West Sussex Drug & Alcohol Wellbeing Network

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?	Requires improvement
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.

Summary of findings

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

Overall summary

West Sussex Drug & Alcohol Wellbeing Network delivers medical and psychosocial interventions in the community for substance misuse. We rated them as **good** because:

- The teams included or had access to the full range of specialists required to meet the needs of clients under their care. Managers ensured that these staff received training, supervision and appraisal. Staff worked well together as a multidisciplinary team and relevant services outside the organisation.
- Staff developed recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the clients and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The service was easy to access. Staff planned and managed discharge well and had alternative pathways for people whose needs it could not meet.
- Staff treated clients with compassion and kindness. Staff understood the individual needs of clients. They actively involved clients in decisions and care planning. Clients were also involved in the planning of service delivery.
- The service was well led. Staff spoke positively about leadership at all levels and talked about how the provider's vision and values informed service delivery.

However:

- Risk was not always managed effectively. Risk information, such as safeguarding, was hard to find in the client's care records and was often lacking enough detail. There was a lack of timely and accessible governance around safeguarding procedures for managers and team leaders. There was no clear local procedure for the management of prescriptions if a client persistently missed their medical reviews.

Summary of findings

Contents

Good

West Sussex Drug & Alcohol Wellbeing Network

Services we looked at; community-based substance misuse services

Summary of this inspection

Background to West Sussex Drug & Alcohol Wellbeing Network

West Sussex Drug & Alcohol Wellbeing Network is a community substance misuse service provided by Change Live Grow. The service covers West Sussex and has teams based in Crawley, Chichester, Worthing and Bognor Regis.

The service provides substance misuse support to adults over the age of 18, young people and their families in the community. This includes opioid substitute treatment, community detoxification for opiates and alcohol. The service also provides psychoeducational groups for a range of substances and aftercare treatment following a detoxification regime. The service also offers vaccinations and testing for blood borne viruses for clients.

West Sussex Drug & Alcohol Wellbeing Network was registered with the Care Quality Commission on 26 October 2018. This was the services first inspection following registration. There was a registered manager in post at the time of the inspection. The service is registered to provide treatment for disease, disorder and injury.

Our inspection team

The team that inspected the service comprised two CQC inspectors, an assistant inspector and a specialist advisor with a professional background in substance misuse services.

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, asked a range of other organisations for information.

During the inspection visit, the inspection team:

- visited the team bases at Crawley, Worthing, Chichester and Bognor Regis, looked at the quality of the premises and observed how staff were caring for clients,
- spoke with 18 patients who were using the service,
- spoke with the registered manager, two locality managers and five team leaders,
- spoke with 30 other staff members; including nurses, volunteers, care-coordinators, young person and family support workers and administration staff,
- received feedback about the service from one commissioner,
- attended and observed two hand-over meetings and two multi-disciplinary meetings,

Summary of this inspection

- observed a psychosocial therapy group and a one-to-one session,
- looked at 22 care and treatment records of patients,
- carried out specific checks of the medication and prescription management,
- looked at 17 medicines records and
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

All but one client we spoke to had positive feedback about the service. Those who had positive feedback all knew their named worker and commented that staff went above and beyond to support them. However, one client we spoke to had been waiting over an hour past their appointment time and did not know who their named worker was. When we approached staff about this, there was some confusion about the purpose of the client's appointment, but staff did not apologise for the miscommunication.

Clients told us that the service was excellent and were very positive about the staff. They told us that they felt respected by the staff and that they would recommend it to others. We were told that the assistance with travel expenses helped clients to engage with the service.

Clients who attended a psychosocial group at Crawley told us they found the group helpful and enjoyable and spoke highly of the staff who led it. Clients were also positive about the acupuncture groups but would like the sessions to last longer.

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?

