

Change, Grow, Live

# Change Grow Live - Be Smoke Free

## 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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

## Overall summary

We rated it as good because:

- The service provided safe care. The premises where clients were seen were safe and clean. The number of clients on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each client the time they needed. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. There was a strict admittance criterion to be prescribed Bupropion, and those clients who did not match that criterion were supported with nicotine replacement products such as vapes or patches. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The team included or had access to the full range of specialists required to meet the needs of clients under their care. The manager had ensured that staff had received specialist nicotine reduction training, as well as supervision and appraisal. Staff worked well together as a multidisciplinary team and relevant services outside the organisation.
- Staff treated clients with compassion and kindness and understood the individual needs of clients. They actively involved clients in decisions and care planning.
- The service was easy to access, they had a community outreach officer. Staff planned and managed discharge well and had alternative pathways for people whose needs it could not meet.
- The service was well led, and the governance processes ensured that its procedures ran smoothly.

# Summary of findings

## Our judgements about each of the main services

### Service

#### Substance misuse services

### Rating

Good



### Summary of each main service

We rated it as good because:

- The service provided safe care. The premises where clients were seen were safe and clean. The number of clients on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each client the time they needed. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. There was a strict admittance criterion to be prescribed Bupropion, and those clients who did not match that criterion were supported with nicotine replacement products such as vapes or patches. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The team included or had access to the full range of specialists required to meet the needs of clients under their care. The manager had ensured that staff had received specialist nicotine reduction training, as well as supervision and appraisal. Staff worked well together as a multidisciplinary team and relevant services outside the organisation.
- Staff treated clients with compassion and kindness and understood the individual needs of clients. They actively involved clients in decisions and care planning.
- The service was easy to access, they had a community outreach officer. Staff planned and managed discharge well and had alternative pathways for people whose needs it could not meet.
- The service was well led, and the governance processes ensured that its procedures ran smoothly.

# Summary of findings

## Contents

### Summary of this inspection

Background to Change Grow Live - Be Smoke Free	5
Information about Change Grow Live - Be Smoke Free	5

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### Our findings from this inspection

Overview of ratings	6
Our findings by main service	7

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# Summary of this inspection

## Background to Change Grow Live - Be Smoke Free

Be Smoke Free which is part of Change Grow Live has had been registered with the Care Quality Commission since December 2020. This was the first time the service had been inspected.

Be Smoke Free provided services in Manchester for smoking cessation which for the majority of patients was nicotine replacement which falls outside the scope for which the service was registered with the Care Quality Commission. Only those clients prescribed Bupropion received treatment which fell within regulated activity. Between April and August 2022 this had been nine patients.

The service is registered with the CQC to provide the following regulated activities:

Treatment of disease, disorder or injury.

### What people who use the service say

We spoke with 3 clients; all spoke positively about the service and the support they had received to stop smoking.

## How we carried out this inspection

We inspected this service as part of our inspection programme to make sure health and care services in England meet fundamental standards of quality and safety.

The team that inspected the service comprised of one CQC inspector.

Before the inspection visit, we reviewed information that we held about the location.

During the inspection visit, the inspection team:

- visited the providers premises in Manchester
- looked at the quality of the environment and observed how staff were caring for clients
- spoke with 3 clients who were using the service
- spoke with the service manager
- spoke with other staff members including nurses and community engagement officer
- looked at five care and treatment records of clients
- observed an assessment of a client
- looked at a range of policies, procedures and other documents relating to the running of the service.

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>.

# Our findings

## Overview of ratings

Our ratings for this location are:

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

# Substance misuse services

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

## Are Substance misuse services safe?

Good 

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.** The service had one main operating office which also had an interview room. Staff operated in community locations throughout Manchester.

Staff completed and regularly updated thorough risk assessments of all areas and removed or reduced any risks they identified.

All interview rooms had alarms and staff available to respond.

All clinic rooms had the necessary equipment for clients to have thorough physical examinations. Staff took a history of health from clients and recorded blood pressure readings.

