Horizon Drug and Alcohol Recovery

Quality Report

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

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

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

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

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

Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following issues that the service provider needs to improve:

- Risk assessments and recovery plans were poorly completed and had not been updated. There was a lack of detailed information regarding client's needs.This was a breach of a regulation. You can read more about it at the end of this report.
- Mandatory staff training and staff supervision rates were low. The senior management team were aware of issues specific to the team and were acting on plans to improve the service.

However, we also found the following areas of good practice:

Summary of findings

- There was easy and prompt access for clients to see doctors, non-medical prescribers and keyworker staff. Clients were assessed quickly following referral and other appointments were arranged without delay.
- The clinic room was clean and tidy with the appropriate equipment that had been tested and maintained. There were enough rooms for client appointments and to facilitate group sessions.
- There were a variety of group sessions available to clients. Clients specifically remarked that the group sessions were of excellent quality and benefit. One particular group had attracted funding from an external organisation to explore why the group was so successful. Other avenues of funding were being explored to address funding cuts particular to the service. This had been successful in two areas and other funding streams were currently being examined.
- Staff were able to connect with clients and understand their needs. Staff displayed empathy and respect towards clients. Clients said staff were supportive and helpful in all areas. Client feedback had been used to inform the new structure and ethos of the service. There were numerous ways clients could give ongoing feedback regarding the service.
- There was good inter-agency working with prisons and probation. A prison link worker was employed to liaise and facilitate care for clients newly released from prison.
- The senior management team were a visible presence and were available to staff for advice and guidance when needed. The senior management team based themselves within the building on a regular basis to provide continuity of support and oversight of the team

Summary of findings

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Background to Horizon Drug and Alcohol Recovery

Horizon Drug and Alcohol Recovery provides community substance misuse services for the Blackpool area. The service is commissioned by the local authority as part of a wider service pathway. Horizon Drug and Alcohol Recovery provides support for clients who have recently been referred or have self referred for substance misuse support and treatment. This includes a triaging process that involves completing assessments, risk assessments and initial care plans for each client. Clients are transferred to another part of the pathway depending on each client's needs. More complex clients stay within the team until their substance misuse is stabilised. The wider pathway includes two other services that provide;

- prescribing for detox and stabilisation
- support with abstinence
- volunteering opportunities
- employment and education options
- keyworking and group work

The wider parent organisation fed into the service and provided some group work. This included:

- reduction and motivation programme groups
- my recovery group

The service was registered to provide the regulated activity of treatment for disease, disorder or injury. There was a registered manager in post.

The service had been registered since April 2017 and therefore had not previously been inspected.

Our inspection team

The team that inspected the service comprised CQC inspector Clare Fell (inspection lead) and one other CQC inspector.

Why we carried out this inspection

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

How we carried out this inspection

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well led?

Before the inspection visit, we reviewed information that we held about the location, asked other organisations for information.

During the inspection visit, the inspection team:

- visited the location, looked at the quality of the physical environment, and observed how staff were caring for clients

Summary of this inspection

- spoke with two clients and two carers
- spoke with the registered manager and two service managers
- spoke with five other staff members employed by the service provider, including a doctor, recovery practitioners and support workers
- attended and observed two initial assessments, a recovery group, and a doctors assessment
- collected feedback using comment cards from 26 clients
- looked at five care and treatment records, including medicines records, for clients
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

Clients gave positive feedback about the service. Particular praise focussed around the group sessions and how supportive and helpful they were. Many clients also felt that staff were good to talk to and they felt respected. Clients described the building as being safe and clean. Carers also spoke positively about the support they were receiving from staff.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We do not currently rate standalone substance misuse services.

We found the following issues that the service provider needs to improve:

- Risk assessments had not all been updated or fully completed. Information such as risk management plans had not been included. This was a breach of a regulation. You can read more about it at the end of this report.
- Mandatory staff training figures were low for some of training modules. Staff stated prioritising client's needs impacted on time available to complete training.

