

Pavilions

Quality Report

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

Ratings

Overall rating for this location

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



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

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

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

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 Cranstoun as good because:

- Staff treated clients in a caring, compassionate and respectful way. Clients we spoke with praised staff for their professionalism and non-judgemental attitude. Staff supported carers individually and in groups. Clients could provide feedback on service delivery and suggest improvements during regular meetings and in annual survey.
- Staff understood the provider's safeguarding policy and procedures on how to raise a safeguarding referral. Safeguarding was a topic discussed during team meetings and the service had strong working relationships with their local authority safeguarding team. The provider had a policy in place for visitors under the age of 16. Staff supported clients to arrange for a local creche to look after their children whilst they attended appointments.
- Staff had completed mandatory training in topics such as children and adult safeguarding, health and safety, equality and diversity, and the Mental Capacity Act. Staff received monthly supervision and an annual appraisal. Managers supported staff to manage their high caseloads.
- Staff recorded incidents electronically and managers de-briefed staff after a serious incident. Staff discussed learning from incidents at regular meetings and the service employed a member of staff whose role was to investigate every serious incident. Staff were open and honest with clients when things went wrong.
- Staff had effective working links with local external services such as community mental health teams, GPs, maternity services, children and family services, social workers and criminal justice services. Staff consulted with, and referred clients to, these teams as appropriate. Staff from partner agencies attended each other's team meetings, to share information and adopt a coordinated approach to service delivery.

- The service had a dedicated lesbian, gay, bisexual transgender plus (LGBT+) care co-ordinator who had appeared on local radio and had magazine articles published, highlighting the work of the service to the local LGBT+ community. Staff provided outreach support to local homeless people and had installed two kennels at the provider's offices, to enable homeless dog owners to attend appointments.
- The provider's reception area and client meeting rooms were accessible for people with restricted mobility. Staff offered evening and weekend support for clients unable to attend during the day due to personal commitments and outreach appointments for clients whose physical or mental health issues made it difficult for them to visit the offices.

However:

- The clinical governance system had failed to ensure that client records contained holistic, up-to-date client risk assessments, risk management plans and care plans. Much of the detailed information stored about clients was only held within ongoing electronic case notes, which meant that important information about each client was not readily accessible to staff who were unfamiliar with that individual.
- Some client risk assessments did not contain a management plan in respect of risks associated with unexpected exit from treatment. The management plans present, were brief and did not provide a meaningful guide on what action the member of staff and the client should take.
- Some staff we spoke with were unaware of the provider's whistleblowing policy.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services	Good 	

Summary of findings

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Good 

Location name here

Services we looked at

Substance misuse services

Summary of this inspection

Background to Pavilions

The service in the Pavilions partnership which we inspected is called Cranstoun and provides group work, one to one key working sessions, out-reach support, and support to family members and carers of people affected by substance misuse. The service was registered with the Care Quality Commission (CQC) in December 2016 for the treatment of disease, disorder or injury and in May 2017 for diagnostic and screening procedures. The service has a registered manager.

The service we inspected is commissioned by Brighton and Hove City Council.

This is the second time the CQC have inspected Cranstoun using our new approach of asking five key questions about the quality of services. At that time, CQC did not rate substance misuse services.

The first CQC inspection of Cranstoun took place in May 2017. CQC did not issue the provider with any requirement notices in respect of breaches of regulation. However, CQC did cite the following two actions the provider should take to improve:

- The provider should ensure that all client risk assessments include a plan for unexpected exit from treatment.
- The provider should have a policy for visitors under the age of 16.

Our inspection team

The team that inspected the services comprised a CQC inspector, an assistant inspector; and two specialist advisors who both had experience in substance misuse.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme to make sure health and care services in England meet the Health and Social Care Act 2008 (regulated activities) regulations 2014.

How we carried out this inspection

To understand the experience of people who use services, we ask the following five questions about every service:

- 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.

During the inspection visit, the inspection team:

- looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with four clients
- spoke with the registered manager for Pavilions and the service manager for Cranstoun
- spoke with nine other staff members including recovery workers, team leaders, administrative staff and peer mentors
- observed a daily staff briefing meeting

Summary of this inspection

- observed one group therapy session
- looked at six care and treatment records for clients
- looked at policies, procedures and other documents relating to the running of the service.
- looked at supervision, training, references, appraisals, and disclosure and barring service documentation for staff.

