

Change, Grow, Live

Change Grow Live - Barnet

Inspection report

Dennis Scott Unit
Edgware Community Hospital
Edgware
HA8 0AD
Tel: 03003032866
www.cgl.org.uk

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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

Requires Improvement



Are services safe?

Requires Improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires Improvement



Summary of findings

Overall summary

This was our first comprehensive inspection of this service. We had previously carried out a focused inspection looking at the safe domain. As a result of this inspection, we rated it as requires improvement because:

- Not all clinical staff had completed basic life support training.
- The number of clients on the caseload of some recovery coordinators was too high, preventing staff from giving each client the time they needed.
- The service had 75 (18%) clients with medical reviews that were overdue.
- The service was not conducting regular local level audits of the quality of clients' records, recovery planning, and risk assessments which in-turn could impact of the quality of clients' care and treatment.
- Our findings from the other key questions demonstrated that governance processes did not always operate effectively.
- The service's risk register did not reflect all the current concerns about the delivery of the service.

However:

- All premises where clients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose. The service had made improvements since our previous focused inspection and appropriate COVID-19 measures to keep people safe were now in place. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- Staff developed recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the clients and in line with national guidance about best practice.
- 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 training, 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. Staff planned and managed discharge well.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services	Requires Improvement 	

Summary of findings

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Summary of this inspection

Background to Change Grow Live - Barnet

Change Grow Live – Barnet is part of the larger Change Grow Live provider who deliver a not-for-profit drug and alcohol treatment service nationally. The service provides specialist community treatment and support for adults and young people affected by substance misuse who live in Barnet.

They offer a range of services including initial advice; assessment and harm reduction services including needle exchange; prescribed medicines for alcohol and opiate detoxification and stabilisation; naloxone dispensing; group recovery programmes; one-to-one key working sessions and doctor and nurse clinics which include health checks, blood borne virus and hepatitis C testing.

The service works in partnership across Barnet with other agencies, including NHS services, social services, probation services, GPs and pharmacies.

The service is registered for the following regulated activity: Treatment of disease, disorder or injury. The service was registered on 15 September 2020. There was a registered manager at the service.

This was the first time we have comprehensively inspected Change Grow Live – Barnet. However, the service received a focused inspection in January 2021 looking at parts of our key question of safe. We rated the service as Requires Improvement for the safe domain. The service received a requirement notice regarding Regulation 12; Safe care and treatment (HSCA (RA) Regulations 2014). The provider had not assessed, and done all that was reasonably practicable, to mitigate the risks of transmission of COVID-19 to clients. The provider did not ensure that the service premises were used in a safe way and had not taken sufficient action to assess, prevent and control the spread of infection. During this inspection this requirement had now been met.

What people who use the service say

Clients told us that staff were respectful and polite. They said staff were caring and genuinely interested in their wellbeing. Clients felt that the service and the staff were non-judgemental. Clients told us that staff are always visible and they could access a doctor in a timely way.

Clients told us that they received advice from the staff about medications and that their care was reviewed regularly. Clients felt involved in their care reviews.

Due to the COVID-19 pandemic, therapeutic interventions were being facilitated over video calls. Clients told us that they would prefer face to face interventions but acknowledged that video calls and telephone calls were useful. Face to face meetings had been interrupted due to the COVID-19 pandemic.

How we carried out this inspection

This inspection was carried out by three inspectors, one of which specialised in the management of medicines. Two specialist professional advisors with expertise and experience in substance misuse also attended. This inspection involved a one-day site visit.

During this inspection, the inspection team:

Summary of this inspection

- visited the service and observed the environment and how staff were caring for clients
- spoke with the registered manager
- spoke with 10 staff including the deputy service manager, consultant, specialist doctor, team leaders, recovery co-ordinators, registered nurses, a non-medical prescriber and a group facilitator
- spoke with 11 clients
- reviewed 10 clients' care and treatment records
- observed a service leadership meeting and a service 'flash' meeting
- reviewed prescribing and the medicines prescription process
- reviewed other documents concerning the operation 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>.

Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a service **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service **MUST** take to improve:

- The service must ensure that staff complete mandatory training in basic life support (Regulation 12(2)(c)).
- The service must ensure that all clients receive a medical review or a non-medical prescriber review annually, in line with their policy and procedure (Regulation 12(2)(a)).
- The service must ensure governance processes cover all areas of the service and that managers have a full awareness and understanding of those areas (Regulation 17(2)(a)).
- The service must ensure service's risk register reflects current concerns about the delivery of the service (Regulation 17(2)(b)).