However, we also found the following areas of good practice:

- There was sufficient access to doctors and non-medical prescribers for advice and guidance to staff when needed. Doctors and non-medical prescribers were based onsite each week day.
- The clinic room was clean and tidy and in good order. Equipment had been checked and maintained on a regular basis.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following issues that the service provider needs to improve:

- Recovery plans were poorly completed and had not been updated. Recovery plans did not provide detailed information regarding client's needs. This was a breach of a regulation. You can read more about it at the end of this report.
- Staff supervision figures were low for the majority of staff.

However, we also found the following areas of good practice:

- The service offered a variety of group sessions that were appropriate for client needs. Individual sessions were available to clients unable to attend groups.
- There was good inter-agency working with prisons and probation. A prison link worker was employed to liaise and facilitate care for clients newly released from prison.

Are services caring?

We do not currently rate standalone substance misuse services.

Summary of this inspection

We found the following areas of good practice:

- Staff were able to connect with clients and understand their needs. Staff displayed empathy and respect towards clients.
- Clients gave excellent feedback regarding staff and the quality of the group sessions. Clients said staff were supportive and helpful in all areas.
- Client feedback had been used to inform the new structure and ethos of the service. There were numerous ways clients could give ongoing feedback regarding the service.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Access into the service was prompt and without delay. The majority of new clients were offered initial assessments within seven working days. Appointments with doctors or non-medical prescribers were easily accessible.
- There was a duty system in place to ensure that clients with urgent needs could be seen the same day. Clients remarked that staff were available to them when needed.
- There were an adequate number of rooms to meet the demand of individual client appointments and group sessions. The building had been adapted to meet the needs of wheelchair users and people with poor mobility.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The senior management team were a visible presence and were available to staff for advice and guidance when needed. The senior management team based themselves within the building on a regular basis to provide continuity of support and oversight of the team.
- The senior management team had oversight of training, supervision and other issues within the service. There were active plans in place to address issues using a quality improvement model and work was ongoing.
- The service was aware of national and local funding shortfalls within substance misuse services. Other avenues of funding were being explored to address funding cuts particular to the service. This had been successful in two areas and other funding streams were currently being examined.

Summary of this inspection

- A group programme had won an internal award for successfully working with difficult to engage clients. This work had been recognised by other external organisations and research into the group was underway.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Not all staff had completed Mental Capacity Act training. Training compliance for the Mental Capacity Act was 57%.

Staff displayed understanding around the Mental Capacity Act and could give examples of when this had been used in practice and reasons for implementing this in other potential situations. Staff understood the five statutory principles and described using the best interest's checklist within a multidisciplinary meeting. There was access to a Mental Capacity Act policy that staff could refer to.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

Interview rooms were not fitted with alarms although staff had access to personal alarms. Three interview rooms were located near to the reception area. The clinic room, doctor's room and group room were in a separate corridor.

The clinic room was clean and tidy and contained an examination couch and scales. The defibrillator was stored in the corridor and staff had received training on how to use it. There was an electro-cardiogram machine that was stored in a locked cupboard. All equipment had been checked and maintained. Emergency drugs such as naloxone and epi pens were stored separately and were in date. The fridge was clean and tidy only containing flu vaccines and unused needles. The fridge temperature was checked daily by staff. The keys for the fridge had been left in the fridge door lock on the day of our visit. Staff explained they are usually stored in a locked cupboard accessed only by the nurse. This was immediately rectified. There was appropriate handwashing facilities and signage to remind staff to do so. The clinic room was kept locked when not in use and the keys stored in a locked cupboard within the reception area.

All areas were seen to be clean, tidy and well maintained. There was one light broken in an interview room that was waiting for repair. The building was bright and airy with comfortable surroundings and furniture. Client art work was on display in some rooms and others waiting for new art work to be hung. The reception area was open plan and welcoming. The building was cold despite the heating being on. Staff explained the building was difficult to heat after the heating had not been on over the weekend. The building had a cooling system for use during warm weather.

We observed staff adhering to infection control principles such as handwashing and using gloves during a urine screening test.

Safe staffing

The service employed the following staff:

- one care coordinator
- two recovery practitioners
- one prison link worker
- two support workers
- one nurse (part-time)
- three substance misuse specialist doctors and four non-medical prescribers (daily rota basis)
- one volunteer
- administrative support staff

There were no current vacancies and the sickness rate for the last six months was 2%.

