misuse services experience?

You should expect that the service will prescribe your substitute medication in a safe and secure way. The service will arrange for you to have your medication at an agreed time and in a way that respects your dignity and privacy. You will be made aware of the dosage of medicine you can expect and how this dosage will change during your detoxification. You should be made aware of the potential risks of your substitute medication to yourself and others in the family home, especially opioid naive people such as children. You should be provided with a safe storage box for your medication.

This is because providers who comply with the standards will:

1. Have written policies and procedures that inform their opiate and/or alcohol detoxification treatment programme(s).
2. Ensure that their testing of service users is informed by protocols and procedures.
3. Review their prescribing practice and management of medicines at planned intervals.

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Section Two: Quality of Practice.

Prompts for providers

Who is this standard for?

Community substance misuse services that provide prescribed detoxification or stabilisation treatment for either or both opiate or alcohol dependence.

What does the standard address?

This standard addresses the minimum good practice required to safely provide and manage prescribed detoxification and stabilisation regimes. It does not address the management of other medicines, which is dealt with by generic CQC standards on medicines management.

Link with CQC Key Lines of Enquiry (KLOEs)

- Is it safe? (People are protected from abuse and avoidable harm) KLOE.

Content of standard

The organisation:

1. Ensures that there is a written policy outlining the provision of an opiate reduction or stabilisation treatment programme.
2. Ensures there is a written policy outlining the provision of a pharmacologically managed alcohol detoxification.
3. Establishes and implements substance testing protocols and procedures, including breathalysing in alcohol detoxification.
4. Audits and reviews prescribing practice at planned intervals.

Evidence

The organisation has:

1. An opiate substitution prescribing policy which includes details of:
 - The clinical guidance used to inform prescribing practice.
 - The organisational clinical governance procedures to be followed when prescribing controlled drugs.
 - The procedures for ordering, distributing and storing FP10 prescribing pads and for reporting their misuse or loss.

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- The procedures for maintaining an audit trail of prescriptions for controlled drugs.
 - The procedures used to ensure that dose titration and optimisation supports engagement and stabilisation of the service user.
 - The training and experience of the prescriber.
 - Who supplies the medication
 - How medication is ordered.
 - How medication is stored.
 - Who administers the medication.
 - How medication is administered, e.g. supervised consumption.
 - The training that staff administering controlled drugs are required to attend.
 - How records of medicines are kept.
 - How medicine records are used for audit purposes.
 - How unused medication is safely disposed.
 - How missing medication will be reported to the relevant authorities.
 - The safeguarding approach to supporting the safety of others in the home with regard to medication.
2. Appointed a controlled drugs accountable officer, or identified a local lead controlled drugs accountable officer, and notified CQC of this.¹
3. A prescribing policy that sets out details of the prescribing regimes used for alcohol detoxification which includes:
- The clinical guidance used to inform prescribing practice.
 - The role of prescribing as part of an overall plan of care.
 - Who supplies the substitute medication.
 - How medication is ordered.
 - How medication is stored.
 - Who administers the medication.
 - How records of medicines are kept.
 - How medicine records are used for audit purposes.

¹ Department of Health (2013) The Controlled Drugs (Supervision of Management and Use) Regulations 2013 Information about the Regulations.

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- How unused medication is safely disposed.
 - How missing medication will be reported to the relevant authorities.
4. Protocols and procedures which set out how testing for substances will be managed during treatment. These will include details of:
- The type of equipment used.
 - How testing equipment is ordered.
 - How testing equipment is stored.
 - How testing equipment is maintained.
 - Frequency of testing.
 - How test results are recorded.
 - How test results will be used to review a medication plan.
5. Clinical audit procedures that include the collection of information about prescribing practice and its effectiveness.

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Section Two: Quality of Practice.

Standard Two: Needle Exchange provision

Outcome

What should people who use community substance misuse services experience?

You should expect that the service will provide a range of equipment that will support you to use substances in as safe a way as possible. The service will also provide you with access to a range of advice about injecting, safer substance use, sexual health and other health issues. Services will also be able to provide you with access to Hepatitis B vaccination and Hepatitis C & HIV testing.

This is because providers who comply with the standards will:

1. Have a range of syringes, needles and other equipment available to meet the needs of users of a range of substances, including those who use Image and Performance Enhancing Drugs (IPEDs).
2. Provide health advice and information.
3. Have written policies and procedures that outline the delivery of needle exchange provision in both community service site based and pharmacy-based needle exchange, including access to Hepatitis B vaccination and Hepatitis C & HIV testing.
4. Have developed care pathways with a range of health services, including sexual health, hepatology and mental health.
5. Review needle exchange provision at planned and regular intervals.

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Section Two: Quality of Practice.

Prompts for providers

Who is this standard for?

Community substance misuse services that provide either, or both, community service community service site based and pharmacy based needle exchange.

What does the standard address?

This standard addresses the minimum good practice required to safely provide and manage needle exchange services.

Link with CQC Key Lines of Enquiry (KLOEs)

- Is it safe? (People are protected from abuse and avoidable harm) KLOE.

Content of standard

The organisation:

1. Ensures that it maintains a supply of a range of syringes and needles to meet the needs of users of a range of substances, including those who use Image and Performance Enhancing Drugs (IPEDs).
2. Assesses and responds to the health needs of users of the needle exchange service.
3. Develops and regularly reviews written policies and procedures that outline the delivery of needle exchange provision in both community service site based and pharmacy-based needle exchange, including access to Hepatitis B vaccination and Hepatitis C & HIV testing.
4. Develops and reviews care pathways with a range of health services, including sexual health, hepatology and mental health.
5. Audits and reviews its needle exchange provision at planned and regular intervals.

Evidence

The organisation:

1. Develops and reviews its needle exchange policies which include details of:
 - Current good practice guidance and the legal requirements relating to needle exchange.

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- How service users' needs related to their specific injecting behaviour will be determined, e.g. the substance injected, frequency of injection and injecting techniques.
 - The advice that will be given to service users on safe storage of equipment and disposal of used equipment.
 - How service users will be given opportunities to engage with other interventions offered by the service.
 - The health advice and information that will be provided to service users based on their injecting behaviour, including information on safer injecting techniques and sites.
 - Responses to signs of injecting-related injuries, including the processes for making referrals for treatment.
 - Access to Hepatitis B vaccination.
 - Access to Hepatitis C and HIV testing.
 - Procedures for the storage of used injecting equipment returned by service users.
 - Procedures for the safe handling of returned equipment.
 - Procedures for disposing of used injecting equipment.
 - Methods for collating and analysing records of equipment supply and exchange.
2. Develops and regularly reviews procedures for maintaining stock levels in the community service site and pharmacy-based needle exchange, including equipment that meets the needs of a range of substance users, including those who use IPEDs, including:
- A range of needle sizes.
 - A range of syringe barrel sizes.
 - Foil².
 - Systems for ordering and transporting needle exchange supplies, including used injecting equipment.
3. Develops pathways with relevant health services, including:
- Sexual health.

² HM Government Circular 014/2014: lawful supply of foil.

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- Hepatology.
- Mental health.

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Standard Three: Initial Assessment

Outcome

What should people who use community substance misuse services experience?

You will receive an initial assessment of your needs. You can expect that the staff member who completes your assessment with you will explain how the information you give them will be used, recorded and shared. You can expect to sign a form that outlines who your information can be shared with. The service will explain the implications for your care and support of not sharing information.

As part of your initial assessment the service will ask questions about any situations that may be putting you or others at risk.

You can expect that all of the information you give to a staff member will be used to plan your care and support in a way that meets your individual needs.