Action the service **SHOULD** take to improve:

- The service should ensure that work continues to address the high caseload numbers allocated to individual recovery coordinators to ensure that all clients are appropriately supported.
- The service should ensure its audit programme covers all areas of service provision.
- The service should consider arrangements for ensuring all clients receive a copy of their recovery plan.
- The service should consider arrangements for ensuring work continues to increase the diversity of the service management and improve staff wellbeing.






Our findings

Overview of ratings

Our ratings for this location are:

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

Substance misuse services

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

Are Substance misuse services safe?

Requires Improvement 

We rated it as requires improvement.

Safe and clean environment

Premises where clients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose. The service now had appropriate COVID-19 measures in place.

Staff completed and regularly updated thorough risk assessments of all areas and removed or reduced any risks they identified. Appropriate measures to manage the risks associated with COVID-19 were being followed by staff. All areas were clean, well maintained, well-furnished and fit for purpose. Staff made sure the premises were clean. The service was deep cleaned by contracted cleaning staff every day. Cleaning requirements had increased since the pandemic. Staff disinfected rooms after every staff and client use, wiping down all furniture and frequently touched surfaces. Stickers were clearly displayed indicating when the room, furniture and touch points were last cleaned. Staff understood to clean frequently touched surfaces at least twice a day. Chairs and desks in the service were set apart and there were now clear floor markings in all rooms throughout the service to promote social distancing. Signage was in place indicating maximum room occupancy and this now corresponded with the service risk assessment. Clients confirmed that staff consistently followed COVID-19 measures to minimise COVID-19 transmission.

All interview rooms had alarms and staff were available to respond. Clients and visitors signed in and out at reception. Clients and visitors were asked about COVID-19 symptoms and provided with face masks as they entered the service. Keyworkers would meet clients in the reception room and support them when in the building. Areas, where only staff were allowed access, had keypads fitted to the doors.

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, and completed monthly medical equipment audits.

Staff followed infection control guidelines, including handwashing. The service now had appropriate COVID-19 measures in place. The provider had up to date guidance based on national COVID-19 guidance which included wearing masks, clear guidance on social distancing, the frequency of cleaning rooms and frequently touched surfaces, and screening clients for COVID-19 symptoms before they attended the service. Throughout the inspection staff consistently adhered to infection control measures. All rooms with windows had their windows open to provide ventilation. Staff

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were aware that rooms with no windows needed to be naturally ventilated by regularly opening the door and airing the room for 15 minutes between appointments. Staff wore masks when meeting with clients and when working in the service. Staff said the team worked together to ensure face to face appointment bookings were coordinated to ensure low numbers of clients attending the service at any one time.

Safe staffing

Not all clinical staff had completed basic life support training. The number of clients on the caseload of some recovery coordinators was too high, preventing staff from giving each client the time they needed. However, the service had enough staff, who knew the clients and received basic training to keep them safe from avoidable harm.

The service had enough staff to keep clients safe. They knew the clients and received basic training to keep them safe from avoidable harm. The service had a vacancy rate of 20%. This totaled 12 vacancies across the service. Seven of these vacancies were filled with long term agency workers. The remaining vacancies were one criminal justice worker, one floating support worker, one recovery coordinator, and two assertive outreach nurse vacancies. The service was in discussions with their local mental health NHS trusts to set up secondment opportunities for their nurse vacancies, while the other vacancies were all being re-advertised.

Caseload sizes had increased across the service during the pandemic. All staff reported high caseloads. Opiate lead recovery coordinators within the treatment team were supporting up to 90 clients per recovery coordinator. Staff told us that this was high, and at times they were struggling to manage their workload as clients over the pandemic were presenting with more complex health and social needs. Staff had to prioritise cases and were limiting engagement with clients. This impacted on activities such as the length and frequency of support sessions. Staff also had less time available for discharge planning and keeping client care and treatment records up to date. Client records showed less input for individuals with low risk.

Staff also felt high caseloads negatively affected staff wellbeing. The service managers were aware of the issue of high caseloads. Managers viewed high caseloads as a significant service risk that impacted on staff efficiency and wellbeing and included this in a service quality improvement plan. As part of the improvement plan, team leaders were working with staff to review caseloads specifically looking at discharge planning to ensure only clients that required support remained on caseloads and discharge processes started for people that were ready. The service was also recruiting to vacant posts to increase the workforce that could hold caseloads.

Managers made arrangements to cover staff sickness and absence through the use of agency staff. Managers requested staff familiar with the service and staff new to the service received an induction before starting work. The service had relatively low reducing turnover rates with two staff on long term sickness within the last 12 months. Due to the nature of agency work, some agency workers left the service with little notice. This meant there had been a number of agency workers covering staff sickness. Staff spoke of the disruption this caused to clients' treatment and support. However, clients said that the impact of this was minimal given the current pandemic and staff, including agency staff, were always helpful and well informed.

