



A national resource of expertise on drug issues

NATIONAL QUALITY DEVELOPMENT: HELPING IMPROVE OUTCOMES FOR SERVICES AND SERVICE USERS

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Report for Abbeycare Scotland
September 2017

Acknowledgements:

This report represents a process of consultation with clients, staff and management at Abbeycare Scotland to establish the implementation of the Quality Principles (Scottish Government 2014) and demonstrate increased awareness of the service with partner agencies.

Sincere thanks to all clients who took part throughout. Sincere thanks also to staff and management for their participation and commitment throughout the process:

Paul Bowley – Managing Director, Liam Mehigan - Operations Director, Kevin Dodds - Unit Manager, Luqman Khan – Consultant Psychiatrist, Steve Conroy – Specialist Addictions Doctor, Chris O’Shaughnessy – RMN Prescriber, Pauline Zvimba – RMN Prescriber, Craig Coyle – RMN Prescriber, Ashley Coburn – RGN, Lisa Holmes – Dietician, Dave Fidler – Senior Therapist, Marie McGuire – Therapist, Kirstie Barrowman – Holistic Therapist, Lynda Dickie – SRSW, Thor Norman – SRSW, Kathryn Smith – SRSW, Douglas McFarlane – SRSW, Michelle McElroy – SRSW, Paul Ramsay – RSW, Eddie Clarke – RSW, Victoria Hardman – RSW, Laura Murray – RSW, Sean Gillen – RSW, Carrie Main – RSW, Alan McIntyre – RSW, Mark Rafferty – RSW, Debbie Queen – Hospitality, Michelle Reed – Hospitality Manager, Lynn McNeil – Finance Administrator, Alan Ralston – Sessional RSW, Valerie Little – Sessional RSW, Eddie Gorman – Sessional RSW, Sandra Bell – Sessional RSW, Norah Burke – Sessional RSW, Claire Tweedie – Sessional RSW, John McLaughlin – Sessional RSW, Brian McKee – Sessional RSW, Marc Simpson – Sessional RSW, Jeri Connolly – Sessional RSW, Stewart Robertson – Admissions Manager, Gordon Peacock – Admissions Coordinator, Paula Shields – Admissions Coordinator, Nadia Devannie – Admissions Coordinator.

Key Findings:

Management and staff at Abbeycare Scotland are progressive in commencing an inclusive process to ensure the ongoing development of the service and the implementation of the Quality Principles.

Abbeycare Scotland is well established and most admissions are self-referral. Self-referral enables a responsive 'needs led' approach ensuring rapid access for service users.

Clients reported feeling safe and welcomed immediately.

The physical environment and culture is rated highly by clients and staff.

Assessments are inclusive, collaborative and strengths based.

Recovery plans are completed in partnership with clients.

A variety of health interventions are available in the service.

Harm reduction interventions are implemented within the service.

All clients reported having been supported to be abstinent from alcohol and drugs since being admitted to Abbeycare Scotland.

Personalised recovery plans link to a range of supports which are reviewed regularly.

Staff work effectively to signpost clients to other services and ensure longer term support needs are met.

Abbeycare Scotland provides a robust aftercare programme which ensures peer support is available longer term.

Clients are actively included in affecting change.

Families are supported by Abbeycare Scotland.

Context & Service Information:

Abbeycare is a leading national provider of residential treatment for addictions. Abbeycare Scotland, (based in Wishaw) has 21 en-suite bedrooms. Maximum occupancy at Abbeycare Scotland is 21 places.

The service currently receives referrals from 5 local authorities and the average occupancy for any given week is 50%.

Approximately 90% of referrals are paid for privately, and in relation to the Primary Programme there is a good retention and completion rate (90%). The Secondary Programme has a 10% uptake and completion rate currently.

19 of the staff have personal lived experience and 5 have a close family experience of addiction.

Alcohol & Drug Detox

At Abbeycare clinics, multiple detox options are offered for alcohol and drugs.

