

CGL Halton Integrated Recovery Service

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

Outstanding 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive?

Outstanding 

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

Change, Grow, Live (CGL) is a national charity that provides treatment and support to vulnerable people facing addiction, homelessness and domestic abuse. CGL Halton integrated recovery service is a community substance misuse service, which is registered to provide the regulated activities of 'treatment of disease, disorder or injury' for people who have drugs and/or alcohol support needs. CGL Halton Integrated Recovery Service has two sites: one in Widnes and the other in Runcorn.

We rated CGL Halton Integrated Recovery Service as outstanding 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.

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

Staff treated clients with compassion and kindness and understood the individual needs of clients. They actively involved clients in decisions and care planning.

People who use services and those close to them are active partners in their care. Staff are fully committed to working in partnership with people and making this a reality for each person.

Clients felt that they had given the tools and knowledge needed to live a better life.

The service was easy to access with regular drop in sessions for members of the public who wished to gain support. Staff planned and managed discharge well and had alternative pathways for people whose needs it could not meet.

The service was meeting the needs of the population, they had recently done a homelessness count and encouraged the homeless population to attend the service to check in so the staff could monitor their health.

Staff provided a range of care and treatment interventions suitable for the client groups, which included Hepatitis C treatment and community detox. They ensured that clients had good access to physical healthcare and supported clients to live healthier lives.

The service supported clients to engage with their communities. Staff offered clients opportunities to volunteer in associated community projects and be supported into education, training and employment.

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

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

Staff knew and understood the provider's vision and values and these were embedded in the delivery of care. Staff were proud of the organisation as a place to work and spoke highly of the culture being open and honest. Staff at all levels were actively encouraged to speak up and raise concerns.

Clients who were prescribed medication while living with a child or vulnerable adult were also issued with a lockbox for the secure storage of medication.

Summary of findings

The service engaged with multiple services when working with a client. Agencies such as the GP, midwives, social workers and probation. The service had named staff members allocated to local schools to provide information to the school and clients.

The service exceeded their goals in helping clients secure and keeping clients in work. In 2018/19, 39% of clients supported found work, the expected percentage was 25%. Sixty-one percent of clients were still in work after six months, 11% more than industry standard.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services	Outstanding	

Summary of findings

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Outstanding



CGL Halton Integrated Recovery Service

Services we looked at

Substance misuse services

Summary of this inspection

Background to CGL Halton Integrated Recovery Service

Change, Grow, Live (CGL) is a national charity that provides free treatment and support to vulnerable people facing addiction, homelessness and domestic abuse. CGL Halton Integrated Recovery Service is a community-based service which is registered to provide the regulated activities of 'treatment of disease, disorder or injury' for people who have drugs and/or alcohol support needs. The service supports community detox.

CGL Halton Integrated Recovery Service has two sites: one in Widnes and the other in Runcorn. The service provided support for 787 clients. Clients can access the service on Mondays, Wednesdays, Thursdays and Fridays between 9am and 5pm, on Tuesdays between 9am and 7pm and on Saturdays between 9am and 1pm.

Before it was registered as 'CGL Halton Integrated Recovery Service' the service was registered as part of CGL 'Midlands and North Regional Office', which we inspected in August 2017.

The service has a registered manager who has been in post since the service was registered.

CGL Halton Integrated Recovery Service was registered by Care Quality Commission on 04 February 2019 and this is the first inspection since this registration.

This was an unannounced inspection, which means that the service did not know that we were coming.

Our inspection team

The team that inspected the service comprised two Care Quality Commission inspectors 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 asked a range of other organisations for information.

During the inspection visit, the inspection team:

- visited both Widnes and Runcorn sites, looked at the quality of the environment and observed how staff were caring for clients,
- spoke to seven clients accessing the service,
- spoke with 16 members of staff including the registered manager, prescribing doctor, nurses, key workers and volunteers,
- observed two client groups and a reception area,
- attended one daily morning meeting,
- looked at eight client care records,
- received 40 'tell us about your care' comment cards from patients, and

Summary of this inspection

- 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 we spoke to were very positive about the service, each client stated that they were treated with dignity and respect by all staff and did not feel judged. Clients described Halton integrated recovery service as a lifeline for them, providing them with help when they have reached out for it.

Clients felt that they had given the tools and knowledge needed to live a better life.

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 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 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.

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.

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 clients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.

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 physical health.

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.

Good



Are services effective?

We rated effective as good because:

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.

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.

Good



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 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.

Are services caring?

