Change, Grow, Live

CGL Inspire East Lancashire

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Outstanding ☆
Are services safe?	Good ●
Are services effective?	Outstanding ☆
Are services caring?	Outstanding ☆
Are services responsive to people's needs?	Outstanding ☆
Are services well-led?	Good ●

Summary of findings

Overall summary

Our rating of this location improved. We rated it as outstanding because:

- The service was extremely well led, and the governance processes ensured that its procedures ran smoothly. Staff felt really well supported by managers who they felt were very approachable. Collaborative work between the service and its partner organisations was highly effective and focused on meeting the needs of the clients. The service was highly innovative and ensured it was up to date with and involved in, new ways of working. The service had effective systems in place for gathering feedback from those who used the service which were used to improve the service.
- Staff treated clients with compassion and kindness and respect, and truly understood the individual needs of clients. There was a strong person-centred culture which was incorporated into all aspects of the service. Feedback from people who used the service was overwhelmingly positive and we were told that staff always go the extra mile to support clients. Staff actively involved clients in all decisions and about their care and clients were regularly consulted and involved in the running of the service. Staff identified groups of people with specific needs and developed pathways to provide tailored support and helped those clients overcome barriers that were stopping them from achieving their goals. The teams included or had access to the full range of specialists required to meet the needs of clients under their care. Managers ensured that these staff received a wide range of tailored training, supervision and appraisal. For example, staff took part in peer supervision groups which involved them recording their one-to-one sessions, with the client's permission, and sharing this with a group of peers for in depth reflection and constructive feedback in order to help them improve their practice.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a wide range of treatments and interventions suitable to the needs of the clients and in line with national guidance and best practice. The service truly considered the needs of different groups of people using its service and sought to address gaps where people's needs were not being met. Staff regularly engaged in clinical audit to evaluate and improve the quality of care they provided.
- The service provided safe care. The premises where clients were seen were safe and clean. The number of clients on the caseload of the teams, and of individual members of staff, was monitored by managers so each staff member was able to give each client the time they needed. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- Staff worked extremely well together as a multidisciplinary team and with relevant services outside the organisation.
- The service was easy to access, staff made reasonable adjustments to enable clients to access the service in a way that met their needs and preferences. Staff planned and managed discharge well and had alternative pathways for people whose needs it could not meet.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services	Outstanding ☆	

Summary of findings

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Summary of this inspection

Background to CGL Inspire East Lancashire

Change, Grow, Live is a substance misuse provider that delivers substance misuse services across the country. Change, Grow, Live is the registered provider of the location Inspire East Lancashire which delivers community substance misuse services and provides opiate substitute medication, community and home detoxification and psychological treatment to clients in that geographical area.

Inspire East Lancashire was registered with the Care Quality Commission on 19 December 2017 for the regulated activity:

- treatment of disease, disorder or injury.

There was one registered manager for this location. Since our last inspection in October 2018 Inspire East Lancashire has reduced in size to one registered location, Inspire Accrington, which has one satellite hub. The service covers the geographical footprint of East Lancashire only. The satellite hubs are in Burnley and Nelson in East Lancashire, also covering a large rural area within the Ribble valley and Rossendale.

We last inspected the service in 2018 and rated it Good overall. We did not identify any breaches of the regulations at our last inspection of the service.

The provider works with several partner organisations by subcontracting them to deliver different areas of the service but remains the main contract holder. The includes family intervention work, counselling services and local charities supporting people who live on the street or who are homeless. The provider also has its own team of non - medical prescribing nurses, midwife and hospital and prison in reach services, as well as a physical healthcare team.

The service also works with the local NHS Mental Health Trust, who support clients with a dual diagnosis of mental health issues and substance misuse problems.

What people who use the service say

People who used the service told us it gave them hope, had saved their lives and help them understand the impact of their addictions on their health, relationships, families and community. People told us the three sites were safe places to visit, staff were kind, respectful, interested in their recovery, treated them as people and not addicts and went the extra mile. People told us the different pathways, flexible opening times, variety of support groups and partnerships with other stakeholders offered them individualised services.

How we carried out this inspection

During our inspection, we:

- Visited the main Accrington location and two hubs in Burnley and Nelson
- Spoke with ten clients

Summary of this inspection

- Interviewed 30 staff including managers, recovery workers, key workers, peer support workers, volunteers, peer mentors, non-medical prescribers, the clinical lead, clinical administration workers, administration staff, volunteer and peer support coordinator and building recovery in communities coordinator, acupuncture therapist, registered nurses and employee support workers.
- Received six comments cards from clients telling us about their care
- Reviewed six care and treatment records.
- Attended one flash meeting, observed two groups, attended a staff reflective practice session, a focus group with peer support workers and met with the family support service coordinators and three family carers.
- Spoke with managers from the family support services
- Spoke with three family members of clients using the service.
- Reviewed a range of documents relating to the running of the service including policies and procedures.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Outstanding practice

We found the following outstanding practice:

The provider had adopted a trauma informed approach which had been embedded into every aspect of the service. This involved training staff to provide trauma informed care and providing ongoing supervision and support. The service adapted the environment to ensure it is in keeping with trauma informed principles and produced a toolkit to provide guidance to staff about the approach.

Staff took part in peer supervision groups which involved them recording their one-to-one session, with the staffs permission, and sharing this with a group of peers for in depth reflection and constructive feedback in order to help them improve their practice.

The service was actively engaged in innovation and improvement, considered clients individual needs and provided a range of support to meet these needs. This included the use and prescribing of trialing buprenorphine prolonged-release solution for injection with clients who used methadone long term. This was a buprenorphine medicine that can be given to opiate users and worked over a longer period, typically a month.

Staff recognised that people from other countries and minority communities may not engage because they did not understand the treatment pathways available to them. Staff recognised that East Lancashire has a population including communities from East Asia and Eastern Europe and Africa. Staff recognised these and other black and minority ethnic communities were underrepresented in the number of people not regularly engaging with substance misuse services, yet there were recognised health issues related to substance misuse in these communities. The service reached out to these and wider communities through peer support workers and volunteers from these communities. This included speaking to local faith leaders and attending churches, temples and Friday prayers at mosques to present information about rehabilitation services. These sessions raised the profile of recovery services, the use of naloxone to treat overdose and production of information about drug paraphernalia for these communities.

Through a subcontracted partner, the provider offered a family support service, supporting families and carers of clients. This was through the hubs, a community setting or online. Family members then had the option to become family

coaches and mentors. Family coaches were offered a 12-week psychosocial intervention training called foundations of family, specifically for family members impacted by a client's addiction. This was based on a trauma-informed approach. Family coaches received continuing professional development around trauma informed practice from a practice supervisor and supervision from the service managers.

