

# Change, Grow, Live in Coventry and Warwickshire



## Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

## Ratings

Overall rating for this location	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive?	Good	
Are services well-led?	Good	

### Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

# Summary of findings

## Overall summary

### **We rated Change, Grow, Live in Coventry and Warwickshire as good because:**

- 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 and staff ensured that people who required urgent care were seen promptly. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the clients and 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 the clients. Managers ensured that these staff received training, supervision and appraisal. Staff worked well together as a multi-disciplinary team and with relevant services outside the organisation.

- Staff treated clients with compassion and kindness and understood the individual needs of patients. They actively involved clients and families and carers in care decisions.
- The service was easy to access. Staff assessed and treated people who required urgent care promptly and those who did not require urgent care did not wait too long to start treatment. The service did not exclude people who would have benefitted from care.
- The service was well led and the governance processes ensured that procedures relating to the work of the service ran smoothly.

### **However:**

- The hubs in Rugby and Nuneaton were new to the service and we found that not all rooms used for one to one support were adequately soundproofed. This was fed back to managers who have put music in the corridors and have an action plan to have further work completed to rectify this issue.
- Staff understood the need for independent advocacy for clients and knew who to contact but this information was not displayed in public areas for clients to access it.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services	Good 	see detailed findings

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# Summary of findings

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### Summary of this inspection

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Good



# Change, Grow, Live in Coventry and Warwickshire

**Services we looked at**

substance misuse services

# Summary of this inspection

## Background to Change, Grow, Live in Coventry and Warwickshire

Change, Grow, Live (CGL) in Coventry and Warwickshire are part of a national charity who provide free treatment and support to vulnerable people facing addiction, homelessness and domestic abuse. The service in Coventry and Warwickshire specifically provides support with substance misuse.

The service operates from four main hubs which open five days a week. Each hub has a late opening evening to support clients who work or have day time commitments. The four main hubs are Coventry, Nuneaton, Rugby, and Leamington Spa. Staff also work in smaller venues across Warwickshire because of the rural nature of the county and especially around the area of Stratford upon Avon where there are many small villages and local transport doesn't run very regularly.

They have a single point of contact which is manned 24 hours seven days a week. Out of hours this is managed by the locality managers on a rota basis.

The service is commissioned separately for each area by commissioners in Coventry and in Warwickshire. The contract in Coventry started in November 2017 and in Warwickshire it started in May 2018. The contracts vary slightly due to the fact Coventry is a city based service and Warwickshire is very rural so that they meet the individual needs of the communities they are working in.

Staff are split into teams and cover specific areas of substance misuse such as alcohol and opiates.

The service has a registered manager.

This was an unannounced visit which meant staff and clients did not know that we would be visiting.

This was CGL in Coventry and Warwickshire's first inspection.

## Our inspection team

The team that inspected the service comprised four CQC inspectors, one inspection manager, a medicines inspector, and a specialist advisor.

## Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme.

## How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before the inspection visit, we reviewed information that we held about the location, and sought feedback from nine clients at one focus group.

During the inspection visit, the inspection team:

- visited three hubs in Coventry, Nuneaton and Rugby, looked at the quality of the environment and observed how staff were caring for clients

# Summary of this inspection

- spoke with 17 people who were using the service and one carer
- spoke with the registered manager and managers or acting managers for each of the hubs
- spoke with 33 other staff members; including doctors, nurses, analysts, recovery workers administrators and volunteers
- attended and observed three daily meetings. two appointments with clients, the reception areas and a group
- looked at 18 clients' care and treatment records
- carried out a specific check of the medication management, checked the clinic and treatment rooms and the needle exchanges
- looked at a range of policies, procedures and other documents relating to the running of the service.

## What people who use the service say

Clients and the carer we spoke with praised the service and said that they were always treated with dignity and respect by all staff they met. They stated that the hubs gave them a warm welcome and the service had given them hope for the future. Clients stated they could always discuss things in private and liked the fact that they had continuity with the same recovery worker for every appointment.

Clients at the focus group also attended the service user forum in Coventry. They said they felt able to raise concerns with managers and that these would be responded to and addressed. They felt their contribution to service development was appreciated and spoke highly of the staff who supported the group.

