Stockport Metropolitan Borough Council

MOSAIC

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Outstanding
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

Our rating of this location went down. We rated it as good because:

- Staff treated clients with compassion and kindness, and understood the individual needs of clients. They actively involved clients in decisions and care planning. Feedback from clients, families and stakeholders was overwhelmingly positive.
- The service was easy to access, with no waiting list for the service. Staff planned and managed discharge well. MOSAIC provided support to the whole family in a variety of innovative approaches including group work, one to one support, support to children whose parents misuse substances, support to parents whose children misuse substances. MOSAIC constantly aimed to increase its impact, recently, with education provided to foster carers and the development of prevention work for foetal alcohol syndrome. Also training school staff regarding substance misuse, to be able to share the information and risks with the young people, with an aim of harm reduction.
- The service provided safe care. The premises where clients were seen were safe and clean. The number of clients on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each client the time they needed. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- Staff developed recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the clients and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The teams included or had access to the full range of specialists required to meet the needs of clients under their care. Managers ensured that these staff received training, supervision and appraisal. Staff worked well together as a multidisciplinary team and relevant services outside the organisation. The service was well led, and the governance processes ensured that its procedures ran smoothly.

However:

- Oversight of training was not consistent. Clients did not receive information about the service for those accessing remote support. Following transition to electronic records, the records were not as person centred as they had previously been when paper based.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Community-based substance misuse services	Good 	

Summary of findings

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Summary of this inspection

Background to MOSAIC

MOSAIC has been registered with CQC since 2010. It is a community substance misuse service for young people aged 0-26 who live in Stockport and their families.

MOSAIC is registered for the regulated activity Treatment of disease, disorder and injury. The service had a registered manager.

MOSAIC was provided by Stockport Local Authority.

Services provided were:

- Treatment service
- Education and schools based service
- Children of substance misusing parents service
- Family service
- Think Family

At the time of the inspection, the treatment team were supporting 86 people over the age of 18 and nine people under the age of 18. The schools based team were supporting 25 children and the family team were supporting 97 people.

From the end of January 2022, MOSAIC will be extending their offer to parents over the age of 26 years and their families where children's social care are involved with the family and the case is at child protection level and above. Providing the holistic model at an early stage is expected to improve outcomes for children and families.

We last inspected MOSAIC in January 2019 and rated the service outstanding. There were no requirements or regulatory breaches.

What people who use the service say

We spoke with seven clients and seven family members. Everyone we spoke with was positive about the service, describing staff that went above and beyond their expectations, tailoring the support to meet their needs and progressing at their pace. Clients said staff were excellent at listening to them, being non judgemental and setting realistic aims and goals.

Family members described the service as saving their loved ones and the family. They described how the service enabled family members to reflect on their reactions to their loved one’s alcohol or substance misuse and consider alternative responses with the aim of different outcomes.

How we carried out this inspection

Before the inspection visit, we reviewed information that we held about the service.

During the inspection visit, the inspection team:

Summary of this inspection

- Visited the service.
- Toured the service and clinic room.
- Spoke with seven clients and seven family members.
- Observed four sessions including a school based session, a clinic appointment, training session and family appointment.
- Received feedback from eight stakeholders.
- Spoke with the registered manager and service manager.
- Spoke with 11 other staff including the doctor, team leaders, treatment workers, school workers and family workers.
- Looked at four care and treatment records of people.
- Looked at a range of policies, procedures and other documents relating to the running of the service including staff records and medicines management arrangements.

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach. This was a short notice announced inspection, the service had less than 24 hours' notice that we would be inspecting.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Outstanding practice

We found the following outstanding practice:

- Staff told us and we observed that MOSAIC staff had facilitated a training session with foster carers as it had been identified that was an area of learning for them, the course covered emerging trends, substances and positive conversations.
- Due to the restrictions of staff visiting services and doing face to face sessions in the height of the pandemic, MOSAIC wanted to ensure that awareness raising was still taking place within schools, as the festivals were going to recommence and young people were at risk of taking a substance with a potential dangerous outcome. The team trained school staff to then be able to share the information and risks with the young people, with an aim of harm reduction.
- Following research, joint work had taken place between MOSAIC and the community midwifery service to develop a foetal alcohol syndrome pathway. Also, joint training in alcohol exposed pregnancy awareness had been developed and MOSAIC were developing training for midwives in alcohol brief interventions and referral pathways.

