

National Treatment Agency for Substance Misuse

Mapping of Standards and Legislation for the Drug Treatment Field

Report on the project undertaken by



and



5 September, 2002

The Management Standards Consultancy

4 Imperial House, Victory Place, London E14 8BQ. ++44 (0)20 7538 2153

mobile: ++44 (0)7768 890 653 e-mail: boutall@eponet.it

PROJECT REPORT

Contents

Executive Summary	1
1. Introduction	2
1.1 Background.....	2
1.2 Aim and objectives.....	3
1.3 Deliverable.....	3
2. Methodology	4
2.1 Identify and obtain relevant standards and legislation.....	4
2.2 Agree standards and legislation and format for mapping and reporting with NTA.....	4
2.3 Map standards and legislation to QuADS.....	5
2.4 Agree mapping with owners of standards and legislation.....	5
2.5 Produce report on mapping and implications for NTA.....	5
2.6 Co-ordinate and quality assure project activities and outcomes.....	6
3. Standards and Legislation Analysed	7
3.1 Standards that may apply across the range of drug treatment services.....	7
3.2 Standards that apply to drug treatment services operating in specific contexts.....	9
3.3 Legislation.....	12
4. Key Findings and Implications for the Development of NTA's Accreditation System	14
4.1 Consistency	14
4.2 Comprehensive and Complementary Standards for the Substance Misuse Sector	14
4.3 Possible Gaps in the QuADS Standards	14
4.4 Potential Changes to the Structure of QuADS.....	15
4.5 Assessment and Compliance	15
4.6 Standards with Significant Overlap with QuADS	16
4.7 Legislation.....	16
5. Recommendations	17
5.1 Adoption of a Revised Version of QuADS as the Basis for Access to NTA Accreditation	17
5.2 Alternative Routes to NTA Accreditation.....	17
5.3 Development of Criteria and an Assessment Strategy for NTA Accreditation	17
5.4 Development of Guidance and Support to help Services Achieve NTA Accreditation	17
5.5 Clear links to DANOS Standards and Individual Development and Accreditation.....	17
5.6 Development of Guidance on Legislation	17
Annexes.....	18
Annex 1 Mapping DANOS	18
Annex 2 Mapping PQASSO.....	18
Annex 3 Mapping ISO 9001:2000.....	18
Annex 4 Mapping Investors in People	18
Annex 5 Mapping Nursing Code of Professional Conduct.....	18
Annex 6 Mapping Clinical Governance.....	18
Annex 7 National Minimum Standards for Care Homes for Younger Adults.....	18
Annex 8 Mapping Prison Service Order 3550.....	18
Annex 9 Mapping Probation National Standards for DTTOs	18
Annex 10 Mapping Best Value.....	18
Annex 11 Mapping Better Quality Services	18

PROJECT REPORT

Annex 12 Mapping Children Act 1989	18
Annex 13 Mapping Data Protection Act 1998	18
Annex 14 Mapping Disability Discrimination Act 1995.....	18
Annex 15 Mapping Human Rights Act 1998.....	18
Annex 16 Mapping Misuse of Drugs Act 1971.....	18
Annex 17 Mapping Race Relations Act 1976 & Race Relations (Amendment) Act 2000.....	18

PROJECT REPORT

Executive Summary

In preparation for the development of its accreditation system for drug treatment agencies, the National Treatment Agency for Substance Misuse (NTA) commissioned The Management Standards Consultancy and DrugScope to analyse relevant quality standards and legislation and identify areas of congruence and conflict.

It was agreed that each set of standards and legislation should be mapped against the QuADS (Quality in Alcohol and Drug Services) standards, developed by Alcohol Concern and DrugScope and already widely used across the sector.

A total of 12 quality standards or systems (QuADS, Drugs and Alcohol National Occupational Standards - DANOS, PQASSO, ISO 9001:2000, Investors in People, Nursing Professional Code of Conduct, Clinical Governance, National Minimum Standards for Care Homes for Younger Adults - NMSCHYA, Prison Service Order 3550, Probation Service National Standards for Drug Treatment and Testing Orders, Best Value and Better Quality Services) and 7 pieces of primary legislation (Children Act 1989, Data Protection Act 1998, Disability Discrimination Act 1995, Human Rights Act 1998, Misuse of Drugs Act 1971, Race Relations Act 1976 and Race Relations Amendment Act 2000) were analysed and mapped against QuADS.

The analysis found great consistency across all sets of standards and legislation, although the focus and emphasis differs in each case. QuADS and DANOS are complementary sets of standards providing comprehensive coverage of the requirements of drug treatment services, and the individuals working in them, respectively. Benchmarking against the other sets of standards indicates, however, ways in which both the content and structure of QuADS could be revised, and models for how compliance with the standards might be assessed. The analysis of the legislation indicates its relevance to drug treatment services and the need for them to audit their employment and service provision practices to ensure their full compliance.