The service had enough medical staff. When the service was open there was always a doctor on-site. The service could get support from a psychiatrist quickly when they needed to. Clients said they were able to see the consultant and doctor when needed.

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Mandatory training

Staff had completed and kept up to date with most of their mandatory training. All staff mandatory training completions rates were in line with the provider targets with a compliance rate of 90% or above, except for basic life support (BLS) training. At the time of the inspection, service records showed 50% of clinical staff had not fully completed the relevant refresher training in BLS. Service managers were aware of this and there was a plan in place to ensure all outstanding staff completed BLS training within six weeks. Managers also managed the service rota to ensure there were BLS trained staff on each shift.

The mandatory training programme was comprehensive and met the needs of clients and staff. The training included children and adult safeguarding, health and safety, equality and diversity, data protection, and the Mental Capacity Act. Managers monitored mandatory training and alerted staff when they needed to update their training.

Assessing and managing risk to clients and staff

Staff did not always assess and manage risks to clients well. The service had 75 clients with medical reviews that were overdue. However, staff managed other risks to clients appropriately. 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.

Assessment of client risk

We reviewed 10 client care records. Staff completed initial risk assessments for each client as clients were allocated onto their caseload and updated these. Risks concerning clients' physical and mental health were assessed, in addition to specific risks regarding substance misuse. Contextual risk factors were also considered such as housing, finances, safeguarding concerns, and social networks and relationships. Additional information requested and received from clients' GPs also informed clients' risk assessments. The risk assessment of clients misusing alcohol included assessing the risks of alcohol withdrawal seizures and delirium tremens. With clients using opiates, the risk assessment included the risk of overdose. Staff reviewed and updated risk assessments regularly, including after any incident or significant changes.

Staff worked with clients to develop and use crisis plans according to client need. All records showed plans for unexpected treatment exit and all records showed involvement with other agencies where needed. Unexpected treatment exit plans included information to assist staff to support clients to re-engage with the service. If clients did not attend an appointment, staff contacted the client to help them re-engage with the service. Care and treatment records showed when clients missed appointments, they received several calls and messages from staff within a few days.

All clients had a COVID-19 risk assessment included in their care and treatment records. These risk assessments considered clients' physical health risks and clinical vulnerability to COVID-19 in relation to attending the service for face to face appointments. Where clients' vulnerability to COVID-19 was high, staff held sessions with clients over the telephone or via video calling. Staff were aware of the characteristics which made people clinically vulnerable regarding COVID-19. All clients attending the service were asked about any COVID-19 symptoms before they attended and when they arrived at the service. Staff would reschedule face to face appointments to remote appointments if any clients displayed any COVID-19 symptoms. Clients said staff regularly asked about their COVID-19 status and if they had any symptoms.

Management of client risk

Staff were very aware of the risks and safeguarding concerns for their clients and provided examples of action that was being taken to support clients. Staff responded promptly to any sudden deterioration in a client's health. Risk information was shared and discussed as part of the morning 'flash' meetings and discussed at wider multidisciplinary

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team meetings. Flash meetings were a daily morning meeting where staff discussed the clients and all the activities of the day. This included significant updates and changes in risk and safety for clients, appointments, referrals, discharges, incidents, and actions and tasks for the day such as medical reviews. Records showed good documentation regarding discussion of risk and decision making with clients and other stakeholders. Staff took appropriate action as a result of risk, such as following up with clients more frequently, ensuring face to face visits during the pandemic and discussing risk issues. For example, clients' continued use of illicit drugs alongside their prescribed medicine prompted reviews of their medicine dosage. Safety measures were also discussed such as the use of safe storage boxes for medicines. When clients stored medicines such as methadone, an opiate substitute, at home they were provided with safe storage boxes to ensure children or others could not access it. Clients receiving opiate substitute treatment, had varying levels of medicines supervision, based on assessed risks. Some clients attended a community pharmacy daily for a pharmacist to supervise them taking their medicine. Other clients, with lower assessed risks, collected their medicine each week or fortnight from the pharmacy. At the start of the COVID-19 pandemic, the provider had varied each clients prescription so that they did not have to visit their pharmacy so often. The aim of this was to decrease the risk of clients being exposed to COVID-19 in the community. The multidisciplinary team identified some clients where the risks of overdose or diversion of their prescribed medicines would be too high if this happened. Those clients continued to collect their medicine as previously stipulated. As the pandemic eased all clients who prescriptions had been amended were reassessed and returned to their previous prescription regime to ensure the service was prescribing medicines in line with national guidance.

Clients receiving over 100mg of methadone per day had an annual electrocardiogram. This was to monitor clients for abnormal heart rhythms which are associated with high doses of methadone. Such abnormal rhythms can be fatal, and this monitoring followed national guidance.

