

STARS Southend

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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



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

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

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

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

Summary of findings

Overall summary

We rated STARS Southend as requires improvement because:

- Managers did not have sufficiently robust and effective governance systems in place to effectively monitor and have oversight to manage the service, including: a lack of ligature and environmental assessments, maintenance issues and repairs, completion of physical health monitoring and safeguarding practices.
- Staff informed us that nurses monitored detoxing clients' physical health. However, we found in six out of nine records, staff did not record physical health monitoring for clients going through an alcohol detox.
- Staff did not keep an accessible record of safeguarding concerns that did not meet the safeguarding threshold.
- Staff did not always document safeguarding risks in risk management plans.
- Some members of staff could not recall any incidents or evidence any learning. Managers did not invite recovery champions to meetings where staff and managers discussed lessons learned.
- Staff did not report all incidents on the provider's electronic reporting system, for example finding drugs or alcohol on the premises.
- The service leaders did not adequately assess the premises or mitigate risks within the environment to ensure client safety. Staff had not completed a risk assessment to identify ligature points and staff failed to identify sash windows on the upper floor that opened fully, as a potential risk of falls.

- Staff did not check the fridge and freezer temperature where they stored donated food, including meat, for clients' meals. This increased the risk of food poisoning to clients and staff.

However:

- Staff took a holistic and collaborative approach to assessing, planning and delivering care and treatment to clients.
- The service had strong leadership and positive regard for staff wellbeing. Staff felt valued and fully supported by managers within the service and spoke highly of the culture.
- Despite National Institute of Health and Care and Excellence guidelines stating that clients should have their ECG monitored when being prescribed over 100mg of methadone, nurses demonstrated person-centred and safe practice by lowering this threshold to 80mg of methadone.
- The service psychiatrist monitored additional health needs and diagnosed disorders to clients that hadn't received a diagnosis. Commissioners, GPs and external organisations commended the work of the doctor particularly with mental health.
- The service offered free, hot meals to clients using donated food from restaurants and supermarkets. The service also operated an open-door policy for clients to socialise with their peers even if they were not attending a group.

Summary of findings

Our judgements about each of the main services

Service

Rating

Summary of each main service

**Substance
misuse
services**

Requires improvement



Summary of findings

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Requires improvement 

STARS Southend

Services we looked at

Substance misuse services

Summary of this inspection

Background to STARS Southend

Change, Grow, Live (CGL) is the provider for this location, Southend Treatment and Recovery Service (STARS). CGL is a social care and health charity working with individuals, families and communities across England and Wales that are affected by drugs, alcohol, crime, homelessness, domestic abuse and antisocial behaviour.

STARS offer brief interventions, structured groups, outreach, a rough sleepers initiative, prison in-reach, a needle exchange, blood borne virus testing, naloxone training and an ambulatory detox (an outpatient detox from drugs and alcohol providing assessment, prescriptions and monitoring) for clients. The service also prescribed opiate substitute medication and psychosocial treatment.

Services are aimed at recovery and rehabilitation and includes assessment, information, advice, treatment and referral for residents of Southend-on-Sea.

The location was registered with the CQC in October 2018. The CQC has not inspected this location before and this is the first comprehensive inspection. At the time of inspection the service had a registered manager and nominated individual.

The service provides care and treatment to males and females.

Our inspection team

The team who inspected the service included three CQC inspectors, an assistant inspector and a specialist advisor who has experience of working with substance misuse services.

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive 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?

During the inspection visit, the inspection team:

- visited the location and looked at the quality of the environment and observed how staff were caring for clients;
- spoke with 10 clients who were using the service;
- spoke with the registered manager
- spoke with 13 other staff members; including psychiatrists, nurses, recovery coordinators, recovery champions, client representatives, hospital liaison worker, dual diagnosis street outreach worker and the social care and quality team leader.
- spoke with one human resources partner
- spoke with three family members of clients

Summary of this inspection

- collected feedback from 'care opinion' about client experience
- looked at five staff files
- look at nine client files
- carried out a specific check of the medication management
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with ten clients who were currently receiving treatment from the service. Clients told us:

- Staff and managers cared about clients and they were very person centred. The staff knew all clients by name.
- Staff were always accessible and client representatives are always visible and easy to approach.
- The environment was a welcoming environment where all clients were welcome to talk to peers and get a free meal and coffee.
- Staff helped with substance misuse needs but also with social care needs such as housing, benefits and employment and clients get a holistic service.
- The psychiatrist was always willing to see clients if they need it even if they do not have an appointment and helped with other issues in addition to addiction, such as mental health.
- Group sessions were very helpful and staff who facilitate them were non-judgemental. However, it is not always clear what the group sessions involve as there was a lack of information.

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 requires improvement because:

- The service leaders did not effectively assess the premises or mitigate risks within the environment. Staff had not completed a risk assessment to identify ligature points which could pose a risk to clients. This was despite working with some clients who had a risk of self-harm or attempted suicide.
- The provider had a system in place for identifying and managing repairs. However, we found stains on some ceiling tiles and carpet tiles were peeling off in places. Staff had identified issues with floor but had not identified any actions or timeframes for the repair of these issues. Staff did not identify stains on the ceiling tiles. Some rooms in the building appeared visibly dated and the service did not have a decorating schedule.
- Staff had not completed a thorough environmental risk assessment of the location and failed to identify sash windows on the upper floor that opened fully, as a potential risk of falls. Staff had not identified actions or timeframes to remedy peeling carpet tiles and stains on ceilings within the environmental risk assessment.
- Staff did not report all incidents on the provider's electronic reporting system, for example finding drugs or drug paraphernalia or alcohol cans on the premises. This posed a risk to client safety and increased risk of reoccurrence, as managers did not fully investigate these incidents or introduce actions to reduce the risk of this happening again.
- Staff identified safeguarding risks in initial assessments, however staff did not always document safeguarding risks in risk management plans.
- Staff did not keep an accessible record of safeguarding concerns raised that did not meet the safeguarding threshold.
- Staff did not check the fridge and freezer temperature where they stored donated food for clients' meals. This increased the risk of food poisoning to clients and staff.