# Summary of this inspection

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

We rated safe as good because:

- All clinical premises where clients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- The service had enough staff, who knew the clients and received training to keep people safe from avoidable harm. The number of clients on the caseload of the teams, and of individual members of staff, was not too high.
- Staff assessed and managed risks to clients and themselves. They developed recovery and risk management plans when this was necessary, and responded promptly to sudden deterioration in a patient's health.
- 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 kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- 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.

Good



### Are services effective?

We rated effective as good because:

- Staff assessed the treatment needs of all patients. They developed individual care plans and updated them when needed. Care plans reflected the assessed needs, were personalised, goal focussed and recovery-oriented and staff updated them when appropriate.
- Staff provided a range of care and treatment interventions suitable for the client group. They ensured that clients had good access to physical healthcare and supported clients to live healthier lives.
- The teams included or had access to the full range of specialists required to meet the needs of clients under their care.

Good





# Summary of this inspection

Managers made sure they had staff with a range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skill. Managers provided an induction programme for new staff.

- Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure that 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.

## Are services caring?

We rated caring as good because:

- Staff treated clients with compassion and kindness. They understood the individual needs of clients and supported clients to understand and manage their care, treatment or condition.
- Staff involved clients in care planning and risk assessment and actively sought their feedback on the quality of care provided.
- Staff informed and involved families and carers appropriately.

However:

- Staff understood the benefits of independent advocacy for clients but did not display information about these services in public areas of the hubs

Good



## Are services responsive?

We rated responsive as good because:

- The service was easy to access. Its referral criteria did not exclude people who would have benefitted from care. Staff assessed and treated people who required urgent care promptly and people who did not require urgent care did not wait too long to start treatment. Staff followed up people who missed appointments.
- The teams met the needs of all people who use the service – including those with a protected characteristic. The hubs had easy access for those with disabilities, access to interpreters and information in easy read versions for clients
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

However:

Good



# Summary of this inspection

- Not all rooms in Nuneaton and Rugby were fully soundproofed and conversation could be heard in other rooms and the corridors. Managers were informed and an action plan was put in place to rectify this as soon as work could be completed

## Are services well-led?

We rated well-led as good because:

- 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.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued. They reported that the provider 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.
- Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.
- Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

**Good**



# Detailed findings from this inspection

## Mental Capacity Act and Deprivation of Liberty Safeguards

Staff received mandatory training in the Mental Capacity Act. This was delivered through e learning and came in two modules. At the time of the inspection we found 81% of staff had completed module one and 78% of staff module two.

Staff understood their responsibilities under the Act and knew who to contact for advice and guidance. The hubs displayed the guiding principles of the Act and staff gave example of how they would use this to support the clients in their care.

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Substance misuse services	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

# Substance misuse services

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

## Are substance misuse services safe?

Good 

### Safe and clean environment

CGL provided a range of rooms for staff to see clients in the three locations that we inspected. In Nuneaton where space for groups was limited staff had identified and built relationships with other providers so that they could access the space they needed.

All areas of each site were clean and well maintained. Managers had health and safety records for each site including fire safety procedures and named first aiders which were regularly reviewed and updated.

Staff ensured clinic rooms and the needle exchanges were clean, tidy and the equipment was up to date and checked regularly. Fridge and room temperatures were monitored and any concerns were discussed with managers. The service did not keep medication on site except naloxone and vaccinations. These were stored appropriately and at the correct temperature.

Staff adhered to infection controls principles. They had access to handwashing gel and displayed posters about handwashing. They had the equipment they needed for managing cleaning and appropriate bins for disposal of clinical waste which was collected on a weekly basis.

### Safe staffing

At the time of the inspection Coventry provided structured treatment support to 869 clients. This included 642 for opiate use, 133 for alcohol dependency, 40 for issues relating to non-opiates and 54 for opiate and alcohol

combined. In Warwickshire they provided structured treatment to 1201 clients across the county. This included 345 for issues with alcohol, 66 for non-opiate use, 82 for non-opiate and alcohol use, 29 for opiate and alcohol, 364 for opiate and non-opiate use, 260 for opiates and 58 for issues with opiates, alcohol and non-opiates. From the data supplied from January 2018 to December 2018 the average caseload per worker were Coventry (40), Nuneaton (35), Leamington Spa (53) and Rugby (39). In the rural areas around Stratford upon Avon the average was 59. These figures did not include one off appointments or people using the needle exchange. Staff reported that caseloads were manageable and reviewed regularly.