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a service SHOULD take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service SHOULD take to improve:

- The service should ensure that staff understand the lone worker safety arrangements available to them including the use of remote alarms. (Regulation 12)
- The service should ensure that clients know how to complain. (Regulation 16)

Summary of this inspection

- The service should ensure there is a records of client's consent to treatment within the clinical records and guidance for staff to support this process. (Regulation 11)
- The service should ensure that care plans are person centred, individualised and meaningful to clients and they are offered a copy of their care plan. (Regulation 9)
- The service should ensure that staff attend training relevant to their role, including safeguarding, lone working, Mental Capacity Act and substance misuse and there is oversight of this. (Regulation 18)
- The service should review team meetings and how they share information with staff. (Regulation 18)
- The service should consider providing awareness sessions to school based staff.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community-based substance misuse services	Good	Good	☆ Outstanding	Good	Good	Good
Overall	Good	Good	☆ Outstanding	Good	Good	Good

Good

Community-based substance misuse services

Safe	Good
Effective	Good
Caring	Outstanding
Responsive	Good
Well-led	Good

Are Community-based substance misuse services safe?

Good

Our rating of safe stayed the same. We rated it as good.

Safe and clean environment

All premises where clients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose.

The office space and clinic room was shared between MOSAIC and other services. There were three rooms that MOSAIC regularly used to see clients; treatment room 1, treatment room 2 and the rainbow room.

Treatment room 1 had an alarm for staff available to respond. When we spoke with staff they were not aware of the arrangements for rooms without the alarms in, in respect of protecting their personal safety and summoning assistance if required. Following the inspection, the service submitted information about the alarm systems at the service, which explained personal pendants were available for staff to use in interview rooms. However, not all staff were aware of this provision.

All clinic rooms had the necessary equipment for clients to have thorough physical examinations. Clinic equipment was stored safely and in date.

All areas were clean, well maintained, well-furnished and fit for purpose. However, the rainbow room had stained chairs made of porous material, senior staff told us, and records confirmed that the furniture was being replaced prior to young people using the room.

Staff followed infection control guidelines, including handwashing. There was adequate PPE available for staff use.

Staff made sure equipment was well maintained, clean and in working order. At the last inspection, the blood pressure monitor had not been calibrated. We reviewed the equipment and records and found that a new system had been introduced which recorded the equipment, inspection and calibration date and date of review. All equipment had been calibrated recently and was not due for review until 2022.

Good

Community-based substance misuse services

Safe staffing

The service had enough staff, who knew the clients and received basic training to keep them safe from avoidable harm. The number of clients on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each client the time they needed.

The service had 23 staff; seven in the treatment team including a nurse. MOSAIC commissioned a doctor half a day per week for the medical reviews and prescribing oversight of clients. There were three staff in the school based team. There were eight staff in the family team. Two staff focused on complimentary therapy and recovery and two staff from business support supported the team.

The sickness levels for MOSAIC for financial year 2020 to 2021 was 3.65%, with two staff off on long term sick. One of whom was returning to work with reasonable adjustments in place.

There was no vacancies within the service.

MOSAIC had not used any bank or agency staff in the six months prior to the inspection.

One staff member had left MOSAIC to work within the workforce development team within the local authority with the aim of sharing their knowledge to enhance the training offered to colleagues.

Mandatory training

Staff had completed and kept up-to-date with their mandatory training.

The mandatory training programme for MOSAIC was data protection with 75% completed, PREVENT with 90% completed, other mandatory courses were included as part of the induction including information security, protecting information Level 1, health & safety training,

sickness absence and safeguarding vulnerable people.

Managers monitored mandatory training and alerted staff when they needed to update their training. There was a centralised system and staff had individual training records too.

Assessing and managing risk to clients and staff

Staff assessed and managed risks to clients and themselves well. They responded promptly to sudden deterioration in clients' physical and mental health. Staff made clients aware of harm minimisation and the risks of continued substance misuse. Safety planning was an integral part of recovery plans.

Assessment of client risk

Staff completed risk assessments for each client as part of the assessment documentation, it was a combined document. Staff told us risk documentation as reviewed six weekly.

The risk assessment explored the risk of using substances, blood borne viruses, risk to self and others.

Management of client risk

Staff responded promptly to any sudden deterioration in a client's health. Clients told us when they needed extra support and were struggling, their worker was responsive at providing additional support or alerting other services.

There was no waiting list for the service. Clients told us they were assessed very quickly following referral.

Most staff followed clear personal safety protocols, including for lone working. The Mosaic "In House Lone Working Procedures" dated August 2021 stated that staff were also expected to complete lone worker training, however training records showed staff had completed the training in 10 out of 18 records. This was 56% completion. This meant not all staff were aware of the lone working arrangements within the service and how to keep themselves safe.

Safeguarding

Staff understood how to protect clients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.

Staff received training on how to recognise and report abuse, appropriate for their role. However, not all staff had attended the safeguarding training within the council. Training records were submitted for 18 staff, 13 staff had completed the training, which was a 72% completion rate.

Staff could give examples of how to protect clients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. Staff regularly attended statutory reviews for young people and were involved in the team around the child (TAC) process, where all professionals involved in supporting the family meet with the family to discuss progress, review the situation and identify further areas of support that can be provided.