Referral to the inpatient clinic can be made by anyone (including the client), by phone, via the website or by letter.

Clients can discuss options with family, friends and any health-professionals. Abbeycare also offer finance options and payment plans to suit each individual's circumstances.

A telephone assessment is completed with the client with particular emphasis on healthcare issues. This is to determine suitability prior to receiving alcohol or drug treatments at Abbeycare and to ensure that needs are met.

As part of the telephone assessment, permission is sought to contact GP to request a medical report. This informs the Abbeycare clinical team prior to the admission process to determine any risk, and to provide continuity of healthcare.

Once the telephone assessment has been completed, an admission date will be identified and agreed to ensure a place on the programme at Abbeycare.

At admission, a comprehensive assessment is carried out by the support team. Information gathered at this assessment about needs and issues are the focus of collaborative recovery care plans. Also at point of admission, a medical consultation is carried out by the clinical team, who will assess substance detox requirements and any other prescribing or medical interventions.

All detox programmes are person centred with recovery plans specific to clients' needs. Detox options include alcohol, benzodiazepine and opiates. Furthermore, psychiatric support and dietary support are also available. Robust aftercare plans are co-ordinated with clients to support a healthy, sustainable recovery.

Admission stage and conditions of residence are included on the Abbeycare webpage as follows:

Admission Stage

- New arrivals are seen and welcomed by duty staff.
- Admission assessment is completed and signed.
- Admission consultation is carried out by our clinical team and alcohol/drug detox prescribed, if required.
- Written agreement and consent forms are discussed, and signed only when they have been understood.
- Clients belongings are searched for alcohol or non-prescribed drugs.
- Valuables may be handed over for safe-keeping, if requested.
- A staff-member is allocated to assist you in settling in.
- Payment for the balance of addiction treatment is made.

Conditions of Residence

The client must be over 18 years of age, and must be looking to become abstinent from alcohol or drugs.

Whilst the main criterion for residence is that the client is substance dependent at the point of application, there are issues which Abbeycare addiction treatment centre cannot accommodate, such as a history of sexual offences or a history of extreme violence.

As a condition of residence on the addiction rehab programme, all clients must accept and comply with the main community guidelines.

- No alcohol on or off the premises.
- No drugs, other than those prescribed.
- No caffeinated drinks.
- No violence or threats of violence.
- No gambling.
- No sexual or 'special' relationships, as perceived by staff, between clients.

The Quality Principles (2014)

In 2014, Scottish Government published the Quality Principles. These principles detail for service users and their families what standards they should expect from drugs and alcohol services. Abbeycare Scotland was keen to promote the service wider and be recognised as having embedded the Quality Principles.

Management from Abbeycare Scotland met with National Quality Development team in May 2016 and a participatory approach was devised to include clients and staff to establish how they perceive the Quality Principles being implemented within the service.

National Quality Development (NQD), Scottish Drugs Forum

Scottish Drugs Forum's National Quality Development (NQD) team has worked with Scotland's statutory and voluntary sector drug and alcohol services since 2010. We work in consultation with Alcohol and Drug Partnerships and services to identify and support improvement and development work. Our aim is to help services get the most out of their resources, in order to help deliver better outcomes for service users.

Having received a further 5 years' funding in 2015 from the Big Lottery and Scottish Government, our current focus is on provision of support to Alcohol and Drug Partnerships and services in their localities to help them meet relevant national and local outcomes and priorities.

Abbeycare Scotland and NQD Proposal

A proposal was established to commence a collaborative process involving clients and staff at Abbeycare Scotland which is detailed below:

- assess service performance against the Quality Principles as part of the Quality Improvement Framework for Scotland
- help identify current strengths and possible areas for development
- provide a report with recommendations for future development
- provide support as required to develop outcomes processes
- support development of service profile

NQD staff met with staff and clients to discuss the process and everyone consulted articulated that they would be happy to be involved and saw benefits in the approach. Surveys were designed by NQD team based on the themes in the Quality Principles and these were issued to staff and clients to be completed anonymously.