We rated caring as outstanding because:

People are truly respected and valued as individuals and are empowered as partners in their care, practically and emotionally, by an exceptional and distinctive service.

Feedback from people who use the service, those who are close to them and stakeholders is continually positive about the way staff treat people. People think that staff go the extra mile and their care and support exceeds their expectations

Staff are highly motivated and inspired to offer care that is kind and promotes people's dignity. Relationships between people who use the service, those close to them and staff are strong, caring, respectful and supportive. These relationships are highly valued by staff and promoted by leaders.

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

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 the client's preferences, goals and the resources they needed to initiate and sustain recovery.

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 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

Outstanding



Summary of this inspection

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.

Staff informed and involved families and carers throughout the care and treatment of their clients. This included providing training and support to family members.

People who use services and those close to them are active partners in their care. Staff are fully committed to working in partnership with people and making this a reality for each person.

Clients we spoke to felt that all staff at the service cared for them and that they genuinely cared about them. We observed staff talking to clients about coping mechanisms and providing advice. The clients felt like the staff had gone the extra mile for them and felt fully supported.

Are services responsive?

We rated responsive as outstanding because:

The service was meeting the needs of the population, they had recently done a homelessness count and encouraged the homeless population to attend the service to check in so the staff could monitor their health.

The service was easy to access with regular drop in sessions for members of the public who wished to gain support. Staff planned and managed discharge well and had alternative pathways for people whose needs it could not meet.

The design, layout, and furnishings of treatment rooms supported clients' treatment, privacy and dignity. Where physical access to the Runcorn site for service users was a concern, alternative arrangements had been made.

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.

The service adapted its service to better assist clients, for example the service worked within the community to allow access to needle exchanges out of hours.

Recovery and risk management plans reflected the individual needs and preferences of the client. They provided clear pathways to other services such as mental health and social services for clients with multiple and complex needs.

Outstanding



Summary of this inspection

The service worked with clients individually on areas such as housing and debt management with the education, training and employment coach. This allowed recovery workers to focus on support specifically for the clients substance misuse issues

The service had a full-time education, training and employment coach who worked with clients. The service exceeded their goals in helping clients secure and keeping clients in work.

Halton Integrated Recovery Service is co-located with Cheshire police, this has encouraged interagency working, the police had donated bikes to the service that the clients fix while going through treatment. These bikes are then given to clients to help them get to appointments and work.

All the clients we spoke to were confident that they could raise any concerns to the staff and management. Clients knew how to make a formal complaint about the service if they needed to.

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. The values of the service had been developed in consultation with staff and service users at multiple consultation events. 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 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.

Staff collected and analysed data about outcomes and performance.

Good



Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards







Staff received training via e learning in the Mental Capacity Act. Ninety-seven percent of staff had completed module 1 and 95% had completed module 2 at the time of inspection. Staff showed awareness of the CGL 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 that reflected the client's needs and wishes.

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






Overview of ratings

Our ratings for this location are:

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

Notes

Substance misuse services

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

Are substance misuse services safe?

Good 

Safe and clean environment

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

A range of rooms were available at both locations for staff to see clients. Each interview room had call alarms and there were enough staff to respond to alarms on each site.

All areas of each site were clean and well-maintained. Each site had health and safety records and procedures at each site along with named fire marshals and first aiders. The nominated fire marshals and first aiders were identified each morning at the daily meetings. Monthly checks of each building were undertaken ensuring that the premises were safe, including fire risk assessments.

Both clinic rooms were well-equipped and there was access to equipment needed to carry out physical examinations. Needle exchanges and clinic rooms were both clean, tidy and equipment was up to date and checked regularly. Cleaning rotas were in place and up to date with the service following good practice guidance in relation to infection control. Fridge and room temperatures were monitored daily and any problems highlighted at the morning meeting. Any variance in temperature was raised with a manager.

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.

At the time of the inspection the service provided support and treatment to 559 clients across both sites. From data supplied from August 2018 to July 2019 the average case load per worker was 50 clients. These figures did not include one off appointments or people using the needle exchange. Staff reported that caseloads were manageable and reviewed regularly with managers.

The service had a clear structure for providing support to clients. Specialist teams included Think Family coordinators, alcohol coordinators, foundations to recovery facilitator, criminal justice coordinator, community recovery champion opiate coordinators and education, training and employment coach. The medical team included a non-medical prescriber, a nurse and a healthcare assistant along with a doctor who covered the service three days a week.