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.

Staff followed infection control guidelines, including handwashing.

Staff made sure equipment was well maintained, clean and in working order.

### 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.**

# Substance misuse services

## Nursing staff

The service had enough nursing and support staff to keep clients safe. The service had a manager, four nurses, one community support officer and administration support.

The service had low vacancy rates. At the time of inspection there were no vacancies.

The service had low rates of bank and agency nurses. The service had not used any bank or agency staff.

Managers made arrangements to cover staff sickness and absence.

Sickness levels were low and / or reducing. The sickness rate for the service was less than 5%.

Managers used a recognised tool to calculate safe staffing levels.

The number and grade of staff matched the service's staffing plan.

## Mandatory training

Staff had completed and kept up-to-date with their mandatory training. The services mandatory training was at 90%.

The mandatory training programme was comprehensive and met the needs of clients and staff. This included specialist training for the client group and life support training.

Managers monitored mandatory training and alerted staff when they needed to update their 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 using a recognised tool, and reviewed this regularly, including after any incident. We reviewed six care records and found that clients had a risk assessment and risk management plan in place. Risks concerning clients' physical and mental health were assessed.

Each client about to be prescribed Bupropion had to give consent for their doctor to provide the service with a full medical history. On this first appointment staff took a full history and checked the clients blood pressure.

Clients were given a total of nine weeks of medication, which was split into two treatments. To be given the second treatment, clients had to attend in person and have their health history and blood pressure taken again.

Any increase in blood pressure would result in the treatment stopping as it would if the client was still smoking in week seven. This complied with the conditions with the patient group directive and British National Formulary guidelines.

Staff used a recognised risk assessment tool.



# Substance misuse services

## Management of client risk

Staff responded promptly to any sudden deterioration in a client's health. We saw clients records where risk had been identified and clients had been withdrawn from the program.

Staff continually monitored clients on waiting lists. Clients were seen within two weeks of referral.

Staff followed clear personal safety protocols, including for lone working. There was a lone workers policy in place as well as the provision of electronic lone worker protection.

## Safeguarding

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

Staff received training on how to recognise and report abuse, appropriate for their role.

Staff kept up-to-date with their safeguarding training.

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 knew how to make a safeguarding referral and who to inform if they had concerns. However, the service had made no safeguarding referrals.

Managers took part in serious case reviews and made changes based on the outcomes.

## 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. Records were kept electronically with the service having a specialist smoking cessation record keeping program.

Records were stored 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. Be Smoke Free is a nurse led service who prescribe smoking cessation medication to support clients give up nicotine and they used a patient group directive to legally provide that medication.

# Substance misuse services

Patient group directions (PGDs) provide a legal framework that allows some registered health professionals to supply and/or administer specified medicines to a pre-defined group of patients, without them having to see a prescriber (such as a doctor or nurse prescriber). Supplying and/or administering medicines under PGDs should be reserved for situations in which this offers an advantage for patient care, without compromising patient safety.

We examined the PGD and it was authorised and in date.

Staff reviewed each client's medicines regularly and provided advice to clients and carers about their medicines.

Staff stored and managed all medicines and prescribing documents safely. Staff completed regular audits of medication.

Staff learned from safety alerts and incidents to improve practice.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines.

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. The service had reported no incidents.

The service had no never events.

Staff understood the duty of candour. There had been no duty of candour incidents.

Managers could describe how they would debrief and support staff after any serious incident

Managers were aware of what incidents would need investigating thoroughly and systems were in place to provide staff with feedback from investigation of incidents, both internal and external to the service.

Managers shared learning with their staff about never events that happened elsewhere.

# Substance misuse services

## Are Substance misuse services effective?

Good 

### Assessment of needs and planning of care

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

Staff completed a mental health assessment of each client and recorded client's capacity to consent to treatment.

Staff made sure that clients had a physical health assessment and knew about any physical health problems. We observed an assessment and staff used the electronic smoking cessation software to ensure they had completed an assessment accurately.