You can expect that your assessment information and any other records that have information about you will be secured in a safe way.

Where a community substance misuse service carries out Community Care Assessments for the Local Authority you can expect that these will be carried out in a safe and timely way.

This is because providers who comply with the standards will:

1. Ensure that service users are aware of the organisation's confidentiality policy prior to initial assessment.
2. Conduct a full initial assessment of service user need prior to initiating treatment in a way that involves the service user.
3. Assesses risks to the service user and to others as part of the assessment.
4. Obtain written permission from service users to share or access information from other organisations, family member, carers and significant others.

Where a service carries out community care assessments:

5. Conduct Community Care Assessments in line with the requirements of the Local Authority and social care legislation.

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Prompts for providers

Who is this standard for?

All Community substance misuse services.

What does the standard address?

This standard addresses the approach the organisation takes to identifying the needs of service users prior to admission. It also includes how the organisation should approach assessing service user risk.

Link with CQC Key Lines of Enquiry (KLOEs)

- Is it safe? (People are protected from abuse and avoidable harm).
- Is it effective? (People's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence).

Content of standard

The organisation:

1. Informs a service user of the organisation's confidentiality policy prior to initial assessment.
2. Conducts a full initial assessment of service user need prior to starting treatment.
3. Ensures the service user is fully involved in the assessment.
4. Obtains written permission from service users to share or access information from other organisations, funders or family member, carers and significant others.
5. Assesses risks to the service user and others as part of the assessment.

Where a service carries out community care assessments:

6. Conduct Community Care Assessments in line with the requirements of the Local Authority and social care legislation, including using required documentation and complying with local systems for presenting assessments and making decisions based on the assessment.

Evidence

The organisation has:

1. A confidentiality policy and protocol, which is discussed with a service user before the

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initial assessment is conducted.

2. An assessment protocol which outlines:

- The information that is collected at assessment.
- The form in which information is recorded.

3. An assessment procedure which addresses how the assessment process:

- Engages and involves the service user in discussing the implications of their needs and identified risks.
- Addresses recovery capital³ to determine the strengths and aspirations of the service user.
- Uses a range of methods to obtain the service user's view of their needs and strengths, including using node link mapping and outcome tools.
- Is culturally appropriate.

4. A protocol for discussing the reasons for sharing information with service users.

5. A record of permission to share information that is signed by the service user.

6. A risk assessment tool that is completed at initial assessment and reviewed at regular intervals. This may include:

- Risk of suicide or self-harm.
- Risk of harm to children.
- Parenting capacity.
- Risk of harm to others, including family members, carers and significant others, other residents and staff.
- Risk of self-neglect.
- Risk of harm from others, including family member, carers and significant others.

7. A protocol to be followed where immediate risks are identified. This may include:

- Referral to other agencies such as mental health or domestic abuse services.
- Reporting safeguarding issues of neglect or abuse to the appropriate organisations,

³ Recovery capital includes:
social: support from and obligations to family, partners, children, friends and peers
physical: finances and safe accommodation
human: skills, mental and physical health, a job
cultural: values, beliefs and attitudes held by the individual.
NTA (2012) Medications in recovery Re-orientating drug dependence treatment

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- Breaching confidentiality, including the circumstances when this will happen and the procedures to be followed.

Where a service carries out community care assessments:

7. A policy and procedure for carrying out Community Care Assessments. This may include:

- The requirements of the Local Authority.
- The current relevant social care legislation.
- The required locally used documentation.
- The local system for presenting assessments and making decisions based on the assessment, e.g. a panel.

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Standard Four: Care Planning

Outcome

What should people who use community substance misuse services experience?

When you join the service the staff will support you to develop a care and support plan. Your care plan will set out your needs and your goals for your treatment. You will review your care plan at regular intervals with a staff member.

You can expect that your care plan and any other records that have information about you will be secured in a safe way.

This is because providers who comply with the standards will:

1. Develops care plans that:
 - Address the needs identified at assessment.
 - Have clear recovery goals and targets that set out plans for reintegration and aftercare from the outset of treatment.
 - Include times of review dates with service users.
2. Ensure that care or support plans include risk management plans.
3. Regularly review a service user's care plan with them to ensure that needs and risks are reassessed and that care plans are changed to reflect this.
4. Securely store service user notes.
5. Involves family in the creation of care plans where appropriate.

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Section Two: Quality of Practice.

Prompts for providers

Who is this standard for?

All Community substance misuse services.

What does the standard address?

This standard addresses the approach the organisation takes to planning how to manage care and risks with service users.

Link with CQC Key Lines of Enquiry (KLOEs)

- Is it safe? (People are protected from abuse and avoidable harm).
- Is it effective? (People's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence).
- Is it caring? (Staff involve and treat people with compassion, kindness, dignity and respect).

Content of standard

The organisation:

1. Develops care plans that address the needs identified at assessment in partnership with the service user.
2. Establishes collaborative care plans that have clear recovery goals and targets that set out plans for reintegration and aftercare from the outset of treatment and include timescales and review dates with service users.
3. Develops care plans that are culturally appropriate and which are presented in a way that service users can use and refer to, e.g. graphics based.
4. Develops and reviews risk management plans.
5. Regularly reviews care plans to ensure that needs and risks are reassessed and addressed.
6. Maintains records of care plans in service user notes, which are stored securely.

Evidence

The organisation:

1. Develops care planning documentation which:

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- Clearly specifies the service user's needs.
 - Identifies how needs and risks have changed as treatment progresses.
 - Sets out the service user's recovery goals for treatment targets that set out plans for reintegration and aftercare from the outset of treatment.
 - Identifies the phased and layered interventions⁴ and/or activities that are planned to meet the service user's needs as they progress on their treatment journey e.g.
 - Counselling or psychotherapy.
 - Other psychosocial interventions.
 - Parenting capacity development.
 - Group work.
 - Education and training .
 - Identifies service users recovery capital, and ways to maximise its use, including:
 - Housing support/ move on accommodation.
 - Employment and volunteering opportunities.
 - Strengthening and developing social networks or other opportunities to develop social capital.
 - Access to mutual aid.
 - Sets out the details of other health, social care and criminal justice services involved in the service user's recovery.
 - Sets out targets and timescales for interventions.
 - Includes review dates to determine changes in needs and recovery capital so that interventions are optimised in terms of their range and intensity.
 - Is signed and dated by the service user and the key worker when initially created and at reviews.
2. Uses outcome-based tools (such as TOP) to map service user's progress as a basis for discussion with the service user and for data and monitoring purposes.
 3. In agreement with the service user, includes peers and family members as part of their care planned recovery.
 4. Completes and regularly reviews risk management plans
 5. Regularly updates care plans that reflect a service user's changing needs and risks.

⁴ See graphic on page x

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6. Stores care plans securely and ensures that service users have access to their own care plan.

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Standard Five: Psychosocial Interventions

Outcome

What should people who use community substance misuse services experience?

You should expect that the service will offer you access to psychosocial interventions that meet your specific needs. This will include interventions that address and develop your:

- Psychological well-being.
- Knowledge and skills.
- Social support.
- Culture and values that influence your experience.

This will be in addition to any key working sessions you have with your key worker.

You can also expect that any staff that deliver psychosocial interventions to you have been trained and are managed and supervised to ensure that they are competent and safe.

You can expect that the service may also offer psychosocial interventions to your family members and carers, which is separate to your own care. If this takes place you can expect that the details of your own care will not be shared with your family members or carers without your consent, nor will the details of their care be shared with you without their consent.