However, we found the following areas of good practice:

- There the service had enough skilled staff to deliver safe care and treatment and conducted robust recruitment checks. The

Requires improvement



Summary of this inspection

service only worked with agencies that conducted appropriate checks such as: right to work, disclosure and barring service certificates and training. In addition, managers interviewed all agency staff prior to them working with clients.

- Client records showed that staff tried to follow-up and re-engage clients if they missed an appointment or did not engage with the service.
- The provider had robust processes for medication management. They had an administration officer for prescriptions to ensure written logs were correct and updated regularly.

Are services effective?

We rated effective as requires improvement because:

- Staff informed us that nurses monitored detoxing clients' physical health and recorded monitoring on the electronic system for each client. However, we found in six out of nine records, staff did not record physical health monitoring for clients detoxing from alcohol.
- Though managers shared lessons learned for incidents that staff reported, these did not include incidents that staff did not report such as finding drugs or alcohol on the premises.
- Some members of staff could not recall any incidents or evidence any learning from incidents. In addition, managers did not invite recovery champions to meetings where staff and managers discussed lessons learned.

However, we found the following areas of good practice:

- Despite National Institute of Care and Excellence guidelines stating that clients should have their ECG monitored when using 100mg methadone, nurses demonstrated person-centred and safe practice by lowering this threshold to 80mg of methadone.
- Staff reviewed and updated individual care plans regularly. All ten care plans reviewed were personalised, recovery orientated, and holistic. Staff ensured that care plans had clear care pathways and involved supporting services including housing charities and mental health support.
- Counsellors offered therapy sessions to all clients, carers and family members. The Psychologist conducted numerous family therapy sessions together with the client and client alone.
- The service had a skilled multidisciplinary team including community outreach workers and a hospital liaison worker.

Requires improvement



Are services caring?

We rated caring as good because:

Good



Summary of this inspection

- Staff treated clients with kindness and compassion. We spoke with eight clients who felt empowered in their treatment and found staff to be caring, respectful and sensitive to their needs.
- Clients informed us they were always involved in devising and reviewing their care plans and staff would offer a copy if they requested it.
- Managers and staff involved clients in redecorating the premises. Staff consulted with clients on what colour schemes they wanted and gave clients ownership of naming a part of the building.
- The service had systems and processes in place for client and family feedback. The service had an anonymous feedback system called 'Care Opinion' where clients could feedback on the service they received. We checked five pieces of feedback and 98% of feedback was positive.

However, we found the following areas the service needs to improve:

- Staff had not documented carer involvement in the clients' care plans or why it was not appropriate for their involvement.
- Clients did not know what the groups/clinics involved as staff did not provide information on what they entailed.

Are services responsive?

We rated responsive as good because:

- The provider had a clear admission and discharge criteria for the service. Recovery coordinators supported clients to develop their plans leading up to discharge. We saw robust evidence of staff checking on clients who did not engage or attend appointments. Staff also supported clients to obtain housing and get back into education or employment.
- Staff supported clients with accessing employment, voluntary work and education. The service also provided a career pathway for clients who had made it through the recovery process and had recovery champion roles within the service. The service had permanent staff in post who had gone through the recovery journey.
- The service had a range of rooms to carry out group work, individual therapy sessions and physical health checks. The building split into two areas, one area was for clinical staff and hosted multiple rooms for one-to-one sessions and group work.
- The service manager facilitated external mutual aid groups, such as Alcoholics Anonymous and Narcotics Anonymous to take place within the building after hours. Staff encouraged and supported clients to engage with this if they chose to do so.

Good



Summary of this inspection

- Staff looked at the clients' holistic needs throughout their recovery journey. We saw evidence in client care notes of staff working with clients to meet needs, such as housing, benefits, abuse and mental health. The service had good links with local organisations and charities such as homeless charities, sexual health clinics, mental health charities and domestic abuse charities.
- The service ran daily groups and hosted 'PODS' gender specific for men and women. The PODS were meetings whereby individuals would have physical health checks, mental health checks and advice from key agencies such as domestic violence charities or healthy eating organisations.

However, we found the following areas the service needs to improve:

- Despite staff following up clients who did not engage or attend appointments, in the records we sampled discharge planning did not always include unexpected exit from treatment.
- The provider had not ensured that all areas of the building promoted recovery as parts were visibly dated. One therapy session room did not have privacy glass which compromised the confidentiality and dignity of clients having therapy sessions within that room.
- The service held regular community meetings where clients raised issues for discussion. However, staff did not minute these meetings and did not keep a log of concerns raised and actions taken.

Are services well-led?

We rated well-led as requires improvement because:

- Managers did not have sufficient oversight of environmental risks in the building such as the windows, general wear and tear and lack of ligature risk assessment.
- Managers did not have sufficient oversight of incident recording and did not understand why some incidents needed to be reported such as finding drugs, drug paraphernalia or alcohol on the premises.
- Managers did not ensure that staff kept an accessible record of safeguarding concerns that did not meet the safeguarding threshold.
- Managers did not have sufficient insight into whether physical health monitoring for clients detoxing from alcohol was taking place.