Service users and staff were invited to complete questionnaires, either online via Survey Monkey or paper-based as preferred, covering the themes in the Quality Principles. All clients completed their responses electronically and anonymity was assured.

100% of staff and 20 clients completed the surveys between 12th August and 7th November 2016. Further client surveys were completed between March 2017 and May 2017. Then a third cohort of responses was gathered between June 2017 and September 2017. Most surveys were completed by clients when they had been in the service between two and four weeks. A total of 64 clients' survey responses were collected and two client focus groups were conducted by NQD at Abbeycare Scotland.

The Quality Principles Standard Expectations of Care and Support in Drug and Alcohol Services

1. You should be able to **quickly access** the right drug or alcohol service that keeps you safe and supports you throughout your recovery.

2. You should be offered **high-quality, evidence-informed treatment, care and support interventions** which reduce harm and empower you in your recovery.

3. You should be supported by workers who have **the right attitudes, values, training and supervision** throughout your recovery journey.

4. You **should be involved** in a full, strength-based assessment that ensures the choice of recovery model and therapy is based on your needs and aspirations.

5. You should have a **recovery plan that is person-centred and addresses your broader health, care and social needs**, and maintains a focus on your safety throughout your recovery journey.

6. You should be **involved in regular reviews** of your recovery plan to ensure it continues to meet your needs and aspirations.

7. You should have the opportunity to be **involved** in an ongoing evaluation of the delivery of services at each stage of your recovery.

8. Services should be **family inclusive** as part of their practice.

Scottish Government
(2014)

A summary of results is detailed as follows:

- Clients had mostly self-referred and reported they had good advice on how the service could support them.
- Clients described the admission process as 'straightforward, friendly and warm'.
- Clients report feeling safe and welcomed immediately.
- Clients and staff highlight that assessments are inclusive and strengths based.
- There are high levels of satisfaction from clients that recovery plans cover a range of personal needs.
- Clients reported that their treatment and support needs are being met at Abbeycare, that their health is improving, that risks to their health has reduced and that they feel more positive from using the service.
- All clients report being abstinent from alcohol and/or drugs after admission to the service.
- Personalised recovery plans link to a range of holistic supports which are reviewed regularly.
- Staff are effective in signposting clients to other supports to ensure that longer term needs are met.
- Clients are actively included in affecting change.
- Family Involvement is supported in Abbeycare where appropriate.

Following on from the surveys, focus groups were held with staff and clients. NQD also attended an Abbeycare Aftercare group as a visitor and subsequently, members of the aftercare group submitted feedback about their experiences of the group.

Survey Monkey Responses (aligned to the eight Quality Principles):

1. You should be able to quickly access the right drug or alcohol service that keeps you safe and supports you throughout your recovery.

The majority of clients reported that following referral they had been contacted on the phone by a member of staff within 24 hours. Four people reported this was within 72 hours and two individuals reported being contacted within a week. Most respondents replied that they had been admitted within 24 hours of the call taking place. All respondents reported having self-funded.

Clients were then asked to record their experiences regarding the admission process at Abbeycare- the responses all indicated that the admission process was seamless and person centred.

Furthermore, clients all reported within the survey that they are made to feel welcome; the premises are of a good standard; they feel safe when using the service and that staff treat everyone with respect and dignity.

The above information highlights that Abbeycare is currently exceeding HEAT target A:11 Drug and Alcohol waiting time target (Scottish Government, 2012).

2. You should be offered high quality, evidence-informed treatment, care and support interventions which reduce harm and empower you in your recovery.

All clients responded that their health had improved and that their wider support needs were being addressed in Abbeycare.

Sexual and reproductive health interventions are offered within the service and whilst most respondents said that the questions did not apply to them, a small percentage of people reported having been supported regarding STIs, contraception, safer sex and feelings/emotions regarding sexual health.