This is because providers who comply with the standards will:

1. Deliver a range of psychosocial interventions.
2. Have procedures and processes that structure consideration of the psychosocial interventions to offer at each stage of a service user's treatment journey that best meet the service user's needs.
3. Ensure that there are competent staff deliver each of the psychosocial interventions offered by the service.
4. Provide clinical supervision to staff delivering psychosocial interventions.
5. Support service users to access psychosocial interventions or other psychological therapies not provided by the service.
6. Provide specific psychosocial interventions to family members and carers affected by someone's substance use or offer joint psychosocial interventions to both family members and carers and the service user.

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Section Two: Quality of Practice.

Prompts for providers

Who is this standard for?

All community substance misuse services that provide psychosocial interventions.

What does the standard address?

This standard addresses the minimum good practice required to safely provide a range of psychosocial interventions and the specific staff management requirements related to this provision.

Link with CQC Key Lines of Enquiry (KLOEs)

- Is it effective? (People's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence).
- Is it caring? (Staff involve and treat people with compassion, kindness, dignity and respect).

Content of standard

The organisation:

1. Offers service users access to a range of psychosocial interventions with a focus on achieving recovery outcomes over and above the provision of key working sessions. This may include the following interventions:
 - Contingency management.
 - Behavioural couples therapy.
 - Community reinforcement approach.
 - Social behaviour network therapy.
 - Cognitive behavioural relapse prevention-based therapy.
 - Psychodynamic therapy.
2. Takes a stepped care approach to the provision of psychosocial interventions, using interventions to engage and support a service user at each stage of their treatment journey.
3. Provide specific interventions to family members and carers that do not require that the substance using family member is in treatment or, if in treatment with the service, does not include the substance using family member. This may include:

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- One-to-one family support interventions.
 - Family and carer groups.
 - Advice and signposting.
 - Informal training/skills development around coping skills, setting boundaries etc.
4. Ensures that all staff delivering psychosocial interventions are appropriately trained.
 5. Provides clinical supervision for staff delivering psychosocial interventions.
 6. Conducts regular clinical audit into the delivery of psychosocial interventions.
 7. Ensures that service users are supported to identify and access external providers of psychosocial and psychological therapies.

Evidence

The organisation has:

1. Policies and procedures related to the delivery of psychosocial interventions. This may include:
 - A role description for staff delivering psychosocial interventions, including content on required competence, qualifications and professional registration.
 - A protocol that sets out the psychosocial interventions that may be used at different stages of service users' treatment journeys.
 - A protocol that sets out the psychosocial interventions that may be offered to family members and carers affected by someone's substance use.
 - A policy and procedure setting out the clinical supervision requirements for staff delivering psychosocial interventions.
 - The evidence base for the psychosocial interventions delivered by the service.
 - The process for clinical audit of psychosocial interventions.
2. Up to date information on external providers of psychosocial interventions and psychological therapies.
3. Care pathways with external providers of psychosocial interventions and psychological therapies.
4. Information for service users to support their self-referral to local services such as IAPT.

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Section Two: Quality of Practice.

SECTION TWO: QUALITY OF PRACTICE.

Introduction

This section of the standards sets out what community substance misuse services have to do to ensure that their service is delivered in a way that is transparent and reflective of current best practice.

It addresses how the service makes plans and develops itself and how it ensures that the interventions it offers are in line with good practice and are considered and reviewed by all staff.

This section of the standards also set out how services make clear and comprehensive information available to prospective service user that enables them to make informed decisions about whether the service meets their needs.

Finally, this section examines how services gather information about a service user's needs and uses that information to plan the care and support that the service user will receive while in the service.

This section contains standards on:

1. Organisational Governance.
2. Clinical Governance.
3. Service Information.
4. Service Approach.
5. Therapeutic Environment.

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Section Two: Quality of Practice.

Standard Six: Organisational governance.

Outcome

What should people who use community substance misuse services experience?

You can expect that the service is managed in line with legal requirements and best practice. If the provider involves current or ex-service users in the management of the organisation you can expect that you will be supported and developed to take up this role if its something you are interested in. You can expect that the service is planning for the future in order to ensure that it can continue to provide its services. You can expect that the service has an appropriate, effective structure of governance which may include a board of trustees

This is because providers who comply with the standards will:

Not-for-profit sector providers:

1. Have the governing documents appropriate to the organisation's form of charity.
2. Appoint a management body with competent trustees who will ensure that the organisation meets all legal, financial and charitable responsibilities within deadlines, especially in the areas of employment, health and safety and equality and diversity legislation.
3. Ensure that the organisation's trustees receive an induction and ongoing training and development, including around substance use and recovery.
4. Support and develop any service users who join the management body.
5. Ensure that the management body considers the strategic direction of the organisation and develops annual business plans.
6. Inform the appropriate regulatory authorities of the staff who undertake required statutory roles within the organisation.

Statutory sector providers:

1. Ensure that lines of management accountability are clear and made known to staff.
2. Ensure that corporate strategic developments include inputs from the substance misuse part of the organisation.
3. Support and develop service users to contribute to strategic developments.
4. Inform the appropriate regulatory authorities of the staff who undertake required statutory roles within the organisation.

Community Substance Misuse Services

Section Two: Quality of Practice.

Prompts for providers

Who is this standard for?

All community substance misuse services in the public and not-for-profit sector.

What does the standard address?

Not-for-profit sector providers:

This standard addresses the organisation's approach to its management body and the relationship between that body and the strategic and operational planning of the organisation.

Statutory sector providers:

The standard addresses the service's approach to organisational governance and the link between the operational and strategic parts of the organisation.

Link with CQC Key Lines of Enquiry (KLOEs)

- Is it well-led? (The leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture).

Content of standard

The organisation:

Not-for-profit sector providers:

1. Ensures that its management body has members who have the knowledge and skills to take on the role of trustee, including the legal, financial and charitable responsibilities of the organisation.
2. Develops its management body to have members who represent the diversity of the service's service users.
3. Provides a role description for members of the management body.
4. Ensures induction to the organisation and to the role to new trustees.
5. Provides training and other support to any service users that join the management body.
6. Ensures that the management body meets regularly in line with the organisation's Memorandum and Articles of Association.
7. Develops and regularly reviews an organisational strategic plan.

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8. Produces an annual business plan.
9. Appoints a Caldicott Guardian.
10. Ensures that it nominates a trustee responsible for safeguarding issues.

Statutory sector providers:

1. Ensures that lines of management accountability are clear and made known to staff.
2. Ensure that corporate strategic developments include inputs from the substance misuse operational part of the organisation.
3. Support and develop service users to contribute to strategic developments.
4. Inform the appropriate regulatory authorities of the staff who undertake required statutory roles within the organisation.
5. Ensures information about the organisation's Caldicott Guardian is made available to staff and service users.

Where the service is CQC registered, it:

1. Ensures that it nominates a responsible trustee as a 'nominated individual' and notifies CQC of this.
2. Nominates a registered manager and notifies CQC of this.

Evidence

Not-for-profit sector providers:

The organisation has:

1. Defined role descriptions for the general role of trustee and for the specific roles of:
 - Treasurer.
 - Chair.
 - Company Secretary.
 - Responsible Trustee.
2. An induction procedure for all new trustees.
3. Established sources of training for trustees new to the role and identifies each trustees' need for training during their induction.
4. A rolling strategic plan which is developed between senior management and the management body which includes a clear and coherent vision and framework for

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recovery.

5. An annual business plan that reviews the previous year's activities and sets out the activity for the next year. This should include:
 - Progress towards meeting the previous year's targets.
 - Targets for the next year.
 - The resources that will be used to achieve targets (financial, capital and human).
 - A financial forecast.
 - A training plan.
6. Nominated a member of staff as the Caldicott Guardian, and has trained the member of staff in that role.
7. Nominated a trustee responsible for safeguarding issues, and has trained the trustee in that role, in line with the requirements of 'Working Together to Safeguard Children, 2013'.