Client records showed staff regularly discussed and offered clients who used opiates, naloxone, a medicine which reverses the effects of an overdose. Staff made clients aware of harm minimisation and the risks of continued substance misuse. All client records included harm minimisation advice. This included information to prevent clients becoming infected blood borne viruses and about the risks to clients of drinking alcohol or taking drugs with their prescribed medicines.

At the time of the inspection the service had 410 clients in medication assisted treatment. Medication assisted treatment involves the use of medicines, in combination with other treatments such as counselling and group therapy. Out of the 410 clients in medication assisted treatment 75 (18%) had not had a medical review or a non-medical prescriber review within the last 12 months. This deviated provider's own policy and from national guidance which states for stable clients reviews should occur at least annually, and for other less stable clients reviews should be conducted every six months, although this frequency may be increased or reduced based on individual need. The service managers were aware of these overdue medical reviews, recognised it as a significant service risk and had an action plan in place. However, this was not included in the service's risk register or quality improvement plan. Staff had risk rated all clients who were overdue a medical review and the service had dedicated appointment slots each week to conduct reviews with those at high risk being seen first. Medical reviews were discussed and planned for the day each morning in the flash meeting indicating the keyworker and prescriber to attend the appointments. The service had a process map in place for reviews, which included the staff making an attempt to complete a review remotely if possible where the client did not attend. The prescriber and keyworker conducted a review 'in absence' and agreed any follow-up actions. The action plan also indicated that clients that did not attend reviews were presented at the flash meeting the following day with any actions, and the review would be rebooked and the keyworker would contact the

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client to offer a session of psychosocial support and risk review in the meantime. If the client did not attend two review appointments in a row they would be discussed by the multidisciplinary team and follow up action agreed such as holding the clients' prescription at the service or consideration of stopping the script at the pharmacy whilst contact was made with the service user. Where appropriate, home visits would be undertaken.

Staff continually monitored clients on waiting lists for changes in their level of risk and responded when risk increased. For example, clients with high risk concerns had their referrals fast tracked. They were assessed and reviewed by the service's multidisciplinary team and then contacted by their allocated recovery worker to be seen within 48 hours. Staff also discussing safety measures with clients when they first contacted them and provided contact details so clients knew who to contact if their health or circumstances changed.

Staff followed clear personal safety protocols, including for lone working. Staff made sure their diaries were up to date use when out in the community and would contact the team regarding their movements.

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. At the time of the inspection, 90% of staff had completed adults at risk safeguarding training and 93% had completed children and young people safeguarding training. Staff also received additional training in areas such as recognising and support of domestic abuse and children and families reporting around safeguarding.

Staff were able to identify risks to and from clients and knew how to make a safeguarding referral and who to inform if they had concerns. Staff were aware of how to get further advice from the designated safeguarding lead. Staff discussed safeguarding concerns in meetings such as the daily flash meeting and the weekly leadership meetings. Clients said staff discussed any safeguarding matters with them in their sessions.

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. Safeguarding logs for the service showed multi-agency discussions and actions being taken to address safeguarding concerns. Information concerning clients, their families and safeguarding risks were recorded on clients' electronic records. Clients' records showed comprehensive and very detailed records around safeguarding issues. Safeguarding concerns were reviewed by the multidisciplinary team and safeguarding lead and only closed following a full risk review and involvement from other professionals such as the local authority safeguarding team.

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.

Staff used electronic clients records to record and access information concerning clients. Staff kept comprehensive and detailed records of clients' care and treatment. Records were clear, up-to-date and all staff could access them easily.

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.

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Staff followed systems and processes to prescribe and administer medicines safely. Medicines and controlled stationary were stored securely. Records were kept of their use. Clinical administrators were responsible for producing printed prescriptions. Staff (support workers and the prescriber) had to complete and sign a 'prescription change form' before clinical administrators generated prescriptions. They were then either given directly to the client or posted to the pharmacy. All prescriptions were logged which enabled staff to follow up if there were any issues of loss or theft.

Prescriptions sent to community pharmacies were sent via delivery drivers. Access to medicines storage areas was appropriately restricted. Clinical rooms were clean, spacious and equipped with handwashing facilities. Staff had access to emergency medicines, equipment, and medicines disposal facilities. The service had a contract with a waste management company who disposed of all sharps bins and clinical waste. However, the clinical waste company had been collecting the wrong bins from a different part of the building. We saw evidence that this issue had recently been resolved. Controlled drugs were not stored at the service. Temperatures of medicines storage areas were monitored by staff. If temperatures fell outside the recommended range, staff acted to safeguard the medicines. This included liaising with the pharmacy team. Staff were provided with relevant medicines training. For example, the 'Best practice in Optimising Opioid Substitution Treatment' e-learning programme was part of the training schedule. Staff completed monthly medicines and medical equipment audits that reviewed storage and cleanliness.