The service had a clear structure for offering support where staff were split into teams which focussed on clients with a specific issue. This included the entry into service team who managed new referrals and those with low level needs for support, the complex and families team which focussed on those using opiates and multiple issues, the recovery team and the alcohol team.

Both the services in Coventry and Warwickshire had enough staff with a wide range of skills to meet the needs of the clients. Managers had been recruiting to fill vacancies and these had all been filled at the time of the inspection although a few new staff had not yet started or were in the process of induction.

Managers could use agency staff to cover vacancies and long-term sickness and in Warwickshire staff had slightly increased caseloads to cover until new staff were in post.

# Substance misuse services

Staff understood the lone working policy. They had access to mobile phones and all areas of the buildings in Coventry and Warwickshire had alarm call buttons. Staff identified responders to the alarms in the daily meetings held at each site so everyone knew who this would be.

Staff had completed mandatory training including health and safety and the Mental Capacity Act. At the time of the inspection 83% of staff had completed Mental Capacity Act training. They understood their responsibilities in relation to clients and how to support those where capacity might be a concern.

## Assessing and managing risk to patients and staff

We reviewed 18 client records. All records demonstrated good use of crisis and risk management plans. Staff had developed a template to use with clients for goal setting so that they had a copy to take with them written in a way that was meaningful for the individual.

Staff understood how to identify warning signs of deterioration in a client's health and protocols were in place for contacting families, carers or other professionals if they had concerns. Indicators of this could be missed appointment, increased substance misuse or changes in physical health and wellbeing.

Staff discussed harm minimisation with clients at every meeting and this was documented in the records. Information about risks relating to drugs and alcohol were displayed in all buildings.

Staff implemented CGL's smoke free policy at all site. The healthcare assistant had been trained in smoking cessation so that support could be offered to clients around this issue.

## Safeguarding

All staff received training in safeguarding for children and adults. At the time of the inspection data showed that 81% of staff had completed training for adults and 82% for children. Each site had a safeguarding lead and it had been agreed that they would receive additional training to level 3. Staff gave us numerous examples of recognising and reporting safeguarding issues. These included examples of issues that had been missed by other professionals. Staff were open with clients about making safeguarding referrals and this helped them to maintain

their working relationships with the clients concerned. Staff understood the need to protect clients from harassment and discrimination including those with protected characteristics under the Equality Act 2010.

Staff worked well with the safeguarding teams in Coventry and Warwickshire and liaised with local hospitals, mental health teams, police and probation when they had safeguarding concerns.

## Staff access to essential information

Staff used an electronic recording system for client records. All staff had laptops and their own log in details for the system so that they could have access to relevant and up to date information as they needed it.

## Medicines management

Staff adhered to CGL's policies relating to medication. They had doctors and non-medical prescribers who issued and reviewed prescriptions for clients. They ensured clients were properly monitored when on medication and supported clients who were on a medical detoxification programme. This took place in specially prepared rooms at Coventry and Rugby. In Nuneaton they lacked the space for this to take place but used the other hubs if they needed to while looking for suitable rooms to use locally.

All treatment was reviewed and prescribed following guidance from the National Institute for Health and Care Excellence and we saw prescribing rationale was recorded in client records. They used this alongside the orange book Drug misuse and dependence: UK guidelines on clinical management. Medication other than naloxone and vaccinations was not kept or dispensed from the service.

Staff provided training to clients in the use of naloxone which was medication used to block or reverse the effects of opioid drugs if an overdose was taken. Clients were encouraged to keep this with them and staff signed it out so they knew where who it had been allocated to. Staff displayed posters about the use of naloxone and advertised dates when it would be going out of date so that clients who had not used it could exchange it.

## Track record on safety

The service had recorded several deaths since taking over the contracts. In Coventry they put together a mortality report at the end of their first 12 months so that they could identify themes, learning and actions. From this they

# Substance misuse services

identified that isolation, issues relating to an aging population and chronic obstructive pulmonary disease were key themes. Managers have used this to improve their interventions around chronic pulmonary obstructive disease with the lead nurse working to improve their referral pathways to other services.