Similarly, whilst most service users reported that interventions for Blood Borne Virus (BBV), was not applicable to them, a small number indicated that they had had interventions regarding BBV.

One person reported that they had sought help from the service regarding NPS use.

Staff responded in their survey responses that they are confident that the health needs of clients are being addressed within Abbeycare.

3. You should be supported by workers who have the right attitudes, values, training and supervision throughout your recovery journey.

20 of the staff have personal lived addiction/recovery experience and 5 have a close family experience of addiction/recovery.

Most staff reported having contact with clients daily and the duration of time spent with clients is between 30-60 minutes. Staff reported that they feel competent and confident assessing risk, and that protocols and policies are in place in Abbeycare. The staff group also indicated that they feel qualified for their roles, receive regular

supervision and annual appraisals, and have opportunities to develop knowledge and skills further.

A 'learning culture' is described by staff who described an environment where they can share practice with colleagues. All staff reported that there is a good balance between time spent with service users and administrative duties. All staff reported that they work well together as a team.

100% of staff said that Abbeycare strives for continuous improvement and invites feedback on performance. The staff also reported a flexible service delivery approach whereby patterns of drugs use and service user needs are taken into account when planning future developments. Gaps in service delivery were said to be highlighted by the service at times by staff who then resolve and implement changes.

Some staff comments are detailed as follows:

"The service has a high standard of care being practised in all departments, it also has great staff who have a competent understanding of a recovery orientated system of care."

"Staff are motivated and provide a good service. I think we create a safe and secure environment with the right therapy and tools to give people a foundation for recovery."

"I think we create a safe and secure environment with the right therapy and tools to give people a foundation for recovery".

Staff also reported that the recovery journey of residents is supported by psychosocial supports which can include signposting to housing, welfare support/advice, employability, legal issues and parenting/ child care issues.

Residents responded by saying the following-

"staff are so knowledgeable and I was made to feel comfortable"

"staff are all very friendly and informed".

All clients reported that staff is good at their jobs and that the service has a good reputation.

Overall throughout the process, responses from clients indicate a high confidence in the staff group.

4. You should be involved in a full, strength-based assessment that ensures the choice of recovery model and therapy is based on your needs and aspirations.

Staff agreed that clients are fully involved in their own assessments regarding immediate and overall needs, and also that previous trauma is identified at assessment process. Furthermore, all clients replied that the assessment had met their needs fully.

There are very high levels of satisfaction and confidence from clients that the Abbeycare assessment process is effective and person centred.

There is a difference in perceptions with staff about how treatment options are articulated. Given that Abbeycare promote an abstinence model of care, some staff responded to the survey questions about wider interventions by describing the service as abstinence based. However, the staff also agreed that the service offers psychosocial interventions as previously described. In the future, when the service is highlighting that the Quality Principles can be demonstrated, this could be promoted further, by highlighting that abstinence is promoted *within* a range of high quality,

evidence-informed treatment where supportive interventions form a holistic recovery approach.

5. You should have a recovery plan that is person-centred and addresses your broader health, care and social needs, and maintains a focus on your safety throughout your recovery journey.

All service users reported having a Recovery Plan and said that this plan supported the needs identified in their initial assessment. Staff responses correlated with the above responses from clients but in addition 5 out of 14 staff indicated that harm reduction is not captured in recovery planning.

This is an area that could be discussed with staff in the first instance and there may be opportunities to explore this with service users in implementing harm reduction approaches within Abbeycare.

Clients reported that their drug and alcohol use stopped whilst in Abbeycare and the supportive environment supports how they achieve this. Further health interventions including Blood Borne Virus and Sexual and Reproductive Health are offered in Abbeycare- clients reported that support is available for STIs, contraception, safe sex and emotions and feelings regarding sexual health. All clients reported that their health had improved since being admitted to Abbeycare, that their risks have reduced and that they feel more positive as a result of the time spent in Abbeycare. These interventions can be promoted as harm reduction and maintaining safety as well as addressing broader needs. The service considers the wellbeing of children and supports visits from children and families and advice is given regarding the safe storage of medication and information sharing protocol. Again, this is an example of harm reduction approaches within the team.

