

The Forward Trust

STARS (Southend Treatment and Recovery Service)

Inspection report

25-27
Weston Road
Southend-on-sea
SS1 1AS
Tel: 01702431889
www.forwardtrust.org.uk

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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?

Requires Improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Overall summary

This was our first inspection of this service. We rated it 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 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 holistic, 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 with relevant services outside the organisation.
- Staff treated clients with compassion and kindness and understood the individual needs of clients. They actively involved clients in decisions and care planning.
- The service was easy to access. Staff planned and managed discharge well and had alternative pathways for people whose needs it could not meet.
- The service was well led, and the governance processes ensured that its procedures ran smoothly.

However:

- The service had out of date stock located in the needle exchange room. We found 12 boxes of out-of-date needles. However, these were stored in a locked cupboard and were disposed of during inspection.
- The service did not have a formal process for recording clients contact preferences if they disengaged from treatment. However, they had informal conversations with clients about how they would like to be contacted should they unexpectedly exit treatment before their treatment was completed.

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 STARS (Southend Treatment and Recovery Service)

STARS is provided by the Forward trust, an organisation that has supported people to break the cycles of addiction or crime since 1991. The Forward trust has over 70 separate service delivery projects, with more than 20,000 clients per year supported by 700 staff and 150 volunteers.

STARS offers brief interventions, structured groups, outreach, a rough sleepers initiative, prison in-reach, a needle exchange, blood borne virus testing, naloxone training and an ambulatory detox (an outpatient detox from drugs and alcohol providing assessment, prescriptions, and monitoring) for clients. The service also prescribed opiate substitute medication and psychosocial treatment. Services are aimed at recovery and rehabilitation and includes assessment, information, advice, treatment, and referral for residents of Southend-on-Sea.

This service was registered by CQC on 6 May 2022. Prior to this, services were provided by another organisation. This was the first inspection of this service since it was registered.

At the time of inspection, the service had a registered manager and nominated individual.

The service was registered to provide Treatment of disease, disorder, or injury.

What people who use the service say

We spoke with 6 clients during the inspection.

Clients we spoke with told us staff were respectful, polite, and knowledgeable and that there were good staffing levels.

Clients said treatments were effective, and the groups such as SMART recovery and the women's group were helpful, clients also said the service provided useful gym sessions.

Clients told us they were given a physical health check and referred to specialists if needed.

Clients said there was a quick referral process and collaborative care planning with other services.

Clients told us that the service was clean and comfortable, they enjoyed having use of a kitchen and dining area and said that the clothing exchange was useful and a positive addition to the service.

Clients said that care and treatments were 'client-led' and they were able to make suggestions about what support, groups and one-to-ones they would find useful.

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?

Summary of this inspection

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

During the inspection visit, the inspection team:

- visited the location and looked at the quality of the environment and observed how staff were caring for clients.
- spoke with 6 clients who were using the service.
- spoke with 11 other staff members: including nurses, recovery coordinators and recovery champions.
- collected feedback from 'care opinion' about client experience.
- looked at a selection staff files.
- looked at 11 client files.
- carried out a specific check of the medication management.
- looked at a range of policies, procedures and other documents relating to the running of the service.

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>.

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 **MUST** take to improve:

- The service must ensure that all client files include a documented record of unexpected exit from treatment plans, including the process the service should follow if a client unexpectedly withdraws from treatment. (Regulation 9 HSCA (RA) Regulations 2015 Person-centred Care).

Action the service **SHOULD** take to improve:

- The service should ensure there is a thorough stock check of the needle exchange room, and that out-of-date stock is disposed of.

Our findings






Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community-based substance misuse services	Good	Requires Improvement	Good	Good	Good	Good
Overall	Good	Requires Improvement	Good	Good	Good	Good

Good 

Community-based substance misuse services

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

Is the service safe?

Good 

This was our first inspection of this service. We rated safe 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.

Staff completed and regularly updated thorough risk assessments of all areas and removed or reduced any risks they identified. The service had health and safety systems in place to manage the safety of the environment, including premises checks, infection control audits and fire assessments.

Staff had access to personal alarms.

All clinic rooms had the necessary equipment for clients to have thorough physical examinations.

The service had a large welcoming reception area. The service had a range of suitable rooms accessible to clients. This included one to one interview rooms, group rooms, clinic rooms for medical reviews, testing rooms and needle exchange rooms. All areas were clean, well maintained, well-furnished and fit for purpose.