## Reporting incidents and learning from when things go wrong

The service used an electronic system for recording incidents. Staff knew what to report and how to do this. Team leaders reviewed incidents and provided feedback to staff through team meetings and supervision. Incidents were also reviewed through the weekly integrated governance meetings held for both Coventry and Warwickshire. Staff could seek further support after distressing incidents through CGL's employee assistance programme or from managers within the service. Staff apologised to clients when things went wrong and we saw evidence of this in the client records.

Clients and families were offered feedback and support. Managers had identified that they could offer better support to families following deaths especially if other family members were in receipt of a service from CGL.

## Are substance misuse services effective? (for example, treatment is effective)

Good 

## Assessment of needs and planning of care

We reviewed 18 sets of care records. We found that all staff completed a comprehensive assessment of each client's needs in a timely manner. Care plans had been developed to ensure that the needs of each individual had been met. They were recovery focussed, holistic, included goal setting and were of a good standard. The plans set out who the recovery worker for the client was and how they could access support if they needed to. The care plans included risk management plans and had been updated regularly.

Staff used a template to record clients' preferences for if they became unwell or unexpectedly exited from the service. These were clear and contained contacted details of who to contact. Clients gave consent for this information to be used when necessary.

## Best practice in treatment and care

The records demonstrated that staff offered a range of care and treatment to clients which was individualised and suitable for their needs. This was in line with guidance from the National Institute for Health and Care Excellence. This included the completion of the severity of alcohol dependence questionnaire and the alcohol use disorder identification test.

Staff ensured treatment was in line with best practice guidance for the National Institute for Health and Care Excellence. This included the prescribing of methadone for the treatment of opioid dependence. The service employed a healthcare assistant who ensured that physical health checks such as electrocardiograms for those clients on over 100mls of methadone took place. This monitored abnormalities in heart rate and followed guidance set out by DH, 2007; Guidance for the use of substitute prescribing in the treatment of opioid dependence in primary care, Royal College of General Practitioners, 2011.

Staff offered blood borne virus testing to clients. This was in line with best practice guidance (Department of Health, 2007). The service offered incentives such as vouchers to clients to encourage them to take part in testing. This ensured that in Coventry in the first year of the service they reached their payment by results target set out by commissioners of 100%.

The service had built partnership working with the hepatitis C nurse and a consultant from one of the local hospitals. A clinic was being held in the Leamington Spa site so that clients did not have to attend the hospital for treatment or to collect medication. The consultant involved gave feedback that this had successfully increased the number of people with hepatitis C who had accessed and completed treatment. The service planned to extend this to other hubs in Warwickshire. In Coventry the hepatitis C nurse visited the service every two weeks to provide support to clients.

# Substance misuse services

The service displayed information about healthy lifestyles and the health care assistant supported this through offering support on smoking cessation and guidance about healthy eating. Staff ensured clients were referred to their GP for health checks.

Staff regularly reviewed treatment outcomes and recovery plans with clients and adjusted these to ensure they remain person centred and had goals which focussed on recovery. Staff provided information to Public Health England through the national drug monitoring system. This helped staff to compare progress with other areas in the country with a similar demographic and to look at areas for improvement.

## Skilled staff to deliver care

CGL in Coventry and Warwickshire provided staff with a range of learning to meet their needs. This included mandatory training which was completed when someone started at the organisation and was updated regularly in line with CGL's policy. During the inspection we found 83% of staff had completed mandatory training. Managers used a dashboard to ensure that staff kept up to date with training and gaps were identified as staff who had been on long-term sickness. All new staff received a comprehensive induction for at least four weeks and this was adjusted to meet the needs of individuals who needed longer especially if they had not worked in this type of service previously.

Managers used one to one sessions and the annual appraisal system to identify learning and development needs for staff. For example, safeguarding leads had identified that they would benefit from safeguarding level 3 training and this had been agreed by managers. Supervision took place monthly. From January 2018 to December 2018 data provided by CGL showed that 100% of staff had received regular supervision. All staff in Coventry had an appraisal. In Warwickshire the contract was less than 12 months old at the time of the inspection but appraisals had been booked for staff and managers had ensured individual development had been discussed in supervision.