The service was piloting a new physical health monitoring pathway to establish baseline physical health assessments where information from GP's or stakeholders indicated clients had comorbid health conditions. This was recognised through the assessment process when information received from GPs or stakeholders referred to health conditions such as obesity, diabetes and heart conditions. These conditions were being managed by GP or NHS services and were not routinely shared with the serviced. As a result, the service introduced a physical health assessment as part of assessment process for all clients, for whatever treatment pathway they chose. Routine physical health checks would become part of the clients' care pathway, known risks to health monitored and information shared between the service and stakeholders. This would mean staff will be aware of client's underlying health risks and will offer advice about or signpost clients to health promotion services, for example smoking cessations, or dietician services. The service will evaluate the pilot in the future to assess the health benefits of it for clients.

Areas for improvement

The provider should consider how governance processes can be further enhanced and improved once new care pathways, the physical health pilot and working with partner agencies have been evaluated and refined. And subgroups introduced to embed reflective practice and trauma informed initiatives have been created and reviewed through the service governance process.

Our findings

Overview of ratings

Our ratings for this location are:

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

Outstanding ☆

Substance misuse services

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

Are Substance misuse services safe?

Good

Our rating of safe stayed the same. We rated it as good.

Safe and clean environment

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

Staff completed and regularly updated thorough risk assessments of all areas and removed or reduced any risks they identified. The service had a fire risk assessment, and fire evacuation plan in place at each of the three hubs. All three hubs had portable electrical and fire monitoring/fighting equipment, tested to the frequency of the specified regulations. The service records noted that fire drills took place and clients and staff responded appropriately. The service had a risk assessment for safe working practices in the service at each hub, for example, display screen equipment assessments.

Each hub had a business continuity plan in case of major interruptions to any of the hubs not being able to provide a service.

All interview rooms in Accrington and Burnley buildings had alarms and staff were available to respond. In the Nelson building, staff wore personal alarms when meeting clients in the pods located away from the main office. First responders were allocated each day in the morning flash meeting. A flash meeting looks at the identification of risk within the service, so resources are allocated appropriately to ensure the service operated safely and met the needs of clients. Fire example, ensuring there were allocated fire marshals.

At the Accrington, Burnley and Nelson hubs, ligature risk assessments had been completed. Ligature risk assessments identified where improvements were needed to reduce and remove ligature points or provide anti-ligature fittings. These were identified on the action plan.

All clinic rooms had the necessary equipment for clients to have thorough physical examinations. Staff made sure equipment was well maintained, clean and in working order. All equipment was in date and there were processes in place for monitoring, maintaining and reordering equipment.

Substance misuse services

All areas were clean, well maintained, well-furnished and fit for purpose. Staff made sure cleaning records were up-to-date and the premises were clean. There was an up to date and comprehensive infection control policy with clear guidance for staff to follow. Staff followed infection control guidelines, including handwashing. The service had an up to date infection control audit and a COVID-19 risk assessment in place. Face masks and hand gel were available throughout the building for clients and staff who chose to wear these.

The service adapted the environment to ensure it is in keeping with trauma informed principles. For example, furniture was homelike and comfortable, lighting was soft and decor neutral too reflect natural light.

Safe staffing

The service had enough staff, who knew the clients and received basic training to keep them safe from avoidable harm. The number of clients on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each client the time they needed.

Nursing staff

The service had enough nursing and support staff to keep clients safe. The services' healthcare team had seven registered nurses, including a clinical lead, alcohol lead and non-medical prescriber. In addition, there were four health care assistants in the healthcare team. Staff and clients told us appointments did not get cancelled. Cover for staff that were off work was arranged in the morning meeting. Clients told us they could access staff when they needed them.

The service had reducing vacancy rates. Vacancy rates were 6% at the time of the inspection.

The service had low rates of bank and agency staff. Managers also covered staff sickness and absence to limit the need the need for bank and agency staff. Managers requested those staff familiar with the service. The service had a list of preferred providers and tried to request staff from these providers in the first instance.

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

The service had experienced higher turnover rates with a turnover rate of 19%. The higher turnover rate may be the result of a combination of factors. The service has introduced new positions funded through the office for health improvement and disparities (OHID / Public Health England) and changing futures programmes to reduce health inequalities. Through these programmes the service had recruited staff, as well as staff moving to roles with other stakeholders in East Lancashire supporting the recovery community. Internally staff had also been promoted which created additional vacancies.

Managers supported staff who needed time off for ill health.

Sickness levels were low at 3% for the service.

Medical staff

The service had enough medical staff. Managers could use locums when they needed additional support or to cover staff sickness or absence. Managers made sure all locum staff had a full induction and understood the service.

The service could get support from a psychiatrist quickly when they needed to.

Outstanding ☆

Substance misuse services

Mandatory training

Staff had completed and kept up to date with their mandatory training. The mandatory training programme was comprehensive and met the needs of clients and staff. Mandatory training figures for all training components were above 90% at the time of inspection.

Managers monitored mandatory training and alerted staff when they needed to update their training. Managers had a rolling programme of workforce development training to complement mandatory training including trauma informed care, alcohol and older people and relationship between alcohol and domestic abuse training.

Assessing and managing risk to clients and staff

Staff assessed and managed risks to clients and themselves well. They responded promptly to sudden deterioration in clients' physical and mental health. Staff made clients aware of harm minimisation and the risks of continued substance misuse. Safety planning was an integral part of recovery plans.

Assessment of client risk

Staff completed risk assessments for each client on admission / arrival, using a recognised tool, and reviewed this regularly, including after any incident.

Staff used a variety of recognised risk assessment tools to assess risk according to clients' needs. For example, staff used recognised withdrawal scales where required.

Staff could recognise when to develop and use crisis plans according to client need. The service provided staff with extra training on safety planning and had additional staff, that were funded through the office for health improvement and disparities (OHID) through the Department for Health and Social Care. These OHID staff were based in the hubs and were assessing people in prison prior to release and working with 'church on the street', a local charity in East Lancashire supporting recovery for people, assessing their mental health and signposting them to recovery services.

Management of client risk

Staff responded promptly to any sudden deterioration in a client's health. The service had naloxone medication onsite which could be used to reverse the effects of an opiate overdose. Staff delivering services in the community and working with other stakeholders also carried naloxone and gave examples of when they had used this when a client had attended for assessment following using opiate drugs and had overdosed. Staff provide clients with naloxone and educated them and their significant others on how to use it. Staff gave us examples of actions that had been taken when they had concerns about a client's health. These included contacting an ambulance for a client and arranging a physical health care check.

Staff followed clear personal safety protocols, including for lone working. Staff could access information on historic client or associated risk, and the electronic records system could flag if a client, family members or associates presented a risk and required a joint visit with a co-worker or stakeholder team member. There was a policy in place for lone working and staff adopted extra support measures where there were concerns that a client may be aggressive.