The services across the two sites had enough staff with a wide range of skills to meet the needs of the clients. The service had one vacancy of a health care assistant at the time of inspection. Halton integrated recovery service had 29 substantive staff at the time of inspection, the sickness rate at the service was 3.5% for short term sick and 3.8% long term sick.

Managers were able to access bank and agency staff to cover long term sickness and any vacancies. The service also worked along with the other CGL locations across Merseyside to cover sickness and absence.

Managers and staff had completed mandatory training including health and safety and the Mental Capacity Act.



Substance misuse services

Assessing and managing risk to patients and staff

Assessment of patient risk

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.

We reviewed eight client records, each record had a comprehensive risk assessment and risk management plan. The service user plan was updated at each planned session with the client, drop in visits were recorded in the contact notes.

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 offered and trained clients on using Naloxone and noted when a client did or did not accept. Naloxone is used to block or reverse the effects of opioid drugs in the event of an overdose.

Naloxone was promoted with displayed posters about the use of Naloxone around the services.

The service provided lock boxes to clients to store medication, clients with children and families were a priority for these boxes. However, staff completed a risk assessment of clients' understanding of risk of keeping medicines at home for all clients.

Management of risk

The service's policy stated that clients who deteriorated on site would be seen by the nurse and emergency services would be called if required. Deterioration in client behaviour was managed with de-escalation techniques.

The service had a lone working policy that the staff adhered to, this included visiting in pairs and a specific time check in. The service was investigating introducing smart technology for staff to check in with the service when working alone in the community.

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 mandatory training in safeguarding adults, children and young people. At the time of the inspection data showed that 94% of staff had completed the mandatory safeguarding training.

The service had two designated safeguarding leads, staff could approach these leads for advice and support on safeguarding concerns. The safeguarding leads for the service work closely with the local safeguarding structures, this included sitting on the adult partnership board and providing drug and alcohol awareness training to local social workers. The service attended local area risk management meetings including Multi Agency Risk Assessment Conference, Multi-agency public protection arrangements and child protection conferences.

Staff were able to give comprehensive examples on how to recognise safeguarding concerns and how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Clients with safeguarding concerns were highlighted on the client record system, reviews of safeguarding cases were covered in staff supervision, team meetings, safeguarding pods, clinical meetings and managers meetings.

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 service used electronic records for all client care records and information. Staff had access to this system. Staff could also access the organisations policies and procedures through the intranet. Staff working out in the community had access to client records and organisational systems through laptops.

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 physical health.

Staff had effective policies, procedures and training related to medicines management including

prescribing, detoxification, assessing people's tolerance to medication and take-home emergency medication such as Naloxone. All treatment was reviewed and prescribed



Substance misuse services

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). Medicine other than Naloxone and vaccinations was not kept in or dispensed from the service.

Only emergency medication was kept on site. Staff stored this securely and checked it weekly. Prescriptions were securely stored on site and were sent to the client's nominated pharmacy for dispensing to the client.

The service used a tracker system for all prescriptions, this system required multiple safety checks before a prescription could be generated. The service audited the prescriptions weekly.

Clients who were prescribed medication while living with a child or vulnerable adult were also issued with a lockbox for the secure storage of medication.

Track record on safety

The service had a good track record on safety.

There have been no serious incidents at Halton Integrated Recovery Service in the last 12 months.

Reporting incidents and learning from when things go wrong

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.

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 management, team meetings and supervision. Incidents were also reviewed through the monthly integrated governance meetings.

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.

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

Good



Assessment of needs and planning of care

Staff completed comprehensive assessments with clients on accessing the service. They worked with clients to develop individual care plans and updated them as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.

We reviewed eight 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 the individual needs of each client had been met. Care plans were recovery focussed, holistic, included goal setting and completed to 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 assessments and 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.

Prior to clients' first full review staff requested a history from clients' GPs to ensure they had a full view of their health history. Clients also received a physical health assessment which included blood-borne virus status and testing, any current conditions and any lifestyle issues. Staff could refer clients to the medical staff for a more in-depth physical health assessment if required.

Client care plans were written from the client's perspective and identified goals for the clients throughout the plan. There was evidence that the provider used recognised assessment tools to assess the client.



Substance misuse services

Each client plan had an assessment for the safe storage of medication. Records also showed good liaison with other professional bodies such as local safeguarding, community mental health teams, probation and GPs.

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.

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.