Staff developed a comprehensive care plan for each client that met their mental and physical health needs.

Staff regularly reviewed and updated care plans when clients' needs changed. We saw clients advised about side effects such as insomnia and we saw in clients records that the service had ceased the treatment when clients had reported those side effects.

Care plans were personalised, holistic and recovery-orientated.

### Best practice in treatment and care

**Staff provided a range of care and treatment interventions suitable for the client group and consistent with national guidance on best practice. They ensured that clients had good access to physical healthcare and supported clients to live healthier lives.**

Staff provided a range of care and treatment suitable for the clients in the service. Medicines were prescribed to aid smoking cessation, this included Bupropion and nicotine replacement products. Clients who had a physical health issue or was being treated for a mental health condition such as depression were directed to nicotine replacement products.

Staff delivered care in line with best practice and national guidance (from relevant bodies such as NICE). Staff delivered care in line with national guidance offered by the National Centre for Smoking Cessation and Training (NCSCT).

Staff made sure clients had support for their physical health needs, either from their GP or community services. Bupropion was only offered after full consultation with the clients GP and those entering the service were given support and advice on managing nicotine cravings. Clients were also breath tested for carbon monoxide during assessments so they could see positive results after stopping smoking.

Staff supported clients to live healthier lives by supporting them to take part in programmes or giving advice.

# Substance misuse services

Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives. The service did quarterly audits of all clients including those receiving nicotine replacement products. They used these audits to benchmark staff were completing records in line with the services policy and how successful the service was in supporting clients to give up smoking.

Staff used technology to support clients. Clients were directed to several online support packages available.

Managers used results from audits to make improvements. Managers had used audits to monitor footfall and they had recently moved community clinics into large workplaces to target different communities.

## 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. The service was supported by a doctor who had signed the patient group directive and a non-medical prescribing nurse who provided in house guidance and training.

Managers made sure staff had the right skills, qualifications and experience to meet the needs of the clients in their care. All staff had completed specialist smoking cessation training as well as smoking cessation product training by the manufacturer.

Managers gave each new member of staff a full induction to the service before they started work. All staff had completed a full induction which also included life support training.

Managers made sure staff attended regular team meetings and gave information to those who could not attend. The service had monthly team meeting which addressed changes in the service as well as performance figures.

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.

Managers had no issues with poor performance but could describe the procedure they had in place to identify the reasons and dealt with these.

## Multidisciplinary and interagency team work

**Staff from different disciplines worked together as a team to benefit clients. They supported each other to make sure clients had no gaps in their care. The team(s) 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.

# Substance misuse services

Staff made sure they shared clear information about clients and any changes in their care, including during transfer of care. There was an electronic care record system which tracked clients and flagged when they needed a motivational call. All staff could book appointments to ensure those reporting side effects could be assessed and offered alternative smoking cessation products.

Staff had effective working relationships with other teams in the organisation. The service had close links to services provided by the same provider in the area.

Staff had effective working relationships with external teams and organisations. The service had a strong relationship with local GP practices and other professionals involved in smoking cessation services.

## 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 not a specific policy on the Mental Capacity Act, information about the Mental Capacity Act was incorporated into the safeguarding adult's policy and the consent policy. Staff could describe the principles and knew how to access the policies if needed.

Staff knew where to get accurate advice on Mental Capacity Act.

Staff assessed and recorded capacity to consent clearly each time a client needed to make an important decision. Staff ensured clients consented to care and treatment and that this was assessed, recorded and reviewed in a timely manner. There was evidence within the electronic care record system that capacity had been considered where necessary.

## Are Substance misuse services caring?

## Kindness, privacy, dignity, respect, compassion and support

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

Staff were discreet, respectful, and responsive when caring for clients. We witnessed staff assess clients and they were supportive recognising the difficulties clients faced with smoking cessation.

Staff gave clients help, emotional support and advice when they needed it. We witnessed staff phoning clients providing motivational support to keep trying and resist nicotine cravings.