However, we found the following areas as good practice:

- The service had strong leadership and regard for staff wellbeing and staff felt valued and fully supported by managers.

Requires improvement



Summary of this inspection

- Managers and staff embedded governance policies, procedures and protocols into practice and regularly reviewed them at integrated governance team meetings.
- The service manager had access to information to support them with their management role. This included information on the performance of the service, staffing and client's care.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards






- Overall, 95% of staff had completed training in the Mental Capacity Act 2005. Staff had knowledge of the Mental Capacity Act 2005 and the impact it could have on clients they were working with.
- The provider had a policy relating to the Mental Capacity Act which staff were aware of and had access to.
- Staff discussed and checked capacity to consent to treatment with all clients on admission, which included a capacity and intoxication test as part of the comprehensive assessment.

Overview of ratings

Our ratings for this location are:

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

Substance misuse services

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

Are substance misuse services safe?

Requires improvement 

Safe and clean environment

- The provider had not completed thorough environmental risk assessments. The building had sash windows on upper floors, which clients could fully open and one room had a window overlooked barbed wired fences. Staff and managers did not recognise this to be a potential risk to unsupervised clients with a dual diagnosis.
- The provider had not completed a ligature risk assessment of the location. This was despite accepting clients with a dual diagnosis of substance misuse and mental health and some clients having a risk history of self harm or attempted suicide. Staff informed us they supervised clients expressing suicidal ideations at all times in the building to reduce risks of self harm, but they had not documented this in client risk management plans sampled. The provider arranged for their facilities team to complete a ligature audit following inspection.
- The provider had a system in place for identifying and managing repairs. However, we found stains on some ceiling tiles and carpet tiles were peeling off in places. Staff had identified issues with floor but had not identified any actions or timeframes for the repair of these issues. Staff did not identify stains on the ceiling tiles. Some rooms in the building appeared visibly dated and the service did not have a decorating schedule. However, managers informed us that the building was in the process of redecorating with help from clients, staff and volunteers.
- The environment was clean and tidy with mostly good furnishings and necessary equipment. The service used an external contractor for cleaning who cleaned the building to an acceptable standard.
- The provider had a café for clients and staff, rated by the Food Standards Agency as four out of five stars for cleanliness and hygiene. However, staff did not record their monitoring of fridge and freezer temperatures to ensure food was safely stored. This increased the risk of food poisoning.
- The service had CCTV in communal areas and corridors monitored daily by reception staff. Staff checked the CCTV footage for all incidents when reported.
- Staff all had access to personal alarms and all rooms within the building had emergency alarms that would alert the police if there was an incident. Both clients and staff had access to these alarms.
- Staff followed infection control protocols including handwashing and the service displayed posters on infection control around the building.
- The service had a total of four clinic rooms which included a psychiatrist's room for blood-borne virus testing, a needle exchange room, a nurse's room for examination and a urinalysis room. All rooms were clean, tidy and spacious enough to examine clients. Staff regularly checked medication fridge temperatures in the clinic rooms and had air-conditioning for the room to keep it cool.
- The service had the necessary emergency medication and equipment which staff received training for. Staff regularly tested all equipment and medication was all in date and ready for use.

Safe staffing

- The service employed 21 members of multi-disciplinary staff. This included: a service manager, psychiatrist,

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recovery champion, social care and quality team leader, data analyst, opiate and criminal justice team leader, lead nurse, two additional nurses, clinical administrator, hospital liaison worker, three opiate recovery coordinators, one criminal justice recovery coordinators, one complex needs recovery coordinator, one non-opiate recovery coordinator, one alcohol recovery coordinator, one dual diagnosis street outreach worker, one street outreach worker, one receptionist and one BRIC coordinator (building recovery in the community).

- The service had six (whole time equivalent) vacancies for two opiate recovery coordinators, a criminal justice recovery coordinator, a complex needs recovery coordinator and a highly specialist practitioner psychologist.
- Managers were in the process of filling these posts. However, had not successfully filled the post for a highly specialist practitioner psychologist. Managers were looking at innovative ways to recruit to this post, such as sourcing a staff member internally and changing the job title to encourage more people to apply.
- The provider had a sickness rate of 8% between October 2018 to March 2019. Sickness rates were high due to some staff having long-term physical health issues. The service had no recent appointments or groups cancelled due staff shortages or sickness.
- The provider used agency staff to fill any clinical team vacancies. The service used a locum psychiatrist when the permanent psychiatrist was on annual leave or off sick. The locum psychiatrist previously worked within the service and was familiar with the client needs and service processes.
- During inspection the service had an agency nurse in post and a locum psychiatrist to cover the permanent psychiatrist's annual leave. Staff worked flexibly and covered recovery coordinators' caseloads during sickness or annual leave.
- The provider had systems in place to ensure checks of agency staff before they started working with clients. These included checks for right to work information, disclosure and barring service certificates and training. In addition, managers interviewed all agency staff prior to taking them on and kept a profile of their experience and background on-site. We checked five staff files which all contained the necessary pre-employment checks.