What people who use the service say

Clients we spoke with had only positive things to say about the staff and the service. Clients believed the service was very welcoming and supportive. They told us that they felt the service was safe and relaxed. Clients told us that staff are professional and non-judgemental.

Clients told us that staff supported them with their housing, physical and mental health needs. They said that staff also supported them to identify, understand and manage their sexual health, nutrition and drug use.

Clients told us that they were involved in decisions about their care. Three of the four clients we spoke with had received a copy of their recovery plan.

Clients wrote positive feedback at the end of the “forward session” we observed. Clients were observed smiling and engaging throughout the session. Clients spoke positively about the groups facilitated at the service.

Clients told us that staff never cancelled their appointments.

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:

- Risk assessments we reviewed were brief and some omitted significant factors that had been outlined in the client's ongoing case notes. We saw instances where previously identified serious physical health issues had not been mentioned in the risk assessment; and, where the risk assessment had not been updated following an incident of significant self-harm by a client.
- Staff did not consistently record important information relating to individual risk in an accessible form within the risk assessment. Detailed information about each client was contained within lengthy ongoing electronic case notes, which meant that it was difficult to access in a timely way.
- Some client risk assessments did not contain a management plan in respect of risks associated with unexpected exit from treatment. Of the risk management plans for unexpected exit from treatment we saw, the plans were brief and did not provide a meaningful guide on what action the member of staff and the client should take.
- Staff caseloads were relatively high at between 45 and 60 cases per key worker. Staff told us this was due to previous reductions in staffing levels.

However:

- Staff understood the provider's safeguarding policy and procedures on how to raise a safeguarding referral. Safeguarding was a topic discussed during team meetings and the service had strong working relationships with their local authority safeguarding team. The provider had a policy in place for visitors under the age of 16. Staff supported clients to arrange for a local creche to look after their children whilst they attended appointments.
- Staff recorded incidents electronically and managers de-briefed staff after a serious incident. Staff discussed learning from incidents at regular meetings and the service employed a member of staff whose role was to investigate every serious incident. Staff were open and honest with clients when things went wrong.

Requires improvement



Are services effective?

We rated effective as good because:

Good



Summary of this inspection

- Staff identified mental health support needs during the comprehensive assessment conducted with each client. They arranged health appointments for clients to meet these needs, as appropriate.
- Staff had effective working links with local external services such as community mental health teams, GPs, maternity services, children and family services, social workers and criminal justice services. Staff consulted with, and referred clients to, these teams as appropriate. Staff from partner agencies attended each other's team meetings, to share information and adopt a coordinated approach to service delivery.
- Staff ran relapse management groups and motivation groups to encourage clients to increase their motivation to reach their goals using their personal strengths, such as ability to access mutual aid support when needed.
- Clients had access to psychological therapies as recommended by the National Institute for Health and Care Excellence (NICE) including brief solution focussed therapy, group work, and motivational interviewing. Clients could access outreach support, auricular acupuncture and needle exchange.
- Staff measured the treatment and recovery outcomes of each client using the treatment outcomes profile (TOPS) tool. Staff also measured clients' recovery progress using a recovery star plan.
- Clients could access employment support from a team of three staff who were funded by a two-year Public Health England (PHE) pilot scheme to tackle barriers to employment for people dependent on drugs and/or alcohol.
- Staff received monthly supervision and an annual appraisal.
- Staff were trained in the Mental Capacity Act (MCA) and could refer to the organisational MCA policy or obtain managerial support as needed. Staff considered the fluctuating capacity of clients under the influence of alcohol or drugs and rescheduled their appointments when appropriate.

However:

- Care plans were brief and failed to address each of the issues identified as a high priority by the client on their recovery star assessment. We saw instances where physical health issues were not addressed in the care plan.

Are services caring?