Staff reviewed each client's medicines regularly and provided advice to clients and carers about their medicines. Client's medicines were discussed in multidisciplinary meetings. New staff were provided with training regarding naloxone and actively encouraged clients to have access to it. Clients were provided with information on how to use it. Staff stored and managed all medicines and prescribing documents in line with the provider's policy. Staff used an electronic system to document medicines prescribed. Staff could access all policy documents via the intranet. Staff followed current national practice to check clients had the correct medicines. Staff obtained client's consent to information sharing with their own GPs. This enabled staff to access medical and drug histories prior to the prescribing of medicines.

The service had systems to ensure staff knew about safety alerts and incidents, so clients received their medicines safely. Medicines incidents were reported on an electronic system. They were reviewed and themes were identified. We saw that actions were taken, and learning was shared with staff to prevent reoccurrence.

Staff reviewed the effects of each client's medication on their physical health according to NICE guidance. Clients were offered a urine drug screen initially and during their time with the service. Clients were offered blood borne virus tests prior to treatment (hepatitis B, hepatitis C, and HIV). If a client met the eligibility criteria for the hepatitis B vaccine, nurses were able to administer the hepatitis B vaccine on site via a Patient Group Direction (PGD). A PGD allows specified health professionals to supply and/or administer medicine without a prescription or an instruction from a prescriber.

Track record on safety

Nine clients of the service died in the previous year. None of these deaths were related to the treatment being provided by the service. The service managers attended regular panels with external partners where all deaths were individual reviewed. Learning from these panels was brought back to the service and shared with staff through meetings such as the flash meetings, leadership meetings and multidisciplinary meetings.

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.

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Staff knew what incidents to report and how to report them. Staff understood their responsibilities to raised concerns and reported incidents and raise concerns in line with the service's policy. Staff felt confident and supported when reporting and discussion incidents.

Managers investigated incidents and shared lessons learned with the team. Staff in the service learnt from incidents. For example, there was a clear recording and tracking process which documented which prescriptions had been delivered to specific pharmacies. This enabled the quick and efficient tracking of prescriptions when pharmacists reported them lost.

Managers debriefed and supported staff after any serious incident. Staff ensured clients, and where appropriate family members and other professionals were updated. Staff also ensured care records were updated. Incidents were reported on their electronic records system.

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

Are Substance misuse services effective?

Good 

We rated it as good.

Assessment of needs and planning of care

Staff completed comprehensive assessments with clients when they accessed the service. They worked with clients to develop individual recovery plans and updated them as needed. Recovery plans reflected the assessed needs, were personalised, holistic and recovery-oriented.

Staff completed a comprehensive assessment of each client. Recovery plans reflected the assessed needs, were personalised, holistic and recovery-oriented. Clients said they were involved in developing their recovery plans, however, not all clients had not received a copy of their recovery plan.

Staff made sure that clients had a full physical health assessment and knew about any physical health problems. All 10 client records we reviewed had a physical health assessment on admission and there was evidence of ongoing physical health care for these clients.

Staff developed a comprehensive recovery plan for each client that met their mental and physical health needs and considered their social circumstances. Staff regularly reviewed and updated recovery plans with clients when clients' needs changed.

In line with national guidance, clients seeking treatment for alcohol misuse were assessed using the alcohol use disorder identification test and the severity of alcohol dependence questionnaire. Experienced nurses and doctors assessed these clients for community alcohol detoxification with a focus on risk factors associated with community alcohol detoxification. When clients needed a prescription for opiate substitution treatment they were assessed in person by a doctor. Correspondence from clients' GPs, blood test results and urine drug screen tests were part of their initial assessment and were obtained prior to treatment commencing where available.

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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 access to physical healthcare and supported clients to live healthier lives. However, the service was not conducting regular local level audits of the quality of clients' records, recovery planning, and risk assessments which in-turn could impact of the quality of clients' care and treatment.

Staff provided a range of care and treatment suitable for the clients in the service. Staff delivered care and treatment in line with best practice and national guidance from relevant bodies such as the National Institute for Health and Care Excellence (NICE). These included self-management and recovery training groups, motivational interviewing, counselling and therapy based groups. The service had a timetable of group interventions available to clients to attend such as wellness, harm reduction, relapse prevention, cocaine anonymous, women's, and anger management groups. Other interventions offered to clients included needle exchange and support relating to housing, vocation and finance needs. Clients could access groups and interventions immediately after their initial assessment. They did not need to wait for further appointments. Groups had been taking place virtually due to the COVID-19 pandemic. Clients said the range of interventions, both one to one and as groups, met their needs and were incredibly helpful.