Staff knew how to make a safeguarding referral and who to inform if they had concerns.

Managers took part in serious case reviews and made changes based on the outcomes. Examples were shared where staff had attended learning events following serious case reviews.

Staff access to essential information

Staff kept detailed records of clients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.

Client notes were comprehensive, and all staff could access them easily. Since the last inspection, records were now electronic. Summaries of engagement were detailed from team members who used the PIP method of recording; presentation, intervention and plan. This allowed the recording to be goal focused. However, entries on the system from the doctor were brief and did not routinely record clients consent to treatment. This meant it was difficult to identify where consent to treatment was discussed and agreed. There were discussions within the records about treatment options and consent to sharing information. The assessment included treatment options and signatures for the consent to share information and data collection, however no explicit record of consent to treatment.

Medicines management

The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each client's mental and physical health.

Staff followed systems and processes to prescribe and administer medicines safely.

Staff reviewed each client's medicines regularly and provided advice to clients and carers about their medicines. Records showed side effects being discussed.

Staff stored and managed all medicines and prescribing documents safely. Prescriptions were written with clear instructions and copies kept on file.

Staff followed national practice to check clients had the correct medicines when they were admitted, or they moved between services. Staff contacted pharmacies to monitor client's collection of medicines prior to clinic appointments and reviews.

Staff learned from safety alerts and incidents to improve practice. Clients and staff were trained in Naloxone administration, which is an emergency medicine for opiate overdose. There was a stock of Naloxone in the clinic, however there was no stock record for this to record who it was given to and when and what the balance was. However, this had been resolved on the second day of the inspection, with a stock record stored in with the Naloxone stock.

Staff reviewed the effects of each client's medicines on their physical health according to NICE guidance. The nurse and doctor completed physical health checks.

There was no medicine that required fridge storage at the time of the inspection, however a replacement fridge had been ordered to replace a broken one and prepare for the storage of vaccinations.

Track record on safety

The service had a good track record on safety. The service had had no serious incidents from December 2020 to December 2021.

Reporting incidents and learning from when things go wrong

The service managed client safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave clients honest information and suitable support.

Staff knew what incidents to report and how to report them.

Staff raised concerns and reported incidents and near misses in line with the service's policy. The last incident was in October 2019. This was an information breach, awareness raising, and lessons learnt were shared with staff via email and team meetings with the aim of avoiding a reoccurrence.

The service had no never events.

Staff understood the duty of candour. They were open and transparent and gave clients and families a full explanation if and when things went wrong.

Managers debriefed and supported staff after any serious incident

Staff received feedback from investigation of incidents, both internal and external to the service. These included serious case reviews, staff had recently attended learning events regarding this.

Good

Community-based substance misuse services

Are Community-based substance misuse services effective?

Good

Our rating of effective went down. We rated it as good.

Assessment of needs and planning of care

Staff completed comprehensive assessments with clients on accessing the service. They worked with clients to develop individual care plans and updated them as needed. Care plans reflected the assessed needs, however, were brief and not very person centred.

Since the last inspection, care records were electronic. The assessment, risk assessment and care plan was in a combined document which was nearly 30 pages long.

Staff completed a comprehensive assessment of each client including background, substance use, physical health, other service involvement and mental health. Aims for treatment were identified.

Staff completed an initial health screen at assessment and there was a nurse within the service who could conduct a full health screening. If clients refused health screening, this was recorded within records.

Staff developed a care plan for each client that met their mental and physical health needs. However, care plans that we reviewed were quite generic with statements including relationship has been affected but does not state the relationship with whom.

The electronic record system showed that care plans were reviewed six weekly.

When care plans were reviewed there were sections on relapse indictors and contingency plans. This was completed in one of the two care plans that we reviewed.

Best practice in treatment and care

Staff provided a range of care and treatment interventions suitable for the client group and consistent with national guidance on best practice. They ensured that clients had good access to physical healthcare and supported clients to live healthier lives.

Staff provided a range of care and treatment suitable for the clients in the service. One to one interventions were individualised, and we observed art being used with a young child to explore their feelings.

Staff delivered care in line with best practice and national guidance. MOSAIC offered psychosocial interventions including relapse prevention, motivational interviewing and cognitive behavioural approaches. We observed an appointment and clients told us that staff suggested alternative responses to behaviours with the aim of a different outcome, using the cognitive behavioural approach of intervention. Family intervention was a valued element of the service, with MOSAIC working with families who's relative may be reluctant to engage with services. MOSAIC offered support and strategies for family members to try when responding to their loved ones. This was in line with Drug misuse and dependence, UK guidelines on clinical management, 2017.