We rated caring as good because:

Good



Summary of this inspection

- Staff demonstrated a kind, compassionate approach during their interactions with clients. They treated clients with dignity and respect.
- Clients we spoke with praised staff for their care, professionalism and non-judgemental attitude.
- Staff gave clients information on prevention of drug and alcohol related harm throughout their treatment.
- The service offered support and involvement to family members and carers of clients in individual counselling and support groups.
- Clients were involved in making decisions about their care.
- Staff met with clients in a weekly client forum and bi-monthly service performance meetings. Clients provided feedback suggested improvements to service delivery. Staff asked them for feedback at the end of each group session and in an annual survey.

Are services responsive?

We rated responsive as good because:

- The service had a dedicated lesbian, gay, bisexual transgender plus (LGBT+) care co-ordinator who took the lead on all LGBT+ cases. The care coordinator had appeared on local radio and had magazine articles published, highlighting the work of the service to the local LGBT+ community.
- The service had a homelessness outreach team that undertook a street triage function to encourage and support people to access support.
- Staff had arranged for the installation of two kennels at the rear of the office building, to provide homeless dog owners an appropriate place to leave their pet whilst they attended an appointment.
- Staff offered evening and weekend support for clients unable to attend during the day due to personal commitments.
- The service had two waiting areas to ensure the reception room was never too busy or stressful for clients. Peer mentors met new and existing clients as they arrived in the reception area, in order to welcome them and answer their initial questions.
- The reception and client meeting rooms were based on the ground floor and accessible for people with restricted mobility.
- The health promotion team had developed social media and promotional leaflets in Polish, and staff had the ability to request leaflets in different languages when needed.
- Staff ensured that clients knew how to make a complaint. Complaints processes were outlined on posters displayed around the service.

Good



Summary of this inspection

Are services well-led?

Good



We rated well-led as good because:

- Managers had the skills, knowledge and experience to perform their roles. They understood the services they managed and were highly integrated into the daily operation of the service. Staff told us that their managers were approachable and that they felt supported and respected by them.
- Staff and managers knew and understood the provider's visions and values and how they applied to the work of their team. Staff contributed their ideas towards the development of the service. The service business plan was jointly devised by managers, staff and peer mentors, with a focus on continuous improvement.
- Staff expressed a high level of enthusiasm and pride in their work. They reported having strong working relationships within their team and with staff from partner organisations. Staff sent notifications to external bodies, such as safeguarding teams and commissioners as needed.
- The service employed a dedicated member of staff whose task was to investigate all serious incidents, so that learning could be shared with the team and used to improve future practice.
- Clients and carers had opportunities to give feedback on the service they received. Staff discussed feedback received during team meetings.
- Staff had the ability to submit items to the provider's risk register. The service had a contingency plan which outlined how the service would run in the community to meet clients' needs if the building was not operational, for instance in the event of a fire.

However:

- The present governance system did not ensure that staff maintained accessible client records containing holistic, up-to-date client risk assessments, risk management plans and care plans.
- Some staff we spoke with were unaware of the provider's whistleblowing policy.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards






- Mental Capacity Act (MCA) was part of the service's mandatory training programme.
- At the time of our inspection, over 90% of staff had completed up-to-date MCA training.
- There was an MCA policy which staff could refer to for further guidance.
- Managers supported staff with issues relating to the MCA, as needed.
- Staff we spoke with explained what they would do if they recognised that a client lacked capacity.
- Staff considered the fluctuating capacity of clients under the influence of alcohol or drugs and rescheduled their appointments when appropriate.

Overview of ratings

Our ratings for this location are:

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

Substance misuse services

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

Are substance misuse services safe?

Requires improvement 

Safe and clean environment

- All areas that clients had access to were clean, comfortable and well-maintained.
- All interview and group rooms in the service contained panic alarms to raise alerts if staff required assistance in the event of an emergency. A member of staff with responsibility for safety operations carried out weekly health and safety checks, alarm testing and held regular fire drills. We saw evidence of these in the health and safety logs we reviewed.
- All fire risk assessments and health and safety assessments were up to date. There were fire extinguishers positioned around the service and they displayed up to date checks carried out by an external company. Staff were trained as first aiders and fire wardens and volunteered to be on duty on a daily rota. The rota was confirmed with all team members during the daily morning team briefing. The names of wardens on duty were updated daily on a white board in the communal office area for all staff to see.
- The service had an up to date legionella risk assessment and an accompanying written scheme of control. Staff used this to identify measures required to control potential risks from bacteria. The services had log books to monitor these measures which we reviewed.