Statutory sector providers:

1. Graphic and written content which sets out the organisational lines of management accountability.
2. Systems that include operational input into the strategic development of the organisation.
3. Policies and procedures that support the involvement of service users in strategic developments. This should include:
 - Service user involvement policies and procedures.
 - Reward and recognition policies and procedures.
 - Training plans for service user development.
4. Inform the appropriate regulatory authorities of the staff who undertake required statutory roles within the organisation.
5. Makes information publicly available naming the organisation's Caldicott Guardian.

Where the service is CQC registered, it:

1. A record of the name of the staff's application to CQC to be the registered manager and the regulated activities the manager is responsible for.
2. A record of a member of staff's application to CQC to be the registered manager and the regulated activities the manager is responsible for.

Community Substance Misuse Services Section Two: Quality of Practice.

Standard Seven: Clinical Governance.

Outcome

What should people who use community substance misuse services experience?

You will receive information about the staff that work in the organisation. The service will provide you with ways to make complaints about or give compliments to the service. It will take any complaints or compliments you make seriously and will respond to these constructively.

You will also be asked to provide regular feedback. Your complaints, compliments and feedback will inform the development of the service.

You can be confident that the service uses information about its delivery of services to continue good practice and to make improvements if these are necessary.

If the service is interrupted because of an emergency you can be confident that the service has plans in place that will ensure that it is able to make arrangements to keep you safe and to continue to deliver services.

If you are asked to take part in any research you can be confident that the service will have made sure that the research is being planned and delivered in an ethical way.

This is because providers who comply with the standards will:

1. Ensure that staff, service users and family member, carers and significant others, are aware of the organisation's staffing structure.
2. Have complaints and compliments procedures that are made available to all staff, service users and family members, carers and significant others.
3. Regularly review its policies and procedures to ensure that they continue to meet the needs of the services, its diversity of service users, staff and family members, carers and significant others, and that these remain in line with statutory requirements.
4. Have effective methods for gathering and analysing service user feedback.
5. Regularly review its service delivery.
6. Use data and other information to assess the impact of the service.
7. Have a learning culture where evidence is used to consolidate good practice and make any required improvements.
8. Have plans to ensure that any emergency disruptions do not overly affect service delivery.
9. Take a strategic and ethical approach to its own research and to any external research organisations asking for access to service users.

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Prompts for providers

Who is this standard for?

All community substance misuse services.

What does the standard address?

This standard addresses good governance practice which leads to the ongoing effective development and management of a service. It does not refer to operational staff management, which is dealt with in Standards sixteen to nineteen.

Link with CQC Key Lines of Enquiry (KLOEs)

- Is it well-led? (The leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture).

Content of standard

The organisation:

1. Establishes an accountability structure that is made known to all staff, service users and family members, carers and significant others.
2. Ensures its complaints procedures is made known to all staff, service users and family members, carers and significant others.
3. Ensures that a service user and family members, carers and significant others compliments procedure is in place and is implemented.
4. Takes a planned approach to reviewing policies and procedures to ensure that they remain fit for purpose.
5. Implements methods of gathering and analysing feedback from service users.
6. Utilises an approach to clinical governance which regularly reviews practice and which responds to incidents and complaints.
7. Maintains a record of statutory notifications to CQC so that it can continually evaluate its compliance with CQC expectations.
8. Establishes a learning culture where evidence is used to make improvements and consolidate good practice.
9. Evaluates the interventions it employs on an ongoing basis and uses this information to make improvements and consolidate good practice.

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Section Two: Quality of Practice.

10. Uses data to measure and demonstrate the impact of the service.
11. Ensures that emergency disruptions to the service have minimal impact.
12. Supports and promotes high quality research as part of a service culture that is receptive to the development and implementation of best practice in the delivery of care.
13. Provides strong leadership of research and a clear strategy linking research to national priorities and needs, the organisation's business, clinical governance and delivery of best value.
14. Maintains information on all research being undertaken in the organisation on a database containing details of research providers, funding, intellectual property rights, recruitment, research outputs and impact.
15. Ensures patients, service users and carers, care professionals and other staff have easy access to information on research.

Evidence

The organisation has:

1. An accountability structure which includes details of:
 - Trustees or Company Directors.
 - Senior managers.
 - Operational managers.
 - Processes for making decisions about changes to policy and/or practice.
2. A complaints procedure which outlines:
 - The ways to make complaints.
 - The processes the organisation uses to consider complaints.
3. A plan that sets out a cycle of policy and procedure reviews.
4. Policies and procedures that have a previous review date and a planned future review date indicated on them.
5. Mechanisms to gather and analyse feedback from service users, such as:
 - Suggestion boxes.
 - Service user satisfaction surveys.
 - Feedback groups.
 - Focus groups.

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6. A clinical governance policy which sets out the organisation's approach to:
 - A proactive clinical audit cycle.
 - Using clinical audit to investigate incidents.
 - Using the evidence from clinical audits to develop and improve interventions.
 - Demonstrating compliance with CQC and other regulatory requirements.
7. Processes, procedures or records which show:
 - Discussions about complaints, reviews, audit or evaluation reports between managers and staff, which demonstrate the ways in which information has been used to develop practice.
 - The use of monitoring data to review practice.
 - The use of ongoing evaluation of interventions to consider their implementation and adjust them as indicated by the evaluation.
 - The use of information from compliments to motivate staff.
8. Processes and procedures for collecting and analysing data that demonstrate the impact of the service on service users.
9. Processes for using the analysis of impact to inform the work of the organisation.
10. A process to disseminate reports of impact to commissioners, other funders of the service, service users and family members, carers and significant others of service users.
11. An emergency disruption policy and procedure which includes:
 - Evacuation procedures if there is a fire, flood or gas leak.
 - Management of prescribing regimes if access to medications is limited
 - Management of medical conditions.
 - Plans for relocation of residents if disruption closes a building overnight or longer.
 - Off-site secure back-up of computer records.
12. A research governance policy and procedure which includes:
 - A procedure to be undertaken if the organisation is approached by external research organisations.
 - The processes to be undertaken if the organisation intends to conduct research, including the procedures for obtaining ethical approval.
 - Procedures for utilising research evidence to review practice.
 - Processes for making information on research available.

Community Substance Misuse Services Section Two: Quality of Practice.

Standard Eight: Service information.

Outcome

What should people who use community substance misuse services experience?

You will be able to see reports about the quality of the service that have been written by an independent organisation who have reviewed the service against national standards.

This is because providers who comply with the standards will:

1. Have a statement about the service and what it provides, its approach and its staff is which made available to prospective service users.
2. Make available information about its quality of service and provide any external reports produced by organisations such as CQC.

Community Substance Misuse Services

Section Two: Quality of Practice.

Prompts for providers

Who is this standard for?

All community substance misuse services.

What does the standard address?

This standard addresses the information made available to potential service users and family member, carers and significant others that allows them to make an informed choice about whether the service meets their needs.

Link with CQC Key Lines of Enquiry (KLOEs)

- Is it caring? (Staff involve and treat people with compassion, kindness, dignity and respect)

Content of standard

The organisation:

1. Develops a content that describes the service and the interventions it offers and is individual to the service where it is part of a group of providers or a larger organisation.
2. Provides access to information about its quality of service and is clear about its registration with inspectorate bodies, such as CQC.
3. Ensures that information about the service, its approach and its staff is made available to service users.