Assessing and managing risk to clients and staff

- We reviewed nine clients' records. Staff mostly completed comprehensive and individualised risk assessments and risk management plans. However, one record did not detail safeguarding concerns. Risk assessments did not cover unexpected exit from treatment. However, records showed that staff tried to follow-up and re-engage clients if they missed an appointment or did not engage with the service.
- Staff informed us if they noticed a deterioration in a client's physical health they would phone NHS 111 or seek guidance from the psychiatrist who always had emergency slots to see clients. Staff informed us that they monitored early warning signs of mental or physical health deterioration and referred clients to the psychiatrist. However, we found that staff did not refer all clients going through an alcohol detox to the psychiatrist for physical health monitoring and in six out of nine records, we saw no evidence of clients detoxing from alcohol having their physical health monitored.
- The provider had a list of restricted items that clients could not bring onto the premises such as drugs, alcohol or weapons. Staff conducted hourly walkarounds conducting checks in all areas to ensure clients were not using restricted items on the premises. However, staff still found alcohol, drugs and drug paraphernalia on the premises. Staff breathalysed clients on-site if they had concerns about clients being under the influence of alcohol, with the client's consent.
- The service had a lone working policy and staff understood how to work safely in the community. Staff conducted assessments at home and the outreach team worked 24 hours a day, seven days a week in the community engaging rough sleepers. Outreach work always took place in pairs and staff kept diaries updated, mobile phones on and gathered information about risks prior to undertaking visits. Outreach workers all had access to personal alarms, radios and GPS devices linked to the police to ensure safety and quick response to incidents.
- Staff and managers told us there had been multiple incidents of verbal aggression where police assistance was required. Following incidents, managers debriefed staff and discussed lessons learned in the morning 'flash' meeting.

Safeguarding

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- Staff informed us that they knew how to protect clients and families from abuse. The service had an adult, children and child exploitation policy in place which staff were all aware of.
- Staff were able to recognise what constituted a safeguarding concern. However, these concerns were not always documented in risk management plans. Staff informed us that they discussed any safeguarding concerns with the social care and quality team leader, the service manager and the head office safeguarding team. However, staff did not keep an accessible record of the outcome of safeguarding concerns identified by staff, outcomes were stored on individual records. The provider did not have an accessible tracker to log these outcomes.
- Staff had a 94% compliance rate with safeguarding adults and children training which was part of their mandatory training. Two staff members who had not completed the training were new starters. Staff informed us that safeguarding training took place regularly both online and face-to-face at the head office.
- Since the service registered in October 2018 the service has not raised any safeguarding concerns to the local authority because other agencies involved in the client's care, such as social workers reported these. The service manager informed us that staff routinely informed the local authority of clients currently using drugs or alcohol who had children.

Staff access to essential information

- Staff, including agency and locum staff, had access to all client information on the electronic database.
- Staff completed documentation for medication management within three separate logs all kept in the clinic room. Staff always transferred information for each individual client, onto the electronic database.
- All staff had access to a desk and a computer to update electronic case notes when needed.
- Staff regularly shared information with other agencies, with the clients' consent, to ensure a seamless service.

Medicines management

- The psychiatrist reviewed clients' medication on admission, prescribed detoxification medication, prescribed medication for mental health and reviewed medication on a three-monthly basis, or as and when required. The psychiatrist informed clients about medication and the side effects. The service also had a

range of information leaflets about this. The psychiatrist was available for consultation if required and had emergency appointment slots. The care records contained comprehensive psychiatric assessments and medication reviews.

- The clinic rooms contained stocks of medication, appropriate to the nature of the service. The service did not administer or store other medication on the premises. The consultant psychiatrist prescribed medication and staff securely transported prescriptions to the pharmacy.
- Nurses stored prescriptions securely and managers restricted access to medication records and the clinic room.
- The service had an administration officer for prescriptions to ensure logs were correct and updated regularly. Staff used three separate prescription logs and individual client records to document thorough medication management. The system demonstrated good practice and as a result, the service had no incidents concerning medication management.
- Medication receipt, recording, storage and disposal was compliant with regulations within the Medicines Act 1968 and medicines management within the National Institute for Health and Care Excellence guidelines.
- Staff assessed self-administration of medication on the initial assessment, considering individual risks such as children living in or visiting the home. Staff provided locked boxes on admission to clients able to self-administer.
- Nurses monitored the physical health of clients prescribed methadone. Despite National Institute for Health and Care Excellence guidelines stating that clients should have their ECG monitored when using 100mg methadone, nurses demonstrated person-centred and safe practice by lowering this threshold to 80mg of methadone.

Track record on safety

- The provider reported nine incidents between October 2018 and July 2019. Staff and managers conducted thorough investigations into incidents. Incidents mainly related to pharmacy concerns or aggression from clients.

Reporting incidents and learning from when things go wrong

Substance misuse services

- Staff informed us they attended regular multidisciplinary meetings, integrated governance team meetings and morning 'flash' meetings where they discussed incidents, complaints and learning. We examined minutes of these meetings which all staff had access to. Meetings had a standard agenda and always discussed lessons learned, safeguarding, complaints, missed appointments, clinical issues, incidents, audits and excellent practice.
- Most staff we spoke to informed us about incidents and lessons learned as a result of those incidents. We saw evidence of staff changing their practice based on lessons learned for instance: meeting with clients in ground floor rooms so client aggression could be better managed and conducting hourly walkarounds to ensure client safety.
- Three members of staff could not confidently recall any incidents or evidence any learning and managers did not invite recovery champions to these meetings.

Duty of candour

- Managers and staff were aware of the duty of candour. Duty of candour is a legal duty to inform and apologise to clients if there have been mistakes in their care that have led to significant harm. Managers and staff told us they felt supported to be candid with clients. The provider had a duty of candour policy in place which staff were aware of. We saw evidence in complaints records of transparency and accountability to clients and their families.