Good

Community-based substance misuse services

The family service provided the Children of Substance Misusing Parents service which provided therapeutic support to children aged 5 years and over who are worried about their parents/significant others alcohol or drug use. The aim of the service was to support children to build protective factors, reduce risk, boost children's emotional resilience and improve positive outcomes with the aim of preventing the children becoming problematic substance misusers in the future. This service was an example of an innovative early intervention, support was primarily 1:1 and could be provided at a school.

The family team, work with families of young people who use substances and may not want to engage with services. The aim is that through supporting the parents and developing their skills, knowledge and confidence in how to react to their loved one, this may change their behaviour and substance use.

Two groups were provided by the family team; CRAFT and Think Family. The treatment team provided the SMART group.

CRAFT; Community reinforcement & family training were offered by the family team. CRAFT is a therapeutic intervention for Concerned Significant Others; CSO's (parents, grandparents, partners etc.) who are supporting someone with a substance misuse problem. The three main aims are to; reduce substance misuse, get a loved one into treatment and improve the life of the concerned significant other (CSO).

Think Family is an evidence informed group work programme aimed at increasing parents understanding regarding how parental substance misuse affects their children. The programme helps parents to identify and develop strategies to reduce harm, build resilience and safeguard their children.

SMART recovery group was co facilitated by a peer supporter. This group covered managing urges, anger management and relaxation techniques.

Staff made sure clients had support for their physical health needs, either from their GP or the nurse within the service. Screening for blood borne virus was offered along with screening for sexually transmitted infections. Health screening was routinely conducted as part of client's care and treatment. For example, titration, physical observations and baseline bloods to help inform appropriate treatment, including when prescribing and detoxification regimes.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. Audits included staff supervision and an external audit of interventions and record keeping as part of Stockport Family practice week. Positive feedback was received as part of this process.

Managers used results from audits to make improvements. Findings were shared with staff.

Skilled staff to deliver care

The teams included or had access to the full range of specialists required to meet the needs of clients under their care. Managers made sure that staff had the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

The service had a full range of specialists to meet the needs of each client. The treatment team included a doctor, nurse and treatment workers. There was a school based team, family team and complimentary therapy and recovery team. A large number of staff were registered social workers and other professional backgrounds included youth work.

Managers made sure staff had the right skills, qualifications and experience to meet the needs of the clients in their care.

Managers gave each new member of staff a full induction to the service before they started work. The council had an organisation induction which included policies that staff had to read and recommended training as part of the induction. There was a probationary service policy and procedure dated July 2021 governing this.

Managers supported staff through regular, constructive appraisals of their work. All staff who had been employed with the service for more than a year had received an appraisal.

Managers made sure staff attended team meetings and gave information to those who could not attend. Minutes confirmed the family team met in January, February and March 2021. Staff told us regular meetings took place, however there were no further minutes until the full team meeting at the end of November 2021. The treatment team told us regular meetings took place however there were no minutes to support this until the full team meeting at the end of November 2021. Staff told us important information was communicated via email.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

Managers ensured staff received regular supervision in line with the supervision policy. We reviewed four staff records and found staff received detailed, thorough supervision every six to eight weeks, these meetings provided an opportunity to discuss staff wellbeing and have detailed case discussions.

Managers made sure staff received any specialist training for their role. Records showed specialist training included restorative practice, motivational interviewing and autism awareness. Although training records showed that four out of 18 staff had attended substance misuse training, staff told us that they had completed training with their previous employers. This meant records did not reflect the training completion of staff.

Managers recognised poor performance, could identify the reasons and dealt with these. Staff who had been off sick, had meetings with their manager and we saw an action plan in place for a phased return to work.

Managers, with the support of the recovery worker, recruited, trained and supported volunteers to work with clients in the service, there was one peer mentor within the service and three who had just completed their training and were awaiting their DBS checks prior to starting in role.

Multidisciplinary and interagency teamwork

Staff from different disciplines worked together as a team to benefit clients. They supported each other to make sure clients had no gaps in their care. The team(s) had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.

Staff held regular multidisciplinary meetings to discuss clients and improve their care. Reviews took place for clients approximately every six weeks, other professionals involved with the client would also attend the meeting.

Staff made sure they shared clear information about clients and any changes in their care, including during transfer of care. One client who had recently transitioned to adult services, told us how seamless the process was and that their MOSAIC worker had facilitated the introduction and handover to the new service.

Good

Community-based substance misuse services

Staff had effective working relationships with other teams in the organisation. We saw and staff and clients told us what a good working relationship there was between teams. Parents who were involved in the family service and whose children had support from the school based team or treatment team, felt supported. Where consent allowed, the workers updated the other and progress was made whilst respecting the individual support people received.

Staff had effective working relationships with external teams and organisations. We received feedback from eight stakeholders. They were all resoundingly positive about MOSAIC, the responsiveness of the service and flexibility at meeting the young people needs. The only area for improvement was increased capacity within the service and more training sessions for staff in schools.