Safe staffing

- Staff requirement was based on agreed roles with commissioners to meet delivery of individual sessions and group work.

- Clients reported that care/treatment was never cancelled by staff.
- During the 12 month period August 2017 to July 2018, staff sickness for the service was 3% and staff turnover was 25%. The service did not use any bank or agency staff.
- Caseloads across the services were between 45 and 60 per key worker which staff told us was high, due to previous reductions in staffing levels. Caseloads included clients who attended groups and one to one sessions and produced a lot of administrative duties which were monitored by team leaders in monthly supervision sessions. Managers we spoke with told us they supported staff to work as efficiently as possible, and working with partner agencies to transfer clients when they no longer need their support.
- Activities were reviewed each morning during the team briefing sessions to ensure there were enough staff available to cover scheduled activities for the day ahead. Support sessions were never cancelled due to due to staff shortages.
- The service used peer mentors and volunteers to support clients in their recovery. Peer mentors were people who had lived experience of recovery and were drug and alcohol free. Some volunteers had experience of recovery, but that was not a requirement for them to take on the role. All peer mentors and volunteers completed training to enable them to support clients in recovery in groups or individual sessions. These members of the team also helped identify additional activities to support clients in their recovery, such as volunteering or educational opportunities.

Substance misuse services

- All staff including peer mentors and volunteers had appropriate references and current disclosure and barring services (DBS) checks in place. DBS checks provided information to approve people to work with vulnerable adults and children.
- Staff had completed mandatory training. The service had a list of eight training modules that it categorised as mandatory for all staff. This list of subjects included children and adult safeguarding, health and safety, equality and diversity, and the Mental Capacity Act.

Assessing and managing risk to clients and staff

- We reviewed the care records for six clients, which included their individual risk assessment. Staff used the risk assessment template within the provider's electronic recording system.
- The initial assessment conducted with each client included a section on different risks, including whether a client was a sex worker or involved in a domestic abuse situation. Alerts flagged on the electronic database if a client was known to have a history of violence, whether as the perpetrator or a victim.
- The risk assessments we reviewed were brief and some were missing significant factors that had been outlined in the client's ongoing case notes. We saw instances where previously identified serious physical health issues had not been mentioned in the risk assessment; and, where the risk assessment had not been updated following an incident of significant self-harm by a client. Comprehensive and detailed information about each client was contained within their ongoing electronic case notes and staff we spoke with demonstrated a thorough understanding of their clients. However, staff did not consistently record important information relating to individual risk in an accessible form within the risk assessment.
- We saw instances where staff had considered the potential risks associated with an unexpected exit from treatment in client risk assessments. Of the risk management plans for unexpected exit from treatment we saw, the plans were brief and did not provide a meaningful guide on what action the member of staff and the client should take. Some client risk assessments did not contain a management plan in respect of risks associated with unexpected exit from treatment.
- Staff reviewed client risks within regular team meetings and their daily morning briefing session.

- The service had a violence at work policy to help staff manage aggression in the service.
- Staff followed the service's lone working policy when working alone in the community. This included recording where they were going, who they were meeting, journey timings in their electronic calendars which all team members had access to. This meant their whereabouts could be seen at any time by colleagues. All staff had work mobile phones to use when out in the community to call when they had safely completed their visits. An agreed emergency procedure was used to alert office staff for assistance when in crisis.

Safeguarding

- A safeguarding referral is a request from a member of the public or a professional to the local authority or the police to intervene to support or protect a child or adult at risk from abuse. Commonly recognised forms of abuse include: physical, emotional, financial, sexual, neglect and institutional.
- Staff we spoke with understood the provider's safeguarding policy and procedures on how to raise a safeguarding referral. Staff had completed the elements of safeguarding training in relation to risks to both adults and children.
- Safeguarding was a topic discussed during team meetings and the service had strong working relationships with their local authority safeguarding team.
- The provider had a policy in place for visitors under the age of 16. Staff supported clients to enable them to attend appointments without their children, where possible. The service had an arrangement with a local creche, where parents could leave their child whilst they attended the Cranstoun premises.

Staff access to essential information

- Staff stored information relevant to clients and the running of the service on the provider's electronic recording system. Staff uploaded all paperwork to ensure information was easily accessible.
- Electronic information was available to all relevant staff to deliver client care.