Requires improvement

We rated safe as **requires improvement** because:

- Client risks, such as risks to or from other people, were not always recorded effectively. Where staff had identified an area of risk with a client, it was not always clear what the management plan was or what actions had been completed.
- Prescribing practice did not always follow the provider's own policy or national guidelines around medical reviews or take out prescriptions. Clients were not always present when a review of their prescribed medication took place; there was no documented local procedure for when clients did not attend their medical reviews. Rationales for the safety of take-out methadone prescriptions were not always clear.
- While there were governance systems in place to monitor safeguarding, they did not allow managers and team leaders to have timely oversight of safeguarding processes within their teams.

However:

- All premises where clients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- 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.
- The service had a good track record on safety. 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.

Are services effective?

Good

We rated effective as **good** because:

- 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 used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.

Summary of this inspection

- 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.
- Staff offered physical health monitoring. This included appropriate physical health checks during detoxification programs, blood borne virus testing and treatment, vaccinations and physical health assessments with qualified nurses.
- 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 teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.
- The service employed a peer mentor coordinator who managed peer mentors across all sites. Peer mentors offered practical help to clients as well as supported with treatment.
- Staff supported clients to make decisions on their care for themselves. They understood the provider'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.

However:

- Staff delivering psychological therapies did not have access to clinical supervision.
- The rates of annual appraisals for staff were low.

Are services caring?

Good

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 and treatment.
- 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.
- Staff informed and involved families and carers appropriately.
- On completion of a psychosocial intervention program, clients were invited to attend a graduation ceremony to celebrate their achievements.
- Service user representatives were involved in the development of the service.

Summary of this inspection

- Clients had access to advocates. Staff were aware of the different local organisations that offered advocacy services and posters and leaflets were on display across all sites.

Are services responsive?

Good

We rated responsive as **good** because:

- The service was easy to access. Staff planned and managed discharge well. Staff worked to re-engage clients who did not engage with the service. The service had alternative care pathways and referral systems for people whose needs it could not meet.
- The design, layout, and furnishings of treatment rooms supported clients' treatment, privacy and dignity.
- The service met the needs of all clients, including those with a protected characteristic or with communication support needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and the wider service.

Are services well-led?

Good

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.
- Teams had access to the information they needed to provide safe and effective care and used that information to good effect.
- Staff collected and analysed data about outcomes and performance.

However:

- There was no overarching governance system to ensure that managers had oversight of safeguarding processes.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Managers ensured Mental Capacity Act training was provided to staff. Staff were competent in applying the principles of the Mental Capacity Act, understanding how substance use can affect mental capacity and the ability to consent to treatment. This was clearly and consistently documented in clients' notes.

Good

Substance misuse services

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

Are substance misuse services safe?

Requires improvement

Safe and clean environment

All sites were clean, comfortable and well maintained. Each site had a client waiting area with a range of information leaflets available. There were a range of rooms and spaces to see clients. The reception area in Chichester had been re-decorated by the service users' recovery forum and was welcoming and homely.

The Worthing hub presented unique challenges in managing the safety of the building due to its layout. The reception area was difficult to find and up numerous stairs. Staff had added signs to guide visitors to the right area. However, this was managed by staff with the addition of closed-circuit television (CCTV) to ensure staff had oversight of where people were in the building.

All premises we visited had alarms in each relevant room. The alarms were detachable from the walls, so staff could carry them if needed. There were safety procedures in place for staff working in satellite locations and lone working.

Staff completed monthly health and safety checks of the premises and all services had environmental health and safety risk assessments in place. There was clear fire evacuation information displayed in all sites.

The team in Chichester had its own maintenance contract but the building was rented so some works had to be arranged through the landlord. The building was also shared with a travel agency who controlled the heating system from their side, so staff had put electric heaters into some rooms.

Safe staffing

There were a number of vacancies across all teams. There was a total vacancy rate of 10% and a sickness rate of 3.9%. The service was proactively working to fill vacancies and manage staff shortages safely. This included using agency staff to provide cover and consistency whilst posts were being recruited to.