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

Requires improvement 

Assessment of needs and planning of care

- We reviewed nine client care records. Staff completed initial assessments and detailed comprehensive assessments with clients on admission, considering the

holistic needs of the clients. Staff robustly recognised and documented mental health and social care needs. Staff also documented how they would meet these needs which included referring to specialist services.

- Nurses were responsible for documenting routine monitoring of physical health but in six out of nine client records we could see no evidence of physical health monitoring for clients detoxing from alcohol.
- Nurses referred complex clients to the psychiatrist who held the responsibility for medical reviews, comprehensive physical health checks, physical health monitoring in complex cases, prescriptions and mental health assessments. These assessments were comprehensive and robust.
- Staff reviewed and updated individual care plans regularly. All nine care plans reviewed were personalised, recovery orientated, holistic and looked at strength areas for each client.

Best practice in treatment and care

- The psychiatrist prescribed medication as described by Department of Health guidance, drug misuse and dependence, UK guidelines on clinical management (2007) for alcohol and opiate detox. The provider had an alcohol and opioid detox policy in place, which followed national guidance however, staff did not always document physical health monitoring in client care notes for clients detoxing from alcohol.
- The service was piloting a new alcohol assessment which covered the comprehensive needs of the clients, including mental and physical health. The service consisted of a psychiatrist with a specialist mental health background, who conducted mental health assessments on clients, diagnosed mental health and autism and prescribed medication for those disorders.
- The service had two outreach workers to engage with rough sleepers in the community. The outreach workers supported clients to attend groups and appointments with the psychiatrist. Outreach workers also assisted with housing. Once clients had stopped rough sleeping, managers allocated them a recovery co-ordinator to monitor their care and treatment.
- The service had volunteer counsellors, managed by a psychologist, that offered a range of therapies such as cognitive behavioural therapy, psychoanalytic therapy, family therapy and humanistic therapy. Psychologists

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and counsellors saw family members separately if they required therapy for caring for someone with an addiction. The service offered blood borne virus testing to clients on the premises.

- The service delivered training on naloxone (used to treat an opiate overdose in emergency situations) to clients, family members, professionals and volunteers. The service also delivered drug and alcohol training for local partnership agencies.

Skilled staff to deliver care

- Managers ensured that the service had staff with the skills, competency and knowledge to provide high quality care.
- The psychiatrist had a background in mental health and diagnosed clients with mental health disorders and autism in addition to treating addiction, to ensure treatment was holistic and person-centred.
- Staff we spoke with confirmed they received a thorough and robust induction. Staff had on average, a 90% compliance rate with mandatory training and we saw evidence of staff having access to and completing non-mandatory training.
- Staff we spoke to informed us that they received regular and good quality supervision which started off on a weekly basis, then moved to monthly. Managers conducted thorough supervisions that prioritised staff well-being. We checked six supervision records and all records were thorough and robust, providing staff with the advice and support they needed on their practice.
- Since January 2019, 79% of staff that had been in post for over a year, received an appraisal. The provider was piloting a new form to improve the appraisal process, based on feedback from staff and managers.

Multi-disciplinary and inter-agency team work

- Staff attended morning 'flash' meetings that took place before the service opened to share key information about clients and the service. Minutes were available for staff who could not attend. The service had a weekly multidisciplinary meeting to discuss new and current clients, safeguarding, unplanned discharges and successful completions. Managers also held monthly integrated governance team meetings which looked at incident patterns and themes, lessons learned from all incidents, audits, complaints, external policy changes, the risk register, excellent practice and team cohesion and culture.

- Staff told us they had good links with external pharmacies, the first response mental health team, the probation service, prisons, the local authority and local charities.
- Staff ensured that client care plans included clear care pathways to other supporting services including housing charities and mental health support.

Adherence to the Mental Health Act and the Mental Health Act Code of Practice

- The Mental Health Act 1983 was not applicable to this service as service had no detained clients. However, the service included a dual diagnosis outreach worker and a psychiatrist with a mental health background who diagnosed and treated mental health disorders alongside addiction.
- The psychiatrist could undertake mental health assessments and had a clear pathway for referral to inpatient services. The psychiatrist also facilitated regular learning sessions on mental health and the Mental Health Act 1983.

Good practice in applying the Mental Capacity Act

- Overall 95% of staff had completed Mental Capacity Act 2005 training. Staff had knowledge of capacity and the impact it could have on clients they were working with.
- The provider had a policy relating to the Mental Capacity Act which staff were aware of and had access to.
- Staff documented capacity on all assessments and obtained consent to treatment for all clients on admission.
- The psychiatrist delivered regular learning sessions on the Mental Capacity Act 2005 to staff.

Equality and human rights

- Staff understood the Equality Act 2010 and demonstrated how they made the service accessible for clients. Ninety-two percent of staff had training in equality and diversity.
- The provider had an equality, diversity and inclusion policy identifying a strategy for building an inclusive environment.
- The provider used an equality dashboard which showed the breakdown of age, gender, ethnicity and sexual

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orientation of their workforce and clients and compared this to the local census statistics. This showed managers potential groups of people within the local area that the provider may not be reaching.