Staff made sure clients had support for their physical health needs. Clients with opiate dependence had a prescription for methadone or buprenorphine. Clients taking methadone had their dose gradually increased which followed national guidance. Clients' prescriptions were reviewed regularly, and clients had urine drug tests to monitor their use of illicit drugs. Clients with alcohol dependence had treatment based on their assessment and alcohol use disorder identification test and the severity of alcohol dependence questionnaire results. Clients with less severe dependence had psychosocial treatment to support them with reducing their alcohol intake. This followed NICE guidance. All the clients receiving community alcohol detoxification treatment had been reviewed by the consultant and the risks of treatment had been carefully assessed. In line national guidance, clients were prescribed thiamine and, where indicated, pabrinex. These medicines were prescribed to minimise memory loss as a result of alcohol misuse. In partnership with local NHS services, clients had blood borne virus testing and treatment, tuberculosis scans and general physical health treatment.

Staff supported clients to live healthier lives by supporting them to take part in programmes or giving advice. The service provided community activities such as local park strolls, and clients said staff signposted them to health and wellbeing support in the community.

Staff used recognised rating scales to assess and record severity and outcomes. Staff in the service also used the treatment outcomes profile to assess clients' progress and outcomes before, during and at the end of treatment. The service contributed to the National Drug Treatment and Monitoring System.

Staff took part in clinical audits and there was an annual service audit plan. These audits looked at health and safety, safeguarding, infection, prevention and control, vaccine storage, prescriptions and COVID-19 safe environments. However, the service was not conducting regular audits of the quality of clients' records, recovery planning, and risk assessments. These local audits had stopped during the COVID-19 pandemic and had not been fully re-established. This meant the service managers did not have oversight of these areas, which in-turn could impact on the quality of clients' care and treatment.

Staff used technology to support clients. Staff provided text, telephone and video call support which clients found particularly helpful. The service accessed electronic GP summaries which provided staff with quick access to information when assessing clients and making decisions regarding their treatment.

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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. An induction programme for new staff was provided.

The service had access to a full range of specialists to meet the needs of each client. 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.

Managers supported staff through regular supervision and annual appraisals of their work. The service also held regular group reflection sessions. New staff received an induction to the service before they started work.

Managers made sure staff attended regular team meetings, such as business meetings, multidisciplinary meetings and leadership meetings. Managers ensured meetings minutes were shared with staff that 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 such as blood borne viruses screening, caring for clients with chronic obstructive pulmonary disease and best practice in optimising opioid substitution treatment. The service also supported individual staff access specialist development, for example one of the team leaders was supported to undertake the first year in a post graduate degree in applied forensic psychology, and the deputy service manager was support with a level 5 apprenticeship in operations departmental management.

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 team had effective working relationships with other relevant teams and services outside the organisation.

Staff held regular multidisciplinary meetings to discuss clients and improve their care. We observed strong communication and team working across team meetings attended by a variety of clinical and non-clinical staff. Staff valued these meetings. Staff felt they supported learning across their teams and encouraged holistic care.

Staff made sure they shared clear information about clients and any changes in their care including during daily flash meetings.

Staff had effective working relationships with external teams and organisations. These included pharmacies, local authority safeguarding teams, street outreach teams, community mental health teams, and other service providers such as housing providers and probation services. Clients' records showed communications and updates on client support and care with other teams and organisations.

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 training in the Mental Capacity Act and knew to seek support for the service managers if needed. The Mental Capacity Act was included in mandatory training. There was a policy on the Mental Capacity Act, which staff knew how to access.

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Staff gave clients all possible support to make specific decisions for themselves. Clients records showed consideration and assessments of client's capacity was in line with underlying principles of Mental Capacity Act.

Are Substance misuse services caring?

Good 

We rated it as good.

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.

Clients said they were happy with the care they received and felt that they get enough support. Staff were discreet, respectful, and responsive when caring for clients. Clients said staff were polite, respectful, non-judgemental and caring, and provided care that met their individual needs. Clients also reported staff provided help, emotional support and advice when they needed it. Clients said staff were responsive to their needs. They said staff are always visible and they could access a doctor and the consultant in a timely way. Staff we spoke with were highly motivated and inspired to offer care that promoted people's recovery.

Staff supported clients to understand and manage their own recovery. Clients records showed discussions that had taken place with clients and various supporting staff.

Staff signposted clients to other services and supported them to access those services if they needed help. Clients said staff made them aware of what other services were available to support their care, such as housing, finance and health and wellbeing support.

Staff felt comfortable and supported by their colleagues to raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards clients and staff.

Staff followed policy to keep client information confidential. Clients felt staff were suitably discrete when communicating.

Involvement in care

Staff involved clients in recovery planning and risk assessment. They ensured that clients had easy access to additional support.