Track record on safety

Substance misuse services

- During the 12-month period July 2017 to June 2018, Cranstoun reported a total of 48 serious incidents, all of which related to client deaths.

Reporting incidents and learning from when things go wrong

- All staff were responsible for reporting incidents as they became aware of them on their electronic database, Datix. The management team investigated all incidents and reviewed them and action plans in their monthly incident review groups. They reported all serious incidents to their local Clinical Commissioning Group on an ongoing basis. Learning was shared across the service at monthly partnership learning meetings and in weekly multi-disciplinary meetings.
- The service employed a member of staff whose role was to carry out an internal investigation of every serious incident, to ensure that every available lesson could be learned.
- The team de-briefed with team leaders after serious incidents.
- Staff were open and honest with clients when things went wrong and discussed how they would improve the service.

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

Good 

Assessment of needs and planning of care

- All clients received a comprehensive assessment when they first accessed the service which assessed their physical, mental health and social support needs. Clients' support needs were listed on a recovery star plan which included details such as their financial and housing support needs. A recovery star plan is an outcomes measure diagram which enables clients to measure their own recovery progress in 10 categories, with the help of a support worker.
- Staff identified co-existing client mental health support needs during their comprehensive assessment and arranged health appointments for clients to meet these needs, as appropriate.
- The service had established pathways to support clients' physical, mental health and social care needs.

For example, staff referred clients to a range of services offering support for opiate substitute prescribing, mental health assessments, training and employment opportunities in catering and customer service.

- Staff ran relapse management groups and motivation groups to encourage clients to increase their motivation to reach their goals using their personal strengths, such as ability to access mutual aid support when needed.
- Staff monitored and responded to clients' changing needs using information captured in their key working sessions.
- We reviewed the care plans for six clients. The care plans were written with the joint input of the clients and their support worker, from the client's point of view. Clients had signed their care plan to state their agreement with it. However, the care plans were brief and failed to address each of the high-priority issues identified by the clients on their recovery star assessment. We saw instances where serious physical health issues were not addressed in the care plan. Comprehensive and detailed information about each client was contained within their ongoing electronic case notes and staff we spoke with demonstrated a thorough understanding of their clients. However, important information relating to the primary issues facing each individual client was not consistently recorded in an accessible form within their care plan.
- All client records were stored securely and electronically so that staff could access them when needed.

Best practice in treatment and care

- Clients had access to psychological therapies as recommended by the National Institute for Health and Care Excellence (NICE) including brief solution focussed therapy; acceptance and commitment therapy (ACT) groups; self-management and recovery training (SMART) groups; and, motivational interviewing.
- Staff offered a variety of interventions to clients, including auricular acupuncture, outreach work, needle exchange and support relating to training, housing and benefit needs. There was an electronic screen in the reception area which displayed advertisements about training and education offers available to clients in the community and in the service. Brighton and Hove was one of seven local authority areas selected by Public Health England (PHE) to take part in a two-year pilot programme which started in May 2018. The aim was to tackle barriers to employment for

Substance misuse services

people dependent on drugs and/or alcohol. The PHE-funded programme placed three members of staff within the provider's service, whose role was to provide practical support to clients (both pre-work and in-work) and employers. This aspect of the service meets with NICE quality statement 23, "People in drug treatment are offered support to access services that promote housing, education, employment, personal finance, healthcare and mutual aid."

- Staff assessed clients' physical health care needs and referred them to their partner doctors in the service or to clients' own general practitioners (GPs) in the community depending on need.
- Staff measured the treatment and recovery outcomes of each client using the treatment outcomes profile (TOPS) tool. Staff used the TOPS tool to measure change and progress in key areas of clients' lives such as substance use, mood, crime, social life and physical health. Staff also measured clients' recovery progress using recovery star plan.
- Managers and team leaders conducted clinical audits in the service, including an annual case file audit. They shared the results of their clinical audits with front line staff.