The vacant lead nurse post had been appointed to and a start date had been agreed. This post was being covered by the regional lead nurse in the interim. There were difficulties recruiting to substantive medical posts. This was being managed by regular locum doctors. No concerns were raised about the levels of medical cover.

In Chichester, there was 2.5 whole time equivalent care co-ordinator vacancies and the programme worker was on long-term sick leave. Vacancies were generally managed with use of agency staff.

In Worthing, there were two vacancies for programme workers, but interviews had been arranged. There was also a vacancy for another care co-ordinator however the manager had put forward a business case to change this role to improve the volunteer pathway into being employed by the service.

In Crawley, there was one programme worker based at each of the three sites the teams worked from. This meant that if a programme worker was off work, it was more difficult to find cover for their role. At the time of the

inspection, the programme worker in the base we visited was off work and therefore the acupuncture groups could not be run as they were the only one trained to deliver the groups.

Care co-ordinators held high caseloads. In Chichester, care co-ordinators' caseloads were on average between 80 and 90 clients. In Bognor, care co-ordinators' caseloads were on average between 60 and 80 clients. In Worthing, care co-ordinators' caseloads were on average between 80 and 100 clients. In Crawley, care co-ordinators' caseloads were on average between 80 and 110 clients. Staff told us caseloads were high and that care co-ordinators had high workloads. However, there is an ongoing piece of work across all teams to review caseloads, monitor their complexity and ensure they are manageable.

All the records we reviewed showed that each client had an allocated care co-ordinator. The care co-ordinator held responsibility for assessing, monitoring and reviewing clients on their caseload.

The registered manager kept a mandatory training matrix for all staff. This enabled staff to see which training they needed to complete. All mandatory training was completed by a minimum of 79% of staff across the service. Mandatory training included safeguarding adults and children, Mental Capacity Act and basic life support.

Assessing and managing risk to patients and staff

Staff did not record information around clients' risk with enough detail. Care records contained information about whether a risk existed but there was not enough information about each risk and its management available. It was not always clear when actions to manage risk had been completed by staff. Client plans were not always updated regularly, 68% of records we reviewed contained an out of date plan. However, following the inspection the provider has made available data that shows across the whole service caseload 34% of clients have an out of date plan.The electronic care system contained risk information in two separate places and it was difficult to follow risk information across the two separate forms. However, when discussing clients with staff it was clear that their knowledge around the clients and their risks was good and they were managing risk safely. The documentation did not reflect their level of knowledge or the actions completed. If staff members were off sick or agency staff were accessing clients' care records, it would be very difficult to ascertain enough risk information about high risk clients and the required actions to manage the risks.

Although we observed staff having conversations with clients about the risks of continued substance use, we did not see evidence of this in client care records. Safety and crisis planning were not a routine element of the clients' care records and we saw instances where this could have been useful. For example, there was a client who had a recent accidental overdose on illicit substances, which was highlighted in the care record, but there was no documented evidence of future safety planning with the client.

Staff communicated risk through daily team briefing meetings. These meetings were a team plan for the day and high-risk clients, safeguarding risks and required actions were discussed and recorded. We saw evidence that these discussions were recorded in the clients' care records, but the amount of information available was variable. This meant that staff may not have always been aware of clients' risks.

Staff assessed clients' suitability for community treatment. Clients who were at an increased risk of harm during a community detoxification program were considered for referral for inpatient treatment.

Safeguarding

Staff knew how to identify adults and children at risk of, or suffering, significant harm. Training records showed 95% of staff had completed mandatory safeguarding adults and children training. We observed discussions between staff about clients at risk of harm and the necessary actions to safeguard individuals. We saw examples of how staff worked effectively within teams, across services and with other agencies to promote safety including systems and practices in information sharing. However, it was not always clear from looking at client care records what actions were necessary to safeguard an individual, or what actions had already been completed.