Involvement of clients

Staff involved clients in assessing risk and recovery planning. Clients said they felt involved in their recovery planning and risk management.

Staff made sure clients understood their care and treatment. Clients reported they received clear information and explanations of their care and the treatment and interventions available. Clients said staff were informative and

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information staff provided was easy to understand. For example, information relating to mental health needs and housing support. Clients said they were able to discuss their recovery with their keyworkers and the service's psychiatrist and doctor at regular meetings. Clients told us that they received advice from the staff about medications and that their care was reviewed regularly. Clients felt fully supported through their recovery.

Clients were aware of the complaints procedure and felt confident to give feedback on the service and their treatment. Clients said they felt comfortable in giving feedback via the service user forum if needed.

Involvement of families and carers

Staff informed and involved families and carers appropriately. Client records showed some clients had family engagement and support plans in place. Records also documented clear involvement of families with correspondence and text updates.

Staff gave families and carers support information, and where appropriate information on their loved ones care and treatment. They provide signposting, and advice, access to counselling and psychosocial interventions to support individuals who were directly or indirectly impacted by substance misuse. If clients consented, family members and carers could be involved in the client's care by attending appointments and having direct communication with staff.

Are Substance misuse services responsive?

Good 

We rated it as good.

Access and waiting times

The service was easy to access. Staff planned and managed discharge well.

People could access the service in a way that suited them. Clients could self-refer to the service as well as being referred to the service by a wide range of agencies. These included GPs, community mental health teams, housing and homelessness teams, and probation services. The service had clear criteria to describe which clients they would offer services to.

The service met the providers target time of seeing most clients from referral to first appointment with 30 days. Referrals were discussed daily at the service's flash meetings. Clinicians based in the administration team triaged referrals and then they were assessed by the multidisciplinary team, allocated to a keyworker and contacted. Between November 2021 and November 2022 this was completed within 48 hours for 90% of referrals. For the same time period, the service saw 90% of referrals for their first appointment within three weeks of their initial referral.

Staff saw urgent referrals quickly. Referred clients with high risk concerns were fast tracked and were triaged, assessed, contacted and allocated an appointment to be seen within 48 hours. These included individuals who were opiate users, young people, homeless people and prison leavers.

The service used systems to help them monitor waiting lists. Over the last 12 months the service had 17 clients who waited over 30 days from referral to triage. For these individuals the waiting time ranged from 31 to 60 days. Clients'

Substance misuse services

records showed that delays were due to clients not being able to attend offered appointments. Staff tried to contact people who did not attend appointments to rebook them and offer support. Clients' records showed persistent attempts to contact people that did not attend appointments. This included discussing safety measures and signposting people to alternative community services and home visits where necessary.

Reducing delays from referral to appointment for clients was on the service quality improvement plan. Planned actions included increasing capacity within the administration team to process referrals within 48 hours by training existing staff, recruiting administration volunteers and training volunteers and students to support with assessments, including reviewing fast tracked referrals.

Staff tried to engage with people who found it difficult, or were reluctant, to seek support. The service had outreach workers and a rough sleepers team working with homeless services. Staff raised awareness with marginalised and hard to reach people and other agencies so that they were aware of the service.

People could also access treatment regardless of their housing or social circumstances, and they had some flexibility and choice in the appointment times available. Clients said they were able to arrange appointment that suited them, and appointments were rarely cancelled. If they were cancelled, clients were offered new appointments as soon as possible. Due to the COVID-19 pandemic, appointment and therapeutic interventions were facilitated via video and telephone calls. Some clients were provided with mobile phones to enable them to access the service during the pandemic. Clients told us that they preferred face to face contact but acknowledged that video calls and telephone calls were a good alternative during the pandemic.

When clients were ready to be discharged from the service, staff ensured that other agencies had relevant information to support clients. The service held a weekly discharge forum where the multidisciplinary team discussed and signed off all discharges. As a part of reviewing caseloads, the team leaders reviewed discharges and discharge planning with keyworkers in supervision.

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. There was a clinic room with equipment suitable for the physical examination of clients. The site also had several accessible toilets for clients to use to produce urine drug screen. The environment was welcoming, and COVID-19 measures were in place to protect clients visiting the service.

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. Staff understood and respected the individual needs of each client. The service was accessible for clients using wheelchairs and clients with other mobility needs. The service provided information in a variety of accessible formats so the clients could understand more easily. Interpreters were available for clients who did not speak English. The service had information leaflets available in languages spoken by the clients and local community and easy read versions could be downloaded by staff to provide to clients.

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Staff made sure people could access information on treatment, local service, their rights and how to complain. Clients said that staff took the time to ensure the information they had about their treatment and other services was easy to understand and this was particularly helpful in understanding the borough's housing services.