The service also had a pathway in place to provide support to clients where there were concerns about self-harm or suicidal ideas.

Safeguarding

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

Substance misuse services

Staff received training, guidance and support on how to recognise and report abuse, appropriate for their role and kept up to date with their safeguarding training. The registered manager was the service safeguarding lead, who also had access to regional and national safeguarding advice. The service had clear adult and child safeguarding policies which were up to date and contained useful links and diagrams. Staff received safeguarding supervision where required and the service had monthly safeguarding meetings.

Staff could give examples of how to protect clients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. Staff had good links with the local safeguarding team and with other teams such as Multi Agency Risk Assessment Conference and domestic violence services and worked with them to support clients at risk of harm. Staff carried out home visits at the start of treatment which helped identify risks to children such as unsafe storage of medication. Advice and safe storage boxes were given out to clients where required.

The service had a family safeguarding team, with each hub having a family safeguarding recovery worker to support clients with children.

Staff knew how to make a safeguarding referral and who to inform if they had concerns.

Managers took part in serious case reviews and made changes based on the outcomes. Managers prioritised safeguarding meetings such as child protection.

Staff access to essential information

Staff kept detailed records of clients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.

Client notes were comprehensive, and all staff could access them easily. Staff had shared access to GP summary records, where there were significant concerns around a clients' physical health needs. This enabled the service staff to work closely with partner agencies to support clients with their physical health needs.

Records were stored securely. All records were electronic, staff had their own computers and staff received cyber security training to ensure records were kept securely.

Medicines management

The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each client's mental and physical health.

Staff followed systems and processes to prescribe and administer medicines safely.

Staff reviewed each client's medicines regularly and provided advice to clients and carers about their medicines. Prescribers discussed medicine options with clients and explained the risks and benefits of each choice to help clients make an informed choice about the pathway that was right for them. Staff regularly carried out urine screens as to help monitor the safety of client's medicines.

Outstanding ☆

Substance misuse services

Staff stored and managed all medicines and prescribing documents safely. The service had an up-to-date medicines policy. There were storage facilities for vaccinations when they needed to be stored on site, for example there had been a recent Hepatitis C vaccinations campaign. Fridge temperatures and room temperatures were monitored daily in line with the providers cold chain policy. Prescriptions were stored securely, and clinical administration staff kept an audit trail to monitor prescriptions.

Staff learned from safety alerts and incidents to improve practice.

Staff reviewed the effects of each client's medicines on their physical health according to NICE guidance.

Track record on safety

The service had a good track record on safety.

Reporting incidents and learning from when things go wrong

The service managed client safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave clients honest information and suitable support.

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with the service's policy. The service has no serious incidents from 2021 to 2022. We reviewed two incidents, which were all investigated thoroughly and in line with the providers policy and procedures.

Staff understood the duty of candour. They were open and transparent and gave clients and families a full explanation when things went wrong.

Managers debriefed and supported staff after any serious incident. Staff also provided a debrief for clients following an incident. The incident reporting process highlighted the duty of candour was to be considered when reviewing incidents.

Staff received feedback from investigation of incidents, both internal and external to the service. Staff met to discuss the feedback and look at improvements to client care. There was evidence that changes had been made as a result of feedback. For example, managers reviewed all deaths, and identified themes, trends and clinical lessons. Keyworkers were invited to the death in service meetings and lessons learnt were shared with staff.

Are Substance misuse services effective?

Outstanding ☆

Our rating of effective improved. We rated it as outstanding.

Assessment of needs and planning of care

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

Staff completed a comprehensive assessment of each client.

Staff made sure that clients had a full physical health assessment and knew about any physical health problems. The service had employed health care assistants who offered clients physical health care.

Clients were all offered screening for blood borne viruses such as hepatitis C. May was blood borne virus awareness month and the three hubs had promoted this campaign, which meant that all clients who attended the service during that month were offered testing for blood borne viruses. Staff also carried out blood tests and urine screening on all patients and where required electrocardiograms.

Staff developed a comprehensive care plan for each client that met their mental and physical health needs. We looked at six client records. All clients had an up to date care plan and staff regularly reviewed and updated care plans when clients' needs changed.

Care plans were required to be updated every three months, or more regularly as clients' needs changed. Care plans were personalised, holistic and recovery-orientated and focussed on the needs of the individual. For example, one care plan related to a client with long term health conditions and contained a lot of detail regarding how staff were meeting these needs, which is beyond what we would expect the service to be doing.

Best practice in treatment and care

There is a truly holistic approach to assessing, planning and delivering care and treatment to all people who use services. This includes **a range of care and treatment interventions suitable for the client group and consistent with national guidance on best practice. They ensured that clients had good access to physical healthcare and supported clients to live healthier lives.**

Staff provided a range of care and treatment suitable for the clients in the service. The service had a dedicated assessment team and specific pathway teams for opiate, alcohol and poly substance misuse. The service considered clients' individual needs and provided a range of support to meet these needs. For example, the service was trialling Buprenorphine prolonged- release solution for injection with clients who were using methadone long term. This is a buprenorphine medicine that can be given to opiate users and works over a longer period, typically a month. This means that clients do not have to take daily opiate substitute medication and can access treatment for example, when in employment. Recovery workers shared examples of clients achieving abstinence from crack and opiate drugs within several weeks of starting the buprenorphine prolonged- release solution for injection trial. The service developed several different treatment pathways to support clients across both opiate and alcohol pathways.

Staff delivered care in line with best practice and national guidance including those laid out by the National Institute for Health and Care Excellence. Staff provided opiate substitute prescribing, community detoxification and harm reduction programmes in line with national guidance. Staff supported pharmacological interventions with a programme of psychosocial interventions. These were delivered in both one to one and group formats. Staff were trained in psychosocial interventions such as motivational interviewing, cognitive behavioural therapy and mindfulness. In addition, clients had access to trained counsellors. There was an acupuncture clinic offered to clients at Accrington and Burnley.

Through a subcontracted partner, the provider offered a family support service, supporting families and carers of clients. This was through the hubs, a community setting or online. Family members then had the option to become family coaches and mentors. Family coaches were offered a 12-week psychosocial intervention training called foundations of family, specifically for family members impacted by a client's addiction. This was based on a trauma-informed approach. Family coaches received continuing professional development around trauma informed practice from a practice supervisor and supervision from the service managers.