The service offered blood borne virus testing to all clients who accessed the service. Staff had found that clients who had tested positive were not accessing the relevant treatment due to the distance to the local acute NHS trust. In response, the service arranged for treatment to be delivered on their site with a nurse from a local acute trust, this resulted in a 90% increase of clients completing testing and treatment.

Staff completed physical health checks as part of the initial assessment, a medical history of all patients was requested from their GP. Ongoing health checks including blood pressure were completed throughout the client's treatment journey. Staff at the service liaised with clients GPs with any concerns regarding the client's health.

The service displayed information about healthy lifestyles and the wellbeing nurse 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 supported patients by delivering psychosocial interventions in conjunction with the local mental health team. The service had strong links with the local mental health team whom they could approach for any advice, the service could also directly refer clients into the local mental health team.

Staff at all levels participated in clinical audits in the service, results are collated and are fed up through the CGL governance structure and to staff at the service. The service attended drug related mortality panels at John Moores University with other agencies to review trends and incidence within the local community.

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 offered numerous learning opportunities that to meet their staff's needs. Staff completed their mandatory training as part of their induction to the service, this was updated in line with CGL's policy. At the time of inspection 90% of staff had completed the mandatory training, training was monitored through a dashboard from which managers could identify gaps in training.

Staff had also received training from the local authorities and Moving Parents and Children Together (MPACT) training. MPACT supports parents and/or carers to understand the impact of addiction on their children, it enables them to have open conversations with their children in a safe environment. Staff we spoke to informed us that they could always access additional training that was relevant to their role.

Staff received yearly appraisals as well as regular supervision. Clinical staff had additional supervision with the clinical lead.

The service had a daily morning meeting, this meeting covered any developments with individual clients, safeguarding concerns, environment checks, incidents and staff on duty.

Managers ensured that poor staff performance was addressed promptly.

At the time of inspection, the service had six volunteers. Volunteers we spoke to had lived experience of substance



Substance misuse services

misuse and had worked with Halton integrated recovery service in the past. All volunteers had a DBS check, if a volunteer had convictions the service would complete a risk review that required sign off from directors.

Multi-disciplinary and inter-agency 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 teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.

The service had a full range of staff to support clients which included, a doctor, non-medical prescriber, nurse, health care assistant, team leaders, think family coordinators, alcohol coordinators, opiate coordinators and an outreach team.

The service engaged with multiple services when working with a client. Agencies such as the GP, midwives, social workers and probation. The service had named staff members allocated to local schools to provide information to the school and clients. Halton Integrated Recovery Service is co-located with Cheshire police, this has encouraged interagency working, the police had donated bikes to the service that the clients fix while going through treatment. These bikes are then given to clients to help them get to appointments and work.

The service was also engaged within the local area in helping to integrate a recovery culture into the community, this included food donations to the service café, employment and voluntary positions in the local area. The service also provides awareness training within the local area, this includes the local refugee housing centre.

Good practice in applying the MCA

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.

Staff received training via e learning in the Mental Capacity Act. Ninety-seven percent of staff had completed module 1 and 95% module 2 at the time of inspection. Staff showed awareness of the CGL 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 that reflected the client's needs and wishes.

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?

Outstanding



Kindness, privacy, dignity, respect, compassion and support

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

Clients, volunteers and service user representatives all reported that staff treated them with compassion, dignity and respect. We received 40 'tell us about your care' comment cards. These were continually positive about the way staff treated clients. Clients believed that staff went the extra mile and genuinely cared about them.

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 clients told us that they were fully involved in all aspects of their care. For example, clients were aware of their rights not to have information about them shared without their consent and this was documented in care records we reviewed. Staff told us how treatment was adapted for clients with additional needs.

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.

The service had clear policies on confidentiality. This was explained to clients coming in to the service and staff went



Substance misuse services

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.

Clients we spoke to felt that all staff at the service cared for them and that they genuinely cared about them. We observed staff talking to clients about coping mechanisms and providing advice. The clients felt like the staff had gone the extra mile for them and felt fully supported.

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.

Staff communicated with clients so that they understood their care and treatment. They had access to interpreters and signers for deaf people.

The service had access to an independent advocacy service. Managers, staff, volunteers and service user representatives were aware of how to access the service and direct clients to information about it. We saw this information 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 the client's preferences, goals and the resources they needed to initiate and sustain recovery. Recovery and risk management plans showed that 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.

Halton integrated recovery service completed a client survey in 2019. The findings of the survey were; 87% stated the service was accessible, 88% of clients stated they had trust and confidence in the team supporting them, 75% stated they had been asked for their views on the service and 97% said they would feel confident recommending the service.