Good practice in applying the Mental Capacity Act

Staff supported clients to make decisions on their care for themselves. They understood the service's policy on the Mental Capacity Act 2015 and knew what to do if a client's capacity to make decisions about their care might be impaired.

Staff records showed that six out of 18 staff had received training in the Mental Capacity Act, which was a 33% completion rate, however staff we spoke with had a good understanding the Mental Capacity Act and could give examples where capacity assessments had been completed for specific decisions.

There was a clear policy on the Mental Capacity Act, which staff could describe and knew how to access.

Records showed a multidisciplinary approach to assessing capacity for clients. When staff assessed clients as not having capacity, they made decisions in the best interest of clients and considered the client's wishes, feelings, culture and history.

Are Community-based substance misuse services caring?

Outstanding ☆

Our rating of caring stayed the same. We rated it as outstanding.

Kindness, privacy, dignity, respect, compassion and support

Staff treated clients with compassion and kindness. They understood the individual needs of clients and supported clients to understand and manage their care and treatment.

We spoke with seven clients and seven family members. Everyone we spoke with were overwhelmingly positive about the service with no areas for improvement identified.

We observed four sessions including a school based session, a clinic appointment, training session and family appointment.

Staff were discreet, respectful, and responsive when caring for clients. Locations of appointments were agreed to meet the needs of clients, this included going for a walk, meeting in a café and the clinic was based in a building in the centre of Stockport which was inconspicuous.

Good

Community-based substance misuse services

Staff gave clients help, emotional support and advice when they needed it. Clients and family members told us how quickly they received support from when they were referred or made contact with the service. This included being given support and guidance over the phone when they first made contact. When allocated a worker, clients were given their work mobile number, if they were struggling they told us they texted their worker who called them back as soon as a possible to discuss their situation and offer support, staff worked flexibly and if they could, would see clients sooner than planned to respond to the needs of the client.

Staff supported clients to understand and manage their own care and treatment. The interventions were appropriate to the client, in the school based session we observed, art and craft was used, and an impromptu game created to enable the young person to relax, feel engaged and express their feelings and experiences in a method that was appropriate and meaningful. The young person chose the topic of the session from previous goals they had identified in a visual plan. When the young person was finding a topic difficult to explore, the staff member offered reassurance and changed focus, later addressing the topic in a different way which the young person engaged in.

Sessions with family members were very person centred, the worker showed a thorough understanding of the family situation and was interested in their progress, providing praise and encouragement to the family member with the new approach and response they had tried, acknowledging it was difficult to do things differently. Actions for the family member to try were agreed and explored jointly, the worker ensured they were realistic to try.

Staff directed clients to other services and supported them to access those services if they needed help. Clients told us and records confirmed the involvement of other services. An example was a referral that the MOSAIC worker made to child and adolescent mental health services, the young person was reluctant to attend the appointments with their family, their MOSAIC worker agreed to support them and accommodated these appointments and then provided an update to others involved in their care. Family members described the service as going above and beyond their expectations of the service.

Parents told us that the MOSAIC staff went above and beyond, advocating to other services on behalf of their child. Chasing up actions that other services had not addressed, and were tenacious until there was an outcome for the client.

Parents told us that the content of the sessions their children had with the MOSAIC workers was confidential and the only information that was shared with them was agreed with the young person and MOSAIC worker.

Clients said staff treated them well and behaved kindly. Everyone we spoke to said that their workers were professional, respectful and non-judgemental. Although clients had their own named worker, they told us when they were on annual leave or absent from work, they were informed of this and were provided with support from other team members who were all respectful, supportive and approachable.

Staff understood and respected the individual needs of each client. Everyone we spoke to said their worker took time getting to know them and identified goals of their support. Clients said staff were realistic in their expectations of the young person, setting realistic aims to try before the next session which included harm reduction. One young person said the service had helped them to understand their feeling and how to control them.

Clients felt valued and accepted with one client saying the worker made them feel like they belonged in the world.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards clients and staff.

Staff followed policy to keep client information confidential. Within team meeting minutes initials were used, electronic care records were locked when the staff member moved away from the computer. Staff were aware of their professional boundaries in relation to breaching confidentiality if there were safeguarding concerns

Involvement in care

Staff involved clients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that clients had easy access to additional support.

Involvement of clients

Staff involved clients and gave them access to their care plans. Within the clinic appointment we observed, staff showed an in depth knowledge of the client's situation and presenting situation, choice and options were provided to the young person for their future treatment, including identifying risks to ensure they made an informed decision and managed risks.

Staff involved clients in the setting of relevant goals and in the regular reviewing of goals, usually on a six weekly basis. We saw staff would reflect with the client on the progress they had made, and the outcomes achieved. Clients we spoke with were aware of their care plans and the aims of their support, however they weren't routinely offered a copy of their care plan.