Partnership working was acknowledged by the team in the results from the survey as this is a means of gathering information on how 'broader health, care and social needs' are met by Abbeycare and partner agencies on discharge. Clients were asked what other services they are currently working with and the following responses were given:

AA;NA;CA; Alcohol Support Services; ADDACTION; ASC Falkirk: Aftercare; Brain Injury Team North East; CABIS; Counselling; Family Support; First Contact; Jericho House; NHS; Richmond Fellowship; SDF; Second Chance; SMART; Social Work Addiction Team.

Clients reported that they understand the roles of their workers and most responded that they think services work well with each other, have regular contact with each other and that workers understand each other's roles across partnerships.

6. You should be involved in regular reviews of your recovery plan to ensure it continues to meet your needs and aspirations.

Staff indicated high levels of confidence that the recovery plan is reviewed regularly with clients, that review captures that the service is meeting the needs of clients, that the recovery plans are updated to meet changing needs, and that the service is supporting clients to meet appropriate outcomes. Clients reported that their recovery plan is reviewed regularly, that they discuss recovery with their worker and that the service is actively helping them achieve goals and aspirations. Furthermore, all clients reported that they are being helped to avoid addiction behaviours in the

future, they are given good advice about keeping healthy, they are being encouraged to develop their personal strengths, the service is helping them to improve personal relationships and that they are developing coping skills. Again, these are themes that capture components of harm reduction and can be promoted as such.

7. You should have the opportunity to be involved in an ongoing evaluation of the delivery of services at each stage of your recovery.

Clients said that they feel confident to say if they had a complaint about any aspect of Abbeycare; that they are routinely asked about their views about the service; they feel confident to tell staff what they think about the service; they can make suggestions to improve the service and that they feel the service tries to find better ways to help people.

Staff also noted that Abbeycare gathers feedback from clients; provides meaningful opportunities for clients to contribute to improvement and development and that the service provides good support to support service user involvement.

Feedback is encouraged via peer community leader led meetings every week who then meet with staff. An example of the service responding to the suggestions from residents included the food has been improved. Clients reported that they appreciated this improvement which was in direct response to their feedback. However, from the focus groups with clients, food appeared to be the only issue that was raised for improvement. The general consensus was that feedback is sought and the service will respond flexibly to meet everyone's needs.

Also, residents indicated that there is a 'you said, we did' notice board in the reception area which provides direct feedback from the suggestions of service users.

Furthermore, Abbeycare has now linked into Scottish Drugs Forums SUI Practitioner Forum which will support how the service addresses ongoing SUI themes in partnership with other organisations.

8. Services should be family inclusive as part of their practice.

Staff reported that Abbeycare identifies and provides support for family members, and encourages clients (where appropriate) to involve family members. The staff also indicated that the service has policies and procedures in place regarding the wellbeing and protection of children affected by alcohol and drugs, and that the service is flexible to meet the needs of children and young people when their parents are entering Abbeycare.

The family support sessions on Sunday are viewed favourably by the clients- some people reported that they had had family members attend this and felt they benefitted from the programme.

Furthermore, clients also agreed that their wider family members' needs were met by either being involved in their recovery or by being offered support themselves as someone affected by another's alcohol and /or drug use via the Family Support Group.

Feedback from Aftercare Group:

Janet Hamill attended an Aftercare group at Abbeycare, as a visitor, on 6th February 2017. This group had ten participants although attendance at this group varies from week to week depending on the commitments of the participants. The 'membership' of the group is not fixed and there is a fluid response to people attending it. The aftercare group is supported by the staff in Abbeycare as a means to maintain clients' abstinence and recovery after their detox and subsequent discharge from the service. The experience of attending the aftercare group as a visitor was informative as participants are very open about their progress and actively seek and provide encouragement and support with each other. The group is supported by a member of staff although but there appeared to be equity within the group.