- The provider had an inclusive leadership programme which provided leaders with mentors to create an inclusive environment for BAME (black, Asian and minority) ethnic, LGBT (lesbian, gay, bisexual and transgender) and disabled staff. The provider was reviewing recruitment policies for new employees and support for existing employees with disabilities. This included looking at how staff could use technology to improve the working environment for people with disabilities.
- The provider ranked 169th out of 434 participating organisations in the Stonewall Workplace Equality Index. This is a ranking list of British employers compiled annually by the lesbian, gay, bisexual and transgender equality charity and training provider. This improvement was due to CGL's increased involvement and support for UK Pride events during 2017 and 2018.
- The provider had access to an interpreting service to meet the needs of clients whose first language was not English.
- The service had wheelchair access, wheelchair accessible rooms on the ground floor for therapy and group work and wheelchair accessible toilets.

Are substance misuse services caring?

Good



Kindness, privacy, dignity, respect, compassion and support

- Staff treated clients with kindness and compassion. We spoke with eight clients who felt empowered in their treatment. Clients said staff were caring, respectful, supportive and sensitive to their needs. Clients told us that their treatment was individualised, and that staff listened to their choices.
- The service recruited recovery champions who had been through treatment, which clients found helpful. Clients expressed they would like to volunteer to work for the service in the future.

- We observed staff interacting with clients and interactions were positive, friendly and caring. We observed staff demonstrated a person-centred and holistic approach to client care.
- We spoke with three family members who commended the service for helping their family member in detoxing. Family members had confidence in the service delivered by staff and all family members we spoke with saw an improvement in their relative's health and wellbeing.
- The service had an anonymous feedback system called 'Care Opinion' where clients could feedback on the service they received, and the manager could respond. We checked five pieces of feedback and 98% of feedback was positive.
- All client electronic files contained a confidentiality and information sharing agreement. Staff ensured that clients' had full capacity prior to signing these agreements.
- Staff and clients knew each other on a first name basis. Staff had an awareness of clients' individual needs and preferences and were able to discuss clients in-depth. Staff showed a high degree of understanding of clients' emotional, psychological and spiritual needs.
- The service held regular community meetings where clients could raise any issues for discussion. The recovery champion led these meetings and all clients with spoke with stated the recovery champion and staff were always visible. However, these meetings were not minuted and did not detail actions taken following feedback from clients on the service.

Involvement in care

- Clients we spoke with said they were involved with and offered a copy of their care plan. Care plans included personal goals throughout treatment and staff included client views. There was no evidence of carer involvement. However, this could be due to the nature of the service.
- Care plans offered interventions aimed at maintaining and improving the clients' social networks and provided support for people to attend community resources. Care plans also documented how staff met the wider needs such as housing and employment and we saw evidence of staff actively linking clients to charities specialising in homelessness or domestic violence.
- All clients had a named recovery coordinator who undertook the full assessment and remained with the

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client throughout their recovery journey, to ensure the client had consistency of care. Clients we spoke with knew who their recovery coordinator was and had regular sessions with them.

- Staff had electronic tablets to conduct client assessments and care plans. These allowed staff to conduct work in the community and on-site, depending on the individual clients' needs. Portable electronic tablets also allowed for clients to collaboratively create their care plans with staff.
- Counsellors offered therapy sessions to all clients, carers and family members. The psychologist conducted numerous family therapy sessions with clients present and alone.
- The psychiatrist allowed family members to sit in medical reviews with the client's consent. If the client expressed that they were happy to share only some aspects of the medical review, then the psychiatrist would split the appointment to see the client privately to discuss those issues.
- Staff offered carers and family members support with carers' assessments and other support from social care. Staff also offered drug, alcohol and naloxone training to family members, carers and clients.

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

Good



Access and discharge

- The service had a clear admission and discharge criteria. Following referral, staff conducted an initial triage assessment with prospective clients, prior to them engaging in the service. Staff then conducted a more detailed assessment with clients if they met the eligibility criteria. Prior to this, staff invited clients to attend a welcome group which explained what the service did and the groups and clinics available to them. If the clients had any complex physical or mental health needs, the psychiatrist assessed them and conducted a full medical review. We saw evidence of comprehensive assessments undertaken by the psychiatrist. Volunteer counsellors offered therapy to clients who required this and the psychologist saw more complex cases.

- The service had a hospital liaison worker that had links with the local acute hospital and provided updates on clients known to the provider. The hospital liaison worker assisted in discharge planning of known and new clients, so there was no gap in receiving services when they left.
- The service had no recent appointments or groups cancelled due staff shortages or sickness. Clients we spoke with said they had not experienced any cancelled sessions or activities. Staff informed us that they always discussed the schedule for the day in morning 'flash' meetings and if a staff member was off sick, the service manager or other staff would fill in.
- Recovery coordinators supported clients to formulate their own leaving plans leading up to discharge. In the records we sampled discharge planning did not always include unexpected exit from treatment. However, we saw robust evidence of staff following up clients who did not engage or attend appointments. Staff also supported clients with housing and employment.
- Between October 2018 and March 2019, the service discharged 655 clients, with 209 clients completing treatment successfully and 371 not completing the treatment. Of the total discharged clients, 18% re-presented to the service again. Clients had an aftercare plan in place and the service provided open-door access to clients if they needed services after discharge.
- Staff invited clients who had successfully completed the recovery journey to become recovery champions. The service had supported a career pathway for recovery champions to become full-time employees within the service.
- The provider also had an in-reach service for the local prison, specifically for prisoners with substance misuse issues.

The facilities promote recovery, comfort, dignity and confidentiality

- The service had a range of rooms to carry out group work, individual therapy sessions and physical health checks. The building split into two areas, one area was for clinical staff and hosted multiple rooms for one-to-one sessions and group work. Clients named the second part of the building 'the junction' and decided on the colour scheme and décor. This side of the building hosted a café and a social area with a coffee

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machine that all clients had access to. There were further rooms for group work, one-to-one sessions, a therapy room and a social room which had a games console, television and games and four clinic rooms.