Skilled staff to deliver care

- Staff worked closely alongside their NHS partner agency and other local agencies to form a comprehensive multidisciplinary team. The team included and had access to a range of experienced and qualified substance misuse professionals including support workers, consultants, social workers, nurses, criminal justice professionals, GPs and pharmacists.
- All staff received monthly supervision and attended weekly team meetings.
- Staff completed specialist training to enable them to carry out their roles.
- Managers addressed staff performance issues in supervision and followed their internal capability procedure with the support of the human resources team where necessary.

Multi-disciplinary and inter-agency team work

- Staff attended regular multidisciplinary meetings. Staff from partner agencies such as rehabilitation providers, street outreach and women-only services also attended.

- Each morning the service held a briefing meeting where staff discussed plans for that day. We observed this meeting during our inspection. Staff discussed incidents from the previous day and current client risks.
- Staff had effective working links with local external services such as community mental health teams, GPs, maternity services, children and family services, social workers and criminal justice services. Staff consulted with, and referred clients to, these teams as appropriate. Staff from partner agencies attended each other's team meetings, to share information and adopt a coordinated approach to service delivery.

Good practice in applying the Mental Capacity Act

- Mental Capacity Act (MCA) was part of the service's mandatory training programme. At the time of our inspection, over 90% of staff had completed up-to-date MCA training. There was an MCA policy which staff could refer to for further guidance. Staff we spoke with explained what they would do if they recognised that a client lacked capacity. For example, if a client was under the influence of alcohol or drugs, staff would reschedule their appointment so they could engage in treatment when not under the influence of substances.
- Staff got advice regarding the MCA issues from managers within the service.

Are substance misuse services caring?

Good 

Kindness, privacy, dignity, respect, compassion and support

- Staff consistently spoke with and about clients in a sensitive, caring and professional manner. We saw staff interacting positively with clients, appearing to be responsive and respectful. Staff demonstrated a genuine interest in client wellbeing and understood the needs of each client.
- There was a large compliments board in the communal office, where staff displayed notes and cards from clients saying thank you to staff for their support and care.

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- Clients had regular one to one sessions with their keyworkers. The frequency was based on individual need but standard practice was at least once every 28 days.
- All clients that we spoke with were complimentary about the staff and overwhelmingly positive about the service.
- Staff supported clients to access other services, where appropriate. The service had clear and detailed information leaflets available that they gave to clients, including information about different medication, local services and general wellbeing.
- The service had two computers available for clients to use freely during business hours, in the reception waiting area. This area was continually supervised by administrative staff.
- The service had clear confidentiality policies in place that were understood and adhered to by staff. The service had a record that confidentiality policies have been explained and understood by people who use the service. Staff explained their confidentiality policy at initial assessment and signed by the client that they understand. Staff maintained the confidentiality of information about clients. Staff held one to one meetings in private individual rooms, to maintain confidentiality of the client.
- Clients were involved in making decisions about their service. The service held a weekly client forum where clients could feedback on service delivery and suggest improvements. Clients requested that art from a recent open house at Pavilion should stay up in client areas. This was agreed upon and observed on inspection. Clients also suggested that the word “forum” was too strong and that it should be called service user meeting instead. This had been agreed and advertising for this meeting was observed on the day.
- Staff met with clients every two months, to discuss the performance of the service and possible actions to make improvements. An example of positive change that resulted from one of the meetings was having external agencies run drop-in sessions at Pavilions about physical health and mental health support.
- Clients were able to comment on proposed changes to the service at recovery orientated audit development session every six weeks.
- Clients gave feedback on the care they received using the comments box in the main reception area; at the end of every group session; and, by completing an annual survey. Client feedback generated actions that managers monitored in their monthly operational management meetings.
- The service had a peer mentoring programme that employed 19 volunteers at the time of our visit.

Involvement in care

- Staff communicated with clients so that they understood their care and treatment. Staff had access to translation services meaning that leaflets could be requested in different languages. Staff have translated social media and promotional leaflets into Polish.
- Of the six client records we looked at, two did not have recovery plans. Three out of four of the remaining records had brief recovery plans that were person centred and written from the perspective of the client, with support from keyworkers. The recovery star highlighted where the client felt they needed most support and the recovery plan often reflected this. These plans were signed by the client.
- Staff engaged with people using the service, their families and carers to develop responses that meet their needs and ensures they have information needed to make informed decisions about their care.
- Staff provided support and counselling to family members and carers. They sought feedback from family members and carers via an annual survey.