Staff made sure clients understood their care and treatment. They encouraged young people to reflect back what had been agreed as part of the session.

Staff involved clients in decisions about the service, when appropriate. There was one peer mentor within the service who was involved in co facilitating the CRAFT group. Three new peer mentors had recently completed their training and were waiting for their DBS. Clients had been involved in the recruitment and selection of staff but not since COVID19 pandemic.

Clients could give feedback on the service and their treatment and staff supported them to do this. Feedback was encouraged at the end of sessions and if anything could be done differently. Accessible feedback forms were used for children in the family service, these were completed by children at the end of their support.

MOSAIC completed a service user feedback annual report for 2020/21 for clients accessing the treatment team. The survey identified the one to one key working sessions as the most valuable part of the service. Significant reductions in their drug use (75%) and alcohol use (70%) were noted. This shows the positive impact of the service on young people.

Feedback from professionals via emails showed that MOSAIC staff had advocated on behalf of the young people they were supporting, including in a court setting. External professionals had audited some of the care records and feedback by email was that the service had had a positive impact on the child and the wider family.

Involvement of families and carers

Staff informed and involved families and carers appropriately. The family service offered support and guidance to families including how to respond to their loved ones regarding their substance use. Some families accessing the service had children accessing another team within MOSAIC, others told us that their child refused to engage in MOSAIC however the support the parent had received from the family team and the actions they implemented following the knowledge and guidance they received had seen a change in the child's behaviour. A parent told us that MOSAIC had saved their child's life. Without the service they didn't know where they would be.

Good

Community-based substance misuse services

Staff helped families to give feedback on the service. MOSAIC family service feedback questionnaires were given out at the end of their engagement in the service. The only areas for improvement for families was the access to the counsellor who had been off sick, and some people would have preferred face to face appointments rather than support over the phone.

A MOSAIC parent and carer evaluation for 2020/21 had been completed showing 33 people had engaged with the programme with improvements noted in relation to their psychological health, increased skills interacting with the person using substances, knowledge of overdose, communication skills and a reduction in conflict within the home. This shows the positive impact of the family service on people accessing the service.

Are Community-based substance misuse services responsive?

Good

Our rating of responsive went down. We rated it as good.

Access and waiting times

The service was easy to access. Staff planned and managed discharge well. The service had alternative care pathways and referral systems for people whose needs it could not meet.

The service had clear criteria to describe which clients they would offer services to and offered clients a place on waiting lists. There was a case management policy and procedure for the family team and one for the treatment and early intervention team. These described the eligibility for each service and the staff expectations including referral process, record keeping and safeguarding.

The service met the service's target times for seeing clients from referral to assessment and assessment to treatment. There was no waiting list for the service when we inspected, the administrators along with the duty workers processed the referrals which were then passed to the team leaders. Following review of the referral by the team leaders, referrals were allocated to workers for assessment and intervention.

Staff saw urgent referrals quickly and non-urgent referrals within the service's target time. Families and staff told us that brief intervention, initial support and guidance could be provided by the duty person who was available Monday to Friday in office hours. This role rotated amongst team members. Emails showed how grateful families were of the fast responsive support that the service offered.

There was a referral route via the accident and emergency department at the local hospital. A leaflet had been created by MOSAIC to share with young people to explain the service. If a young person presented to the accident and emergency department with an alcohol or substance related concern, they were referred to MOSAIC by the hospital.

Staff tried to engage with people who found it difficult, or were reluctant, to seek support from mental health services. Records showed and staff told us that a high number of clients had mental health needs, had experienced past trauma and had been using substances as a coping mechanism. Records showed and family told us that MOSAIC staff had referred young people to mental health services, supported them through the assessment process and if diagnosed,

advocated with schools for the appropriate support and reasonable adjustments. Interventions from MOSAIC staff included wellbeing, mental health presentation and risk to self and others. Strategies discussed and goals set as part of the sessions included alternative ways of dealing with cravings, urges, temptation and feelings. MOSAIC has a counsellor they could refer to who had just returned to work.

Staff tried to contact people who did not attend appointments and offer support. Staff liaised with pharmacies to see if clients had collected their prescriptions, liaised with schools and other professionals involved in the young persons life and arranged to meet them at another service location if that would improve their engagement, for example at school or probation.

Clients had some flexibility and choice in the appointment times available. However, the doctor only worked on a Wednesday afternoon, however there was flexibility for appointments within that time frame. Evening appointments were available for people, this was mainly provided to the families who worked during the day and evenings were more convenient. Phone support had been offered as an option following the COVID19 pandemic and some families told us this was more convenient as it fitted around their other commitments.

Due to the commitments of a family member, a staff member was facilitating the CRAFT course individually with them as they could not attend the group, this meant the family member accessed the course and knowledge and was able to implement the learning.