- Clients had access to the café when the chef was not cooking free, hot meals for them. There was a fridge and further tea and coffee making facilities.
- Clients also had access to a small garden, where they were able to smoke and socialise.
- One therapy session room had a plain glass panel which meant people could see into the room. This compromised the confidentiality and dignity of clients having therapy sessions within that room.
- Some areas of the building had dated décor however staff, volunteers and clients were in the process of decorating the building. Clients had an input on the colour scheme and many engaged in the decorating programme.

Clients' engagement with the wider community

- Staff looked at the clients' holistic needs throughout their recovery journey. We saw evidence in client care notes of staff working with clients to meet needs such as housing, benefits, abuse and mental health. The service had good links with local organisations and charities such as homeless charities, sexual health clinics, mental health charities and domestic abuse charities. The service invited individual organisations to the POD meetings which took place fortnightly.
- Staff supported clients with accessing employment, voluntary work and education. The service also provided a career pathway for clients who had completed the recovery process and had recovery champion roles within the service. The national careers service attended the service weekly to operate a drop-in service for clients wanting to access employment.
- The service had permanent staff in post who had been through the recovery journey. At the time of inspection, two clients volunteered for the organisation, the service had several client representatives and five service users attended a course.
- The service manager facilitated mutual aid meetings, such as Alcoholics Anonymous and Narcotics Anonymous to take place within the building after hours. Staff encouraged and supported clients to engage with this if they chose to do so.

Meeting the needs of all people who use the service

- All staff had an equality and diversity training module which was mandatory and emphasised on inclusivity and how to provide an accessible service. The service had wheelchair access, wheelchair accessible rooms on the ground floor for therapy and group work and wheelchair accessible toilets. The service had access to an interpreting service for clients whose first language was not English.
- Clients had access to a garden area where they were able to socialise with their peers and smoke. The service also operated an open-door policy for clients to socialise with their peers even if they were not attending a group or appointment.

Listening to and learning from concerns and complaints

- The service had four formal complaints between October 2018- March 2019. The service manager partially upheld these complaints. Themes related to the attitude of staff members.
- Information on how to complain was visible around the building and clients we spoke with knew how to make a complaint.
- Staff we spoke with knew the complaints process and encouraged clients to make complaints if they had any issues. Clients could feedback directly to the service or via 'Care Opinion' the service's feedback platform.
- The social care and quality team leader investigated complaints and the service manager had oversight of the response. The social care and quality lead investigated complaints thoroughly and devised action plans to remedy any errors or issues. The process was transparent and showed accountability. However, we sampled three complaints, which exceeded the time limit of four weeks set by the provider's policy to respond. The service manager informed us the team leader apologised to complainants for the delay.

Are substance misuse services well-led?

Requires improvement 

Leadership

- Managers within the service had a good understanding of the service, the skills, knowledge and experience to perform their roles.

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- The registered manager was based at the service and was visible and approachable for all staff and clients. The service manager had an open-door policy and staff were always able to approach them.
- The service had the support of a direction and regional lead consultant in addition to HR support at head office.
- The service had a clear definition of recovery, which staff shared and demonstrated
- Managers could explain clearly how the team was working to provide high quality care.

Vision and strategy

- Staff knew and understood the vision and values of the team and organisation and what their role was in achieving that. We saw how staff embodied these values throughout their work.
- All staff had a job description which reflected their day-to-day responsibilities and all staff were clear on their roles.
- Staff had the opportunity to contribute to discussions about the strategy for their service at the 'World Café' that managers held regularly to gain staff input on the strategy, services and clinics provided by the service.

Culture

- Staff felt respected and supported by managers. Staff told us how they could raise any issues with the service manager who had an open-door policy and was highly visible and supportive.
- Staff we spoke with felt positive and passionate about their roles and the client group they were supporting. Staff felt valued by the service manager and the team leaders within the service. Staff felt proud about the person-centred work they did and felt proud to be part of the team.
- Staff felt managers valued their well-being. The provider had a staff forum and managers encouraged staff to take part in the forum to raise any concerns. Managers did not allow staff to eat at their desks, so staff could take a break from work. Managers created a wellbeing room for staff to relax in on their breaks. Managers did not allow staff to work more than their hours. Managers also saved the last 30 minutes on a Friday for a fun staff quiz and staff debrief on the week. Staff also had a wellbeing hour every week to do as they wished during working hours.

- Any sickness was due to long term physical health problems and most staff felt their workloads were manageable.

Governance

- Managers did not have sufficiently robust and effective governance systems in place to effectively monitor and have oversight to manage the service including a lack of ligature and environmental assessments, maintenance issues and repairs, completion of physical health monitoring and safeguarding practices.
- Managers held integrated governance meetings where the team discussed risk, practice and lessons learned. However managers lacked insight on what should be reported as an incident such as finding drugs, drug paraphernalia or alcohol on the premises.
- Staff had access to additional 'flash' meetings every morning, to discuss any issues requiring immediate attention and the schedule for the day ahead.
- Staff carried out regular audits on case management looking at things like: consent, assessments, recovery planning and case records.
- The service had a whistle blowing policy in place which staff were aware of.