The report recommends that:

1. The NTA should agree with the owners of QuADS that QuADS be benchmarked against other quality standards, revised as necessary and adopted as the basis for NTA's accreditation system. Accredited drug treatment services would have to demonstrate they meet these revised QuADS standards.
2. The NTA should support the development of a strategy and systems for the assessment of drug treatment services against the QuADS standards. It is recommended that this is based on the assessment model adopted by Investors in People where the organisation prepares a portfolio of evidence which is externally assessed against the criteria in the standards, with reassessment every three years.
3. As with NMSCHYA, the NTA should make clear the link between the QuADS organisational standards and the DANOS standards for individuals. This should then link through to other NTA initiatives in developing learning and development programmes and providing formal accreditation and certification of individuals' competence.
4. The NTA should clearly specify the exemptions from specific QuADS standards that are available to drug treatment services if they can already demonstrate they meet the requirements of other quality standards. These organisations would only need to be assessed against the remaining QuADS standards relevant to them.
5. The NTA should develop guidance for drug treatment services on the legislation that is relevant to them and how they can ensure compliance. This may include a self-audit tool and guidance on how to improve compliance.

1. Introduction

1.1 Background

The National Treatment Agency (NTA) was created in April 2001 with the remit to increase the capacity, quality and effectiveness of drug treatment in England. The NTA is a special health authority directly responsible to the Secretary of State for Health for the delivery of its work programme and the effective use of its resources. The Department of Health is the NTA's sponsoring department.

The national drug strategy target on treatment ("Tackling Drugs to Build a Better Britain") aims to increase the quality and quantity of treatment. The quality of treatment varies across the country and the NTA aims to improve the quality and consistency of services provided. As part of the quality agenda, the NTA will be developing an **accreditation system** for providers of drug services based on best practice and evidence of effectiveness. The NTA business plan identifies development of this accreditation system for drug treatment services as a key objective in improving the quality and consistency of drug treatment.

Drug treatment services can be provided using different modalities by a range of different agencies including (Source: *A Competent Workforce to Tackle Substance Misuse*, The Management Standards Consultancy for Healthwork UK, April 2001):

- health services (GP practices, Primary Care Trusts, accident and emergency units, acute hospitals, mental health trusts)
- social and community services (community care assessors, social workers)
- voluntary agencies (drop-in services, outreach services, structured day-care services, residential rehabilitation services, needle exchange service, specifically targeted services)
- police (police surgeons, arrest referral workers)
- prisons (medial officers, CARAT teams)
- probation services (probation officers, specialist DTTO units, accredited programmes)
- pharmacies (needle exchange, supervising consumption of prescribe drugs)
- DTTO teams (specialist doctors, psychiatrists, drugs workers, probation officers, clinical psychologists).

The agencies and individuals who provide drug treatment are governed by different legislation, standards and professional codes, although they may be working in partnership to provide a range of services to meet users' needs. Some standards are specific to the provider organisation such as Clinical Governance in the Health Service, National Standards in the Probation Services and Prison Service Orders in HM Prison Service. Other standards are specific to a specific treatment modality, for example the National Minimum Standard for Care Homes which applies to residential drug treatment provision and the requirements of Drug Treatment and Testing Orders (DTTOs) which apply to drug users being treated under such an order. All drug treatment providers are required to comply with legislation such as Race Relations Act, the Disability Discrimination Act, the Human Rights Act, the Misuse of Drugs Act, the Children Act and the Data Protection Act. They should also comply with the drug treatment sector's own quality standards (QuADS - Quality in Alcohol and Drug Services) for organisations, and the new Drugs and Alcohol National Occupational Standards (DANOS) for individual workers. Some treatment providers are also working with other quality systems and standards, such as Investors in People, PQASSO or ISO 9001:2000.

The accreditation system which is developed by the NTA for drug treatment services needs to be consistent with the existing standards and legislation in order for it to be workable in the full range of settings.

PROJECT REPORT

1.2 Aim and objectives

In June 2002, through competitive tender, the NTA appointed The Management Standards Consultancy and DrugScope to conduct a research project to inform the development of its accreditation system. The aim of the project was to map the similarities and differences of a range of standards and requirements which apply to providers of drug treatment services in England.

The specific project objectives were to:

1. identify and agree with the NTA the most significant quality standards and statutory requirements that apply to different parts of the drug treatment services sector in England
2. produce a map which clearly shows where these quality standards and statutory requirements
 - a) partly match QuADS requirements
 - b) fully match QuADS requirements
 - c) exceed QuADS requirements
 - d) conflict with QuADS requirements
3. deliver a report to NTA which clearly illustrates how these different quality systems and statutory requirements map together, highlights areas of actual or potential conflict, and summarises the implications of these findings for the development of the NTA's accreditation system for drug treatment services.

1.3 Deliverable

The consultants were required to deliver, by 17 August 2002, a document in paper and electronic format which summarises how existing standards (including QuADS and DANOS) and legislation relevant to drug treatment services fit together and which identifies any areas of potential conflict (this report).