Outstanding ☆

Substance misuse services

The service had a focus on recovery and a holistic approach in the local communities in East Lancashire. There was a Building Recovery in the Community (BRIC) lead in a place, with a focus on utilising the assets and people in their community through empowerment by helping them to identify and share their strengths and work together to create/ innovative community work. The service was integrated with the local recovery community throughout East Lancashire and ran a range of sessions and classes. The service subcontracted a partner agency

Staff made sure clients had support for their physical health needs, either from their GP or community services. Staff worked closely with GPs and shared information where appropriate. We also saw examples of staff accompanying clients to the GPs surgery where there were serious concerns about a client's physical health.

The service was piloting a new physical health monitoring pathway to establish baseline physical health assessments where information from GP's or stakeholders indicated clients had comorbid health conditions. This was recognised through the assessment process when information received from GPs or stakeholders referred to health conditions such as obesity, diabetes and heart conditions. These conditions were being managed by GP or NHS services and were not routinely shared with the serviced. As a result, the service introduced a physical health assessment as part of assessment process for all clients, for whatever treatment pathway they chose. Routine physical health checks would become part of the clients' care pathway, known risks to health monitored and information shared between the service and stakeholders. This would mean staff will be aware of client's underlying health risks and will offer advice about or signpost clients to health promotion services, for example smoking cessations, or dietician services. The service will evaluate the pilot in the future to assess the health benefits of it for clients.

The service offered a care pathway for clients who were dependent on prescribed and over the counter opiate medication such as codeine. This involved seeing clients for either a brief intervention, or home detoxification and working with both clients and GPs. This included the use of general anxiety and depression rating scales to help clients see improvements and outcomes over time.

Staff supported clients to live healthier lives by supporting them to take part in programmes or giving advice. These included groups around nutrition, smoking cessation advice and sleep hygiene.

Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives. All rating scales were available to staff through the IT systems.

Staff used technology to support clients. Staff offered remote appointments by telephone or via the internet to clients during the COVID-19 pandemic. The service had since used feedback to review the effectiveness of this way of working, with clients and supporting a flexible service. Staff utilised technology to submit for example electrocardiogram test results digitally, so they were analysed and available for medical assessments.

The service offered access to a variety of interactive online support services which helped clients to monitor and manage their substance use. Staff could also maintain contact with clients by texting them. This form of communication was appropriate in following up clients who had missed an appointment or it was the client's preferred method of contact.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. Audits were reviewed and there were established systems for feeding back to staff and monitoring improvements. Audits were reviewed in manager's meetings to help identify overall trends and themes. There was a strong focus on quality improvement throughout the service.

Outstanding ☆

Substance misuse services

Skilled staff to deliver care

The teams included or had access to the full range of specialists required to meet the needs of clients under their care. Managers made sure that staff had the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

The service had access to a full range of specialists to meet the needs of each client. Staff worked closely with partner agencies to ensure clients of the service could have access to staff that were able to meet their needs.

Managers made sure staff had the right skills, qualifications and experience to meet the needs of the clients in their care, including bank and agency staff. Staff, including bank staff and staff from partner agencies could access Inspire training. An example of this was delivering training to staff working in GP practices to help them support clients who attended GP surgeries unexpectedly and needed support from recovery services. This made sure staff across Inspire East Lancashire they offered a consistent level of care and treatment to clients because they had completed the same training irrespective of which agency they were from.

Managers gave each new member of staff a full induction to the service before they started work. Bank and agency staff received the same induction as regular staff.

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

Managers supported staff through a range of regular, constructive clinical supervision of their work. Supervision levels were at 70% and most staff were also receiving regular informal supervision. Staff received regular opportunities for group supervision and reflective practice.

Staff also took part in peer supervision groups which involved them recording their sessions with clients, with the client's permission, and reviewing their practice in a group. This provided staff with an opportunity to carry out in depth reflection and to receive constructive feedback from their peers to improve their practice.

Managers made sure staff attended regular team meetings and gave information to those who could not attend.

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

Managers made sure staff received any specialist training for their role. The service had a full calendar of training to complement mandatory training to support staff to develop their skills and competence. These included sessions on hidden harm, trauma informed practice and take-home naloxone.

Managers recognised poor performance, could identify the reasons and dealt with these.

Managers recruited, trained and supported peer mentors and volunteers to work with clients in the service. There was a clear volunteering pathway, which had led to some volunteers obtaining paid work at the service.

Multidisciplinary and interagency teamwork

Staff from different disciplines worked together as a team to benefit clients. They supported each other to make sure clients had no gaps in their care. The teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.

Staff held regular multidisciplinary meetings to discuss clients and improve their care. These included daily flash meetings as well as multidisciplinary meetings. Staff planned for the day ahead and shared information on clients and service updates. Staff completed multi-disciplinary reviews of clients and worked collaboratively to help the client achieve their goals. Staff made sure they shared clear information about clients and any changes in their care, including during transfer of care.

Staff had effective working relationships with other teams in the organisation. Staff had effective working relationships with external teams and organisations. The service was committed to working collaboratively and had found innovative and efficient ways to deliver more joined-up care to people who use services. For example, the service had worked with a local NHS Trust to provide a specialist care pathway for clients who regularly use A&E and other services due to alcohol. This included other agencies as part of the blue light project, an initiative to develop alternative approaches and care pathways for drinkers who are not in contact with treatment services and have complex needs.

Staff worked with other partners to promote the use of naloxone. This included delivering 28 training sessions since July 2021 and provided 997 naloxone kits to partner agencies.

The service was also worked with external agencies to support clients in accessing employment and educational opportunities as well as housing support. The service contributed to a range of multi-agency forums including safeguarding groups and death reviews. The family support team also linked into multi agency meetings as did the safeguarding adults and children team. Staff built up relationships with other organisations, including GPs, social services, hospitals, and voluntary organisations. They arranged for training and information sharing sessions to increase staff knowledge about other organisations that could support clients. The service also provided pathways for health and justice and probation services to access help and support for addictions through assessing clients in prison and meeting them on release, attending courts and assisting clients to be diverted to treatment programmes. The service also worked with the probation service across East Lancashire to offer clients access to alcohol brief interventions and onward referral. This included brief interventions and referral to digital/online support, referral to mutual aid and alcohol and information sessions for five weeks as part of a group programme.

Good practice in applying the Mental Capacity Act

Staff supported clients to make decisions on their care for themselves. They understood the service's policy on the Mental Capacity Act 2015 and knew what to do if a client's capacity to make decisions about their care might be impaired.

Staff received and kept up to date with training in the Mental Capacity Act and had a good understanding of at least the five principles.

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

Staff gave clients all possible support to make specific decisions for themselves before deciding a client did not have the capacity to do so. Staff understood that capacity could fluctuate, particularly in relation to levels of intoxication. Staff would arrange to see clients later if they were unable to engage and would also consider whether a client needed a chaperone to support them. Staff shared examples of support given to clients, for example staff offered to record the education session we observed for a client who struggled to retain information.