The provider estimated the number of staff required by examining the number of referrals the service received. The service had noticed a substantial and sustained increase in the number of referrals and was planning to reconfigure the service in order to ease some pressures on staff.

The average caseload per keyworker was 40 clients.

There were no clients waiting for allocation to a keyworker.

Staff felt caseloads were high and recent staff sickness and leave in December had impacted negatively on the team. Managers were aware of the pressures on the team and were planning to re-allocate complex clients to another pathway. There was a plan to reconfigure the service with an initial timeframe of eight weeks. More reviews and changes would be ongoing.

Substance misuse services

Cover arrangements for staff sickness, leave and vacancies was covered within the team. Staff from other pathways were available to help facilitate group sessions. Additional support workers had been recruited to the bank to supplement the team. Volunteer peer support workers were encouraged to progress to support worker roles. This had been successful for two former clients.

Over the last six months agency staff had been used to cover absences within the team.

There was easy access to see a doctor. The service had a rota of doctors providing cover to each location and pathway. There was a doctor or non-medical prescriber available five days a week on site. Other doctors could be contacted by telephone and email for advice and guidance.

Staff were not up to date with mandatory training. The majority of mandatory training consisted of between 18 and 43 on-line modules. Only 49% of these had been completed. Other mandatory training included basic life support and fire training which all staff had completed.

Managers explained mandatory training compliance was poor due to high caseloads and prioritising client needs. There was a plan in place for all mandatory training to be completed by April 2018. The service was not able to produce training data for the full last 12 months due to only operating for the last nine months.

Assessing and managing risk to clients and staff

Risk assessments had not been fully completed. We examined five care records and found all had risk assessments. However, two were out of date and three had poor or missing risk management plans. Three clients did not have a plan for unexpected exit from the service and one had brief information.

The service had access to doctors and non-medical prescribers each week day. Doctors and non-medical prescribers were based within the building each week day. Staff could discuss sudden deterioration's of client's health with medical staff either face to face or via email and telephone. Clients could access appointments with doctors and non-medical prescribers without delay. Staff knew to refer clients to their GP, local walk in centre or accident and emergency department depending on the nature of health concerns.

Safeguarding adults training had been completed by the majority of staff but safeguarding children training was low. Safeguarding training compliance rates were:

- safeguarding adults 86%
- safeguarding children 71%

Staff knew how to make safeguarding referrals. There was a safeguarding lead available for advice and support. Staff regularly attended child safeguarding meetings and attendance was monitored by the safeguarding lead. There was a protocol in place to ensure all clients with children under five, and all children with child protection plans, were visited at home by a family support worker. The service employed two family support workers who covered both the connect and dependence pathways. The family support workers reported any child protection concerns to the safeguarding lead and local authority where appropriate.

The parent organisation had a lone worker policy. Local processes had been adapted to meet the needs of the service. This included ensuring all home visits were completed by two members of staff and that all staff returned to the building at the end of the working day. Due to the complex needs of the client group, senior staff members were required to complete home visits. These processes were embedded into the staff local induction procedure.

The service stored a sufficient stock of medicine on the premises. This included; flu vaccines, epi-pens and Naloxone (a drug used to counteract the effects of an opiate overdose.) Prescriptions were kept in a locked safe and audited regularly. Completed prescriptions were stored at another location. Prescriptions were sent electronically to local pharmacies.

Track record on safety

The service had one serious incident requiring investigation in the last 12 months. This was regarding the death of a service user.

Reporting incidents and learning from when things go wrong

Staff were aware of the electronic incident reporting system and were competent to use it. Staff were able to give examples of recent incidents and changes made as a result of reporting incidents.

Substance misuse services

Staff confirmed they received feedback and de-briefs following investigations regarding incidents. This was in the format of verbal informal discussions, team meetings, specific flash meetings and emails depending on the nature and urgency of the incident.

Duty of candour

Staff were aware of the duty of candour policy and could access an electronic copy for reference. Staff understood the requirement to be open and honest with clients and offer an apology for any mistakes made.