2. Methodology

The consultants agreed with the NTA a straightforward, linear methodology, divided into 6 work packages.



6. Co-ordinate and quality assure project activities and outcomes

Figure 1: Project Methodology

2.1 Identify and obtain relevant standards and legislation

In this first work package the consultants used information from the NTA, their own knowledge and networks of contacts in the drug treatment sector and research through DrugScope's library and the Internet to identify quality standards and legislation relevant to the provision of treatment to drug users. They contacted the owners or originators of the standards and legislation to brief them on the project, gain their commitment to reviewing the outcomes of the mapping and ensure they had the latest versions of the standards and legislation.

A list of 29 potential standards and pieces of legislation were identified to be mapped against the QuADS standards. These were presented, together with criteria for selecting candidate standards and legislation at a meeting with the NTA on 3 July, 2002.

2.2 Agree standards and legislation and format for mapping and reporting with NTA

At the meeting on 3 July, 2002 it was agreed that the following standards should be mapped against QuADS:

- Best Value
- Better Quality Services
- Clinical Governance: Quality in the new NHS
- DANOS
- General Social Care Code of Conduct (if finalised)
- Healthcare Standard 8
- Investors in People
- ISO 9001:2000 (only at headline level)
- National Minimum Standards for Care Homes
- National Standards for the Supervision of Offenders in the Community (only those related to DTTOs)
- Nursing Code of Conduct
- PQASSO

together with the following pieces of legislation:

- Children Act 1989 (set in context)
- Data Protection Act 1998

PROJECT REPORT

- Disability Discrimination Act 1995(set in context)
- Human Rights Act 1998 (set in context)
- Misuse of Drugs Act 1971 (set in context)
- Race Relations Act 1976 and Race Relations (Amendment) Act 2000.

A template for the mapping, based on mapping the Investors in People standard against QuADS, was also agreed at this meeting. This covered:

- Title of Standard
- Owner of Standard
- Date of Standard
- Brief Description of Standard
- Summary of Findings
- Mapping against QuADs.

2.3 Map standards and legislation to QuADS

Although it was agreed that some of the legislation should only be set in context, the consultants have provided a full mapping of each set of standards and piece of legislation, since the amount of extra work was minimal (it was, in any case, necessary to conduct a detailed analysis to identify what was relevant) and this would ensure consistency of approach for reporting purposes.

Using the agreed format, each quality standard and piece of legislation has been mapped in turn against the QuADS standards to identify where it

- a) fully meets QuADS requirements
- b) partly meets QuADS requirements
- c) by implication meets QuADS requirements
- d) is relevant to QuADS requirements
- e) exceeds QuADS requirements, or
- f) conflicts with QuADS requirements.

2.4 Agree mapping with owners of standards and legislation

The mapping report of each quality standard and piece of legislation was sent to its owner, originator or relevant statutory body and they were invited to comment on the mapping. All respondents were content with the mapping, and detailed comments were received from the Commission for Racial Equality.

2.5 Produce report on mapping and implications for NTA

At a progress meeting with the NTA on 7 August it was agreed that the project report would be concise, visual and action-oriented. It was agreed that this report would be drafted to summarise the implications of the findings for the NTA and recommend how these implications should be handled in the development of the NTA's accreditation system for drug treatment services.

PROJECT REPORT

2.6 Co-ordinate and quality assure project activities and outcomes

Throughout the project Trevor Boutall, Principal Consultant of The Management Standards Consultancy, has co-ordinated all the activities of the consultants and administrative support staff to assure on-time completion of project activities and delivery of the project outcomes to the criteria agreed with the NTA.

An intermediate project report was provided to NTA on 31 July, 2002, detailing activities against plan to date, summarising intermediate project findings and identifying work activities to be completed in the following period.

3. Standards and Legislation Analysed

The sets of standards and pieces of legislation analysed fall naturally into three groups:

- standards that may apply across the range of drug treatment services
- standards that apply to drug treatment services operating in specific contexts
- legislation.

3.1 Standards that may apply across the range of drug treatment services

Five of the standards analysed may apply to drug treatment services whatever context they are operating in.

3.1.1 *Quality in Alcohol and Drugs Services (QuADS)*

QuADS, developed jointly by Alcohol Concern and DrugScope, is widely used by alcohol and drug treatment services throughout England as the set of quality standards for organisations in the sector. Its comprehensive set of 37 standards cover Governance, Management, Human Resources, the Care Environment, External Relationships, Performance Monitoring and Review, Core Service User Charter Standards, Access, Planned Care, Service Specific Standards and Target Group Standards. In agreement with NTA, QuADS was chosen as the standard against which to map all the other standards.

3.1.2 *Drugs and Alcohol National Occupational Standards (DANOS)*

DANOS, drafted for the Healthcare National Training Organisation in May 2002, describe the standards of performance required of individual workers in the substance misuse sector. There are a total of 90 Units covering Service Delivery, Management of Services and Commissioning Services.