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results.

The service had received four complaints in the previous year. One complaint was partially upheld and three were upheld.

Clients knew how to complain or raise concerns. Clients were informed about how to make a complaint when they started treatment at the service. Complaints leaflets were available, including easy read versions and in languages other than English. Clients said they felt comfortable to raise complaints with staff or could make a complaint by email if needed.

Staff knew how to acknowledge complaints and clients received feedback from managers after the investigation into their complaint. Clients also received a letter that provided feedback.

Clients usually received the outcome letter within 28 days of making the complaint unless there were unforeseen delays

Managers shared feedback from complaints with staff and learning was used to improve the service. For example, the service stopped using some independent transport volunteer drivers in assisting clients get to the service during the COVID-19 pandemic after they were dropping clients off at the wrong entrance.

Are Substance misuse services well-led?

Requires Improvement 

We rated it as requires improvement.

Leadership

Leaders had the skills, knowledge and experience to perform their roles, and were visible in the service and approachable for clients and staff.

Staff were complimentary about the leadership and support provided by the service manager and the deputy manager. They felt the service's managers genuinely cared about the service and the staff. Clients said they felt comfortable in approaching the managers if they needed to.

Vision and strategy

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

Staff understood the provider's vision displayed the provider's values. Clients said staff were open, compassionate and listened to what they had to say.

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Culture

Most staff felt respected, supported and valued. They felt able to raise concerns without fear of retribution. However, the lack of diversity in management roles was a concern for some staff.

The service took over from the previous provider in the summer of 2020 with new staff joining staff from the previous provider. Staff said the new team coming together over the COVID-19 pandemic period was a challenge, but the service culture had improved over the last year.

Staff felt supported and valued, and the team worked well together. It was evident that all colleagues wanted the best outcome for clients. It was generally reported that the management team were receptive to any concerns or issues that were raised and were working to support the team. However, staff highlighted the lack of Black, Asian or minority ethnic staff in management roles within the service. The service managers were aware of this issue and had previously spoke with each staff member regarding any experiences of discrimination and bias. The service managers also took advice from the providers national equality and diversity lead on this issue and was working with the provider to ensure recruitment adverts reached a diverse range of candidates.

Staff wellbeing was a priority for the service's managers. It was included on the service's quality improvement plan. This ensured wellbeing was covered in all supervision sessions as an explicit area to explore staff's experience of work and building and managing resilience. It also included training needs assessment for all staff to help build skills and self-efficacy and team building days to support team development.

Governance

Our findings from the other key questions demonstrated that governance processes did not always operate effectively.

The arrangements for governance and performance management were not clear in relation to the oversight and understanding of the quality of client records, recovery plans and risk assessments. The monitoring and auditing of these areas had not continued during the COVID-19 pandemic. Managers had limited knowledge of these areas. Managers could not benchmark these areas and they were not included in the provider's quality assurance processes. However, there was a clear structure to learn from incidents and complaints, and robust safeguarding procedures, a business continuity plan and an annual audit plan. There was ongoing performance monitoring and auditing in areas such as health and safety, safeguarding, infection, prevention and control, vaccine storage, prescription management and COVID-19 safe environments.

Management of risk, issues and performance

The service's risk register did not reflect all the current concerns about the delivery of the service.

The service's risk register did not include all current concerns about the delivery of the service. The service managers identified the top risks to service delivery as staff wellbeing, high caseloads and waiting time delays from referral to appointment. A local quality improvement plan was in place to address these issues, however, high caseloads and waiting time delays from referral to appointment were not on the service risk register. Also, overdue medical reviews for 18% of clients in medication assisted treatment, whilst recognised locally as a significant risk, did not appear on the risk register or quality improvement plan.

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Engagement

Managers engaged actively other local service providers to ensure that people with substance misuse problems experienced good quality care. The service was transparent and collaborative with commissioners about performance. They were open and honest about the challenges and the needs of the population.

Learning, continuous improvement and innovation

The service did not use any structured quality improvement model to improve and develop the service. However, managers and staff were clearly committed to improving the service and responded to feedback from clients and staff. A clear framework of meetings was in place which facilitated sharing of learning from incidents, complaints and safeguarding across the service.

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

Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The service did not ensure that all clients in medication assisted treatment had received a medical review or a non-medical prescriber review within the last 12 months.

Regulation 12(2)(a)

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The service did not ensure that all staff completed mandatory training in basic life support.

Regulation 12(2)(c)

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The service did not ensure governance processes covered all areas of the service and that managers had a full awareness and understanding of those areas.

Regulation 17(2)(a)

Regulated activity

Regulation

This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The service did not ensure the service's risk register reflected all the current concerns about the delivery of the service.

(Regulation 17(2)(b))