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

Good 

Access and discharge

- The service operated a daily rota of duty workers. This meant that any client attending the service for the first time was offered an assessment on the same day. Staff were also available daily to support clients who phoned in for help or advice.
- All clients were offered appointment times which suited them. For example, evening and weekend support was available for clients unable to attend during the day. Clients who had child support commitments could make use of a free creche for children under 12, Monday

Substance misuse services

to Friday during service business hours. This facility is available for all clients accessing the partnership. Clients with child support commitments were also prioritised for appointments during school times.

- The service had support in place which removed barriers to vulnerable groups such as lesbian, gay bisexual and transgender plus (LGBT+) and prison leavers. For example, the service employs a specialist LGBT+ outreach worker, who has very good links with local charities and services to specifically engage this community. A special criminal justice team are dedicated care coordinators for clients who have been referred from prison.

The facilities promote recovery, comfort, dignity and confidentiality

- A range of rooms and equipment were available to support the delivery of care and treatment in groups and individual sessions to clients.
- The service had two waiting areas: one in the main reception area and a second next to the clinic and group rooms. This meant that distressed clients could be supported within the more secluded second waiting area. Therefore, the reception never became too busy, keeping a calm environment for clients and staff. Staff also had their own entrance to the service; to limit the disruption caused to clients. Peer mentors met new and existing clients as they arrived in the reception area, in order to welcome them and answer their initial questions.
- The service had an open kitchen, so that clients and staff could make drinks for themselves and others. This area was appropriately supervised by the clients care coordinator.
- The clinic and group room area had a chalk board wall, allowing clients to display constructive graffiti. The clients could use this space to write compliments, messages or simply draw.
- Clients could write messages of grief in a dedicated book for loved ones and friends who had passed away. Clients could also choose to write these on a leaf shaped card to display on a remembrance tree.
- The clinic and group room areas displayed art created by clients. News articles highlighting group achievements were also displayed throughout the client accessible areas.

- Information leaflets on local services, clients' rights and responsibilities, complaints procedures, treatment options, medications and general wellbeing were displayed in waiting areas and throughout the service.
- A range of activities were offered to clients including recovery groups, art therapy groups, a craft group, community groups, a book club, and employment sessions.

Meeting the needs of all people who use the service

- Staff demonstrated an understanding of the potential issues facing vulnerable groups that made up the local population. The service had a dedicated lesbian, gay, bisexual transgender plus (LGBT+) care co-ordinator who took the lead on all LGBT+ cases. The care coordinator had appeared on local radio and had magazine articles published, highlighting the work of the service to the local LGBT+ community.
- The service had a homelessness outreach team that carried out a street triage function, in which staff assisted rough sleepers, for example by giving advice or tending to wounds. The team targeted current risks in the local population, and were currently engaged on supporting clients among the homeless tent community in the city.
- Staff had arranged for the installation of two kennels at the rear of the office building, to provide homeless dog owners an appropriate place to leave their pet whilst they attended an appointment. The kennels helped to encouraged engagement from clients who otherwise may have been reluctant to do so.
- The service did not have a waiting list for the service. Staff monitor clients levels of risk at every 1:1 meeting and record this on the database to detect increases in level of risk
- The reception and client meeting rooms were based on the ground floor with step free access, which meant the service was accessible for people with restricted mobility. An outreach service was also provided for clients who had significant physical and/or mental health needs. The ground floor had a loop facility for people with a hearing impairment.
- The health promotion team had developed a range of leaflets about drug and alcohol use and a service leaflet in easy read for use with clients with learning disabilities and with low literacy levels.

Substance misuse services

- The service had the ability to supply leaflets in different languages, as needed. Promotional and information leaflets had been translated into Polish, to attract and inform the local Polish-speaking community.

Listening to and learning from concerns and complaints

- The four clients we spoke with knew how to make a complaint. Complaints processes were outlined on posters displayed around the service.
- All staff we spoke with knew how to respond to complaints appropriately. Several clients had complained about the quality of the new needles for injecting supplied by the service's needle exchange. Staff investigated these complaints with the pharmacy and after a trial period reverted to using the previously supplied paraphernalia, in line with clients' requests. Managers provided staff with feedback on the outcomes of complaint investigations in weekly team meetings.
- During the 12-month period July 2017 to June 2018, Cranstoun received 34 complaints, of which eight were upheld and four were partially upheld.