Evidence

The organisation has:

1. Content describing the service and its interventions that is included in any written information or promotional material(s) and prominently displayed on its website. This can include:
 - A clear description of the aims of the service.
 - The service user group(s) the service works with, e.g. gender, ethnicity co-morbidities.
 - Eligibility criteria.

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- Information about confidentiality and its limits, e.g. in relation to safeguarding.
 - The professionals and services available to service users, e.g. complementary therapists, mutual aid groups.
2. The most recent CQC inspection report available on its website (where the service is CQC registered).
 3. Information about other forms of accreditation gained by the organisation displayed on its website, e.g. Investors in People accreditation.

Community Substance Misuse Services Section Two: Quality of Practice.

Standard Nine: Service environment

Outcome

What should people who use community substance misuse services experience?

You can expect that the service will offer you an environment where you can feel safe and where bullying and harassment will be dealt with.

The staff will work with you in a collaborative way to meet your needs and support you to meet your goals for your own recovery.

You will be aware of your rights and accompanying responsibilities when using the service.

This is because providers who comply with the standards will:

1. Ensures a safe environment for service users.
2. Provide a collaborative programme of interventions.
3. Be clear about the behaviours it expects from staff and service users.
4. Provide service users with care and support that meets their specific needs.
5. Recognize and be sensitive to diversity issues.

Community Substance Misuse Services

Section Two: Quality of Practice.

Prompts for providers

Who is this standard for?

All Community substance misuse services.

What does the standard address?

This standard addresses the approach the organisation takes to provide a safe and therapeutic environment for service users.

Link with CQC Key Lines of Enquiry (KLOEs)

- Is it safe? (People are protected from abuse and avoidable harm)

Content of standard

The organisation:

1. Ensures that service users can address their needs in a safe environment.
2. Defines the collaborative nature of its programme of interventions to service users and staff.
3. Offers service users person-centered care which addresses their specific needs in the context of the organisation's philosophy and approach.
4. Recognizes, respects and is sensitive to diversity issues.
5. Supports service users to observe their beliefs, religion or faith.
6. Ensures that both male and female workers are available who are trained in gender-specific work.
7. Ensures that the organisation and its staff are responsive to service user's sexuality.

Evidence

The organisation has:

1. Policies and procedures that outline the action that will be taken if there is harassment or bullying of either service users or staff.
2. A health and safety policy and procedure.
3. A managing violence and aggression policy and procedure.
4. A service user rights and responsibilities policy, which is clearly displayed in communal and treatment areas.
5. Policies and procedures that outline how it will take a person-centered approach.
6. Policies and procedures that set out the organisations approach to diversity.
7. Policies and procedures that outline how the organisation approaches service user's beliefs, religion and beliefs.

Community Substance Misuse Services

Section Two: Quality of Practice.

8. Policies and procedures that set out the criteria for selecting a specific gender of worker for a service user.
9. Policies and procedures that set out the competences required to work with service users on gender specific issues.
10. Policies and procedures that set out the organisation's approach to service user's sexuality.
- 11.** An approach to service provision that is imparted to staff in team meetings and supervision, that recognizes that staff are able to provide therapeutic interventions in all situations while at work and that this is not limited to keyworking sessions, counselling interventions or group work. This should include a discussion of boundaries.

Community Substance Misuse Services

Section Three: Supporting Recovery

SECTION THREE: SUPPORTING RECOVERY

Introduction

This section of the standards sets out what community substance misuse services will offer their service users. It sets out how the service will support the service user when they enter and leave the service. There is content on the steps to be taken if a service user leaves in an unplanned way before treatment is completed. It also identifies how the service will provide advice, support and information on health and wellbeing to their service users, including signposting to services and resources in the wider community that will help support their recovery. This includes family member, carers and significant others of a service user if they are being offered support in their own right.

The section also looks at how the service will work with other services as part of their provision of support and care to their service users.

This section contains standards on:

1. Joint working.
2. Health and wellbeing.

Community Substance Misuse Services Section Three: Supporting Recovery

Standard Ten: Joint working.

Outcome

What should people who use community substance misuse services experience?

You can be confident that the community substance misuse service and any other services that you are in contact with as part of your care plan, will work together in a coordinated way.

You can expect the service will proactively make links with other local organisations and services and work with them to make sure that you are able to access the wider support you need that is not provided by the community substance misuse service.

This is because providers who comply with the standards will:

1. Provide comprehensive information about the service.
2. Have effective relationships with external organisations.

Community Substance Misuse Services

Section Three: Supporting Recovery

Prompts for providers

Who is this standard for?

All community substance misuse services.

What does the standard address?

This standard addresses how community substance misuse services should work with external agencies before, during and after a service user's stay in the service. It includes:

- The processes and procedures that organisations should follow when first making contact with a service user.
- Working with other organisations that provide other types of intervention whilst the service user is in contact with the service.

Link with CQC Key Lines of Enquiry (KLOEs)

- Is it effective? (People's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence)
- Is it responsive? (Services are organised so that they meet people's needs)

Content of standard

The organisation:

1. Develops and maintains effective relationships with a range of external organisations.
2. Develops care pathways with organisations identified as common key elements of service users' recovery plans.
3. Maintains contact with service users while they are in residential rehabilitation or residential crisis care to ensure that appropriate support is put into place upon their discharge from residential care.

Evidence

The organisation has:

1. Protocols and procedures with external organisations that detail the nature of the relationship. This will include:
 - Information sharing.
 - Joint meetings.

Community Substance Misuse Services

Section Three: Supporting Recovery

- Reviewing care.
 - Reviewing the efficacy of the joint working relationship.
2. Referral (into and out of the substance misuse service) procedures with external services, such as:
- Acute hospital settings, including Emergency Departments and hepatology.
 - Primary Care.
 - Mental health, including community mental teams and local inpatient provision.
 - Social Care, including children's services and adult services.
 - Maternity services.
 - Mutual Aid including 12-step and /SMART Recovery, and informal, user-led advocacy or peer support organisations.
 - Children and Young People's services.
 - Criminal Justice, including the National Probation Service (NPS), Community Rehabilitation Companies (CRCs), police and prisons.
3. Procedures that set out how contact will be maintained with service users while they are in residential rehabilitation or residential crisis care.

Community Substance Misuse Services

Section Three: Supporting Recovery

Standard Eleven: Health and Wellbeing.

Outcome

What should people who use community substance misuse services experience?

You can expect that the service will work with you to consider your health and wellbeing and look at what can be done to improve this. This might include looking at how you can reduce the harms to your health and wellbeing because of your substance use, but also any harms you might be at risk of because of your diet, smoking, sexual behaviour and approach to physical exercise.

You can expect that the service will work with other organisations to make sure that you are able to access services not provided by the community substance misuse service, such as blood-borne virus testing.

This is because providers who comply with the standards will:

1. Offer harm reduction advice and information.
2. Promote health and wellbeing with service users and staff.
3. Support service users to access local primary care services.
4. Provide access to testing for blood-borne viruses or offer vaccinations.

Community Substance Misuse Services

Section Three: Supporting Recovery

Prompts for providers

Who is this standard for?

All community substance misuse services.

What does the standard address?

This standard addresses the provision of advice, information and interventions intended to facilitate the health and wellbeing of service users.

Link with CQC Key Lines of Enquiry (KLOEs)

- Is it safe? (People are protected from abuse and avoidable harm)
- Is it effective? (People's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence)
- Is it caring? (Staff involve and treat people with compassion, kindness, dignity and respect)

Content of standard

The organisation:

1. Provides harm reduction advice and information to service users and their families/carers.
2. Promotes health and wellbeing advice and support with service users, including smoking cessation.
3. Provides service users with access to blood-borne virus testing.
4. Offers access to vaccinations.
5. Supports service users to access local primary care services.
6. Promotes the health and wellbeing of staff.