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

Assessment of needs and planning of care (including assessment of physical and mental health needs and existence of referral pathways)

We examined five care records and each client had an assessment completed and was up to date. Three clients did not have any information recorded regarding their motivation to change.

Recovery plans were not completed to a good standard. Three recovery plans remained on initial recovery plan templates and had not been updated. They contained very little information despite clients being with the service for some time. Only one recovery plan was personalised and none of the plans were holistic or recovery orientated. Care plans were brief and did not give in-depth information regarding the complex needs of clients.

Care records were stored securely on an electronic recording system. The system was password protected and only accessible to staff.

Best practice in treatment and care

Prescribers were kept up to date with national institute of health and care excellence guidance by emails regarding the latest best practice and any changes to prescribing guidelines. Doctors and non-medical prescribers also had access to prescriber review meetings that were held every two months.

Clients had access to psychosocial interventions such as individual keyworker sessions and various group sessions. Group work included:

- dependency emotional attachment programme groups
- reduction and motivation programme groups
- pre- dependency emotional attachment programme groups
- my recovery groups

Clients who were unable to attend groups were offered alternatives such as tailored individual sessions. Clients who were anxious regarding attending groups were encouraged to attend and not participate with support from the group facilitator.

Clients requiring complex psychological therapy were referred to the local mental health service. There was also a psychologist available in the dependence pathway that was able to offer individual therapy to clients who were ready to engage with the dependence pathway.

Key working staff offered clients support on with employment, housing and benefits. Staff were aware of other local organisations were more specialist support could be sought. Staff knew how to refer and signpost clients to these organisations.

Physical healthcare needs were not clearly documented within the records. Physical health care needs for clients had been fully completed on admission into the service for two clients. For another two clients some basic physical health information had been completed but lacked detail. One client did not have any physical health information documented on admission. There was evidence of ongoing physical healthcare needs being addressed for all clients. Staff knew to refer clients to their GP or local walk in centre if required for any physical health need. The doctor assessed previous and current physical health needs with clients during routine appointments. Clients who were prescribed opiate substitutes were seen regularly by the doctor for medical reviews.

The service used key performance indicators to measure outcomes for clients. These included 67 measures such as,

- number of clients waiting more than two weeks for treatment
- number of clients successfully completing structured interventions
- number of clients successfully completing psychosocial interventions
- number of unplanned discharges

- number of clients completing detoxes

These figures were shared with commissioners and used to measure the progress of the service and plan for future developments and changes.

The service also collated treatment outcome profile figures for the national treatment agency for substance misuse. These figures were used to highlight national themes and trends in substance misuse and treatment.

Clinical staff engaged in various audits depending on their roles. Keyworkers were involved in key performance indicator audits and treatment outcome profile audits. The safeguarding lead conducted audits around safeguarding referrals and actions.

Skilled staff to deliver care

The team consisted of the following staff disciplines:

- one care coordinator
- two recovery practitioners
- one prison link worker
- two support workers
- one nurse (part-time)
- three substance misuse specialist doctors and four non-medical prescribers (daily rota basis)
- one volunteer
- administrative support staff

Staff were experienced and qualified for their roles. The service had a stable staff team who had worked in substance misuse for many years.

All staff had received an induction into the service and attended a Delphi values day.

Staff were not receiving regular monthly supervision in line with the organisations policy. The average monthly supervision compliance from July to December 2017 was 65%.

Staff had access to monthly team meeting where information relating to the service could be shared with staff.

Not all staff had received an annual appraisal due to the service opening in April 2017. Three members of staff had completed the appraisal process. The overall average appraisal compliance figure was 38%.

Staff had access to specialist training to enhance their specific role. Staff had completed courses such as behavioural activation training.

Managers were aware of how to address poor staff performance. Managers were familiar with the performance policy and involved the human resources team for support with disciplinary procedures.

Multidisciplinary and inter-agency team work

The service had weekly referral meetings to discuss all new referrals into the service as well as clients who were due to move between pathways and clients who had disengaged from the service. The meeting was attended by care coordinators from each pathway and the safeguarding lead. Staff from the outreach team and managers occasionally attended the meetings. Decisions were made jointly by the care coordinators and information disseminated to each pathway accordingly. Other multidisciplinary meetings consisted of medication reviews attended by the doctor, keyworker and client.