We found 12 boxes of out-of-date needles located in the needle exchange room. These boxes were stored in a locked cupboard away from the needle exchange stock and were removed during inspection.

Staff made sure cleaning records were up-to-date and the premises were clean.

Staff followed infection control guidelines, including handwashing.

Staff made sure equipment was well maintained, clean and in working order.

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.

Nursing staff

The provider employed a variety of staff, which included a range of health care professionals, for example, specialist doctors, non-medical prescribers, nurses, recovery co-ordinators, outreach workers, psychologists, clinical and data administrative staff.

The service had low vacancy rates. At the time of inspection there were 8 vacancies, which included 4 recovery Workers, 1 outreach worker, 1 criminal justice worker, 1 hospital liaison co-ordinator and 1 health & wellbeing worker. Two agency recovery workers were in post to support staffing.

The service had low rates of agency use. At the time of inspection there were five agency members of staff, this included 1 nurse, 2 non-medical prescribers and 2 recovery co-ordinators.

Managers made arrangements to cover staff sickness and absence and supported staff who needed time off for ill health. Sickness levels were low. At the time of inspection, short term sickness levels were at 34% over 52 weeks, this equated to around 18% monthly sickness. The provider told us this was mostly short-term sickness due to COVID-19. Overall, 0% of those were long term sickness. The Provider did not have a target for sickness rate.

Staff records were not held at the hubs but centrally with The Forward Trusts central human resource department. Managers reviewed monthly human resources audits of compliance rates with DBS checks. We checked three staff HR records and found no issues.

Managers made sure all agency staff had a full induction and understood the service before starting their shift.

The service had low turnover rates.

Medical staff

The service had enough medical staff, this included a specialist doctor and two band 7 nurses.

Managers could use locums when they needed additional support or to cover staff sickness or absence.

The service could get support from an external psychiatrist when they needed to. The service had a psychologist and an assistant psychologist based within the team.

Mandatory training

Staff had completed and kept up to date with their mandatory training. At the time of inspection, 86% of staff had completed their mandatory training.

The mandatory training programme was comprehensive and met the needs of clients and staff. Mandatory training included safeguarding,

Managers monitored mandatory training and alerted staff when they needed to update their training.

Community-based substance misuse services

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 on arrival, using a recognised tool, and reviewed this regularly, including after any incident.

We reviewed 11 client records and found all records had an initial risk assessment, a risk management plan in place and the most recent risk assessment was up to date.

Records did not include a discharge plan or plan for unexpected exit from treatment.

Management of client risk

At the time of inspection there were no waiting lists to access treatment, the service had a total of 589 clients in treatment. Managers monitored caseloads 3 times a week.

Staff followed clear personal safety protocols, including for lone working. Staff we spoke with were aware of the lone working policy.

The service provided detailed and informative harm minimisation advice to clients making them aware of the risks of continued substance misuse. Recovery co-ordinators promoted harm reduction and offered support and advice.

Staff held daily flash meetings. We observed a flash meeting during the inspection and saw that staff engaged in discussion about needle exchange, prison releases, hospital admissions and discharges, incidents, clinical appointments and health and safety issues. Where appropriate, these risks were shared with relevant stakeholders such as the local authority, health services, criminal justice partners, police, and probation services.

We saw from client records that staff made every attempt to follow up on missed appointments.

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. At the time of inspection 95% of staff were up to date with their safeguarding training. All team leaders and the service manager had completed Designated Safeguarding Lead training.

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 knew how to make a safeguarding referral and who to inform if they had concerns. Safeguarding adults and children were a standing agenda item at weekly meetings.

Community-based substance misuse services

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.

The provider used an electronic recording system for client records. The system was easy to navigate.

Client notes were comprehensive, and all staff could access them easily.

Recovery co-ordinators updated the system regularly after appointments and interventions. The relevant staff had prompt and appropriate access to care records for clients.

Records were stored securely.

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 the effects of each patient's medicines on their physical health according to The National Institute for Health and Care Excellence (NICE) guidance. Electrocardiograms (ECGs) were conducted by nursing staff to monitor people on medium and high doses of methadone. If the ECG result was abnormal, staff completed referrals.

Clinic rooms were clean, spacious and equipped with handwashing facilities. Staff had access to emergency medicines, equipment, and medicines disposal facilities.