Evidence

The organisation has:

1. Harm reduction literature made available to service users. This advice will include advice on:
 - Wellbeing and mental health.
 - Diet, obesity and physical exercise.

Community Substance Misuse Services

Section Three: Supporting Recovery

- Blood-borne viruses and sexual health.
 - Smoking cessation.
 - Overdose prevention.
2. Mandatory training for staff on giving harm reduction advice and information.
 3. Harm reduction interventions that are a part of all service user care plans.
 4. Provision to offer smoking cessation, including nicotine patches, gum and smoking cessation groups.
 5. Provision of programmes for vaccinations to service users.
 6. Facilities to provide testing of blood-borne viruses to service users.
 7. Policies and procedures relating to staff support and access to occupational health and employee assistance programmes.
 8. Provides access to a range of external providers of health advice and support, including:
 - Wound care.
 - Well woman clinics.
 - Diabetes.
 - Exercise.
 - Nutrition.
 - Dentistry.
 - Opticians.
 - GUM clinics.
 - Podiatry.

Community Substance Misuse Services
Section Four: Service user and family member, carers and significant others involvement.

SECTION FOUR: SERVICE USER AND FAMILY MEMBER, CARERS AND SIGNIFICANT OTHERS INVOLVEMENT.

Introduction

This section of the standards sets out what community substance misuse services will do to ensure that service users and family members, carers and significant others are involved in the planning, development, review and delivery of the service.

It sets out how a service can develop and support service users to take part in involvement activities and how a service can take a strategic approach to this activity.

The standards also examine how family members, carers and significant others can be safely involved in the care and support of the service user, and can be worked with to determine what their own support needs are and how these can be met.

This section contains standards on:

1. Development and managing service user involvement.
2. Developing and managing family members, carers and significant others involvement.

Community Substance Misuse Services
Section Four: Service user and family member, carers and significant others involvement.

Standard Twelve: Developing and managing service user involvement.

Outcome

What should people who use community substance misuse services experience?

You can expect that the service will consider your views and experiences when it thinks about developing or improving the service.

If you are asked to become involved in service user involvement you can expect that the service will support you to do this and will offer you any training you might need to help you do this.

You can be confident that if you, or other service users take part in service user involvement activities that the service will be clear about how this will be done and will set out expectations about confidentiality and the role of service user advocates.

This is because providers who comply with the standards will:

1. Take a strategic approach to service user involvement.
2. Be clear about the ways that service users can become involved and the boundaries around service user involvement.
3. Offer service users training that develops them to be effectively involved.

Community Substance Misuse Services

Section Four: Service user and family member, carers and significant others involvement.

Prompts for providers

Who is this standard for?

Community substance misuse services that involve service users in the review and development of the organisation.

What does the standard address?

This standard addresses the processes an organisation uses to develop and support service user involvement.

Link with CQC Key Lines of Enquiry (KLOEs)

- Is it caring? (Staff involve and treat people with compassion, kindness, dignity and respect)
- Is it responsive? (Services are organised so that they meet people's needs)

Content of standard

The organisation:

1. Develops a service user involvement strategy and implementation plan.
2. Ensures that service users are offered training that develops them to be effectively involved.
3. Clarifies the role boundaries for service users involved in organisational processes.

Evidence

The organisation has:

1. A service user consultation process including processes for gathering service user feedback such as:
 - Focus group.
 - Regular service user surveys.
2. A service user involvement strategy which may include:
 - Procedures and processes for involving current and ex-service users in approaches to making recovery visible, including developing them as peer mentors, advocates and coaches.
 - Processes for identifying service users who may want to be involved in organisational processes.

Community Substance Misuse Services

Section Four: Service user and family member, carers and significant others involvement.

- The activities that service users may be involved in (membership of the board, working groups, staff recruitment).
 - The organisation's expectations of involved service users.
 - Building links with local peer support and user-led services where appropriate.
 - The support that the organisation will provide for involved service users.
3. A process for identifying the training needs of involved service users. This may include:
- Understanding business processes.
 - Being involved in staff recruitment.
 - Confidentiality and data protection.
 - Providing advocacy.

An agreement or contract with service users about their involvement.

Community Substance Misuse Services
Section Four: Service user and family member, carers and significant others involvement.

Standard Thirteen: Developing and managing family member, carers and significant others involvement in service user recovery.

Outcome

What should people who use community substance misuse services experience?

You can expect that the service will consider the views and experiences of your family members, carers and significant others when it thinks about developing or improving the service.

Your family members, carers and significant others will be given opportunities to become involved at all points in your care and support while you are in the service. You can be confident that this will be done with your knowledge and consent.

Family member, carer and significant others involvement can be a key component of your treatment and can greatly benefit and empower the family member, carers and significant others themselves, but it may not always be desirable or possible. You will be supported to make the informed decision about whether to involve family member, carers and significant others.

This is because providers who comply with the standards will:

1. Promote and explain family member, carers and significant others involvement with them and with service users.
2. Provide opportunities to involve family member, carers and significant others at all stages of a service user's care.

Community Substance Misuse Services

Section Four: Service user and family member, carers and significant others involvement.

Prompts for providers

Who is this standard for?

All community substance misuse services.

What does the standard address?

This standard addresses how organisations involve family member, carers and significant others in the care and support of service users. The standard recognises that community substance misuse services may take a range of approaches to involving family member, carers and significant others, at different stages of treatment. When considering this standard a service should be clear about the extent of its family member, carers and significant others involvement activities and take a stepped approach to the identification of relevant evidence for those activities.

Link with CQC Key Lines of Enquiry (KLOEs)

- Is it caring? (Staff involve and treat people with compassion, kindness, dignity and respect)
- Is it responsive? (Services are organised so that they meet people's needs)

Content of standard

The organisation:

1. Promotes and explains family members, carers and significant others involvement with service users and their family member, carers and significant others.
2. Offers opportunities to involve family members, carers and significant others at all stages of care.

Evidence

The organisation has:

1. Information about the evidence of the benefits of family, carers and significant others involvement to give to service users.
2. Provides informal avenues for family members to become involved in care and support. This may include awareness raising activities such as:
 - Open days.
 - Coffee mornings.

Community Substance Misuse Services

Section Four: Service user and family member, carers and significant others involvement.

3. Policies and procedures that describe how family members, carers and significant others may be involved in care and support. This may include:

- Service user consent for family, carers and significant others involvement.
- Family, carers and significant others involvement in assessment.
- Family, carers and significant others involvement in care planning.
- Family, carers and significant others involvement in reviewing care.

Community Substance Misuse Services

Section Five: Staff management and development.

SECTION FIVE: STAFF MANAGEMENT AND DEVELOPMENT.

Introduction

This section of the standards sets out what community substance misuse services have to do to ensure that their staff are able to deliver services effectively.

Where relevant the standards make explicit where there are specific areas that relate to volunteers, including ex or current service users volunteering as peer mentors etc.

It sets out how staff should be managed and developed to ensure that they are able to work with service users safely and competently.

The standards also consider how staff recruitment can be managed so that the service employs the right staff for specific roles.

As many community substance misuse services provide placement for students there is a separate standard that considers how student placements should be provided and managed.

This section contains one standard on:

1. Human Resource Management.
2. Recruiting Staff.
3. Managing Staff Development.
4. Managing trainees/student placements.

Community Substance Misuse Services Section Five: Staff management and development.

Standard Fourteen: Human resource management.

Outcome

What should people who use community substance misuse services experience?