Staff worked hard to avoid cancelling appointments and when they had to, they gave clients clear explanations and offered new appointments as soon as possible. Support could also be provided by colleagues if required, especially for the clients whose treatment required regular monitoring and review.

Appointments ran on time and staff informed clients when they did not. The clinic we observed and the school appointment we attended was on time. If young people were late for the clinic appointments the service were accommodating.

Staff supported clients when they were referred, transferred between services, or needed physical health care. Clients told us that staff were very supportive at transition to other services, including doing a joint assessment and appointments with the future service and a handover of the care provided.

MOSAIC had started to support clients over the age of 26 where MOSAIC's service model was better suited to people needs. One person had a conflict of interest with adults' services, so MOSAIC agreed to support them. Another was involved with the family drug and alcohol court which focuses on addressing reasons why children are removed from parents, including substance use, providing support and treatment with the aim of clients having their children returned to them.

From the end of January 2022, MOSAIC will be extending their offer to parents over the age of 26 years and their families where children's social care are involved with the family and the case is at child protection level and above. Providing the holistic model at an early stage is expected to improve outcomes for children and families.

This service reported into the National Drug Treatment Monitoring Service. The National Drug Treatment Monitoring Service collects, collates and analyses information from and for those involved in the drug treatment sector. Public Health England manages the National Drug Treatment Monitoring Service and produces activity reports for providers including a national comparison. The 2020/21 report showed that all interventions were started within the first three weeks of referral.

Good

Community-based substance misuse services

The Public Health England young people commissioning support pack for 2020/21 showed that MOSAIC were supporting 4% of clients for more than a year, this was below the national average of 6%, 12% between six months and a year, which was below the national average of 19%, 23% three to six months which was below the national average of 32% and 62% up to three months which was above the national average of 42%. This showed that clients who were receiving a service from MOSAIC were more likely to complete treatment quicker than the national average for this type of service.

The facilities promote comfort, dignity and privacy

The design, layout, and furnishings of treatment rooms supported clients' treatment, privacy and dignity.

The service had a full range of rooms and equipment to support treatment and care. There was a testing room adjacent to the toilet for clients to provide a sample, this provided privacy and dignity. The clinic room had all the equipment that the nurse and doctor required.

Interview rooms had enough space to socially distance and meet government guidelines. The rooms were well maintained. However, the rainbow room had stained chairs made of porous material, senior staff told us, and records confirmed that the furniture was being replaced prior to young people using the room.

Interview rooms in the service had sound proofing to protect privacy and confidentiality. There were also large rooms available for group sessions with adequate space for people to socially distance.

Meeting the needs of all people who use the service

The service met the needs of all clients, including those with a protected characteristic or with communication support needs.

The service could support and make adjustments for people with disabilities, communication needs or other specific needs. The building where the service was based had level access and a lift to reach the level with the reception and treatment rooms, this met the needs of people with mobility needs.

Staff provided verbal information regarding information on treatments. There was a poster on display in the waiting area regarding how to complain. However, the majority of the support was remote, via phone or in the community. Clients were not given any information about the service and how to complain in written format, either paper or electronic.

Managers made sure staff and clients could get hold of interpreters or signers when needed. Staff told us, they were supporting a client who required an interpreter and the appointments took place at the service with an interpreter present.

Evening appointments were available for clients and family group programmes were held in an evening. The current timetable showed that the CRAFT group and Think Family groups were running on a Monday evening.

The schools based service for children and young people of high school age, was offered through an individualised arrangement with each school. A service level agreement was created between MOSAIC and the school, with the school commissioning the support appropriate to their school and needs of the students. The schools offer included an

allocated worker for the school, one to one sessions, classroom based sessions and training for the staff team. Following feedback from schools and young people, drop ins were available at the local pupil referral units to encourage engagement with the young people in an informal way, this had been well received with positive feedback from the educational establishment.

A drop in was also offered for the youth offending service to encourage engagement with the service.

Staff told us and we observed that MOSAIC staff had facilitated a training session with foster carers as it had been identified that was an area of learning for them, the course covered emerging trends, substances and positive conversations.

Due to the restrictions of staff visiting services and doing face to face sessions in the height of the pandemic, MOSAIC wanted to ensure that awareness raising was still taking place within schools, as the festivals were going to recommence and young people were at risk of taking a substance with a potential dangerous outcome. The team trained school staff to then be able to share the information and risks with you people, with an aim of harm reduction.

Following research, joint work had taken place between MOSAIC and the community midwifery service to develop a foetal alcohol syndrome pathway. Also, joint training in alcohol exposed pregnancy awareness had been developed and MOSAIC were developing training for midwives in alcohol brief interventions and referral pathways.

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.