Staff assessed and recorded capacity to consent clearly each time a client needed to make an important decision.

Outstanding ☆

Substance misuse services

The service monitored how well it followed the Mental Capacity Act and made changes to practice when necessary.

Are Substance misuse services caring?

Outstanding ☆

Our rating of caring improved. We rated it as outstanding.

Kindness, privacy, dignity, respect, compassion and support

Staff truly respected and valued clients as individuals and have empowered them partners in their care, practically and emotionally. They understood the individual needs of clients and supported clients to understand and manage their care by providing an exceptional and distinctive service.

Staff were discreet, respectful, and responsive when caring for clients. Clients said they were able to speak privately with staff when needed, and most clients said staff were responsive, returning calls in a timely manner. During inspection, we saw a strong staff presence, particularly at the Burnley site where volunteers were present to speak clients, if they wished to and offered drinks.

The service adopted a trauma informed approach which was embedded across all aspects of the service. This meant the service recognised the impact of trauma and worked to reduce the risk of traumatisation reoccurring, through key principles which included safety, empowerment, the voice of the client, choice and peer support. The service took a series of actions to implement these principles which included recruiting compassionate staff, providing trauma informed training, interventions and considered the impact of the physical environment. The service used a trauma informed training/tool kit which provided in depth guidance relating to the implementation of the trauma informed approach.

Staff gave clients help, emotional support and advice when they needed it. All clients said that staff treated them well and behaved kindly. Clients told us they felt staff really cared for them and went above and beyond to provide support. some clients told us they did not know what would have happened to them without the support of the staff. Records showed daily case notes had examples of ongoing discussions of advice and support

Staff supported clients to understand and manage their own care treatment or condition. Clients were active partners in their own care and staff gave clients information about care and treatment options and supported them to make their own choices about what was best for them. Staff were fully committed to working in partnership with people. Staff always empowered people who used the service to have a voice and to realise their potential.

Staff directed clients to other services and supported them to access those services if they needed help. Staff worked closely with other services and supported clients to access services that helped them. Staff referred clients to community mental health teams, but they also offered joint working options where they worked alongside other services to offer comprehensive joint support for clients.

Staff understood and respected the totality of individual needs of each client. Managers and staff worked to identify needs related to specific groups and provided them with tailored services. For example, peer support workers had

identified there was a gap for clients living in rural areas to meet locally for support. Staff arranged a venue in a local library to hold a weekly support group. This also led to an offer to local GP staff to receive training on supporting clients with addictions who would present at the GP without an appointment. The service offered to meet clients at the GP and support them, to reduce their distress.

The service provided pathways for clients who were addicted to prescribed and over the counter medication, had poly drug use, chronic physical pain and limited social support, which required a more flexible approach. This included more intensive support to reduce the barriers to engaging in treatment for those clients.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behavior or attitudes towards clients and staff. All clients told us they felt safe at the service.

Staff followed policy to keep client information confidential. For example, one-to-one rooms were soundproofed to give clients privacy. At the Nelson site, pods were provided to interview clients in private. These were equipped with TV screens, so staff reviewed client's records with them in private. Client records were stored securely, and computer systems were password protected.

Involvement in care

Staff involved clients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that clients had easy access to additional support.

Involvement of clients

Staff involved clients in their care plans. Records we reviewed showed clients were involved in developing their care plans. However, records were not always clear if a client had been offered a copy of their care plan. All the clients we spoke with said they had been offered a copy of their care plan and were involved in developing an individual plan of care.

Staff made sure clients understood their care and treatment (and found ways to communicate with clients who had communication difficulties). Clients said they were supported to understand information on their treatment if they struggled to understand. There were no records of clients with communication difficulties, but there was access to support for clients with learning disability from the provider organisation. This included the provider website meeting accessibility standards.

Staff recognised that people from other countries and minority communities may not engage because they may not understand the treatment pathways available to them. Staff recognised that East Lancashire had a population including communities from East Asia and Eastern Europe and Africa. Staff recognised these and other black and minority ethnic communities were underrepresented in the number of people engaging with substance misuse services, yet there were recognised health issues related to substance misuse in these communities. The service reached out to these and wider communities through peer support workers and volunteers from these communities. This included speaking to local faith leaders and attending churches, temples and Friday prayers at mosques to present information about rehabilitation services. These sessions raised the profile of recovery services, the use of naloxone to treat opiate overdose and production of information about drug paraphernalia for these communities.

Staff involved clients in decisions about the service, when appropriate. Staff worked together with clients on new projects. For example, creating a recovery mural at the Accrington site, supporting clients to start their own business and creating the recovery kitchen. Clients told us they were also involved in interviewing and appointing staff, for example preparing interview questions, sitting on the interview panel and making the final decision about staff appointments.

Clients could volunteer for a variety of roles of within the service including peer support workers, who welcomed clients into the service and supported the education programme. During the COVID-19 pandemic, the service user forum was paused but the volunteers and peer support workers still provided support via different social media platforms. This included social support, leisure, fitness and recovery education programmes. Social media was used to engage with clients to get feedback on developing and delivering services, post the COVID-19 pandemic. Clients posted personal testimonies and staff shared information about themselves through a 'getting to know you' campaign. Clients were also involved in a recovery theatre taking plays into the community, on a variety of subjects. For example, performing diversity plays to job centre staff in East Lancashire.

The service user forum has restarted, and a new service user representative appointed. Clients told us how they were valued by peer support workers and volunteers said they were valued by managers, the peer support/volunteer coordinator and the BRIC coordinator. There were also 'You Said, We Did' projects based on client feedback. Clients could read what actions had been completed onsite in the three hubs or on the service's Facebook page.

Clients could give feedback on the service and their treatment and staff supported them to do this. Clients said they felt confident to give feedback to staff members. The service user pulse survey showed clients gave regular feedback and suggestions for service improvement. Clients could also give written feedback in the service reception, with options for compliments, complaints and suggestions. Clients told us all feedback was welcomed and negative feedback was followed up and seen as continued learning to improve the service.

Staff made sure clients could access advocacy services. Clients said that they are aware of advocacy services that they could access if they required them

Involvement of families and carers

Staff informed and involved families and carers appropriately. We saw evidence in three records of family or carer involvement, including family members attending appointments, family members ringing for advice and one example where the family members views were clearly documented around the need for a secure medicine storage box. Support for families and carers was also available through a partner agency offering a support group ran by people who used the group and then trained as volunteer facilitators. We spoke with three family members and two area managers from the partner agency. Family member's feedback was very positive about the support group and how this was aimed at supporting them and not their family member in addiction. The support group helped family members develop different coping strategies through a trauma informed approach. Family members told us they could be referred to the carers support service

Families could provide feedback on the service and this was shared with the service. Family members could also speak to staff in the service if there were any concerns or they had complaints.