Staff supported clients to understand and manage their own care treatment or condition.

Staff directed clients to other services and supported them to access those services if they needed help.

# Substance misuse services

Clients said staff treated them well and behaved kindly.

Staff understood and respected the individual needs of each client. Staff took a full history including a social history of when a client smoked. They looked at the individual habits of that smoker for events, times of day, habits that were triggers for the client to crave nicotine. They offered practical solutions to break those triggers.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards clients and staff.

Staff followed policy to keep client information confidential.

## 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 and gave them access to their care plans.

Staff made sure clients understood their care and treatment (and found ways to communicate with clients who had communication difficulties).

Staff involved clients in decisions about the service, when appropriate.

Clients could give feedback on the service and their treatment and staff supported them to do this. The service collected client feedback and out of 93 clients, 74 had given the service a ten out of ten mark. Those who didn't cited slow delivery of nicotine replacement products and this did not refer to clients who received Bupropion.

## Involvement of families and carers

Staff informed and involved families and carers appropriately. Staff were happy to engage friends and family of clients so they understood the clients triggers and could suppose plans to prevent nicotine craving.

Staff helped families to give feedback on the service.

## Are Substance misuse services responsive?

## Access and waiting times

**The service was easy to access. Staff planned and managed discharge well. The service had alternative care pathways and referral systems for people whose needs it could not meet.**

The service had clear criteria to describe which clients they would offer Bupropion to. They had no waiting lists.

The service met the service's target times for seeing clients from referral to assessment and assessment to treatment.

# Substance misuse services

Staff tried to contact people who did not attend appointments and offer support. There was a duty system in place where staff had the responsibility to contact those clients who did not attend assessments. The client record computer system automatically flagged up those clients who needed to be contacted. They also wrote to clients to offer support. For clients disengaging from treatment staff had unexpected exit from treatment plans to follow.

Clients had some flexibility and choice in the appointment times available.

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. The service ran a specialist Bupropion clinic. This meant those clients attending second appointments to receive the second supply of the medication had protected appointments to ensure continuity.

Appointments ran on time and staff informed clients when they did not.

The service used systems to help them monitor waiting lists/support clients. All staff could see each other's diaries and allocate appointments to the next appointment available.

Staff supported clients when they were referred, transferred between services, or needed physical health care.

## 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.

Interview rooms in the service had sound proofing to protect privacy and confidentiality.

## 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 could support and make adjustments for people with disabilities, communication needs or other specific needs. The service provided assessment in any setting and had several different outreach projects including attending large public open days. The service was accessible for clients using wheelchairs and clients with other mobility needs. Interpreters were available for clients who did not speak English. Leaflets and information in other languages and easy read versions could be downloaded by staff to provide to clients.

Staff made sure clients could access information on treatment, local service, their rights and how to complain.

The service provided information in a variety of accessible formats so the clients could understand more easily.

The service had information leaflets available in languages spoken by the clients and local community.

Managers made sure staff and clients could get hold of interpreters or signers when needed.

# Substance misuse services

## 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.

Staff understood the policy on complaints and knew how to handle them.

Staff knew how to acknowledge complaints and clients received feedback from managers after the investigation into their complaint.

Managers investigated complaints and identified themes. The service had received only one complaint and that was because the service had not returned a call following a voicemail. The service had put new protocols in place to ensure this would not occur again.

Staff protected clients who raised concerns or complaints from discrimination and harassment.

Clients received feedback from managers after the investigation into their complaint.

Managers shared feedback from complaints with staff and learning was used to improve the service.

The service used compliments to learn, celebrate success and improve the quality of care. While no compliments had been received the service was proud that 80% of clients had given the service a ten out of ten rating.

## Are Substance misuse services well-led?

Good 

## Leadership

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

Staff felt supported and the team worked well together. The manager had a good understanding of the service and the issues faced by the client group. The service had adapted well to changes in the last 18 months due to COVID-19

The manager was a visible presence to staff and clients. Staff knew what their individual roles were. Staff stated that the manager was approachable and supportive.