Developed in close association with DrugScope and Alcohol Concern these standards provide a comprehensive fit with QuADS. If all staff and volunteers were working to the DANOS standards, it is likely that the organisation would meet the QuADS requirements, although some areas have been identified where DANOS only partly meet QuADS requirements, particularly in regard to children's services.

3.1.3 *Practical Quality Assurance System for Small Organisations (PQASSO)*

PQASSO is a quality assurance system designed by Charities Evaluation Services specifically for small voluntary organisations and projects. Used by thousands of organisations and now in its second edition (launched in 2000), PQASSO is a comprehensive organisational quality assurance system promoting continuous improvement to meet quality standards at 3 Levels (Level 3 is closely aligned with the European Foundation for Quality Management's Excellence Model).

PQASSO is entirely consistent with QuADS (it was referenced in the development of QuADS) and any drug treatment service which achieves PQASSO Level 2 is likely also to meet QuADS Core Management Standards and some of the Core Service User Charter Standards. PQASSO is not specific to drug treatment services, so it does not cover QuADS Care, Service Specific or Target Group Standards.

3.1.4 *ISO 9001:2000*

ISO 9001:2000 is the latest version of the internationally recognised organisational quality management system. ISO 9001:2000 requires rigorous – and externally audited – compliance to written procedures designed to ensure that customer requirements are accurately identified and consistently met, and that the organisation continuously improves the delivery of services.

Although the standard does not specifically refer to drug treatment services, an ISO 9001:2000 registered organisation is likely, by implication, to meet most of the QuADS standards, although not necessarily in the areas around confidentiality, equal opportunities, self-help and advocacy, privacy, dignity and respect.

PROJECT REPORT

Standards that may apply across the range of drug treatment services

QuADS	DANOS	PQASSO	ISO 9001: 2000	Investors in People
1. The Management body				
2. Mission statement				
3. Strategic and business planning				
4. Financial strategy and management				
5. Human resource management general				
6. Recruitment and selection procedures				
7. HR performance management systems				
8. HR development				
9. Volunteers				
10. Managing environments for care provision				
11. Working with commissioning bodies				
12. Working with other providers				
13. Performance monitoring				
14. Quality assurance				
15. Policy and procedures				
16. Involving and empowering service users				
17. Confidentiality and right of access to info				
18. Complaints procedures				
19. Equal opportunities				
20. Self-help and advocacy				
21. Privacy, dignity and respect				
22. Accessibility				
23. Referral				
24. Assessment				
25. The treatment approach - general				
26. Care planning				
27. Care review				
28. Case closure/transfer				
29. Health promotion and advice				
30. Counselling and psychotherapy services				
31. Prescribed interventions for drug users				
32. Alcohol detoxification				
33. Outreach services				
34. Needle exchange				
35. Residential services				
36. Services for children and young people				
37. Services for parents and their children				

Fully meets QuADS requirements
 Partly meets QuADS requirements
 By implication meet QuADS requirements

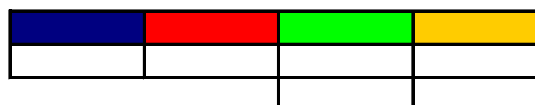


Figure 2: Mapping of QuADS against standards that may apply across the range of drug treatment services

3.1.5 Investors in People

Investors in People is the UK's premier standard for the management and development of human resources. It is used by over 15,000 organisations including many drug treatment services. The Investors in People standard, revised in 2002, is based on a cycle of four principles:



Figure 3: The Investors in People Principles

QuADS was developed with reference to the original Investors in People standard so there is a very good match, particularly around human resource performance management systems and human resource development. The standard is also strong in the areas of strategic and business planning, and equal opportunities.

3.2 Standards that apply to drug treatment services operating in specific contexts

Seven of the standards analysed only apply to drug treatment services operating in specific contexts.

3.2.1 Nursing Code of Professional Conduct

As a professional code of conduct that applies to individuals, the Nursing Code does not cover the full scope of the QuADS organisational standards or specific areas of practice. It describes the ethical framework in which nursing practitioners work and as such highlights a number of ethical considerations that need to be addressed by drug treatment services, eg consent, confidentiality, trustworthiness and whistle-blowing.

It is entirely consistent with QuADS, particularly in the areas of human resources, care environments and care planning, confidentiality, equal opportunities and privacy, dignity and respect, but it only applies to the individual nursing practitioner. It has implications for the potential inclusion, within QuADS's requirements, of a similar code covering all workers.

3.2.2 Clinical Governance

Clinical governance is not a standard but a framework through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish. Clinical governance is complementary to QuADS in that it is a set of mechanisms that will ensure compliance with QuADS, but it applies to NHS organisations only.