The service used robust recruitment processes in line with the policies set out by CGL nationally.

Managers ensured that poor staff performance was addressed promptly through supervision and if required the formal process with support from the human resources team from CGL.

Both Coventry and Warwickshire services used volunteers. Coventry had 17 and Warwickshire had 11 who were active within the service. Volunteers came from a range of places including former service users and people wanting to gain experience in substance misuse. CGL in Coventry and Warwickshire employed a volunteer coordinator to manage the volunteers. They received a detailed induction, training and regular support and supervision. Volunteers we spoke with said that the training was of a high quality and they felt well supported in their roles.

## Multi-disciplinary and inter-agency team work

The service had a full range of staff to support clients. This included a consultant psychiatrist, nurses, team leaders, recovery workers and healthcare assistants. The service also provided support to people within the criminal justice system. We saw from the client records that a multidisciplinary approach had been taken to support clients and this had been recorded appropriately. Each client had a clearly identified key worker. The services had regular team meetings. In Warwickshire these took place at a different location each time to ensure all staff had the opportunity to attend. Staff attended a range of internal meetings depending on their role. These included clinical governance, integrated governance, strategic planning and performance and quality meetings.

Staff liaised with a range of professionals working for other services. This included probation, the police, local safeguarding teams for both children and adults, specialists in hepatitis C, housing, benefits agencies and mental health teams. The service had identified that their relationships with mental health services needed to be improved and managers had been working on ways to improve the pathways into these services for clients. Staff attended a range of meetings to help promote the service and build partnerships with other organisations. These included multi-agency safeguarding hub meetings and the multi-agency risk assessment conference meetings which discuss issues relating to domestic violence.

The service discharged people who had completed treatment but encouraged clients to engage with groups in the community such as narcotics anonymous and



# Substance misuse services

alcoholics anonymous. Clients could continue to meet with people they had met through group work in the service or in the café located in the same building as the service in Coventry.

## Good practice in applying the Mental Capacity Act

Staff received training via e learning in the Mental Capacity Act. Across Coventry and Warwickshire 81% had completed module 1 and 78% module 2 at the time of the inspection. All hubs displayed the guiding principles of the Mental Capacity Act for staff to refer to.

Staff showed an awareness of the policy on the Mental Capacity Act and knew where to find this. They understood their responsibilities under the Act and could give examples of supporting people who lacked capacity to make decisions for themselves in a way that recognised the needs to include the patient's wishes, feelings and beliefs. They knew who to contact for advice and guidance if it was required.

The records we looked at showed that staff ensured clients had given their consent to treatment and that this was reviewed regularly.

## Are substance misuse services caring?

Good 

## Kindness, privacy, dignity, respect, compassion and support

Clients and the carer we spoke with all reported that staff treated them with compassion, dignity and respect. In the appointments we attended, the service user forum and in all areas of the service we observed that this was the case. Staff offered practical and emotional support while maintaining the boundaries of their role. Relationships with clients were built on trust and a good understanding of the concerns clients had.

Staff stated they could raise concerns at any time about disrespectful, discriminatory or abusive behaviour or attitudes about their clients and managers would listen to them.

Staff supported clients to understand and manage their care and treatment and we could see from the records and the things clients told us that they were fully involved in all

aspects of their care. Staff told us how treatment was adapted for clients with additional needs and those who were near the end of their life and needed a different care pathway.

Staff had a wide knowledge of services in their local areas and used this to provide clients with information about what would be available to them in the wider community. If clients needed support to access these staff would help them to do so.

CGL had clear policies on confidentiality. This was explained to clients coming in to the service and staff went back over this during a client's time in treatment. Staff kept records safe and did not share information about a client outside of the service unless there was a need to do so to keep someone safe.

## Involvement in care

Staff communicated with clients so that they understood their care and treatment. They had access to interpreters and signers for deaf people and provided information and feedback slips in an easy read format.

Although the service in Coventry had advocacy within its contract managers and staff recognised that this was not independent. Clients could access independent advocacy if they needed it and staff knew who provided this however we did not see information on these services displayed so that clients could see it.