While there were governance systems in place to monitor safeguarding, they did not allow managers and team leaders to have timely oversight of safeguarding processes within their teams. Reports were produced quarterly of any open safeguarding referrals and staff discussed

safeguarding cases monthly in supervision. Although individual members of staff were aware of their duties, if they were absent from work for a time period there is a risk that actions or necessary referrals could be missed.

Staff access to essential information

Client care records were held in an electronic system. Any paper forms were scanned and stored in the electronic system. All required staff had access to the online care records and were able to access the system when satellite working.

Medicines management

The medicines offered, and dosing regimens prescribed by the prescribing staff for opioid substitute therapy, and opioid and alcohol detoxification regimes, were in line with local and national guidance.

Prescribing staff did not manage risk effectively in clients who did not attend their medical reviews. We saw examples in the care records of clients who had persistently missed their medical review appointments but were still in receipt of their methadone prescription unaltered. For example, when clients were given methadone doses to take away from the pharmacy. In some cases, there was no clear documented attempts to re-engage the client in their reviews with the required urgency. The 'drug misuse and dependence: UK guidelines on clinical management (2017)' state that "for suitably safe prescribing, as a minimum, agreement is needed from the patient to ongoing attendance for prescribing reviews and therapeutic monitoring by a clinician" and the provider's own prescribing policy states that "where reviews are not attended, this may result in changes to prescription dispensing or dosing in order to promote safety as per local operational procedures." We did not see evidence of this being considered in clients' care records. There was also no recorded local operational procedure. We were told that the approach can vary across Change, Grow, Live teams depending on the practice of their consultants and that locally prescriptions were not amended despite persistent non-attendance. Furthermore, the prescriber's own policy states that "it should be noted that a review in absence does not replace the requirement for a face to face review with a prescriber." Staff told us that if a client did not attend, they would conduct a review in their absence. This is in contravention of the 'drug misuse and dependence: UK guidelines on clinical management (2017)' and the provider's own policy. There are mechanisms in place to attempt to engage clients who did not attend, including case reviews at weekly clinical meetings and daily briefing discussions. However, these actions were not always clear in the clients' care records.

We saw prescribing records of clients who had continued illicit substance misuse and take-out prescriptions. The provider's prescribing policy states that "if opioid use 'on top' does not stop, further optimisation strategies may be deployed such as changing in dispensing regime (from daily pick-ups to daily supervised consumption)." There are a number of risks involved with providing clients with a take-out prescription with prolonged illicit substance use. This included risks to the client's physical health and we saw examples of take-out methadone prescriptions when there was continued illicit substance misuse amongst clients. Another risk was diversion of methadone. When we spoke with staff at the Crawley hub, they believed illicit methadone to be difficult and expensive to obtain. When we spoke with clients, they told us that illicit methadone was easy and very cheap to purchase. Although this can be an indicator that large quantities of prescribed methadone are being diverted, when we spoke with the commissioners, they were not aware of any local issues with the availability of illicit methadone.

Nurses managed medicines, such as vitamins and vaccines, held in stock safely. We checked medicines at all sites and found that they were all appropriately stored and regularly checked. At each site, one nurse was responsible for the ordering of required medicines. There were no concerns raised with this process.

Staff supported clients to access their prescriptions in the community. Controlled drugs were not stored or dispensed on site. Staff contacted a suitable pharmacy for the client to arrange dispensing. Staff provided the pharmacist with essential information prior to prescription starting. The service contracted the management of their pharmacy contracts to an external pharmacy team. This included managing notifications of missed doses and other pharmacy incidents. The service told us that there were some issues receiving missed dose notifications from the pharmacists. However, this was being proactively managed by the service in conjunction with the external pharmacy team. The performance of this team was closely monitored by the registered manager by setting key performance targets and requesting regular reports.

Good

Substance misuse services

The administration team managed the prescription processes well. There was a secure process in place for ordering and storing prescriptions and checks were in place to ensure all prescriptions were accounted for. This process was regularly audited across all sites.

Track record on safety

There have been no serious incidents in the last 12 months.