## Vision and strategy

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

All staff had a job description and understood their roles and responsibilities in the team.



# Substance misuse services

Staff had the opportunity to contribute to discussions about the strategy for their service, especially where the service was changing. Several staff members gave examples where they had approached managers with ideas on how to improve the service and they had been encouraged to deliver change

## 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 felt proud, positive, satisfied, valued and part of the organisation's future direction. The manager was described as open and approachable.

Staff appraisals included conversations about career development.

Staff felt able to raise concerns at all levels without fear of reprisals.

The provider had a whistle blowing policy in place that was accessible to all staff.

The service responded proactively to bullying and harassment cases.

Staff had access to support for their own physical and emotional health needs through an occupational health service.

The manager fully understood the issues faced by the staff team and encouraged staff to raise issues and concerns. They monitored staff morale and job satisfaction.

The team worked well together and where there were difficulties the manager dealt with them appropriately. Staff could all relate when they had needed support and that had been provided.

## 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.**

There were systems and procedures in place to ensure that the service was safe and clean, that there were enough staff, that staff were trained and supervised, that clients were assessed and treated well, and that staff adhered to the Mental Capacity Act.

Processes ensured that clients risks were managed and that successful discharge from treatment were planned. Regular meetings were in place to review and investigate incidents and structured to allow regular feedback to staff.

There was a clear framework of what must be discussed in team meetings to ensure that essential information, such as learning from incidents and complaints, was shared and discussed. Staff had implemented recommendations from reviews of deaths, incidents, complaints and safeguarding alerts at the service level.

There was an annual audit plan, a service risk register and a business continuity plan. Systems and tools, such as staffing levels and the business continuity plan, were reviewed and tested to ensure they continued to reflect the service.

# Substance misuse services

Staff undertook or participated in local clinical audits. The audits were enough to provide assurance and staff acted on the results when needed. Managers regularly audited client records to ensure that risk assessments and management plans were up to date.

The quality of care plans was regularly reviewed, and managers worked closely with staff to make improvements in the quality of care plans.

Staff understood the arrangements for working with other teams, both within the provider and externally, to meet the needs of the clients.

Staff understood the importance of having good links with safeguarding and domestic violence staff.

Regular governance meetings took place where policies and procedures and audit outcomes were discussed and tracked.

## 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 clear quality assurance management and performance framework in place that was integrated across all organisational policies and procedures. The service had a contract in place with commissioners and had good links with the local public health community. The contract contained key performance indicators which were regularly reviewed.

Staff maintained and had access to the risk register at a service level. Staff felt able to escalate concerns when required to the manager who either dealt with them locally or escalated if needed. Staff were able to submit items to the provider's risk register which was accessible online. Staff concerns matched those on the risk register which included staffing.

The service had plans for emergencies – for example, adverse weather or a flu outbreak. The service had responded to COVID-19 in a positive way. There was a clear business continuity plan and all staff we spoke with felt the manager had shown real leadership.

## Information management

**Staff collected analysed data about outcomes and performance.**

Managers had access to live performance data and staff could see when each of their clients had appointments or were due to finish their course.

Managers and staff had access to regular performance reports so they could see how the service was performing in relation to service targets, like waiting times and planned exits.

Staff reported client outcomes to commissioners on a regular basis including other aspects of service performance such as including incidents, safeguarding, complaints and compliments.

Managers had access to other personnel data, including, sickness and turnover rates, and, they could compare the performance of their service against other CGL services across the region and nationally.

# Substance misuse services

## Engagement

Managers engaged actively with other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population. Managers from the service participated actively in the work of the local transforming care partnership. The manager attended local health governance meetings within Manchester.

## Learning, continuous improvement and innovation

The service had continued to innovate. Having originally prescribed one medicine to support clients stop smoking the service had to review its protocols when that medicine was withdrawn. They had retrained staff and supported clients who could not access that medicine as a result of its withdrawal.