You can be confident that the staff of the service deliver interventions in a way that makes sure that you receive care and support in a safe way.

You can expect that there will be sufficient staff to deliver the service.

You can expect that the staff delivering services are supported by their managers to make sure that they have access to support related to any needs they have that might interfere with their ability to work with you.

This is because providers who comply with the standards will:

1. Have policies and procedures relating to staff management.
2. Develop its managers to effectively manage staff.
3. Have a staff retention strategy.
4. Provide staff access to occupational health and other support (such as an Employee Assistance Programme).

Community Substance Misuse Services

Section Five: Staff management and development.

Prompts for providers

Who is this standard for?

All community substance misuse services.

What does the standard address?

This standard addresses the processes and procedures that the organisation follows to ensure that staff are managed in line with legal requirements and in a way that meets the needs of the organisation and its service users.

Link with CQC Key Lines of Enquiry (KLOEs)

- Is it effective? (People's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence).

Content of standard

The organisation:

1. Ensures that it develops and maintains a policies and procedures handbook that includes policies relating to staff management.
2. Develops managers to implement the policies and procedures handbook.
3. Implements staff retention strategies.
4. Provides staff with access to occupational health.

Evidence

The organisation has:

1. A policies and procedures handbook which may include content on:
 - Equality and diversity.
 - Health and Safety and Hygiene.
 - Disciplinary, grievance and capability.
 - Annual leave.
 - Compassionate leave.
 - Management of absence.
 - Maternity and Paternity leave.
 - Pay structure.

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- Supervision and appraisal and personal development plans.
 - Drug and alcohol in the workplace policy.
 - Disclosure of personal information policy.
 - Work/life balance policy.
 - A relapse policy for staff in recovery.
 - Employee gifts and beneficiaries policy.
 - Information technology policy (use of e-mail/internet and virus protection/firewalls).
 - Access to occupational health.
 - Harassment Policy.
 - Access to an Employee Assistance Programme.
2. A training needs analysis process that includes an assessment of manager competence.
3. Strategies to support the retention of staff. This may include:
- Providing mentoring or coaching to staff.
 - Involving staff in operational decisions.
 - Involving staff in innovating the service.
 - Providing a safe and confidential mechanism for staff to make complaints or register concerns.
 - Having a work/life balance policy.

Community Substance Misuse Services Section Five: Staff management and development.

Standard Fifteen: Recruiting staff and volunteers.

Outcome

What should people who use community substance misuse services experience?

You can expect that the staff that work with you have the skills, knowledge and qualifications that are needed to meet your needs.

You can be confident that all staff and volunteers have had Disclosure and Barring Service checks to ensure that they do not pose a risk to you.

Where your service uses volunteers you can be confident that their role has been described by the service and they are trained and supported in that role.

This is because providers who comply with the standards will:

1. Conduct staff recruitment in a fair and transparent way.
2. Ensure that require pre-employment checks are carried out during recruitment.
3. Provide volunteers with a contract that describes their involvement in the service.

Community Substance Misuse Services Section Five: Staff management and development.

Prompts for providers

Who is this standard for?

All community substance misuse services.

What does the standard address?

This standard addresses the recruitment of paid staff, volunteers and trainees.

Link with CQC Key Lines of Enquiry (KLOEs)

- Is it effective? (People's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence).

Content of standard

The organisation:

1. Conducts recruitment procedures in a fair and transparent way.
2. Conducts recruitment checks, including of references, Disclosure and Barring Service (DBS) checks and required insurance, on prospective paid staff and volunteers.
3. Provides a contract for volunteers.

Evidence

The organisation has:

1. Policies and procedures that outline the organisation's approach to recruitment of both paid staff and volunteers. This should include:
 - Advertising procedures.
 - Competence based job descriptions.
 - Person specifications that include any qualification requirements.
 - Application procedures, including compliance with equalities and data protection legislation.
 - Membership of interview panels (including the presence of trained and supported service users on interview panels).
 - Processes for assessing the suitability of candidates at interview, e.g. scoring schedules.
 - Processes for supporting volunteers in recovery?
 - Processes for informing candidates of the outcome of interviews.

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- Processes for requesting references.
2. A volunteer contract which sets out:
- The volunteer role.
 - The role of the volunteer.
 - The behaviours expected of volunteers.
 - The boundaries of the volunteer role.
 - The support and development the volunteer can expect the organisation to provide, including the frequency of supervision.
 - The support available to volunteer if they are in recovery.

Community Substance Misuse Services Section Five: Staff management and development.

Standard Sixteen: Staff and volunteer induction.

Outcome

What should people who use community substance misuse services experience?

You can be confident that all the paid staff and volunteers who work in the service are familiar with its philosophy, ethos and methodology.

You can expect that the staff and volunteers have received training and support when they first join the service that has prepared them to provide support safely and effectively. Staff who haven't yet been able to offer care and support to the standard the service has set will receive further training and support before their employment is confirmed.

This is because providers who comply with the standards will:

1. Ensure that all paid staff and volunteers undergo a formal induction procedure that introduces the philosophy and ethos of the service.
2. Ensure that all paid staff and volunteers are made aware of the specific interventions provided by the service.
3. Assess a new paid staff member or volunteer's training needs during induction.
4. Apply a formal probationary period during which a staff member or volunteer's competence will be assessed.
5. Ensures that any volunteers in recovery are adequately supported and aware of support available to them, even if they are in positions of mentoring others in recovery.

Community Substance Misuse Services

Section Five: Staff management and development.

Prompts for providers

Who is this standard for?

All community substance misuse services.

What does the standard address?

This standard addresses the processes undertaken to induct new paid staff and volunteers to ensure that staff understand the philosophy of the organisation, the policies and procedures that provide a structure for the work of the organisation and are aware of the expectations the organisation has of their competence and behaviour.

Link with CQC Key Lines of Enquiry (KLOEs)

- Is it effective? (People's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence).

Content of standard

The organisation:

1. Develops and maintains a policies and procedures handbook.
2. Ensure that all new paid staff and volunteers undergo a formal induction procedure, procedure that includes the philosophy, ethos and methodology of the service.
3. Conducts an analysis of a staff member or volunteer's training needs during induction.
4. Applies a formal probationary period policy and procedure.

Evidence

The organisation has:

1. A regularly updated policies and procedures handbook that is prominently displayed and accessible to all paid staff and volunteers.
2. An agreed formal induction process. This may include:
 - Required reading of policies and procedures.
 - Meetings with internal staff.
 - Meetings with external organisations.
 - Opportunities to discuss the philosophy of the service, expectations of staff behaviour and the boundaries of relationships between staff members and between staff and service user, including the use of social media.

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- Attendance at open mutual aid meetings to gain insight into service user support options.
3. A procedure to review a staff member's or volunteer's competence and consider any training needs.
 4. A policy and procedure for assessing a staff member or volunteer's suitability during their probationary period and giving feedback on this to the staff member or volunteer. This may include:
 - The duration of the probationary period.
 - The points during the probationary period when performance will be reviewed.
 - The procedures that will be followed during the probationary period if performance is not satisfactory.
 - The process to be followed if a probationary period is extended.
 - The procedures that will be followed at the end of the probationary period if performance is not satisfactory, including procedures for terminating employment.

Community Substance Misuse Services Section Five: Staff management and development.

Standard Seventeen: Managing staff and volunteer development.

Outcome

What should people who use community substance misuse services experience?

You can be confident that the paid staff and volunteers (including volunteer peer mentors) of the service are properly trained and supervised so that they can work with you in the most effective way.

As part of this you can expect that paid staff and volunteers will be supported to have professional qualifications.