Reporting incidents and learning from when things go wrong

All teams investigated incidents and shared learning. Staff understood how to complete the electronic incident recording form. These forms were then signed off by management and any immediate actions fed back to the team. Individual incidents were discussed at monthly clinical governance meetings and incidents were monitored for themes and trends. Staff were debriefed following and serious incident that occurred within the team.

Staff discussed drug-related deaths regularly alongside the commissioner of the service. There were quarterly reducing drug-related death meetings, which took a thematic approach to reviewing drug-related deaths. There had been a number of initiatives implemented as a result of this work, such as requesting the ambulance service notify the service when they administer naloxone. Naloxone is a medication used to reverse opiate overdose. The service has been involved in a recent review of drug-related deaths over the past three years alongside the commissioners of the service, which is due to be published shortly.

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

Good

Assessment of needs and planning of care

Referrals were triaged by staff and booked in for initial assessments. Staff completed risk assessments and care plans at the point of initial assessment. All care records contained a service user plan. Although the goals for clients' care were often generic, such as "to stop using illicit substances," we did see examples of detailed and measurable goals within the plans.

Staff routinely monitored the physical health of clients. Following initial referral, staff contacted the GP for a medical history and prescriptions would not be offered until this was received. Nurse-led wellbeing clinics were offered at the start of treatment prior to prescribing assessment to ensure any physical health needs were addressed and offered regularly to clients. Outcomes of these assessments were shared with the client's GP.

Low doses of medication were regularly audited using the caseload management tool. This was to ensure clients were on therapeutic doses of medication and enabled discharge plans to be made with clients who were on reducing medication regimes. It also ensured that clients did not remain on low doses for long periods with no goal. The caseload management tool was also used to monitor high doses.

Staff complete a Treatment Outcomes Profile (TOPs) with all clients every three months throughout their treatment. This is a measure of treatment effectiveness for each client. The effectiveness of group programs was measured through individual client attendance and outcomes, flow of clients through pathways and client feedback.

Best practice in treatment and care

Staff delivered psychosocial treatment in line with "Drug misuse and dependence: UK guidelines on clinical management (2017)" and appropriate National Institute for Health and Care Excellence (NICE) guidelines. Staff also followed the provider's pathways, policies and procedures for psychosocial treatment.

The majority of the teams offered group work as a primary treatment intervention. Clients had one-to-one sessions with care-coordinators or programme workers if there was a required need. In Worthing, the team had an allocated time-slot a week to meet one to one with clients who also had a mental health condition. In the other teams, one-to-one appointments were for clients who were complex and required additional support from the service.

All teams offered a similar group intervention programme. Clients worked their way through each group, dependant on where they were on their recovery. These groups were closed and divided into three parts: foundations of change, growth and life. Clients joined the closed groups at the end of each cycle but were able to access other open groups whilst waiting. Each team offered additional psychosocial groups such as acceptance and commitment therapy,

acupuncture, motivation group, women's group and obstacles to recovery. The service also had a partnership with another local organisation, who ran or co-facilitated some of the groups. There were also groups to prepare clients for detoxification regimes.

The service offered an appropriate range of medication for assisted withdrawal from opiates and alcohol, in line with national guidelines. Medication was also offered as part of an aftercare package to help maintain abstinence following detoxification. Prescribers ensured clients receiving high doses of methadone (over 100 millilitres) or those with additional risk factors received electrocardiograms (ECGs). This is necessary to monitor for a lengthened heart beat because of methadone prescribing. These were being conducted on site by nurses in wellbeing clinics. Staff told us ECGs were analysed by an external company. They would alert the service if there were any immediate concerns and then deliver a full analysis.

Staff offered take home naloxone to all clients and carers of people using opiates. This is an essential injectable medication that can reverse opiate overdose. Staff were trained to administer this medication and to train others how to use it.

Staff regularly offered testing for blood borne viruses including Hepatitis A, Hepatitis B, Hepatitis C and human immunodeficiency virus (HIV). Vaccinations were also routinely offered by staff for Hepatitis B. The team at Bognor Regis worked closely with their local hepatology nurse who delivered liver scans and Hepatitis C treatment without the client needing to travel to the general hospital.