Feedback sheets were subsequently completed by 5 of the participants and the core themes are as follows:

- Attendance at the group varies between 10 months and 7 years
- Attendance varied between weekly and every 3 weeks
- Benefits of engaging with the group include: Being honest; able to discuss problems and successes; reminder of aftercare plan; peer support and able to seek and offer support.

Participants of the Aftercare group were asked what advice they would give to future participants, responses included the following:

Recommended; give it a try; very beneficial; to listen to others' experiences and ask questions; will reinforce aftercare plan.

The function and implementation of the Aftercare Group matches with Quality Principles 3 and 5.

Feedback from Staff Group:

The staff group described the benefits of working at Abbeycare Scotland as being part of an understanding and supportive therapeutic environment. The staff viewed their approach as being unique and gave an example of promoting autonomy although some 'community guidelines' do apply to ensure service user and staff safety.

Example: "we allow use of mobile phones but encourage people to think about the time spent on them and how this may interfere on treatment and most people realise this."

The staff highlighted that the processes are fully understood by residents and that the therapists are effective, and this was reiterated by the clients' responses.

In relation to strengths based approaches the staff group had reported in the survey that abstinence is the focus of their work, so it was decided to tease this out further.

Example: "people all come with their own histories and strengths and we link people back to their strengths, thinking about low self-esteem and how this can all be used in the aftercare plan."

The staff group described the 'therapeutic truce' and that they have a desire for clients to work as part of a team and that some people will become community leader which helps realise potential. The therapeutic community is described as the enabler in promoting equality, peer support, conflict resolution, leadership and resilience.

Example: "the focus is on bonding as a group, supporting each other which overlaps into supporting each other with assignments so that people can support and challenge each other in a constructive way."

The assessment at Abbeycare ensures that workers have all the information required prior to meeting service users including: medical information, the addiction, family information, mental health and other involved agencies. The staff described this as hugely beneficial as the focus can then be on collaborating with individuals about what the service will provide to meet their needs.

The role of partners and partnership working was described as variable by the staff due mainly to geography. It was reported that there is a good understanding of local resources for people to access but in terms of identifying supports for people to engage with, in their own localities, the team are reliant on residents themselves having knowledge about what they might link to once they are discharged. GPs are reported to be pivotal in this as they know their local areas. The Abbeycare team conduct follow up telephone calls with people when they are discharged and this is find out how they are and if they are actively engaging with recovery resources in their own community.

Feedback from Clients Focus Groups:

Janet Hamill attended Abbeycare on 14/02/17 to meet with a representative of the clients in a focus group (attended by four males and two females) and again on 06/09/17 (attended by three females and four males). Themes from both service user focus groups are remarkably similar and are summarised as follows:

Everyone highlighted that they were anxious on admission, however they all reported that the service is welcoming and that this welcoming approach is prioritised by staff and existing residents. Furthermore, one resident said that there is a checklist in place to support a streamlined admission process and that this is available to all residents in order that they can support future admissions.

The residents reported that the aftercare group is promoted as part of their aftercare plans. Residents have an opportunity to attend this and 'learn' about the coping skills of others who have previously been residents in Abbeycare. Aftercare plans are a focus of treatment and can be extensive in terms of reaching out to community based resources to provide ongoing structure and support to those leaving the service.

One quote from a resident regarding aftercare is as follows:

"It was quite useful to see some people just dealing with a fairly mundane life in a fairly mundane way and not want to use alcohol or drugs again-they shared how they coped".

Whilst residents complete an outline of their aftercare plan, support is provided by staff, who actively research what agencies and resources are available in each of the areas where residents live. The residents summarised their views on aftercare arrangements as follows-

AA is quite easy to get hold of

Families can quite often provide advice and information about aftercare support groups.

Staff promote aftercare and are very helpful

Cities offer a varied selection of aftercare/ support groups whereas rural areas can have less practical supports.