People who use services and those close to them are active partners in their care. Staff are fully committed to working in partnership with people and making this a reality for each person.

The service facilitated Moving Parents and Children Together (MPACT) training. MPACT supports parents and/or carers to understand the impact of addiction on their children, it enables them to have open conversations with their children in a safe environment.

The service encouraged clients to invite family and/or carers to the weekly meal at the recovery café. This allowed some clients who were estranged a place to meet up with family.

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

Outstanding



Access and discharge

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.

Halton integrated recovery service provided services across Widnes and Runcorn. The service was commissioned by Halton Brough Council. The Widnes site operated Monday to Friday 9am until 5pm except on Tuesdays where the service was open until 7pm. The service also opened in a Saturday from 9am until 1pm. The Runcorn site operated Monday to Friday 9am to 5pm except Tuesdays which ran from 11am until 7pm. Both sites ran open access sessions from 11am until 2pm where new clients could drop in and access the service.

The service did not have a waiting list, they had open emergency appointments each day that they could allocate to new or existing clients.

Recovery and risk management plans reflected the individual needs and preferences of the client. They provided clear pathways to other services such as mental health and social services for clients with multiple and complex needs.



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The service worked with clients individually on areas such as housing and debt management with the education, training and employment coach. This allowed recovery workers to focus on support specifically for the clients substance misuse issues.

Staff included recovery goals 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.

Clients who did not attend appointments were highlighted at the morning meeting. Staff discussed ways that they had tried to contact the client. These attempted contacts were noted in the clients notes. 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.

The facilities promote recovery, comfort, dignity and confidentiality

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

The Widnes site consisted of two floors, however the second floor was not accessible to all. The service had enough rooms to see clients on the ground floor which was accessible. The Runcorn site was based on the second floor and did not have disabled access, the service had arranged with the local pharmacy that they could see clients there.

The Widnes site had a recovery café on site. The café serves lunch on a Friday, all clients are invited to attend. Clients use the café as an opportunity to meet with family on site, staff at the service also eat with the clients. The service has found that if a client was not engaging with an external service, the service will attend and engage the client at the café.

Both sites displayed information 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

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

The service had a full-time education, training and employment coach who worked with clients. Clients met with the consultant after seen by a key worker and have an assessment, the consultant also holds multiagency meetings with the local job centre. The education, training and employment coach provided training on mental health awareness and employability, fork lift truck training and warehousing course. The service has also provided access to level two accredited courses including end of life care, autism and functional maths and English.

The service exceeded their goals in helping clients secure and keeping clients in work. In 2018/19, 39% of clients supported found work, the expected percentage was 25%. Sixty-one percent of clients were still in work after six months, 11% more than industry standard.

Staff supported patients to maintain contact with families where appropriate. The service had Think family workers that help clients with safeguarding and complex families. The service also provided Moving Parents and Children Together (MPACT) courses for clients aims to improve the well-being of children and families affected by parental substance misuse.

The service had undertaken an outreach project to the homeless population in the local areas, to determine the number of homeless in the area. They provided the homeless population with sleeping bags and food along with information and advice on the service. They also encouraged the people to attend the service regularly for a chat and something to eat, ensuring they could monitor their health and safety. The service had also received funding to have a non-medical prescriber based out in the community to engage the homeless population.

The recovery café located at the Widnes site was run by volunteers at the service, the café received regular food donations from local businesses.

Meeting the needs of all people who use the service

The service had made reasonable adjustments to where they saw disabled clients. The Runcorn site was located on the second floor with stair only access. The service had



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arranged with local pharmacies areas where they could see patients who could not climb the stairs. The staff also encouraged clients to attend the Widnes site where appropriate.

Halton integrated recovery service found that they were not engaging all clients at the needle exchange due to opening hours. Therefore, they worked with local pharmacies in the area to set up needle exchanges within the pharmacies that had late night opening hours.

Each site displayed multiple information around the sites on substance misuse, treatments, local services, advocacy and service development for clients. This information could be accessed in other languages through the CGL intranet.

The service had initiated a rough sleeper count in the local community, this included approaching rough sleepers and providing them with information about substance misuse, food, equipment they may need and Naloxone kits. The service also encouraged the homeless population to attend the service regularly to access hot drinks and keep in touch with the service.

The service had also reached out to the local refugee centre to provide training and in reach to the population.

Halton Integrated Recovery Service is co-located with Cheshire police, this has encouraged interagency working, the police had donated bikes to the service that the clients fix while going through treatment. These bikes are then given to clients to help them get to appointments and work.