The service employed a peer mentor coordinator who managed peer mentors across all sites. Peer mentors offered practical help to clients as well as supported with treatment.

Skilled staff to deliver care

Training was delivered through a mixture of face-to-face training and eLearning. External training was also used when needed. Specific training was provided to staff for each therapeutic group program they were asked to facilitate. Staff told us that they felt able to request specialist training outside of the mandatory training package.

Locality leads, and team leaders delivered management and caseload supervision across all teams. Prescribing staff received clinical supervision from the consultant psychiatrist. Supervision compliance rates were in line with policy. However, there was no mechanism for clinical supervision of staff delivering psychosocial groups, including compassion focussed therapy and motivational interviewing.

Appraisal rates were low, with 34% of staff having received an appraisal. This was because the appraisal cycle was temporarily paused for the introduction of a new appraisal system. Staff learning and development has been monitored through supervision as mitigation for this pause.

Volunteers were required to undertake the same statutory and mandatory training as substantive staff. Volunteers had the opportunity to participate in an accredited training course. Volunteers had access to support and supervision from the volunteer lead for the service.

Multi-disciplinary and inter-agency team work

Each team held multi-disciplinary team meetings on a weekly basis. The service was also in the process of implementing complex case meetings. These were being held on a quarterly basis at the Crawley base and were due to be extended to the other teams.

There was a dual diagnosis pathway in place with local community mental health teams. This enabled direct referrals between the two services. Staff told us that there was some difficulty in this pathway in some areas. The registered manager was aware of these difficulties and working with the community mental health teams to try and reach a solution.

Staff told us there were good links with the local authority safeguarding teams.

Good practice in applying the Mental Capacity Act

Staff were competent in assessing capacity in substance misuse clients. We saw clear documentation in client notes around capacity to consent to treatment.

The provider delivered training on the Mental Capacity Act and 97% of staff who required training for their role had completed it.

Good

Substance misuse services

Are substance misuse services caring?

Good

Kindness, privacy, dignity, respect, compassion and support

Staff were hard working, caring and committed to delivering a good quality service. We observed that staff across all sites responded to clients in a kind, supportive and compassionate manner. Staff demonstrated experience and confidence in one to one and group settings. Staff maintained professionalism, warmth and kindness when dealing with challenging situations. Staff were sincere when offering support and we felt there was genuine care and concern for clients' welfare.

The majority of clients gave us positive feedback of the staff. Clients told us that the service was excellent and were very positive about the staff. They told us that they felt respected by the staff and treated like human beings.

Involvement in care

Clients contributed to decisions made about the service. Suggestion boxes and comment cards were available at all sites. All teams had a 'you say we did' board in client waiting areas which was updated by staff following feedback from clients.

There were service user representatives who were involved in the development of the service. For example, they formed part of interview panels for the recruitment of new staff and had recently been involved in presentations about the service to stakeholders.

On completion of a psychosocial intervention program, clients were invited to attend a graduation ceremony to celebrate their achievements. This was a community event where clients were presented with certificates, often by prominent community figures such as members of parliament. Families and friends were also invited to attend.

Clients had access to advocates. Staff were aware of the different local organisations that offered advocacy services and posters and leaflets were on display across all sites.

Are substance misuse services responsive to people's needs?

(for example, to feedback?)

Good

Access and discharge

Clients referred themselves to the service or could be referred by other professionals, such as GPs. Staff conducted triage assessments to prioritise clients based on risk and all clients were then offered a comprehensive assessment. There was no waiting list for assessment for treatment and there was a set target time from initial referral to start of treatment. Staff contacted clients within three days of initial referral and were offered an assessment within 10 days. Urgent referrals were seen more quickly than this and were offered appointments at other locations if clients wished to travel to be seen more quickly. Team leaders monitored referrals through a referral tracker to ensure they were seen within target times.