Flash meetings were arranged on an adhoc basis to deliver key information to staff. Information shared included updates relating to incidents, investigation and audits.

Staff handovers between each pathway took place within the weekly referral meeting. Other client information was accessible on the electronic record system.

The service worked well with GP surgeries and local pharmacies. Information was shared with GP's via email and there was a system for sending prescriptions electronically to individual pharmacies. The service had developed strong links with some third sector organisations. Staff could refer clients who needed extra support to live independently. There was a prison link worker who regularly visited clients in prison who were due for release. The face to face initial assessment meant the client was more likely to engage following their release from prison. Staff were aware of release dates and liaised with the prison service regarding client needs. This meant

that a bridging prescription and other care needs could be planned in advance. The service had no clients unexpectedly present to the service after being released from prison.

Good practice in applying the MCA (if people currently using the service have capacity, do staff know what to do if the situation changes?)

Not all staff had completed Mental Capacity Act training. Training compliance for the Mental Capacity Act was 57%.

Staff had a good understanding of the Mental Capacity Act. Staff gave examples of when this had been used in practice and the reasons for implementing this in other potential situations. Staff understood the five statutory principles and described using the best interest's checklist within a multidisciplinary meeting. There was access to a Mental Capacity Act policy that staff could refer to.

Equality and human rights

Equality and diversity training had been completed by 57% of staff. This training included information regarding the nine protected characteristics. There was an equality and diversity policy available for staff to refer to.

Management of transition arrangements, referral and discharge

The service completed initial assessments and agreed which pathway best suited the client's needs. This included a comprehensive assessment, health and wellbeing assessment, risk assessment and initial care plan.

For clients approaching discharge there were recovery workers available in another pathway to help clients who were abstinent or almost abstinent. Their role was to deliver aftercare support and to formulate an aftercare support plan.

Are substance misuse services caring?

Kindness, dignity, respect and support

We observed staff treating clients with respect and dignity. Staff displayed warmth and empathy whilst also retaining professional boundaries. Staff were able to connect with clients and understand their needs.

Clients described staff as being good to talk to, helpful and respectful and able to deliver excellent group sessions.

Clients especially praised the group work sessions for being informative and supportive. Clients particularly commented that the group sessions were led by staff who they could engage with.

Carers spoke highly about how the staff engaged with them. They said they were supportive and kind, and always listened to their views. They told us staff went out of their way to help, in terms of supporting them to access and engage with other services involved in their lives, as well as the recovery service.

Staff understood the individual needs of each client. Staff were aware of common problems associated with substance misuse and also specific concerns for clients. This information was not always evident within recovery plans.

Client confidentiality was maintained by the use of a secure electronic record system which was only accessible to staff.

The involvement of clients in the care they receive

Client's views were not clearly documented in recovery plans and copies of recovery plans were not routinely given to clients. However, clients reported feeling involved in their care and being able to make decisions relating to their recovery.

The service had access to two family workers who were available to support families of clients using the service. Carers stated they understood the treatment their relative was undergoing and told us how they were involved in planning the care their relative received. They understood their relative's goals, the steps they needed to take to achieve them and how they could support them to do so.

Advocacy services were provided locally. Staff were aware of advocacy services and knew how to refer or signpost clients if necessary.

Clients were involved in making decisions about the future of the service. Feedback from clients had been sought regarding the structure of the service and the implementation of the current pathways. Client groups had been held and feedback used to implement change. Clients had complained that the previous provider had a rigid appointment system and a formal approach to engaging with clients. This feedback had been used to ensure that appointments were now made with clients at a mutually agreed time. Staff were encouraged to have a flexible and friendly approach towards clients.