Staff gave carers information on how to find the carer's assessment. Staff referred carers to the local authority for assessment and support.

Outstanding ☆

Substance misuse services

Are Substance misuse services responsive?

Outstanding ☆

Our rating of responsive improved. We rated it as outstanding.

Access and waiting times

Services are tailored to meet the needs of individual people and are delivered in a way to ensure flexibility, choice and continuity of care. Staff planned and managed discharge well. The service had alternative care pathways and referral systems for people whose needs it could not meet.

The service had clear criteria to describe which clients they would offer services to. Referrals were reviewed and managed by a dedicated assessment team. There were clear pathways for clients dependent upon their need. The service was easy to access. Clients could self-refer or be referred by a healthcare professional or services. Clients could access the service without delay as there was no waiting list. Waiting time for referral to assessment was less than two days.

Staff saw urgent referrals quickly and non-urgent referrals within the service's target time. For example, clients who needed a first prescription or medically assisted treatment were prioritised a surgent. Staff could prioritise referrals in response to specific needs or risk indicators. The service had utilised a duty system to reduce the time from first appointment. The duty system also prioritised clients whose appointment was for a first prescription or those requiring medically assisted treatment.

Staff tried to engage with people who found it difficult, or were reluctant, to seek support from mental health services. The service had an outreach team that visited areas such as the town centres and known hotspots to engage with individuals not currently in treatment or recovery. Staff tried to contact people who did not attend appointments and offer support. The service included attrition/outreach workers who worked with high risk clients who had failed to attend appointments. The workers sought to engage with those clients and understand the barriers that prevented their attendance. The attrition/outreach workers worked with clients to support them to attend, for example helping with transport to appointments or arranging alternative venues for appointments.

Clients had some flexibility and choice in the appointment times available, as well as remote appointments. The service ran satellite clinics and offered home visits where this was required. The service operated late night clinics for those unable to attend during the working day. Staff worked hard to avoid cancelling appointments and when they had to, they gave clients clear explanations and offered new appointments as soon as possible. Appointments ran on time and staff informed clients when they did not.

Staff supported clients when they were referred, transferred between services, or needed physical health care. The service had clear guidance for providing support when clients transferred between services and staff were aware that clients could be vulnerable during this time and provided extra support around this time. The service employed registered nurses and healthcare assistants complete physical health checks, on site or remotely.

The facilities promote comfort, dignity and privacy

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

The service had a full range of rooms and equipment to support treatment and care. Premises had disabled access. Reception areas were welcoming. The reception areas at each hub included tea and coffee making facilities. The service had adapted the receptions and some of the group and one to one room to offer a less clinical and more homelike environment as part of its trauma informed approach. This included providing more comfortable chairs and furnishings. The Accrington and Burnley buildings had space for a variety of groups including yoga, craft and music activities.

At the Burnley site, there was a facility called the comfort zone. This was a safe place for those without permanent accommodation to freshen up and access fresh food and drink. Facilities included a shower, laundry facilities, hot meals and drinks and access to talk to staff. Clients could also access spare clothing, the housing team, read a book or watch a film.

The Nelson service was in a former church called the grassroots centre. Staff supported a weekly evening group offering a meal for those without permanent accommodation. Staff provided advice and support to potential clients on addictions, health, wellbeing and accessing services.

The service had a full range of rooms and equipment to support treatment and care. Interview rooms in the service had sound proofing to protect privacy and confidentiality. At the Nelson site, three individual sound proofed pods had been provided for staff to interview clients in private due to facilities being in a shared building. Staff had access to a full range of equipment.

Clients' engagement with the wider community

The service had a focus on recovery and a holistic approach in the local communities in East Lancashire. There was a Building Recovery in the Community (BRIC) lead in a place, with a focus on utilising the assets and people in their community through empowerment by helping them to identify and share their strengths and work together to create/ innovative community work. The service was integrated with the local recovery community throughout East Lancashire and ran a range of sessions and classes. The service worked with a partner agency to provide additional community-based activities including community gardening projects, art, drama and music classes, community choirs, creative writing groups, breakfast clubs, exercise on prescription and football sessions with the local Burnley Town football club. The service had established a recovery kitchen in Burnley Inspire which was run by volunteers and provides a lunch club. The kitchen had registered with the County Council for training purposes, as well as a local college to deliver Level 2 in Catering and Level 2 in Food Hygiene. The service had also worked with a local boxing club to support clients to gain their boxing coaching badges, so they could support community development programmes working with young people or start their own business.

The service offered more intensive education programmes to clients who were at the right stage of their recovery journey. The service offered a three-stage programme which looked at initiation, recovery and maintenance. The service also delivered a range of group and one to one session as part of the programme and supported clients to undertake a range of activities to help them develop resilience, coping skills and resources to find and maintain their recovery. The service also provided abstinent and pre-abstinence groups to help prepare clients for a detoxification programme or to undertake the recovery course.

There were good links with local mutual aid groups and the service promoted and facilitated mutual aid within the community. For example, the service advertised mutual aid groups within its buildings and provided venues and

support for some groups. The service also offered support to local GP's. Guidance from the National Institute for Health and Care Excellence recommends that staff routinely provide information about mutual aid groups and facilitate access for those who want to attend. The evidence base shows that clients who engage with mutual aid are more likely to sustain their recovery.

The service had an established volunteer and peer mentor programme in place prior to the COVID-19 pandemic. This was in line with national guidance and best practice around making recovery a visible presence within substance misuse services. The service had a volunteer and peer mentor lead in post, and they had continued the programme on-line throughout the COVID -19 pandemic and continued to establish the programme in the community and delivering recover focused educational and support groups to clients. There were application forms available at the service and on-line. Staff supported clients to complete applications. There was a range of volunteer roles being reinstated or developed. Clients and staff were able to suggest possible volunteer roles and help develop supporting role descriptions. An appropriate governance structure was in place around the volunteer scheme including recruitment, supervision and performance management.

The service had a peer mentor scheme in place. Clients could apply for a peer mentor role and received an induction, training, buddy support and ongoing supervision and personal development. Peer mentors worked alongside staff with clients to support their needs.

The service provides access to Individual Placement and Support workers. The Individual Placement and Support workers worked with clients to support access to education and employment opportunities. For example, BRIC supported clients, individuals and groups to secure funding and support their application for a sum between £100 to £5000 dependent upon the business or project. Support included developing a business plan. In one quarter in 2022 the service supported 15 BRIC projects with funding.

Staff encouraged clients to maintain contact with their families and carers and seek support from them where possible. Records showed that families and carers were involved appropriately where clients consented to this. The service had a dedicated adults and children safeguarding team, as well as a family support team.