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 the wider service.

From August 2018 to July 2019 the service received 29 complaints across both sites, 18 of these complaints were upheld, none were referred to the Parliamentary and Health Service Ombudsman. The service received 23 compliments across both sites.

All the clients we spoke to were confident that they could raise any concerns to the staff and management. Clients knew how to make a formal complaint about the service if

they needed to. We reviewed three complaints, which demonstrated that the client and staff received feedback regarding the complaint and any actions that had been taken.

Staff were aware of the complaints procedure and could explain how they would protect clients who raised concerns or complaints from discrimination and harassment.

Are substance misuse services well-led?

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.

Managers and the clinical lead for the service 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.

The service had a clear recovery framework to engage clients, this was understood by the leadership team and staff at the service.

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

Staff knew and understood the provider's vision and values and how they were applied in the work of their team.

The values of the organisation were;

Be open; learn from others, share ideas, experiment.

Be bold; In a complex and challenging world, be confident, innovative and speak up.

Be compassionate; Care, be seen to care and support your colleagues.

CGL had recently changed the values of the organisation in consultation with staff and service users. The organisation



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reached out to engage clients and staff in a variety of ways, one was to bring staff and clients together at various listening events to gather their collective views of the organisation. The feedback was cascaded down through the organisation. All staff we spoke to knew and understood the new values of the organisation.

Staff we spoke to felt involved in the service quality improvement plan and any changes that occurred at the service.

Culture

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.

All staff we spoke to felt respected, supported and valued by their managers and other members of their team, including senior leadership of CGL. Staff were passionate about their work and were proud to work for CGL and Halton integrated recovery service.

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 and had time allocated for continuous professional development. 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 in national CGL policies. They did not have any cases at the time of the inspection.

CGL as an organisation 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. Halton integrated recovery service 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 Halton integrated recovery service recognised how stressful their jobs could be at times.

Staff reported that the service promoted equality and diversity in its day to day work and none felt discriminated against when opportunities arose for career progression.

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.

Managers provide 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.

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. Halton integrated recovery service took part in the Cheshire Mersey Drug Related Death panel, involving a university, commissioners and clinicians. Learning from drug related deaths and other lessons learnt were shared through management and team meetings.

Management of risk, issues and performance

The risk register was managed by the service, teams could escalate concerns through the incident reporting system and at the morning meeting.

The service maintained a service quality improvement plan, which recorded service activity for quality improvements. Staff were given the opportunity to contribute to the service plan through team meetings and the plan was also available for clients to view.



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

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

Information management

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

All staff had access to equipment needed to access client records, prescribing records, the incident reporting system and service policies and procedures. Staff working out in the community could access the electronic records through laptops.

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. Staff had representation at the regional CGL workers' forum and feedback from this was given at team meetings. The service had provided substance misuse training packages for associated professionals in the area helping to promote their work and raise awareness and understanding of substance misuse.

Clients 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 forums.

The 2019 Halton integrated recovery service user survey had 72 respondents and found that 87% stated the service was accessible, 88% of clients stated they had trust and confidence in the team supporting them and 97% said they would feel confident recommending the service.

The service engaged with a variety of local services including police services, mental health services, local NHS acute trusts, local businesses and the local community. They provided support and knowledge about substance misuse to these services.

Learning, continuous improvement and innovation

The service was working with Liverpool John Moores university to review substance related deaths. The service was also engaging with the university in relation to needle exchange data, each time a client or clients who 'dropped in' to the service to access the needle exchange at the service or one of its partners key information was submitted to John Moores university for analysis.

The service had recently been granted funding from the Homeless team to employ a community based non-medical prescriber, to reach the rough sleeping population in the area.

The service had acquired the use of a fibroscan. A fibroscan is an ultrasound that can measure the degree of inflammation in the liver. The scanner will be part of the health bus that is due to go out into the community. The service aims to reach people in the community who are unaware of the inflammation of their liver.

Staff had opportunities to contribute to the service quality improvement plan, which has become a live working document to implement change in the service.

Outstanding practice and areas for improvement

Outstanding practice

The service activity reached out to the homeless population providing them with sleeping bags, blankets, food and a place to come in and check in each day and have a chat. The service had also received funding to have a non-medical prescriber based out in the community to engage the homeless population.

The service had listened to its clients and had adapted its blood borne virus treatment so clients could receive all of their treatment on site. This resulted in an uptake of the treatment.

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