Texts as well as introductions to new supports can facilitate easier engagement.

In terms of service user involvement, participants in the focus group said that they are encouraged to give feedback to the community leader and that meetings are scheduled weekly and this information is subsequently given to the Unit Manager. Clients reported that they appreciated this process to gather ideas for and gave an example of how meals had improved following on from their feedback.

Also, clients indicated that there is a 'you said, we did' notice board in the reception area which provides direct feedback from the suggestions of service users.

The family support sessions on Sunday were described as being supportive for family members and helped families to understand addiction fully which then had the capacity to improve relationships between family members. The focus group participants said that all residents are aware of this intervention being available to families.

There was consensus that the environment and culture at Abbeycare Scotland is supportive and promotes recovery. The staff are held in high regard by the service users and consider the interventions effective and person centred.

Client Recommendations:

"For me personally I'd like more 1:1 sessions"

"Better drug testing kits"

"I need practical support, theory is ok but I need practical things that I can do and I think it's skewed more to the theory at the moment"

"Some practical life skills things – like cooking or washing or ironing."

"Getting an idea of what foods to cook"

Summary and Recommendations:

The process of development and improvement within the service at Abbeycare Scotland is embedded and the work with NQD is an example of a dynamic and progressive service striving for excellence.

Clients, staff and management at Abbeycare Scotland have demonstrated that the Quality Principles are being embedded and fully embraced within the service. There are high levels of satisfaction and confidence expressed that the service embraces a commitment to quality and ongoing improvement.

The professional, positive and non-judgemental attitudes of all staff and the person-centred approaches are particularly valued by service users.

During this process, Abbeycare Scotland has strengthened how they work in partnership with clients in the assessment and recovery planning stages by commencing a database of resources which provides a strong foundation for enabling engagement with holistic interventions within the service and with partner agencies. Also there are plans to collate information from clients routinely on how they perceive the Quality Principles in the service to enable future evaluation.

Abbeycare Scotland has actively engaged with Scottish Drugs Forum Service User Involvement Practitioner Forum.

Abbeycare Scotland is currently exceeding HEAT target A:11 for entry to treatment.

National Drug and Alcohol Treatment Waiting Times Summary provides the Information Services Division (ISD) publication reports on the waiting times for people accessing drug and alcohol treatment services. It contains information on the number of people seen for treatment, types of treatment accessed and length of time waited, however, ISD do not currently secure information from Abbeycare Scotland despite management at Abbeycare trying to provide this information. Furthermore, Abbeycare has extensive data to demonstrate how resident's progress in their recovery once discharged from the service.

SDF will support Abbeycare to liaise with ISD and their local ADP.

In terms of referrals and funding, during the period of working alongside Abbeycare Scotland, all clients had self-referred and self-funded their stay also. There is potential to liaise with ADPs across Scotland and initial links could be made via the Service User Practitioner Forum, to promote the work of the service.

In terms of partnerships, Abbeycare currently works alongside service users, their families, GPs, nursing and medical support and a variety of partners across areas of Scotland and England.

The themes that service users reported in terms of 'good experiences of using the service were':

Person centred interventions

Holistic approach

Life skills

Improved relationships

Life changing

Improved Mental Health

Improved Physical Health

Continuing Support

Peer support.

These findings highlight how the Abbeycare Scotland service support a range of clients' needs in a diverse and holistic approach which is further evidence of the service's commitment to engage in work which supports the whole client experience.

In terms of recommendations for improvement from the clients, which are detailed previously, there was an acknowledgement from the service users that they can address these with staff and feel comfortable to do so knowing that there will be a response from the staff team and changes implemented where possible.

These themes and the key findings at the start of the report demonstrate a solid basis to continue to evidence the implementation of the Quality Principles within the service.

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www.gov.scot/Publications/2014/08/1726

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Find Drug services in your area:
www.scottishdrugservices.com

Hepatitis Scotland:
www.hepatitisscotland.org.uk

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www.naloxone.org.uk

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