Every client using the service had their own personalised recovery and risk management plan in a format which was easy for them to use. These focussed on a person's preferences, goals and the resources they needed to initiate and sustain recovery. We saw that these showed the clients and their families where appropriate had been fully involved in the planning of their treatment. This helped staff to ensure that clients had the information they needed to make informed decisions and choices about their care.

Staff enabled families and carers to give feedback on the service via forms and directly to managers and this information was collated to help support service development.

Carers could access support through the service even if their family member was not a client. Staff understood the needs of carers and in Coventry they had an active carers group which was well attended.



# Substance misuse services

**Are substance misuse services responsive to people's needs?**  
(for example, to feedback?)

Good 

## Access and discharge

CGL provided services in Coventry city and across all areas of Warwickshire. Due to the rural nature of this county they had offices in Leamington Spa, Rugby and Nuneaton with staff working at several smaller sites in town and villages around Stratford upon Avon. The service was commissioned by Coventry and Warwickshire and was a free service catering for adults over the age of 18. In Coventry and Nuneaton, the service was open from 9am to 5pm every weekday except Tuesday when they opened from 9am to 8pm. In Rugby the extended opening hours were on a Wednesday and in Leamington Spa this was Thursday. New clients could drop in to the service during opening times or phone in, they would be assessed by the engagement team before allocation to a worker. Clients who required other services would be referred on and supported to access these. The service had clearly defined admission criteria which was set up with the commissioners of the service.

Clients waited an average of 11 days to be seen for assessment and 10 days if they needed a medical appointment from October 2018 to March 2019 in Coventry. In Warwickshire in the same period they waited seven days from referral to assessment and 11 days to for a medical appointment. Time slots were always available for urgent referrals to be seen as soon as possible. The service did not have a waiting list. The key performance indicators for how long clients waited to be seen was set by the commissioners of the service and managers regularly gave feedback on this data to them.

Recovery and risk management plans reflected the needs of the client. They provided clear pathways to other services such as mental health and social services. The service had a life skills worker who worked with clients on areas such as housing and debt management which allowed recovery workers to focus on support specifically for the substance misuse issues.

Staff planned with the clients so that they were clear about being discharged from the service and the reasons for this. Where possible they ensured clients had a support network in place and understood that they could come back to the service for advice and guidance if they needed it.

CGL had a policy for contacting clients if they did not attend appointments. This would include using the emergency contacts documented at assessment and contacting the local pharmacy if that was where a client collected their prescription from. Clients at high risk of not attending would be asked to collect prescriptions from the service to help encourage engagement with staff and the service. From September 2018 to February 2019 the average number of people not attending in Coventry for non-medical appointments was 23% and 22% for medical appointments. In Warwickshire for the same period it was 24% for non-medical appointments and 35% for medical appointments. The service had included appointments that had been rescheduled in these figures and were unable to separate these out.

## The facilities promote recovery, comfort, dignity and confidentiality

All hubs we visited had disabled access or had access to accessible rooms in a nearby location. Reception areas were welcoming and offered clients access to free hot drinks and toast. Volunteers were available to greet clients when they came to the service. CGL had only been in the premises at Rugby and Nuneaton for two to three months. Both Rugby and Coventry had access to a large number of rooms for one to one and group work. In Nuneaton where there was less space staff had sourced other places for groups to take place in the community. Both Coventry and Rugby had a specific room for medical detoxifications to take place in a quiet area with staff available to offer support. Nuneaton only had one group room available so were using the room at Rugby or Coventry while they found somewhere suitable locally. All hubs were located centrally in town or city centres.

In both Rugby and Nuneaton there was an issue with soundproofing between the one to one rooms where conversations could be clearly heard from other rooms or in the corridors. In Nuneaton it was possible to hear conversations from the office behind reception. We raised this with managers at the time of the inspection who

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agreed to act to resolve these issues as soon as possible. Following the inspection, managers provided a plan of action and put in devices to play music in all areas while additional soundproofing work was being authorised.

In Coventry the provider had allowed a café which was managed by another charity to use part of the building. This gave a safe welcoming environment for clients to meet and wait for appointments. They also rented out part of the building to another organisation and used the money from this to help support social groups such as the art group.

All hubs displayed leaflets and these could be translated in to other languages for clients if needed. This included information on harm reduction, other services and how to make a complaint.