Staff encouraged clients to access the local community and social activities. The service recovery teams, peer support staff and volunteers, supported clients to attend community facilities such as gyms, GP, health appointments and groups and wherever needed. Clients were supported to access volunteering, education and employment opportunities through the services education and employment team. For example, clients could access accredited courses to support employment opportunities, and access individual placement support from the team. This included supporting work placed individual adjustment for clients. The service had been successful in supporting with clients to access into individual placements in local communities throughout East Lancashire. From 2021 to 2022, 120 clients registered for accredited course and 100 gained accredited qualifications. Forty clients gained employment, 30 completed personal and social development courses and 20 became volunteers.

Clients also created choirs and visited local care facilities and other events to perform to residents and the public.

Meeting the needs of all people who use the service

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

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

The service could support and make adjustments for people with disabilities, communication needs or other specific needs. Staff completed home visits for clients whose health or mobility meant they could not attend one of the three hubs. The three hubs had disabled access and or lifts for those who required them.

Managers made sure staff and clients could use interpreters or signers when needed. Staff had access to translation services including face to face, telephone and document translation. Staff we spoke with knew how to access these services and were able to give examples of when they had been used. The service provided information in a variety of accessible formats and on social media platforms, so the clients could understand more easily. This included online videos with information about what to expect from the service which was coproduced with clients.

Staff we spoke with demonstrated an understanding of the potential issues and barriers to accessing the service for vulnerable groups of people. There were outreach workers who engaged on behalf of those without permanent accommodation with partner agencies in the community and local hostels. The service had strong relationships with local support services including within the LGBT+ community.

Staff made sure clients could access information on treatment, local service, their rights and how to complain. Information leaflets on display in team buildings were predominately in English but translated versions were available. This included easy read versions. Staff made sure clients could access information on treatment, local service, their rights and how to complain.

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.

Clients, relatives and carers knew how to complain or raise concerns. Information on how to complain was advertised on sites and available in leaflet form. None of the clients we spoke with had reason to raise a complaint but told us they would feel comfortable doing so if they needed to.

Staff understood the policy on complaints and knew how to handle them. Staff attempted local resolution as a first step and moved to a formal complaint if this was unsuccessful.

Managers investigated complaints or negative feedback and identified themes. Managers shared feedback from complaints or negative feedback with staff and learning was used to improve the service. Feedback was an agenda item on team meetings. Clients received feedback from managers after the investigation into a complaint, or negative feedback. We reviewed information on three formal complaints. Managers met with the complainant as part of the complaint investigation and met with them again to discuss the investigation findings and recommendations.

In the 12 months prior to our inspection, the service had received zero formal complaints and 34. compliments. Complaints were reviewed at the governance meeting. The service used compliments to learn, celebrate success and improve the quality of care.

Are Substance misuse services well-led?

Good

Our rating of well-led stayed the same. We rated it as good.

Outstanding ☆

Substance misuse services

Leadership

Leadership, management and governance of the service ensures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture. Leaders understood the services they managed, were visible in the service and approachable for clients and staff.

Leadership was compassionate inclusive and effective. Leaders set out clear and ambitious targets and provided staff with support to meet these. Leaders worked effectively with partnership organisations, external organisations and with commissioners to provide a truly client centred service.

Senior leaders were highly visible in the service. Staff knew their senior leaders well and told us they would not hesitate to speak with them if they had problems or concerns. Staff told us they felt leaders really listened to them and gave examples of changes being made when they raised issues or made suggestions for improvements to the service.

Senior managers we spoke with were knowledgeable about the service and the local recovery community and support services. They were able to describe how the teams were working to provide high quality care. They understood the people they aimed to provide services to and had the experience to perform their roles. The service had a clear definition of recovery and how this impacted on the support provided to clients. Leaders had been active in supporting the development of the local recovery community and resources. Senior managers could identify challenges the service faced and were able to discuss future development plans.

Senior managers were a visible presence within the service. Staff we spoke with knew who senior managers were and understood their roles. Managers were described as open and approachable. Staff told us they felt really supported by leaders and gave us examples of managers making changes to support individual staff needs.

Leaders had access to specialised training and development programmes. The provider offered a Developing and leading together course that managers had completed.

Vision and strategy

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

The provider had a clear vision which was, to help people to change the direction of their lives, grow as individuals, and live life to its full potential. And, working towards developing, delivering and sharing a whole person approach that changes society.

Staff were aware of the services values which were to be open, compassionate and bold.

There was a strong focus on innovation and creativity in the service. Staff were encouraged to continually review service provision and identify improvements that could be made to the service. The service worked well with its commissioner and the commissioner told us the service worked highly effectively with its partner agencies and linked in with the County Council's vision and strategies.

Culture

Staff felt respected, supported and valued. They reported that the service promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.

Staff we spoke with felt respected, supported and valued. Staff told us they loved their jobs and felt valued and well supported. Staff knew and understood the provider's vision and values and how they were applied in the work of their team. Staff we spoke with were able to explain concepts of recovery, what recovery looked like and how the service worked with clients to achieve and maintain that recovery.

Staff spoke positively about the provider organisation and local managers. Staff feedback in the providers staff survey was positive and 79% of staff stated they would recommend the service as a place to work and 81% reported they always or often looked forward to going to work. Staff appraisals and supervision included conversations about career development and staff felt there were opportunities for this within the organisation. A large percentage of the staff team at all levels had a lived experience. Staff felt empowered and supported to do their job. Staff had access to an employee assistance service for additional support.

Staff felt able to raise concerns without fear of reprisal. Staff described an open and honest culture. They felt managers were supportive and approachable. Staff felt empowered to suggest improvements or changes to the service and felt managers were receptive to ideas.

Staff teams worked well together and where there were difficulties managers dealt with them appropriately. Staff spoke positively about their colleagues and the local team. They described collaborative team working and a supportive environment. There were good relationships with managers and senior staff within the multidisciplinary teams. There were no cases of bullying or harassment reported.

Managers provided positive feedback to staff and there was a visible staff recognition scheme in place. The service had a whistleblowing policy which staff were aware of. Staff told us they would not hesitate to raise concerns if they had them. Managers and staff actively sought to challenge and reduce inequalities. The service also regularly linked in with the local community and was involved in local campaigns such as the no regrets drinking campaigning aiming to improve public understanding about drinking safely.

Governance

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

CGL Inspire East Lancashire was the lead provider of community substance misuse services in East Lancashire and worked extremely effectively with its partner organisations. There were clear management responsibilities and effective communication pathways to enable highly effective collaboration. The organisations worked together to benefit the clients and the service had a strong client centred focus. Our findings from the other key questions demonstrated that governance processes operated effectively at service level. The provider should consider how governance processes can be further enhanced and improved once new care pathways, the physical health pilot and working with partner agencies have been evaluated and refined. And subgroups introduced to embed reflective practice and trauma informed initiatives have been created and reviewed through the service governance process.