All staff were trained to administer naloxone in case of an emergency. Staff gave clients naloxone and trained them on how to administer it to reduce the risk of overdose from opioid use. In the previous quarter 98% of clients were offered naloxone according to the service KPIs.

Clients were offered Blood Borne Virus testing for hepatitis B, hepatitis C, and HIV at the start of treatment and during treatment. Hepatitis vaccinations were routinely offered at the point of assessment and at review appointments to all clients.

We saw evidence that staff wrote to GPs to keep them informed of the treatment being provided by the service. Staff obtained clients' consent before requesting and sharing information with their registered GPs.

Staff completed medicines records accurately and kept them up to date. Staff used an electronic system to document medicines prescribed. When they reviewed clients' medicines, they requested an up-to-date list of medicines from their GP.

Staff stored and managed all medicines and prescribing documents safely. Medicines and prescription forms were kept securely. Their use was monitored in line with national guidance. Prescriptions were either posted to pharmacies where clients collected their medicines from or were collected from the service by clients.

The service monitored the temperatures of medicines storage areas. If temperatures fell outside the recommended ranges, staff knew what actions to take.

Community-based substance misuse services

Track record on safety

The service had a good track record on safety.

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.

In the previous twelve months there had been a total of 11 death notifications made to the CQC. Staff we spoke with told us they were offered a full debrief with management following a client death. Learning from client deaths were discussed as part of the governance meetings, staff told us that a harm reduction folder had been created following a client's death, to improve client care.

Staff knew what incidents to report and how to report them. Staff confirmed they raised concerns and reported incidents and near misses in line with the service's policy.

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. We saw evidence of this within the services complaints log.

Staff met to discuss the feedback from incidents and look at improvements to client care. Incidents were discussed in daily flash meetings and through reflective practice.

Is the service effective?

Requires Improvement 

This was our first inspection of the service. We rated effective as requires improvement.

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, were personalised, holistic and recovery-oriented.

We reviewed 11 care and treatment records and found staff completed an initial assessment for clients in a timely manner. Care records were comprehensive and included client goals and recovery plans. All care records showed there was a recovery plan in place and the client had been offered a copy.

Recovery plans were personalised, holistic, strength-based and goal oriented. Staff regularly reviewed and updated care plans when clients' needs changed.

Records did not include a discharge plan or plan for unexpected exit from treatment. We did not see evidence in any client records reviewed that clients had documented plans in place for unexpected exit from treatment. However, staff told us that all clients completed and signed consent to share information forms and that unexpected exit from treatment was discussed with all clients informally. Staff told us that they would do all they could to reengage clients before discharging them.

Community-based substance misuse services

The provider had a key performance indicator in place for reducing unplanned exits from treatment, which had been met in the three months prior to inspection. Alcohol and non-opiate client unexpected exit from treatment had reduced by 9% from the previous reporting period, during the same timescale, non-opiate unexpected exit from treatment had reduced by 10% and opiate client unexpected exit from treatment had reduced by 2%.

Staff ensured clients had a full physical health assessment and were referred appropriately for any ongoing physical health concerns.

Staff completed physical health assessments with clients and records showed there was ongoing physical health monitoring.

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 interventions suitable for the clients in the service. Interventions included those recommended by and were delivered in line with guidance from the National Institute for Health and Care Excellence (NICE).

Clients had access to a range of psychological therapies and support for both their mental and physical health. This included gym group, DBT skills programme, mutual aid, art and creative writing, LGBTQ+ group, women's only groups, health and wellbeing, working towards abstinence and SMART recovery group.

Staff made sure clients had support for their physical health needs, either from their GP or community services. When staff reviewed clients' medicines, they requested an up-to-date list of medicines from their GP, staff wrote to GPs to keep them informed of the treatment being provided by the service.

Staff supported clients to live healthier lives by supporting them to take part in programmes or giving advice. This included smoking cessation and sexual health support.

Staff used recognised rating scales to assess and record severity and outcomes. This included alcohol audits, Clinical Institute Withdrawal Assessment of Alcohol Scale (CIWA-Ar), severity of alcohol dependence questionnaire (SADQ-C) and severity of dependency scales.

Staff supported clients to minimise risks associated with substance misuse. For example, the service had a needle exchange service as recommended by the Department of Health and Drug misuse guidelines. The service offered safe storage for the return of needles to the needle exchange and offered safe storage boxes for medication. Staff offered harm minimisation advice to clients, and there was a folder with harm minimisation information available to clients in the waiting area.