You can also expect that paid staff and volunteers will be supported to learn from complaints, compliments, service user and family member, carers and significant others feedback and reviews of the service.

This is because providers who comply with the standards will:

1. Ensure that paid staff and volunteers are competent to deliver its service.
2. Provide regular management supervision and appraisal to its paid staff and volunteers and ensure that clinical staff have access to regular clinical supervision.
3. Ensure that paid staff and volunteers are provided with learning opportunities that allows them to maintain their professional registration and meet any other learning needs.
4. Maintain a learning environment.

Community Substance Misuse Services Section Five: Staff management and development.

Prompts for providers

Who is this standard for?

All community substance misuse services.

What does the standard address?

This standard addresses the role that organisations have in ensuring that their staff (paid and volunteers) are competent to deliver the interventions the service offers.

Link with CQC Key Lines of Enquiry (KLOEs)

- Is it effective? (People's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence).

Content of standard

The organisation:

1. Monitors and develops the competence of its paid staff and volunteers.
2. Provides regular management supervision to its paid staff and volunteers.
3. Ensures that clinical staff have access to regular clinical supervision.
4. Offers regular appraisal to paid staff and volunteers.
5. Ensures that paid staff and volunteers are supported to meet their professional registration requirements.
6. Creates a learning environment for paid staff and volunteers.
7. Analyses paid staff and volunteers training needs and plans to meet these needs.

Evidence

The organisation has:

1. Policies and procedures to benchmark and measure paid staff and volunteers competence. This may include:
 - Job descriptions mapped to standards of competence that relate to the paid staff members and volunteer's job role and the activities of the service.
 - Organisational competence frameworks.
2. Policies and procedures that establish the organisational approach to supervision and appraisal. This may include:
 - Information about the frequency of supervision and appraisal.

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- A pro-forma supervision record.
 - A pro-forma appraisal record.
 - Procedures for documenting and storing supervision and appraisal records.
 - Arrangements for individual, external and group supervision.
3. Processes in place to monitor and support to monitor and support paid staff and volunteers to maintain their professional accreditation or registration.
 4. Audit and incident analysis policies and procedures, which involve paid staff and volunteers and which include opportunities to learn from their findings.
 5. Processes to identify training needs. This may include:
 - Formal training needs analyses or skills audits.
 - Information collated from supervision and appraisal and service user feedback.
 6. Information about mandatory training and where this can be accessed.

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Standard Eighteen: Managing trainee/student placements and apprenticeships.

Outcome

What should people who use community substance misuse services experience?

You can expect that any students, trainees or apprentices on placement have been introduced to the philosophy, ethos and methodology of the service.

You can be confident that any students, trainees or apprentices are managed and supported by the service to ensure that they are able to work effectively with service users.

This is because providers who comply with the standards will:

1. Offer placements.
2. Provide anyone on placement with a structured induction to the organisation.
3. Liaise with the person's educational or training establishment and meet the requirements of the placement.

Community Substance Misuse Services Section Five: Staff management and development.

Prompts for providers

Who is this standard for?

All community substance misuse services.

What does the standard address?

This standard addresses the management of placements.

Link with CQC Key Lines of Enquiry (KLOEs)

- Is it effective? (People's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence).

Content of standard

The organisation:

1. Develops and manages students, trainees or apprentice placements.
2. Provides training placements for students, trainees or apprentices and post-qualifying professional development opportunities for qualified practitioners.
3. Offers induction to the organisation to the person on placement.
4. Liaise with the person's educational establishment.
5. Provides written reports on the person's progress as required.

Evidence

The organisation has:

1. Policies and procedures that address the organisation's approach to placements. This should include:
 - Recruitment processes, including compliance with equalities and data protection legislation.
 - An induction procedure.
 - Arrangements for ongoing support and supervision.
 - Arrangements for communication with the person's tutor(s).

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USEFUL DOCUMENTS

The following documents or other resources may be used to develop some of the policies, procedures and protocols required as evidence to meet this quality standards framework.

Complaints

The Department of Health has a guide to complaints procedures “*Listening, Responding, Improving*”, which can be downloaded at: [A guide to better customer care - Pals](#)

The Local Government Ombudsman has produced a number of resources for social care providers on handling complaints. Details can be found here:

<http://www.lgo.org.uk/adult-social-care/resources-for-care-providers>

This includes a sample Complaints procedure that can be downloaded at: [Running a complaints system](#)

Whistle-blowing

CQC has developed guidance for on whistle-blowing for registered providers, which can be downloaded at:

https://www.cqc.org.uk/sites/default/files/documents/20131107_100495_v5_00_whistleblowing_guidance_for_providers_registered_with_cqc.pdf

Staff induction

Skills for Care have developed Common Induction Standards, which outline a generic, comprehensive induction to social care services. The standards and supporting guidance can be found at: [http://www.skillsforcare.org.uk/Document-library/Standards/Common-Induction-](http://www.skillsforcare.org.uk/Document-library/Standards/Common-Induction-Standards/CommonInductionStandardswithglossary.pdf)

[Standards/CommonInductionStandardswithglossary.pdf](http://www.skillsforcare.org.uk/Document-library/Standards/Common-Induction-Standards/CommonInductionStandardswithglossary.pdf)

Care Planning

The National Treatment Agency for Substance Misuse (NTA) developed care planning guidance in 2006. This can be downloaded at:

http://www.nta.nhs.uk/uploads/nta_care_planning_practice_guide_2006_cpg1.pdf

Management of detoxification

The National Institute of Clinical Excellence (NICE) developed revised guidance on using buprenorphine and methadone to manage opioid detoxification. The revised guidance can be downloaded at:

<http://www.nice.org.uk/nicemedia/pdf/TA114Niceguidance.pdf>

Community Substance Misuse Services

Skills Consortium Skills Hub

The Skills Hub provides access to a vast library of resources on substance misuse treatment interventions. It is based on the skills framework developed by the Skills Consortium with help from the NTA and – as a result – initially focuses on drug treatment.

<http://www.skillsconsortium.org.uk/skillshub.aspx>

Drug and Alcohol Matrices

The Drug and Alcohol Matrices are concerned with the treatment of problems related to the use of illegal drugs by adults. They map the treatment universe and for each sub-territory (a cell) lists the most important UK-relevant research and guidance.

<http://www.skillsconsortium.org.uk/alcohol-matrix.aspx>

<http://www.skillsconsortium.org.uk/drug-matrix.aspx>

Medications in recovery: re-orientating drug dependence treatment - Recovery Orientated Drug Treatment expert group

The final report of the John Strang-chaired Recovery Orientated Drug Treatment expert group, this report provides an overview of how the treatment system can best support the recovery of heroin users.

www.nta.nhs.uk/uploads/medications-in-recovery-main-report3.pdf

Turning evidence into practice: helping service users to access and engage with mutual aid – National Treatment Agency

The first in a series of briefings to support commissioners and providers who want to improve the recovery orientation of their services as recommended by 'Medications in recovery: re-orientating drug dependence treatment'.

www.nta.nhs.uk/uploads/rr_facilitatingmutualaid_jan2013%5B0%5D.pdf

Pathways to Employment in London – A guide for drug and alcohol services - DrugScope

Report outlining some of the challenges facing substance users in London. It contains information and good practice for services and managers.

<http://www.drugwise.org.uk/wp-content/uploads/employment-report-revised.pdf>

Staff development toolkit for drug and alcohol services – National Treatment Agency

Resource covering many tools and topics useful to volunteer managers, including National Occupational Standards.

www.nta.nhs.uk/uploads/nta_staff_development_toolkit_2006.pdf