Across the services there were differences in the referral, assessment and allocation process. In the Chichester team, the team had identified a gap between a client's assessment and being allocated to a named worker. They introduced a 'welcome pod', which is a weekly group for new clients. In Worthing, clients were allocated a named worker at the point of referral and that worker would complete the assessment with the client. In Crawley, allocation took place daily following an assessment.

Staff offered clients a wide variety of treatment pathways at assessment. Pathways were based on substances clients were using, levels of intensity clients were interested in and on clients end goals.

All sites offered evening and weekend opening hours for clients who were working or unable to attend during the week. Psychosocial interventions and nurse appointments could be accessed in a variety of locations within the community, not just at the main hubs.

The service supported clients with the cost of transport when this was a barrier to accessing services.

Clients could access aftercare following the completion of structured treatment.

Good

Substance misuse services

The facilities promote recovery, comfort, dignity and confidentiality

All services had a full range of rooms available for clients to be seen in. All clinic rooms had an examination couch and a privacy screen. All sites had private interview rooms for consultation. Interview rooms were adequately sound proofed to ensure client's privacy was maintained. Private areas were available for carrying out urine screening to ensure privacy and dignity of clients.

There were comfortable waiting areas at all sites. Client art work was on display across the sites. The Worthing and Crawley sites had particularly large client waiting areas which were used for open access drop in sessions and for clients to access support. The Worthing site had a small recovery garden outside which was maintained by the clients.

Clients had computer and internet access at some sites. Where access was not available, this was due to upgrading computer systems and new ones had been ordered.

Information about a variety of topics were available to clients in each service. These included; physical health, domestic abuse, smoking cessation, local food banks, fellowship meetings and how to complain.

Patients' engagement with the wider community

Each team had a service user recovery forum (SURF) group. These groups promote engagement with the wider community, for example they had visited a local Buddhist sanctuary.

Meeting the needs of all people who use the service

Staff had access to an interpreter service for clients whose first language was not English. Staff who spoke other languages utilised these skills to deliver appointments to clients in their first language when this was possible.

Not all sites were wheelchair accessible. When a client was unable to access a building, arrangements were made to see them at alternative premises.

In Bognor Regis, a programme worker had implemented a collection pod for clients who found it difficult to engage with the service. Clients picked up their prescription during set times and staff would check that their blood borne virus testing was up to date, that they had naloxone medication and check if there were any outstanding appointments to arrange.

Listening to and learning from concerns and complaints

None of the teams visited had a large number of complaints and reported receiving between zero and two a month. Staff typically managed complaints at an informal stage and would work to resolve it before it became a formal complaint. There were no open complaints at the time of inspection.

Two clients commented that if they complained they believed that it would affect the service they would receive, for example their prescription may be withheld.

Are substance misuse services well-led?

Good

Leadership

All staff at all levels spoke highly of the leaders in the service. Leaders were visible, known to staff and all felt able to raise concerns if needed. The majority of staff would recognise the providers senior management team, such as the chief executive officer.

All staff we spoke with were happy and proud to work for the wider provider, Change Grow Live, and described a positive shift in culture in recent years.

The registered manager had clear oversight of all hubs. Each area had a locality manager and each team had one or two team leaders to support the staff with day to day issues. Managers and team leaders had regular meetings to discuss any concerns arising. Staff told us that communication was good between the registered manager and staff teams.

Staff told us they felt confident whistleblowing and raising concerns to any senior manager within the organisation. Staff felt able to do so without fear of repercussions and that they would be taken seriously.

Vision and strategy

Managers and staff described the organisational values and service visions. Staff spoke with passion and pride about the services they delivered.

Several employees had previously been volunteers within the service and worked their way to paid employment. Staff commented that the organisation was keen to upskill workers.