The provider supported clients with ambulatory (outpatient) detoxification where appropriate within their own homes. We reviewed care records where clients had undergone an ambulatory detox and saw that appropriate assessments were undertaken, and appropriate physical health monitoring was in place before commencing detox.

Community-based substance misuse services

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 access to a full range of specialists to meet the needs of each client.

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

Managers gave each new member of staff a full induction to the service before they started work. New staff members received bi-weekly reviews and attended a weekly new-starter induction group.

Managers supported staff through regular, constructive appraisals of their work. Overall, the service appraisal rate was 94%.

Managers supported staff through regular, constructive supervision of their work.

Managers made sure staff attended regular team meetings and gave information to those who could not attend. Meetings were documented so that staff could access information if they were unable to attend.

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

Managers made sure staff received any specialist training for their role. This included Managing Challenging Behaviour, Naloxone, Hepatitis C and BBV, Harm reduction, Therapeutic group skills, acupuncture, Risk management and case admin.

Managers recognised poor performance, could identify the reasons, and dealt with these. We looked at a selection of supervision records and saw evidence of identified learning areas being managed effectively within staff supervision files.

Multidisciplinary and interagency team work

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. This included daily flash meetings, clinical meeting 3 times monthly, governance meetings monthly and alcohol multi-disciplinary team meetings fortnightly.

Staff made sure they shared clear information about clients and any changes in their care, including during transfer of care.

Community-based substance misuse services

Staff had effective working relationships with other teams within the organisation and with external teams and organisations, this included external safeguarding teams, mutual aid groups, sexual health teams, police, and probation.

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 received and kept up to date with training in the Mental Capacity Act and had a good understanding of at least the five principles. Overall, 78% of staff had completed Mental Capacity Act training.

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

Staff assessed and recorded capacity to consent clearly within clinical assessments. Staff completed a capacity and intoxicification test with clients as part of the physical health assessment.

Is the service caring?

Good 

This was our first inspection of the service. We rated caring as good.

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.

Staff were discreet and responsive when supporting clients. Clients told us staff were respectful, polite, and knowledgeable.

Staff gave clients help, emotional support and advice when they needed it. Clients we spoke with felt listened to and told us they had built good relationships with staff.

We looked at 11 care records, all care records contained a plan of care which offered interventions aimed at maintaining and improving the clients' social networks.

Staff directed clients to other services and supported them to access those services if they needed help. This included sexual health and blood borne virus support, mental health drop-in sessions and domestic violence support.

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. We reviewed 11 care records and all included confidentiality contracts information sharing agreements.

Community-based substance misuse services

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 offered them a copy of their care plans. We reviewed 11 care plans which confirmed this.

Staff involved clients in decisions about the service, when appropriate. Clients were offered to attend the service forum user voice and had a suggestions box within the kitchen.

Clients could give feedback on the service and their treatment and staff supported them to do this. The service had a feedback machine located at the entrance for clients to feedback on their visit.

Staff made sure clients could access advocacy services. Advocacy information was displayed within waiting room notice boards.

The service had access to a volunteers and peer mentors, with a range of specialisms, who were supported by a building recovery in communities (BRIC) co-ordinator.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Staff helped families to give feedback on the service.

Staff gave families information on local support groups and have leaflets located in the waiting area for family members.

Is the service responsive?

Good 

This was our first inspection of the service. We rated responsive 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.

There were a variety of ways in which clients could be referred into the service. The most common was self-referral. Clients could attend a walk-in appointment, email, or call the service. The service also accepted referrals from other professionals.

The service did not have waiting lists. The service offered an open-door policy and accepted walk-in self-referrals, who were offered a time and date to be assessed in a timely manner.

Community-based substance misuse services

Staff saw urgent referrals quickly. The service set a target that referral date to service and intervention start date for all clients starting structured treatment should be within 7 days. The service had met this target consistently in the year leading up to inspection.

Staff tried to contact people who did not attend appointments. However, there was no formal unexpected exit from treatment pathway. Staff told us they had informal conversations with clients about how they wanted to be contacted should they self-discharge. The service had a key performance indicator to reduce the number of unplanned exits before 12 weeks of treatment, this target had been achieved in the 3 months prior to inspection.

Clients had some flexibility and choice in the appointment times available. The service had a range of out of hours, face-to-face, online, and remote appointment options available. The service opened late one evening a week.

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. Appointments ran on time and staff informed clients when they did not.