Substance misuse services

Clients could also give feedback in a variety of other formats. This included:

- an email box
- comments boxes
- post group surveys
- verbally to staff
- social media comments
- formal complaints process
- thank you cards

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

Access and discharge

Feedback from clients and carers and monthly key performance indicators demonstrated that access into the service was prompt and without delay. Referrals were accepted from the majority of organisations and there were no barriers to treatment. Referrals were screened and triaged on a weekly basis during a referrals meeting. Clients were assigned to an appropriate pathway and allocated a keyworker. The service aimed to see clients within 14 days of receiving the referral. The majority of clients were offered initial assessments within seven working days.

Clients with urgent needs could be seen quickly. There was a duty system in place, which allowed staff to complete any unplanned work. Clients described being able to speak to their keyworker the same day if needed and that other staff were always available. This could be both face to face and on the telephone.

Clients needing to see the doctor or non-medical prescriber could be seen the next week following the initial assessment.

The service actively sought to engage clients who were vulnerable and difficult to engage. There was an outreach service that could target clients who were at risk of disengaging from the service.

The service had a protocol in place regarding how to respond to clients who had disengaged from the service. This consisted of:

- offering a number of appointments either on the premises or at home
- contacting the referrer or GP for further information and liaison
- re-assessing any risks and using the outreach team if appropriate.

There were plans in place for a texting service to remind clients of upcoming appointments. It was hoped this would reduce the amount of clients missing their appointments.

All appointments were made with the client's input and booked around days and times that were suitable for the client. Future appointments were arranged during keyworker sessions and clients left with information for their next appointment.

Appointments were rarely cancelled or postponed by the service. This was due to low staff sickness and the flexible duty system. Staff and clients both confirmed that appointments were reliable and consistently ran on time.

The facilities promote recovery, comfort, dignity and confidentiality

There were three reasonably sized interview rooms, a clinic room, a room designated for the doctor, a urine screening room and two large group rooms. Staff felt the number of rooms was adequate and a booking system was in place.

Interview rooms were private and conversations were not easily overheard.

Leaflets were available in the reception area which included information on:

- substitute prescribing
- hepatitis B and C
- local mutual aid groups
- testicular cancer
- national society for the prevention of cruelty to children initiatives
- psycho-social support groups

There was a comments box for clients to make suggestions regarding the service in the waiting room. There were information leaflets about the service and pathways available for staff to give to clients during the initial appointment.

Substance misuse services

Meeting the needs of all clients

The building had been adapted to meet the needs of wheelchair users and people with poor mobility. There was ramp access into the building and doorways were wide enough for wheelchair access. Rooms were all on the ground floor. One group room had a number of steps and a ramp had been fitted to accommodate wheelchairs. There was a large disabled access bathroom.

Information leaflets about the service were published in English and could be printed in other languages on request. The service had access to interpreter services for clients whose first language was not English.

Listening to and learning from concerns and complaints

There had been one complaint since April 2017. The complaint was not upheld or referred to the ombudsman.

Complaints were discussed at the monthly senior management meeting and analysed for themes and trends.

There was a complaints policy available to both staff and clients. The policy advised staff to discuss complaints informally with clients in an open and honest manner, apologising where necessary.

Clients confirmed they felt confident to raise complaints directly to staff in the first instance. Managers were planning to feedback complaints information using a notice board.

Staff had a good understanding of the complaints process and knew how to seek advice and guidance. Feedback regarding complaints was cascaded to staff via team meetings. We saw evidence of action being taken in response to comments and suggestions made by clients.

Are substance misuse services well-led?

Vision and values

Horizon's vision for client's journeys was "from dependence to freedom". This reflected four service pathways, which were, connect, dependence, detox and freedom. This concept was clear to staff and clients as represented in the separate locations of each pathway. Staff were employed by Delphi Medical whose values were:

- person centred
- accessible
- sustainable
- accountable

A number of staff had been employed by the previous provider and were now newly employed by Delphi Medical. Senior managers had visited the service to promote the company values to the current staff team. Vision and values had been embedded into the interview and induction process to support future employees.

The head of integrated services and clinical service managers were a visible presence on a day to day basis. Other senior managers visited the service and covered for annual leave or other absences. Staff described managers as approachable and supportive.