Some clients, relatives and carers did not know how to complain. Three out of six clients and four out of six family members we asked about how to complain, did not know how to complain. This meant if people wanted to complaint not everyone would know how to.

Staff understood the policy on complaints and knew how to handle them. However, the service had not had a complaint from December 2020 to December 2021.

The Stockport council centralised team would acknowledge complaints and allocate an investigator.

Are Community-based substance misuse services well-led?

Good

Our rating of well-led went down. We rated it as good.

Leadership

Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for clients and staff.

The registered manager of the service had changed roles since becoming the registered manager and was now Joint Interim Director of Operations for Stockport Family, this meant they were not as involved with the day to day running of the service. However, team leaders said they were approachable and would respond if they made contact. The service

manager had more day to day involvement, however they had recently been overseeing the new family drug and alcohol court in Stockport. On a day to day basis, there were two team leaders in the service, one for the treatment service and one for the family service managed the service. However, staff and clients told us the service manager was visible within the service.

Team leaders had received some management training including recruitment and selection, managing sickness and absence, performance development review and managing capability.

All staff we spoke with said they felt extremely supported by their managers, they were approachable, knowledgeable and reflective.

Vision and strategy

Staff knew and understood the service's vision and values and how they applied to the work of their team.

MOSAIC is part of Stockport Family. The aims of Stockport Family are:

- Working together.
- Delivering services through redesigned roles.
- Sharing data to support decision making.
- Linking people to assets in their community.
- Empowering people to make decisions.

They hope to achieve this by:

- WHOLE FAMILY APPROACH. We build on strengths and resources.
- WE'RE DETERMINED. We persist with a child, young person or family in order to make improvements.
- WE BUILD RELATIONSHIPS. We treat all of our families, young persons and children as individuals, not processes.
- WE WORK WITH FAMILIES. We do this to find solutions, all of the time on the purpose.

Staff told us and we saw that the model and service offer of MOSAIC met these aims.

Culture

Staff felt respected, supported and valued. They reported that the service promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.

Staff told us they were supported by both managers and colleagues, there was a buddy arrangement in place if they were lone working. We saw colleagues working closely together and conducting joint work, for example in the facilitation of the foster carers training.

Team leaders were aware of the other team's role, purpose and function to enable cross cover. Regular catch ups took place between both team leaders for information sharing and service updates.

A WhatsApp group had been set up for colleagues to ask professional queries and colleagues to offer support and share knowledge.

Emails we saw showed that staff were praised and thanked for their contribution. Supervision records showed regular detailed supervision took place with review of caseloads.

A team member who had completed their PhD had left MOSAIC to work in staff development to further share their knowledge of children affected by substance use. There was career progression with the council but not within the MOSAIC team unless a manger or team leader left the service.

There had been no staff grievances or disciplinaries since 1 December 2020. The council had listened to feedback from staff regarding wellbeing and had developed resources and had introduced wellbeing Wednesday to share resources, support available and to encourage colleagues to look after their own wellbeing.

Governance

Our findings from the other key questions demonstrated that governance processes operated effectively at service level and that performance and risk were managed well.

There was a centralised collated system for four training courses that were mandatory; autism awareness, data protection, domestic abuse and PREVENT. Other training that staff had completed was not stored centrally, just within individual staff training records. This meant it was difficult for managers to have oversight of the training that staff had attended and identify any gaps in knowledge or further training for them to access. Certain courses were classed as mandatory as part of the induction process but not stored on the centralised mandatory training grids, these included information security (e-learning), protecting information Level 1 (e-learning), health & safety training (e-learning), sickness absence (e-learning) and safeguarding vulnerable people training at an appropriate level (alerter or basic awareness). This meant managers were not assured if staff had attended the required training.

There were low training levels for lone working and the Mental Capacity Act which managers were not aware of. Substance misuse training was not mandatory for this team and there was not centralised record or oversight of this, the expectation was that staff would book themselves on any training that they felt relevant to their role.

Although staff told us team meetings took place regularly, minutes did not support this. Minutes confirmed the family team met in January, February and March 2021. There were no further minutes until the full team meeting at the end of November 2021. The treatment team told us regular meetings took place however there were no minutes to support this until the full team meeting at the end of November 2021. Staff told us important information was communicated via email.

Management of risk, issues and performance

Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

A two year action plan had been created for the service which included providing drug and alcohol training to professionals, ensure greater co production in the service, reduce the impact of substance misuse on the child and in pregnancy; work was underway between one of the MOSAIC treatment workers and a specialist midwifes in achieving this.

There was a corporate risk register in place with one risk directly related to MOSAIC, which was the social care and education restructure, and this had clear control measures in place.

Good

Community-based substance misuse services

Information management

Staff collected analysed data about outcomes and performance.

The service reported to the National Drug Treatment Monitoring Service. The service used these collated reports to review their performance compared to national findings.