Management of risk, issues and performance

- The service had a service wide risk register in place which included emerging or possible risks as well as ongoing risks. Staff could escalate concerns when required. However, issues identified by the inspection team had not been identified on the risk register.
- The provider had a business continuity plan in place in case of adverse events that would affect the running of the service.
- Managers did not have sufficient oversight of environmental risks in the building such as the windows, general wear and tear and lack of ligature risk assessment.
- Managers did not identify issues such as alcohol, drugs or drug paraphernalia on the premises as an incident. Managers, therefore did not investigate these concerns or develop any lessons learned.

Information management

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- Staff had access to the equipment and information technology needed to do their work. The service had electronic tablets to help collaborative care planning and all staff had access to personal alarms. Staff gave positive feedback about the system.
- The service manager had access to information to support them with their management role. This included information on the performance of the service, staffing and client's care.
- Staff clearly explained service confidentiality agreements and consent in relation to the sharing of information and data.

Engagement

- Staff, clients and carers had access to up-to-date information about the clinics and groups on offer, however clients did not always know what the groups entailed. The service manager informed us that this was a recognised issue and staff were developing leaflets for this.
- The service manager and all other staff were visible in the service, clients knew who they were and found them approachable.
- Both families and clients were able to feedback on 'Care Opinion', seek family therapy and obtain medical advice from the nurses and the psychiatrist.

Learning, continuous improvement and innovation

- The service had innovative pathways ranging from assisting with homelessness, , housing and mental health alongside treating addiction. The service also hosted a hepatology clinic where a nurse from the general hospital came to conduct Hepatitis B and C checks. The service had safeguards to stop clients from slipping through the system by organising a hospital liaison worker to monitor known clients if they were in hospital. The hospital liaison worker actively worked on the wards to engage new clients who would benefit from the service on discharge. We saw evidence of commissioners from other boroughs wanting to replicate the model of care due to its success.
- We saw evidence of the service trying to improve areas within the service such as: creating a more robust client forum and developing ways to obtain client feedback. The service was also aiming to improve client contact within care notes.
- The service manager had clear direction to further improve treatment, recording and the client experience.
- Managers encouraged staff to be creative and innovative and tried to obtain staff direction from regular 'World Café' meetings.

Outstanding practice and areas for improvement

Outstanding practice

- Despite National Institute of Care and Excellence guidelines stating that clients should have their ECG monitored when using 100mg methadone, nurses demonstrated person-centred and safe practice by lowering this threshold to 80mg of methadone.
- The service psychiatrist showed excellent practice in monitoring additional health needs, diagnosing clients without a mental health or an autism diagnosis and working with addiction. Commissioners, GPs and external organisations had commended the work of the doctor particularly with mental health.
- The service demonstrated excellent practice in involving clients and family members in training. The service offered psychological therapy to family members who required it and the service was innovative in giving clients ownership of the building.

Clients named the second part of the building and had input into the colour schemes. The service also offered free, hot meals to clients using donated food from restaurants and supermarkets. The service also operated an open-door policy for clients to socialise with their peers even if they were not attending a group.

- The service had volunteer counsellors, managed by a psychologist, that offered a range of therapies such as cognitive behavioural therapy, psychoanalytic therapy, family therapy and humanistic therapy. Psychologists and counsellors saw family members separately if they required therapy for caring for someone with an addiction. The service offered blood borne virus testing to clients on the premises.

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that managers have robust and effective governance systems in place to effectively monitor and have oversight to manage the service including a lack of ligature and environmental assessments, maintenance issues and repairs, completion of physical health monitoring and safeguarding practices.
- The provider must ensure that ongoing monitoring for physical health needs of all detoxing clients are always documented in client care notes.
- The provider must ensure that the service has a ligature risk assessment and all staff are aware of environmental risks.
- The provider must ensure that safeguarding risks are documented in risk management plans.
- The provider must ensure that there is an accessible record of safeguarding concerns that did not meet the threshold for reporting.

- The provider must ensure that all incidents are recorded on the provider's internal reporting system, such as finding drugs, drug paraphernalia or empty alcohol cans and bottles and lessons learned are shared from these incidents.

Action the provider **SHOULD** take to improve

- The provider should ensure that risk assessments address the potential risks to clients of early exit from the programme (Regulation 12).
- The provider should ensure that all staff and recovery champions are aware of lessons learned following incident investigations (Regulation 12).
- The provider should ensure that therapy rooms ensure the privacy and dignity of clients having therapy (Regulation 10).
- The provider should ensure that the environment promotes recovery and is well kept and maintained the decorating schedule is adhered to (Regulation 15).
- The provider should ensure that fridge and freezer temperatures where food is stored, are regularly checked (Regulation 12).

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <ul style="list-style-type: none">• Clients were not protected against ligature risks as the service did not have a ligature risk assessment in place.• Safeguarding risks had not been documented in risk management plans.• Staff did not have an accessible record of safeguarding concerns that did not meet the threshold for reporting.• Clients at risk of physical health issues were not referred to the doctor by staff and physical health checks were not documented for clients going through an alcohol detox.• The provider did not ensure that all incidents were recorded on the provider's internal reporting system and lessons learned are shared from these incidents. <p>This was a breach of regulation 12 1 (a), (b), (c) and (d)</p>
Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <ul style="list-style-type: none">• Managers had no oversight on whether staff documented physical health monitoring in individual care records.• Managers had no oversight on whether staff incorporated identified safeguarding risks into risk management plans.

This section is primarily information for the provider

Requirement notices

- Managers did not ensure a ligature risk assessment was in place for the service
- Managers were not aware of risks posed by the environment
- Managers did not recognise issues such as finding drugs, alcohol or drug paraphernalia as an incident

This was a breach of regulation 17 2 (a), (b), (c) and (d)