Nurses and prescribing staff did not feel they were fully involved in operational changes. We were told they felt that new policies would be presented to them for implementation once they were finalised. This was a challenge for the nursing team as often there would be operational challenges to implementing new policies that had not been considered, or areas missing, that they felt able to contribute too. Prescribing staff felt this was a disparity between themselves and medical colleagues, who were able to have formal input in planning stages and comment on draft policies.

Culture

Staff morale was generally positive across all locations. The provider supported staff with their wellbeing. For example, all staff had a wellbeing hour they could take once a week during working hours to complete a wellness activity, such as going for a walk or attending yoga. Staff gave us examples of how they had been positively supported following traumatic incidents and personal difficulties.

Staff told us that the organisation was open to change. The majority of staff described a 'bottom-up' culture, meaning managers and senior leaders know what is happening at local services and staff feel valued and listened to by managers.

Managers supported staff to progress in their careers. Several members of staff told us they had progressed from peer mentors to recovery and then senior recovery workers and nursing staff had been supported through returning to practice as a qualified nurse.

Governance

There were systems and processes in place to ensure oversight of the service. Managers and clinical leaders met regularly in governance meetings to discuss areas of concern and learn from the performance of the service. The electronic incident reporting system allowed managers to look at incident data. Managers did not have an overview of training compliance without looking at individual staff records but were sent a monthly report from human resources showing if any staff were due to attend a refresher course. However, there was no easy way for managers or staff to monitor the progress of safeguarding referrals and review outstanding actions.

Staff undertook or participated in local clinical audits. The audits were sufficient to provide assurance and staff acted on the results when needed. Caseload audits were completed through caseload segmentation. The lead used data to support staff in managing their caseloads by producing various reports fortnightly on individual and team caseloads. For example, high and low doses of medication, time in treatment and clinical indications for a detoxification program. The caseload segmentation lead met with staff every six weeks, either in a group or on a one to one basis to discuss the reports. Prescribers and nurses also joined these meetings to support care co-ordinators in moving clients through the various treatment pathways.

Staff had implemented recommendations from reviews of deaths, incidents, complaints and safeguarding alerts at the service level.

Management of risk, issues and performance

The registered manager maintained a risk register for all locations. Locality managers and all other staff had the opportunity to escalate items to the risk register through team meetings and governance meetings.

The service was meeting targets set by the commissioners of the service. Service performance was monitored by the commissioners of the service through quarterly contract reviews. The registered manager reported on key performance indicators internally and the service also reported to the National Treatment Drug Monitoring System (NDTMS).

Information management

Client records were stored using an electronic system. Staff monitored and reviewed all relevant clinical data on a regular basis and managers used the system to ensure oversight of the service.

Engagement

Staff had access to up-to-date information about the work of the provider through electronic communication.

Good

Substance misuse services

The service engaged well with patients, staff, equality groups, the public and local organisations to plan and manage appropriate services. It collaborated with partner organisations to help improve services for patients.

Learning, continuous improvement and innovation

The service worked to assess the efficacy of their different pathways. Pathways and groups were amended based on demand and need of the client group. For example, the service was developing a pathway in conjunction with local GP services to support clients with pain management difficulties, who had previously fallen between gaps in service provision.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure that medicines are prescribed safely, records are accurate and in line with national guidelines and the provider's own policy. (Regulation 12)
- The provider must ensure that client risk information is accessible and up to date in clients' care records. (Regulation 12)

Action the provider SHOULD take to improve

- The provider should consider the involvement of nurses and non-medical prescribers in the development of service delivery.
- The provider should ensure that managers and staff have timely oversight of which clients have identified safeguarding issues and progress of safeguarding referrals.
- The provider should consider clinical supervision for staff delivering psychological therapies.
- The provider should ensure that all staff have an up to date appraisal.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Client care records did not contain sufficient or easily accessible information about client risk and its on-going management. Prescribing reviews did not comply with national guidelines or the provider's policy. Prescribing reviews were not always conducted face to face. Rationales for take out prescriptions were not always clearly recorded. This was a breach of regulation 12(2)(a)(b)(g)