## Patients' engagement with the wider community

Staff encouraged clients to maintain contact with their families and carers. They provided families with support through groups and individually and gave them general information to help them provide support to the client. Staff supported clients to access the wider community for support for their substance misuse issues such as alcoholics anonymous and narcotics anonymous. They also encouraged a wider range of activities so that people developed friendships and a wider support network. This included providing transport so that clients could attend the national recovery walk held in Shrewsbury.

The service provided an area with computers for clients to use to find out information and access education and work opportunities. Clients could gain experience in the work place by becoming volunteers or support mentors for CGL.

## Meeting the needs of all people who use the service

Staff showed an understanding of the issues affecting their clients. This included those from vulnerable groups such as the homeless and sex workers. CGL had offered a local charity in Coventry who supported sex workers free use of a room in their building. They hoped this would encourage this group to engage with substance misuse services and offer them a faster referral route as they could be seen without delay. They also understood the needs of those living in the city centre in Coventry and the different issues that affected people living in rural communities across Warwickshire. They had worked to ensure that although

operationally the two areas had the same team structure this was used in a slightly different way to cover Warwickshire. For example, staff had been split over several hubs rather than the central building in Coventry.

Staff worked to reduce the length of time people had to wait to be seen following their initial appointment. The engagement team was available to provide low level support while clients were being allocated to a key worker in the other such as the families and complex care team if this was needed.

## Listening to and learning from concerns and complaints

From January 2018 to December 2018 the service received two complaints both in Coventry. One was partially upheld. They also received seven compliments in Coventry, five in Leamington Spa, three in Nuneaton and two in Rugby.

Staff supported clients to make complaints and protected those who did from discrimination and harassment. Clients were encouraged to give feedback about the service through suggestion boxes, the service user forum in Coventry and after every appointment by using a short feedback slip. The information from these was inputted into a system which allowed managers to make changes and develop the service.

CGL had a clear complaints procedure which was followed for all formal complaints. These were reviewed in the integrated governance and strategic management meetings and feedback and learning was passed to the team through team meetings and supervision.

## Are substance misuse services well-led?

Good 

## Leadership

Managers and the clinical lead for the service, who was a consultant psychiatrist, provided leadership to the team. They demonstrated they were knowledgeable about the service provided and had the experience and skills to lead the team and support clients.

# Substance misuse services

The service had a clear definition of recovery and how this impacted on the support provided to clients. They did this by offering a tailored package of treatment and care to anyone experiencing difficulties with drugs or alcohol.

Managers including members of the senior leadership team had a visible presence within the service. Staff knew who they were and stated that both they and clients could approach them at any time.

## Vision and strategy

The vision and values of the organisation included focus, empowerment, social justice, respect, passion and vocation. It was clear from the managers and the staff we spoke with that these values underpinned the work of everyone in the service. All staff had a job description that included the values.

Staff stated that they felt included in service development. They spoke of introducing new ideas and being able to develop these with the support of managers. They said they were felt trusted to do their jobs and this in turn meant they were loyal to CGL and the managers they worked closely with. They understood the budgets that were available and how to work within these while still providing high quality care.

## Culture

Staff felt respected, supported and valued by managers. They spoke highly of the managers and the improvements that had been made as the service developed. Many staff had transferred under the Transfer of Undertakings (Protection of Employment) Regulations 2006 from the previous provider and were happy and positive about their roles with CGL. New staff stated they had been well supported by both managers and the staff team.

Staff appraisals and supervision included conversations about career development and staff felt there were opportunities for this within the organisation. All staff we spoke with felt empowered to do their jobs. They were passionate about their work and morale in each site was good.

The culture of the service was that of being open, honest and transparent and managers said that they would always deal with cases of bullying and harassment if reported to them using policies set out by CGL. They did not have any cases at the time of the inspection.

CGL provided an employee assistance service for staff who needed additional support and staff could be referred to this or access it themselves if they needed to. CGL encouraged staff to take an hour each week to support their wellbeing. Staff could use this for exercise, shopping or to pursue a hobby. Staff stated that they appreciated being given this time and felt it was important that CGL recognised how stressful their jobs could be at times.