Good governance

There was a governance structure in place to address performance and quality. This consisted of monthly team meetings attended by clinical staff and direct line managers. Issues raised at the team meeting could be discussed further at monthly managers meetings such as risk register, key performance indicators and policies. There was a senior leadership meeting which fed into the wider parent organisation. Matters such as risks and health and safety concerns could be discussed at this level. Individual service issues could be placed on the risk register.

The senior management team had oversight of mandatory training records for each staff member. Information was collated and highlighted when training modules were due for renewal. There was a morning each month set aside for staff to complete mandatory training modules. Training was readily available and easily accessible. There was a plan for all training to be completed by April 2018.

Staff were not receiving regular clinical or managerial supervision. Managers reported frequent caseload supervision was taking place but that this was not recorded or documented.

Managers were aware of the difficulties of the electronic system and had plans to streamline the system in the future. This included:

- reviewing the templates used
- reducing information being repeated and stored in different locations

- improving recording of consent documentation
- staff training.

Incidents such as deaths and violent behaviour were reported appropriately. There was a process for incidents to be discussed at managers and governance meetings and any lessons learnt fed back to staff in team meetings.

The service used key performance indicators to gauge the performance of the team. These were produced monthly and shared with commissioners. Managers were aware of any variations in the figures and understood factors that impacted on the figures.

Staff described having adequate administrative support within the team.

Leadership, morale and staff engagement

A staff survey had recently been completed but the results were not available at the time of inspection.

Sickness and absence rates were low across the service. Managers reported low levels of sickness that were not work related. Managers followed the sickness policy and where necessary staff were monitored and reviewed regarding their absences. There had been an increase in staff sickness during December 2017. In addition there was an increase in annual leave due to the Christmas period. This absence was managed by utilising staff from other pathways to support the service during this period.

There had been no bullying or harassment cases in the last 12 months.

Staff knew the whistleblowing policy and were able to describe the process well. Staff felt confident to raise concerns initially with their manager without fear of victimisation. Staff were able to give examples of how they had raised concerns with managers and that problems had been addressed appropriately.

Morale was variable within the team. Staff were feeling pressures from higher caseloads and difficulties with staff dynamics.

Staff described managers as supportive and readily available to discuss any problems. Mutual support between keyworkers was mixed due to some negative attitudes within the team.

Staff were consulted on the new pathway design. Staff were asked their views on locations of services and which pathway they felt would best suit their skills and experience.

Commitment to quality improvement and innovation

The service was involved in collecting data for national audits that included:

- Hepatitis C screening
- deaths in custody
- dry blood spot testing
- national treatment agency for substance misuse.

The service had recognised that since the new pathways were introduced in April 2017, further work was needed to ensure high quality care was being delivered. The service had adopted a quality improvement model to address a number of issues that had arisen from the original service design. Senior managers were meeting regularly to discuss ways forward and how this would be implemented. Managers spoke of continuous improvement and striving for excellence.

The My Recovery group had won the internal making a difference award due to successful client engagement. Client groups such as repeat offenders who are traditionally difficult to engage with had a high rate of engagement. This had been recognised locally by the police and crime commissioner. The police and crime commissioner were funding a study into why the group had such high engagement rates and hoping to share any good practice nationally.

The service was considering alternative funding streams to enhance the service.

The service had become involved in a pilot research initiative in association with Public Health England. Funding had been agreed for employment workers to join the team. It was hoped that employment options would be considered for all clients during all stages of their recovery.

Funding from the police and crime commissioner had ensured another recovery support worker could join the service.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure that clients have an up to date and fully completed risk assessment. All risks must be identified and risk management plans completed accordingly.
- The provider must ensure that clients have a fully completed and up to date recovery plan detailing the care and treatment staff must provide to ensure risks to their health and safety are managed appropriately.

Action the provider SHOULD take to improve

- The provider should ensure that staff complete all mandatory training in line with the provider's policy.
- The provider should ensure that all staff receive the appropriate level of supervision necessary for their role.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: The provider had not ensured that risk assessments were recorded for all clients. They had not all been updated or fully completed in a timely manner. Regulation 12 (2)(a)

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care How the regulation was not being met: The provider did not ensure that recovery plans were comprehensive and up to date. Regulation 9 (3) (b)