PROJECT REPORT

Standards that apply to drug treatment services operating in specific contexts

QuADS	Nursing Code of Conduct	Clinical Gov'nce	National Minimum Standards for Care Homes	Prison Service Order 3550	Probation National Standards for DTTOs	Best Value	Better Quality Services
1. The Management body							
2. Mission statement							
3. Strategic and business planning							
4. Financial strategy and management							
5. Human resource management general							
6. Recruitment and selection procedures							
7. HR performance management systems							
8. HR development							
9. Volunteers							
10. Managing environments for care provision							
11. Working with commissioning bodies							
12. Working with other providers							
13. Performance monitoring							
14. Quality assurance							
15. Policy and procedures							
16. Involving and empowering service users							
17. Confidentiality and right of access to info							
18. Complaints procedures							
19. Equal opportunities							
20. Self-help and advocacy							
21. Privacy, dignity and respect							
22. Accessibility							
23. Referral							
24. Assessment							
25. The treatment approach - general							
26. Care planning							
27. Care review							
28. Case closure/transfer							
29. Health promotion and advice							
30. Counselling and psychotherapy services							
31. Prescribed interventions for drug users							
32. Alcohol detoxification							
33. Outreach services							
34. Needle exchange							
35. Residential services							
36. Services for children and young people							
37. Services for parents and their children							

Fully meets QuADS requirements	<div style="width: 100%; height: 10px; background-color: #00FF00;"></div>	
Partly meets QuADS requirements	<div style="width: 100%; height: 10px; background-color: #FFA500;"></div>	
By implication meet QuADS requirements	<div style="width: 100%; height: 10px; background-color: #800080;"></div>	
Relevant to QuADS requirements	<div style="width: 100%; height: 10px; border: 1px solid black;"></div>	

Figure 3: Mapping of QuADS against standards that apply to drug treatment services operating in specific contexts

PROJECT REPORT

3.2.3 National Minimum Standards for Care Homes for Younger Adults (NMSCHYA)

These mandatory standards, published in 2002 under section 23(1) of the Care Standards Act 2000, apply to all residential care homes and therefore to all residential drug treatment services (except those registering as independent hospitals). NMSCHYA provide full coverage of the environment and experience of the service user very thoroughly and in greater detail than QuADS, but they do not address the specifics of delivering drug treatment services.

3.2.4 Prison Service Order 3550

PSO 3550 replaced Health Care Standard 8 in HM Prison Service establishments in April 2001. It is the clinical standard for the effective clinical practice and management of substance misuse treatment services (including CARATS) provided by staff working in prisons, and is consistent with DoH's Drug Misuse and Dependence – Guidelines on Clinical Management.

PSO 3550 is entirely consistent with QuADS in all clinical aspects, and specifically meets QuADS standards 12, 23-29, 31 and 32, and meets a number of other QuADS standards in respect of drug treatment services. Other PSOs cover other areas of HM Prison Service operations. However, because of the custodial and compulsory nature of care provided to prisoners, certain QuADS standards can never be met in full in a custodial setting.

3.2.5 National Standards for the Supervision of Offenders in the Community: Section E Drug Treatment and Testing Orders

These standards are relevant to those working in the National Probation Service and partner drug treatment services supervising and caring for offenders under Drug Treatment and Testing Orders (DTTOs) introduced in sections 61 – 64 of the Crime and Disorder Act 1998. A DTTO obliges the offender to:

- undergo treatment as specified for a set period of between six months and three years;
- be tested regularly for drug use; and
- attend regular court review hearings at which progress under the order will be reviewed.

The standards expressly require treatment provided under the order to comply with both DoH Guidelines on Clinical Management and QuADS standards, particularly in respect of QuADS Core Care Standards. If an organisation is providing treatment under DTTOs, coverage of many of the other QuADS standards may also be implied.

3.2.6 Best Value (BV)

Best Value is a performance framework, mandatory for all local authorities under the Local Government Act 1999, to secure continuous improvement in the way in which they exercise their functions, having regard to economy, efficiency and effectiveness. The central purpose of BV is to make a real and positive difference to the services which local people receive from their authority. It is part of the government's modernising agenda and is based on similar principles to Clinical Governance.

It is only relevant to drug treatment services which are either part of a local authority or contracted by a local authority to provide services. Whilst the BV principles are consistent with QuADS, working to BV would not ensure that any service met any of the QuADS standards.

3.2.7 Better Quality Services (BQS)

Better Quality Services is central government's version of Best Value, requiring all Departments, Agencies and executive NDPBs systematically to review service supply arrangements to ensure continuous improvement in the quality of public services and value for money. It is relevant to drug treatment services which are part of central government or are awarded contracts to deliver services as part of a BQS review.

PROJECT REPORT

Although BQS is clearly relevant in many areas, its application will not necessarily mean that the agency meets any of the QuADS standards.

3.3 Legislation

Full mapping was undertaken against seven pieces of primary legislation. It is a feature of the analysis of the legislation that, although the legislation places legal requirements on drug treatment services, compliance with the legislation is never sufficient to meet any QuADS standard. The one exception to this is that compliance with the Data Protection Act 1995 will ensure that the organisation meets QuADS standard 17 Confidentiality and right of access to information.