Staff tried to engage with people who found it difficult, to seek support from services. The service had a dedicated homeless outreach team and a criminal justice team. They also worked closely with the young people's team.

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. This included one to one and group rooms, clinic rooms, a spacious waiting area, a needle exchange room, urine testing suite and a kitchen and dining area.

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. Accessible meeting rooms were available on the ground floor.

Staff made sure clients could access information on treatment, local services, their rights and how to complain. We saw leaflets on notice boards throughout the service.

The service provided information in a variety of accessible formats so the clients could understand more easily.

The service had information leaflets available in languages spoken by the clients and local community.

Managers made sure staff and clients could get hold of interpreters or signers when needed.

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.

Clients, relatives and carers knew how to complain or raise concerns.

Community-based substance misuse services

Staff understood the policy on complaints and knew how to handle them. Staff we spoke with confirmed this.

Staff knew how to acknowledge complaints and clients received feedback from managers after the investigation into their complaint. We reviewed the complaints and compliments log during inspection and saw the provider recorded all complaints and the progress of these on a central database.

Managers investigated complaints and identified themes. Any themes were then discussed through various staff meetings.

Staff protected clients who raised concerns or complaints from discrimination and harassment.

Clients received feedback from managers after the investigation into their complaint.

Managers shared feedback from complaints with staff and learning was used to improve the service.

The service used compliments to learn, celebrate success and improve the quality of care.

Is the service well-led?

Good 

This was our first inspection of the service. We rated well-led 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 strategic oversight of the service. Managers and team leaders felt the manager was visible in the service and accessible to clients and staff. The staff we spoke with confirmed this.

The leaders at the service had the skills, knowledge and experience to perform their roles, and provided leadership to their staff. The organisation had a clear definition of recovery, and this was understood by all staff.

Leaders had a good understanding of the services they managed. They could explain clearly how the teams were working to provide high quality care and were open and transparent in sharing areas which needed to improve.

Leaders had access to specialist management training and had completed Root cause analysis training.

Vision and strategy

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

The service's mission was to bring lasting change to people's lives by delivering services that inspire the belief in a better life and provide clear steps to achieve this change. Staff knew and understood the vision and values of the team and organisation and what their role was in achieving that.

Community-based substance misuse services

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.

All staff we spoke with reported feeling valued by their line managers. They said they were supported through regular one to ones and were able to ask for support outside of scheduled meetings.

Managers ensured clients were kept safe through regular review of team and individual staff members caseloads, through one-to-one support and daily discussion of workload during morning meetings. Staff worked as a team to ensure clients' needs were met.

The service had a whistleblowing policy in place. Staff we spoke with were aware of this and were confident they would use this if required.

Staff said they were supported by leaders and their colleagues, and they felt respected and valued in their teams and in the wider community.

Governance

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

Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

The service had a range of meetings to discuss safety and performance. This included daily flash meetings, clinical meeting 3 times monthly, governance meetings monthly and alcohol multi-disciplinary team meetings fortnightly. Minutes from these meetings were stored on a shared database for staff to access.

There was a clear framework of what must be discussed at meetings to ensure that essential information, such as learning from incidents was shared and discussed.

Staff collected and analysed data about outcomes and performance, the results of the key performance indicators were shared at team meetings and discussions held about how to make improvements in the service.

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.

There were clear quality assurance management and performance frameworks in place.

Managers had clear oversight of client-based information and proactively reviewed and monitored key indicators on a weekly basis. Managers told us caseloads were regularly reviewed and discussed in supervision, daily flash meetings and multidisciplinary team meetings.

The service had a risk register in place. The register described the issue, rated the risk and detailed mitigations put in place.

Community-based substance misuse services

The service routinely reported quarterly key performance indicators to commissioners. The reports show that managers collected, collated and analysed data against a number of outcome, performance and activity measures.

Information management

Staff collected analysed data about outcomes and performance.

The service used systems to collect data, and managers ran weekly reports including client level data and information.

The service had a data team in place including a data lead and clinical administration support.

Team managers had access to information to support them with their management role. This included information on the performance of the service, staffing and client care.

Managers ensured staff had access to the equipment and information technology needed to do their work.

The service reported on a number of key performance and quality indicators such as successful completions, engagement upon release from prison, offering naloxone, waiting times and reducing unplanned exits from treatment.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	<div>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</div> <div>The service did not have a formal process for recording clients contact preferences if they disengaged from treatment.</div>