There was an effective governance structure in place at location, service and provider level. Performance and risk were managed well. There were processes in place to monitor the safety and quality of premises, equipment and the delivery of care and treatment. Managers had effective oversight of systems and processes to ensure the service was safe. Staff discussed incidents, performance, risk and quality improvement in governance meetings. There was a clear framework of what was to be discussed at team meetings. Action plans were monitored and delivered.

Outstanding ☆

Substance misuse services

Clients received assessments and treatment in a timely manner from staff who were professional and had the necessary skills to fulfil their roles. Staff were well supported and had access to regular supervision and appraisal. The service supported staff's professional development. Staff had access to a suite of policies and procedures to support them in their work. Policies and procedures were appropriate and up to date.

Staff understood the arrangements for working with other teams, both within the provider and externally. The service submitted data and appropriate notifications to external bodies when required. Feedback from commissioners and partner agencies were that the governance process was inclusive. For example, the partner that hosts the family support team told us they were part of the Inspire management structure and attended fortnightly leadership and Information governance meetings. The partner was also involved in the tender planning meetings and had quarterly contract meetings. The partner said they were supported and involved in decision making on behalf of the service.

There was a strong focus on improving practice. Staff, reflective practice and death review meetings were used effectively to review practice and identify issues and solutions. There were clear links between meetings to enable improvements to be agreed and implemented. Managers supported and encouraged innovation amongst staff and staff were encouraged and supported to adopt projects they had a passion for to improve the service with the relevant staff, and closely monitored improvements. The service closely monitored its key performance indicators. Managers received weekly performance reports and recovery coordinators had access to their own targets through the computer system. Managers could drill down into the data to look at individual staff performance. The service consistently met its targets for successful completions and had low re-presentation rates

Management of risk, issues and performance

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

There was a strong commitment to best practice performance and risk management with problems identified and addressed quickly and openly. There was a clear quality assurance and performance framework in place. Managers had access to up-to-date performance data.

The service had a local risk register and improvement plan. Staff were able to raise issues for inclusion on the risk register. Risks rated as high on the service risk register were also escalated to the provider level risk register. Staff concerns matched those on the risk register. Managers we spoke with demonstrated a good understanding of the risks the service faced and could describe actions in place to mitigate them. Managers we spoke with were able to identify potential future risks and discuss initial plans on how to manage them.

The service quality improvement plan had been developed with staff and clients. The plan covered areas such as staff skills and competencies, improved governance around safeguarding, communication and staff wellbeing.

The service had plans for emergencies such as adverse weather, loss of information technology systems or closure of premises. The service had managed its response to the COVID-19 pandemic to minimise disruption to the service and clients.

Information management

Staff collected analysed data about outcomes and performance.

Teams had access to the information they needed to provide safe and effective care and used that information to good effect. Staff had access to the equipment and information technology needed to do their work. Electronic documents were password protected. Paper records were stored securely.

Staff followed policies and procedures to protect client confidentiality. Staff ensured that clients understood how their information was stored and who it was shared with. Clients signed consent forms to support this. Staff shared information with other professionals, such as GPs, only when necessary and with the client's consent. The service submitted information to national bodies such as the National Drug Treatment Monitoring System. Staff made notifications to external organisations when necessary. This included the Care Quality Commission and the local authority.

Managers had access to information to support them in their management role. They had access to up-to-date performance data including a range of agreed key performance indicators. Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities. The service submitted data to the National Drug Treatment Monitoring System and contributed to local death reviews.

Engagement

Staff, clients and carers had access to up to date information. Information was available via the service's website and social media channels. Information was also displayed on site. The service was a visible presence within the local community and a local celebrity promoted the work of the service in East Lancashire and shared their own experiences of addiction through local media.

Staff, clients and carers were able to give feedback on the service. There were established systems for clients and carers to give feedback. Staff were able to give feedback informally or in staff surveys. Staff and clients had been involved in designing the service and staffing structures during the most recent tendering process. Staff had representation at the regional CGL workers' forum and feedback from this was given at team meetings.

Managers engaged actively with other local health and social care providers and support services. There was strong multi-agency working which supported clients with their physical health, housing, employment and mental health. The service worked effectively with local bodies including safeguarding teams, commissioners and other healthcare providers. The service had provided substance misuse training packages for GPs in the area helping to promote their work and raise awareness and understanding of substance misuse.

Learning, continuous improvement and innovation

The service was committed to learning, continuous improvement and innovation. There was evidence of learning from when things had gone wrong. Shared learning was disseminated through the governance structure.

The service identified learning and improvement opportunities through adverse incident and complaint investigations, audits and staff and client feedback. Managers developed action plans which were monitored through the governance framework. There was evidence of improvements being embedded following these processes. For example, the development of specialist pathways and the delivery of training sessions to local GPs.

The service promoted improvement and innovation. Staff, clients and volunteers were encouraged and empowered to develop new ideas. Staff and clients had been involved in redesigning the service in line with reduced funding following the most recent re-tender of services.

Outstanding ☆

Substance misuse services

The service was actively engaged in innovation and improvement, considered clients individual needs and provided a range of support to meet these needs. This included the use and prescribing of trialling buprenorphine prolonged-release solution for injection with clients who used methadone long term. This was a buprenorphine medicine that can be given to opiate users and worked over a longer period, typically a month. This meant that clients did not have to take daily opiate substitute medication. Recovery workers shared examples of clients achieving abstinence from crack and opiate drugs within several weeks of starting the buprenorphine prolonged- release solution for injection trial.

Staff recognised that people from other countries and minority communities may not engage because they did not understand the treatment pathways available to them. Staff recognised that East Lancashire has a population including communities from East Asia and Eastern Europe and Africa. Staff recognised these and other black and minority ethnic communities were underrepresented in the number of people not regularly engaging with substance misuse services, yet there were recognised health issues related to substance misuse in these communities. The service reached out to these and wider communities through peer support workers and volunteers from these communities. This included speaking to local faith leaders and attending churches, temples and Friday prayers at mosques to present information about rehabilitation services. These sessions raised the profile of recovery services, the use of naloxone to treat overdose and production of information about drug paraphernalia for these communities.

Through a subcontracted partner, the provider offered a family support service, supporting families and carers of clients. This was through the hubs, a community setting or online. Family members then had the option to become family coaches and mentors. Family coaches were offered a 12-week psychosocial intervention training called foundations of family, specifically for family members impacted by a client's addiction. This was based on a trauma-informed approach. Family coaches received continuing professional development around trauma informed practice from a practice supervisor and supervision from the service managers.