Are substance misuse services well-led?

Good 

Leadership

- Managers had the skills, knowledge and experience to perform their roles. They had a thorough understanding of the services they managed and could explain clearly how the teams were working to provide high quality care.
- Managers were based in the same office as the team and were highly integrated into the daily operation of the service. Staff we spoke with told us they were approachable for clients and staff alike.

Vision and strategy

- Staff and managers knew and understood the provider's visions and values and how they applied to the work of their team.
- All staff we spoke with contributed their ideas towards the development of the service.

Culture

- Staff we spoke with expressed a high level of enthusiasm and pride in their work. Whilst some staff we spoke with were unaware of the provider's whistleblowing policy, all staff said they felt able to raise concerns without fear of retribution. Staff told us they felt supported and respected by their managers.
- Managers dealt with poor performance when needed.
- Staff reported that they had strong working relationships within their team and with staff from partner organisations.
- During the 12-month period August 2017 to July 2018, staff sickness for the service was 3%

Governance

- Managers completed a programme of clinical audits throughout the course of each year. Front-line staff did not participate in carrying out the audits, but audit results were discussed in team meetings.
- Managers were due to undertake their annual case file audit in November 2018. The present governance system had not ensured that staff maintained client records containing holistic, up-to-date client risk assessments, risk management plans and care plans in an accessible format.
- Staff we spoke with had a clear understanding of how their service worked with other agencies, to meet the needs of clients.
- The service employed a dedicated member of staff whose task was to investigate all serious incidents, so that learning could be shared with the team and used to improve future practice.

Management of risk, issues and performance

- Staff had the ability to submit items to the provider's risk register. The service had a contingency plan which outlined how the service would run in the community to meet clients' needs if the building was not operational, for instance in the event of a fire.

Information management

- Staff had access to the equipment and information technology needed to do their work.
- Information governance systems included of confidentiality of patient records.
- Managers had access to information to support them in their management role.

Substance misuse services

- Most information was in an accessible format. However, much of the detailed information stored about clients was contained within ongoing electronic case notes. Client risk assessments, risk management plans and care plans lacked detail and were not holistic. Therefore, important information about clients was not readily accessible on relevant forms for staff who were unfamiliar with that individual.
- Staff made notifications to external bodies, such as safeguarding teams, commissioners as needed.

Engagement

- Clients and carers had opportunities to give feedback on the service they received.
- Managers and staff discussed feedback from clients and carers during meetings.

- Managers engaged with external stakeholders, such as commissioners and the local authority.

Learning, continuous improvement and innovation

- Managers encouraged staff to introduce innovative ideas that could help to improve the service. Staff had arranged for the installation of two kennels at the rear of the office building, to provide homeless dog owners an appropriate place to leave their pet whilst they attended an appointment. A member of staff had suggested the introduction of an event to collectively celebrate the individual and joint work of staff and the achievements of clients. The aims were to enhance the morale of staff and clients and to inspire everyone to further achievements.

Outstanding practice and areas for improvement

Outstanding practice

- Staff had installed two kennels outside the provider's premises, to encourage/enable homeless clients to engage with the service.

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that client risk assessments and risk management plans are stored in an accessible format; are updated following incidents; and, are holistic, to include all relevant risk factors, such as physical health issues and risks associated with unexpected exit from treatment.

Action the provider **SHOULD** take to improve

- The provider should ensure that staff devise and record a management plan relating to potential risks associated with an unexpected exit from treatment, for each client.
- The provider should ensure that all staff are aware of the whistleblowing policy.

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
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Safe care and treatment</p> <p>Risk assessments were brief and some omitted significant factors that had been outlined in the client's ongoing case notes, such as serious physical health issues.</p> <p>Client risk assessments were not consistently updated following significant incidents.</p> <p>Staff did not record client risk assessments and risk management plans in an accessible format.</p> <p>Client risk management plans in respect of risks associated with unexpected exit from treatment were either missing or overly brief and failed to provide a meaningful guide on what action the member of staff and the client should take.</p> <p>This was a breach of regulation 12(1)(2)(a)(b)</p>