3.3.1 *Children Act 1989*

This Act focuses on children. Inter alia, it defines parental responsibility, details local authorities' wide-ranging responsibilities, covers Care and Supervision Orders and protection of children, and details the requirements for registration of Community Homes, Voluntary Homes and Children's Homes. All agencies caring for children must comply with the act and register their premises if they are providing residential accommodation. All agencies working with drug-misusing parents will also need to be familiar with the provisions of the act and the need to protect children suffering, or likely to suffer, significant harm.

The children act is particularly relevant to QuADS standards 36 and 37.

3.3.2 *Data Protection Act 1998*

Replacing the 1984 act, this Act is very wide-ranging in its restrictions on the processing of personal data and sensitive personal data (including health condition and criminal history). All drug treatment services must audit their practices to ensure that they comply with the Act in respect of staff, volunteers, service users and others. Although there are special provisions for processing data for medical purposes between health professionals, agencies must establish legal protocols for processing information within multi-disciplinary teams and transferring service users' data between agencies.

3.3.3 *Disability Discrimination Act 1995*

The Act makes it unlawful to discriminate against disabled persons in connection with employment, the provision of goods, facilities and services or the disposal or management of premises. Its employment provisions apply to agencies employing at least 20 people, but the Act applies to all agencies in relation to the services they provide. Services should audit their practices to ensure compliance with the Act. The Act does not currently cover volunteers.

3.3.4 *Human Rights Act 1998*

This Act adopts the European Convention of Human Rights, Articles 2 – 12, 14, 16 – 18, The First Protocol Articles 1 – 3 and The Sixth Protocol Articles 1 – 2 into UK law. The Act defines the rights and freedoms individuals can expect to be allowed by public authorities. It does not apply to individuals or organisations which are not public authorities. It applies, therefore, only to drug treatment services in the statutory sector. It is particularly relevant to the QuADS standards covering Equal opportunities and Privacy, dignity and respect. There are a number of Articles and Protocols of the Convention which drug treatment services should be aware of (eg Right to Liberty and Security, Freedom of Thought, Conscience and Religion, Freedom of Assembly and Association and Protection of Property) to avoid falling foul of the Act.

3.3.5 *Misuse of Drugs Act 1971*

This key piece of legislation specifies the restrictions applying to controlled drugs, including the responsibilities on managers and occupiers of premises. It may be necessary for drug treatment services to develop policies regarding the use of controlled drugs by service users, managers, staff and volunteers.

PROJECT REPORT

3.3.6 Race Relations Act 1976 and Race Relations (Amendment) Act 2000

The 1976 Act makes it unlawful to discriminate against a person on racial grounds or victimise a person involved in bringing proceedings against a discriminator. It applies to all drug treatment services regardless of size, in their relations both with their employees and with service users. As with the Disability Discrimination Act, the RRA does not cover volunteers.

The amendments in 2000 extend the application of the RRA to police and other authorities. They also impose upon public authorities, including many drug treatment services in the statutory sector and specifically Special Health Authorities, the duties to:

- eliminate unlawful racial discrimination; and
- promote equality of opportunity and good relations between persons of different racial groups.

Mapping of Legislation Against QuADS

QuADS	Children Act 1989	Data Protection Act 1998	Disability Discrimination Act 1995	Human Rights Act 1998	Misuse of Drugs Act 1971	Race Relations Act 1976 & Amendment Act 2000
1. The Management body						
2. Mission statement						
3. Strategic and business planning						
4. Financial strategy and management						
5. Human resource management general						
6. Recruitment and selection procedures						
7. HR performance management systems						
8. HR development						
9. Volunteers						
10. Managing environments for care provision						
11. Working with commissioning bodies						
12. Working with other providers						
13. Performance monitoring						
14. Quality assurance						
15. Policy and procedures						
16. Involving and empowering service users						
17. Confidentiality and right of access to info						
18. Complaints procedures						
19. Equal opportunities						
20. Self-help and advocacy						
21. Privacy, dignity and respect						
22. Accessibility						
23. Referral						
24. Assessment						
25. The treatment approach - general						
26. Care planning						
27. Care review						
28. Case closure/transfer						
29. Health promotion and advice						
30. Counselling and psychotherapy services						
31. Prescribed interventions for drug users						
32. Alcohol detoxification						
33. Outreach services						
34. Needle exchange						
35. Residential services						
36. Services for children and young people						
37. Services for parents and their children						

Fully meets QuADS requirements						
Partly meets QuADS requirements						

Figure 4: Mapping of QuADS against legislation

4. Key Findings and Implications for the Development of NTA's Accreditation System

This is a summary of the key findings from the analysis of the standards and pieces of legislation. Detailed findings in respect of each standard or piece of legislation can be found in the relevant annex.

4.1 Consistency

The standards and pieces of legislation analysed have been developed for a variety of purposes for a wide range of environments with differing value bases. Inevitably, therefore, each one covers a different range of content and has a different emphasis. However, there is great consistency across this range. None of the standards or pieces of legislation in any way conflicts with the QuADS standards (or with each other).