Staff reported that CGL promoted equality and diversity in its day to day work and none felt discriminated against when opportunities arose for career progression. One manager was receiving external coaching from an expert in developing leadership in women which they felt had been very beneficial.

## Governance

Managers provided good governance at this service. There were systems and procedures in place to ensure the service ran efficiently and staff were supervised and well supported. These were reviewed regularly and updated. Clients received assessments and treatment in a timely manner from staff who were professional and had the necessary skills to fulfil their roles.

Managers had a clear framework for using at meetings. This included team meetings, and integrated governance meetings. Agenda items included incidents and complaints and staff received feedback and actions were implemented to improve the service for clients.

Following a mortality review after the first 12 months of the Coventry contract managers identified areas for development and learning and this was shared with staff. This included looking at the pathways to treatment for clients with chronic obstructive pulmonary disease and seeking ways to improve this for clients with this condition. The service employed a healthcare assistant to support the need to look at healthier lifestyles and physical health care.

Staff participated in clinical audits. These included client records where managers identified gaps and put actions in place for staff to make changes.

The service complied with the requirement to inform external bodies such as the Care Quality Commission of incidents within the service such as deaths. These notifications were detailed and gave a full picture of what had occurred.

# Substance misuse services

Staff were committed to working with other organisations for the benefit of their clients. Where they felt it was needed staff and managers worked to improve these relationships and develop pathways to make it easier for clients to access a full range of services.

CGL had a policy for staff to use if they wanted to raise a concern anonymously and didn't feel they could raise it at a local level however all staff we spoke with stated they wouldn't need to use this as managers listened well and acted on concerns raised.

## Management of risk, issues and performance

The service had regular meetings between senior leaders, managers and staff to ensure quality assurance and performance frameworks were integrated across all organisational policies and procedures. Managers spoke with confidence about quality assurance and how this was implemented.

The service had a local risk register and improvement plan which staff could contribute to through team meetings and supervision. Managers could escalate concerns so that they were put on the organisations risk register at a national level.

The service had plans for emergencies such as staff sickness and adverse weather so that clients could still receive support.

Managers monitored sickness and absence rates. They had a small number of staff off on long term sick but had plans in place to support these staff on a phased return once they were ready to return to work. Staff sickness rates as of February 2019 were 6% in Coventry and 7% in Warwickshire. Managers discussed issues around sickness on a fortnightly basis with CGL's human resources director to ensure this was being managed correctly.

Managers and staff worked together to ensure that cost improvements had not affected clients' care or delivery of the service.

## Information management

The service had dedicated data analysts in post to ensure the smooth collection and entry of data. This was used to monitor the service and to complete the national data that substance misuse organisations were required to provide nationally.

Staff had access to laptops and mobile phones to ensure they could complete their work and access information as they needed to. The service had a lead administrator and a full administration team who supported staff as they needed it. Policies were in place to ensure clients' information remained confidential and this was stored on an electronic system which staff accessed with their own log in details and passwords.

Staff ensured that they had discussions with clients about who they would need to contact in an emergency or if the client was unwell and it was clearly documented and recorded that consent had been given. This was reviewed regularly with clients by key workers who also discussed confidentiality and the policy used for this.

## Engagement

Staff, clients and carers had access to up to date information about the service. This was displayed in public areas of each site and on CGL's website. The service had provided training to over 500 professionals in the area helping to promote their work and raise awareness and understanding of substance misuse.

Patients and carers could give feedback in several ways. They could speak to a manager or team leader directly, or complete simple feedback forms at the end of every session they attended. They could also feedback through the service user forum in Coventry.

Managers engaged with external stakeholders on a regular basis. This included the local authorities in Coventry and Warwickshire who commissioned the service.

## Learning, continuous improvement and innovation

CGL encouraged creativity and innovation with all its staff and allowed them the space to develop and implement ideas. One staff member had developed a parenting group as they had identified this was something clients would benefit from.

Managers were actively involved in development nationally within CGL. For example, they attended groups within CGL nationally to improve unmet need in one client group.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider **SHOULD** take to improve

- The provider should ensure that plans for soundproofing one to one rooms in Nuneaton and Rugby are implemented as soon as possible.
- The provider should ensure that clients have access to information about independent advocacy.