The greatest area of discrepancy is in the level of freedom and autonomy of decision making afforded to the service user and the level of involvement of service users in the management of the organisation and decisions about the delivery of service. User focus is a theme running through all sets of standards, but whereas independence and autonomy of decision making is strongly emphasised in, for example, the National Minimum Standards for Care Homes for Younger Adults, this is less the case for the standards that apply in the probation service or in prisons where treatment is given under a court order or as part of a custodial regime. Even in these latter cases informed consent of the service user is required (indeed is seen as being a prerequisite for achieving positive outcomes). Service users, however, are not usually encouraged to form part of the management structures or contribute to the development of service delivery in criminal justice organisations.

4.2 Comprehensive and Complementary Standards for the Substance Misuse Sector

QuADS, for organisations, and DANOS, for individuals, are unique in being the only sets of standards which are specific to the substance misuse sector.

Many other sets of standards, for example POASSO, ISO 9001:2000 and NMSCHYA, provide comprehensive coverage of the management of the organisation and the delivery of services in general. QuADS is, however, the only standard that also provides the organisation with standards that specifically cover the treatment of substance misusers. The QuADS standards are mirrored by DANOS which describe the standards that individual members of staff and volunteers at all levels and in all roles have to achieve in their daily work if the organisation is consistently to meet QuADS standards. In this way, QuADS and DANOS are complementary to each other in assuring the delivery of quality drug treatment services.

4.3 Possible Gaps in the QuADS Standards

Whilst QuADS is the most comprehensive set of quality standards for drug treatment services, the analysis of other sets of standards has revealed some possible gaps in the QuADS standards that the owners of QuADS may wish to consider when they next review the standard, and have implications for the adoption of QuADS as the benchmark for NTA's accreditation system.

These possible gaps include:

- testing for substance use
- programmes for addressing offending behaviour
- programmes to support rehabilitation
- protection of service users
- code of conduct for trustees, managers, staff and volunteers
- policies regarding drug use by trustees, managers, staff, volunteers and service users

PROJECT REPORT

- auditing for compliance with legislation
- whistle-blowing procedures
- management of organisational/business risk
- continuous improvement, including reviewing practice in the light of new evidence, and managing organisational change
- working with other external organisations, including the media and the justice system
- involvement with the local community.

The QuADS standards on HR performance management and development would benefit from being reinforced to include the requirement for individuals to be competent to national occupational standards and the competence of managers to manage and develop their teams and deal with performance and capability issues when they arise.

The QuADS standard on confidentiality and right of access to information could, perhaps, provide clearer guidance on the data protection issues involved in sharing personal data with other professionals, agencies and the family, friends and carers of service users.

The QuADS standard on care planning could perhaps be more specific on issues of informed consent, encouraging individual choice and supporting individuals to make personal risk assessments.

4.4 Potential Changes to the Structure of QuADS

The analysis of the other standards, particularly PQASSO, suggests that beneficial revisions could be made to the structure of the QuADS standards.

QuADS recognises that not all standards will apply to all organisations and the first thing an organisation must do is to identify those that are relevant before carrying out a self-assessment. QuADS is therefore disaggregated into 37 individual standards, including the care, service specific and target group standards.

The review of PQASSO in 2000 rationalised its standards down to a core of 12, which roughly cover the first 19 QuADS standards, plus generic reference to the some of the core care standards. At the next review of QuADS, it may be useful to benchmark QuADS against PQASSO, consider the potential for rationalisation and achieve better alignment with PQASSO (which is also extensively used by drug treatment agencies, especially by those in the voluntary sector).

In particular, it may be useful to distinguish between governance and management, to rationalise the 5 HR standards, and to mainstream equal opportunities, diversity and human rights issues (including privacy, dignity and respect) by making them a core part of each standard.

At the same time, it may be necessary to extend the range of QuADS standards to accommodate some of the possible gaps identified in 4.3 above.

4.5 Assessment and Compliance

There is a range of different ways in which compliance with the standards and legislation is assured.

Each piece of legislation defines the compliance required and the remedies available in case of non-compliance. Clinical Governance, Best Value, Better Quality Services, PSO 3550 and the Probation National Standards for DTTOs are also statutory requirements of the relevant organisations which are subject to external audit or inspection. Compliance with the Nursing Professional Code of Conduct and the NMSCHYA are conditions of registration for nurses and care homes respectively; non-compliance can lead to de-registration.

The standards that may apply across the range of drug treatment services are associated with different quality assessment regimes. QuADS and PQASSO are quality standards designed for organisations to be able to assess their own compliance as part of a process of continuous improvement (QuADS has “mandatory” criteria

PROJECT REPORT

and “good practice” indicators; PQASSO has three Levels for each standard), although external assessment of both QuADS and PQASSO would be possible. DANOS will, eventually, be associated with National Vocational Qualifications, and workers will have to show evidence of competent performance to an external assessor before they are accredited. ISO 9001:2000 and Investors in People both require the organisation to present evidence of their compliance with the standards to external assessors or auditors on a three-year cycle, in addition to internal auditing and continuous improvement practices.

The culture of quality assessment in the UK – as seen in these standards – is to assign the prime responsibility to the organisation or individual concerned. They have to provide evidence to an assessor or auditor to prove that they meet the standards; if in doubt, the assessor or auditor can make further investigations to confirm or refute the organisation’s or individual’s compliance.

4.6 Standards with Significant Overlap with QuADS

There are a number of quality standards that overlap significantly with QuADS. These include PQASSO, ISO 9001:2000, NMSCHYA, Prison Service Order 3550, Probation National Standard for DTTOs.

In developing an accreditation system, the NTA will wish to recognise these overlaps and not require organisations to re-present evidence of their quality assurance in a different format. The tables in section 3 of this report indicate the extent of overlap and where an organisation which meets a particular quality standard would still need to provide evidence to show full compliance with QuADS. An exemption system may be an appropriate way of minimising the burden on these organisations.

4.7 Legislation

The analysis of the legislation has revealed the extent to which these laws apply to drug treatment services in the different sectors and of different sizes. Any review of QuADS will need to ensure that relevant legislation is properly referenced in the standards.

However, the NTA would be able to help drug treatment services (particularly the smaller services) further, and fulfil its duties under the Race Relations (Amendment) Act 2000, by developing guidance for services on the legislation that applies to them. This may comprise:

- a brief description of each piece of legislation and its implications (the full range of relevant legislation is broader in scope than those Acts analysed in this project)
- a simple self-audit tool to help organisations check the extent to which they comply with the legislation
- guidance and sources of help to improve compliance with legislation.

5. Recommendations

Following analysis of the various quality standards and pieces of legislation relevant to drug treatment services, the consultants make the following recommendations to NTA:

5.1 Adoption of a Revised Version of QuADS as the Basis for Access to NTA Accreditation

The NTA should agree with the owners of QuADS that QuADS be benchmarked against other quality standards, updated and revised as necessary. The NTA should require evidence that drug treatment services are working to these revised QuADS standards as part of NTA accreditation.

5.2 Alternative Routes to NTA Accreditation

The NTA should also permit access to NTA accreditation for drug treatment services that can provide evidence that they are working to the generic ISO 9001:2000, PQASSO or NMSCHYA standards. The NTA should, in addition, require these services to demonstrate that they are working to the standards in QuADS not covered by the generic standard they are working to. The NTA should publish clear guidance as to which standards in QuADS the ISO 9001:2000, PQASSO and NMSCHYA standards are deemed to cover.

5.3 Development of Criteria and an Assessment Strategy for NTA Accreditation

The NTA should develop clear criteria, a strategy, and systems for the assessment and accreditation of drug treatment services. It is recommended that this is based on the assessment model adopted by Investors in People where the organisation prepares a portfolio of evidence which is externally assessed against the criteria in the standards, with reassessment every three years. The NTA should develop a cadre of competent assessors (both drug treatment specialists and assessment specialists) to assess the organisations' portfolios and carry out more detailed investigations where evidence is insufficient or ambiguous.

5.4 Development of Guidance and Support to help Services Achieve NTA Accreditation

The NTA should provide guidance through a variety of media, and develop support networks, to help drug treatment services improve their standards to meet QuADS and achieve NTA accreditation.

5.5 Clear links to DANOS Standards and Individual Development and Accreditation

The NTA should make clear the links between its accreditation system, the QuADS organisational standards and the DANOS standards for individuals. This should then link through to other NTA initiatives in developing learning and development programmes and providing formal accreditation and certification of individuals' competence.

5.6 Development of Guidance on Legislation

The NTA should develop guidance for drug treatment services on the legislation that is relevant to them and how they can ensure compliance. This may include a self-audit tool and guidance on how to improve compliance.

PROJECT REPORT

Annexes

Annex 1 Mapping DANOS

Annex 2 Mapping PQASSO

Annex 3 Mapping ISO 9001:2000

Annex 4 Mapping Investors in People

Annex 5 Mapping Nursing Code of Professional Conduct

Annex 6 Mapping Clinical Governance

Annex 7 National Minimum Standards for Care Homes for Younger Adults

Annex 8 Mapping Prison Service Order 3550

Annex 9 Mapping Probation National Standards for DTTOs

Annex 10 Mapping Best Value

Annex 11 Mapping Better Quality Services

Annex 12 Mapping Children Act 1989

Annex 13 Mapping Data Protection Act 1998

Annex 14 Mapping Disability Discrimination Act 1995

Annex 15 Mapping Human Rights Act 1998

Annex 16 Mapping Misuse of Drugs Act 1971

Annex 17 Mapping Race Relations Act 1976 & Race Relations (Amendment) Act 2000