Change, Grow, Live

CGL Norfolk Alcohol and Drug Behavioural Change Service

Inspection report

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

Ratings

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

Summary of findings

Overall summary

Change Grow Live Norfolk Alcohol and Drug Behavioural Change Service is part of a national Change Grow Live provider who provide a not-for-profit drug and alcohol treatment service. The Norfolk location has been delivering a service since April 2018.

We carried out an unannounced focussed visit to Change Grow Live Norwich on 17 May 2022 and an announced visit on 9 June 2022.

The aim of this focussed inspection was to review the breaches in regulation identified following our most recent inspection in October 2021, which were contained in the warning notice. These breaches identified under the safe, effective and well-led domains.

During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate in the Well led key question. As a result of this, the imposed conditions have now been removed. The requires improvement ratings for Safe and Effective key questions remain unchanged. Our rating of this location stayed the same. We rated it as requires improvement because:

- Since the previous inspection there had been improvements made to the governance structure and an action plan had been implemented to address the issues found at the previous inspection. However, whilst we saw improved mechanisms for capturing and monitoring information had been introduced, actions had not always been taken as a result.
- Managers had not always ensured that drug testing had taken place in line with the service's policy. Staff had missed opportunities to resolve this issue at face-to-face appointments.
- Managers had not ensured that clients always had timely access to medical reviews.
- Managers had not ensured that all staff had access to supervision.

However:

- Staff had ensured that clinical environment and equipment audits had been completed and were up to date.
- Service user plans reviewed were comprehensive, personalised, holistic and recovery orientated.
- Staff had completed comprehensive risk assessments and updated these regularly.
- Managers ensured staff were up to date with appraisals.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Community-based substance misuse services	Requires Improvement	

Summary of findings

Contents

Summary of this inspection

Background to CGL Norfolk Alcohol and Drug Behavioural Change Service

Change Grow Live Norfolk operates a hub and spoke model. The Norfolk services are across four bases, the main base being Norwich and there are three further hubs at Great Yarmouth, Kings Lynn and Thetford. The hub sites are strategically planned to maximise the geographical region where the service is provided and ensure accessibility for clients.

The service is available to anyone with a drug or alcohol issue over the age of 18 years. The service delivers a range of interventions 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, blood borne virus testing and vaccination and doctor and nurse clinics which included health checks. The service also offers hospital liaison, collaborative working with the criminal justice service, homeless outreach and integrated support with the local authority's children's social care services.

Change Grow Live Norfolk is registered with the Care Quality Commission to provide the following regulated activity:

- Treatment of disease disorder or injury as a regulated activity.

The service opened in April 2018 and the Registered Manager left at the end of March 2022. At the time of the inspection, the service had an interim manager. The service was in the process of recruiting a new manager.

and the current registered manager has been in post since June 2018.

The service was most recently inspected in October 2021. This inspection found the service was in breach of:

- Regulation 12: Safe care and treatment;
- Regulation 15: Premises and equipment;
- Regulation 17: Good governance.

Following the inspection, the Commission served the provider with a Section 29 Warning Notice because the quality of health care provided required significant improvement.

How we carried out this inspection

For this inspection we reviewed three key lines of enquiry; safe, effective and well led.

During the inspection visit, the inspection team:

- visited the main hub at Norwich and the Thetford hub;
- spoke with the interim manager;
- spoke with the service quality and performance lead;
- spoke with two line managers;
- spoke with a recovery co-ordinator;
- reviewed a total of 13 client care records which included risk assessments and support plans;
- reviewed the clinic room;
- reviewed policies and procedures, data and documentation related to the running of the service;

Summary of this inspection

- attended and observed a “flash” meeting.

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 drug urine testing is undertaken in line with client needs (Regulation 17, (2)(a)(b))
- The service must ensure that clients have access to timely medical reviews (Regulation 17, (1)(2)(a)(b)
- The service must ensure that all staff have access to supervision. The service must ensure that they have a target figure for staff supervision (Regulation 17)

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community-based substance misuse services	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
Overall	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement

Requires Improvement

Community-based substance misuse services

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

Are Community-based substance misuse services safe?

Requires Improvement

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

Safe and clean environment

Premises were safe, clean, well equipped, well furnished, well maintained and fit for purpose.

We visited two hubs and saw all areas were clean, well maintained, well-furnished and fit for purpose.

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

Staff had ensured that monthly clinical environment and equipment audits were completed and up to date.

Management of client risk

Staff assessed and managed risks to clients. Staff made clients aware of harm minimisation and the risks of continued substance misuse.

Staff completed risk assessments for each client and reviewed this regularly, including after any incident. In the 13 care records we reviewed, we found staff had completed comprehensive risk assessments on admission on updated these following changes to risk. Staff gave harm minimisation advice to clients who disclosed using drugs on top of their prescribed medications.

Managers had implemented an action plan to reduce the number of overdue drug tests. Staff monitored and raised any cases where there was a drug screen outside of policy at the weekly multi-disciplinary team meetings. However, we continued to find that drug urine testing was not consistently completed with all clients. We found 12% of the caseload who accessed medically assisted treatment had not been drug tested in line with the services policy. Although we saw evidence this figure was declining and was an improvement from our previous inspection, we found that staff had missed opportunities whilst seeing clients face to face and had not completed a urine drug test.

Requires Improvement

Community-based substance misuse services

Staff monitored clients on waiting lists for changes in their level of risk and responded when risk increased. Overdue medical reviews were discussed weekly at multi-disciplinary team meetings.

At the time of this inspection, there were 26 overdue medical reviews according to CGL's own policy. However, 12 out of the 26 overdue medical reviews (46%) had been booked within the next month. This was an improvement from the previous inspection when the service had 134 overdue medical reviews.

Managers had developed an action plan to address the backlog of overdue medical reviews. Managers had implemented a dedicated clinic to review those clients most at risk. There were no clients who were overdue for a medical review for more than two years. This was an improvement from the previous inspection when the service had three clients that had not been reviewed in two years or more.

Medicines management

The service used systems and processes to safely store medicines.

During our inspection we found the correct adult dosage of EpiPen adrenaline was available for anaphylaxis shock. This was kept separately within the duty room at the Norwich hub.

Staff had ensured that monthly medication and prescription stock management checklists were completed, and clinical environment and equipment checks were complete and up to date. We found that medical equipment within the Norwich and Thetford clinic rooms had been tested and were compliant.

Are Community-based substance misuse services effective?

Requires Improvement

Our rating of effective stayed the same. We rated it as requires improvement.

Assessment of needs and planning of care

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

During this inspection, we found that the service had put an action plan in place to ensure that all care plans were individualised, reflected clients' needs, and were recovery orientated. The action plan showed 100% completion rate for staff across all four hubs receiving refresher training on service user plans and full risk reviews.

In the 13 care records we reviewed, we found staff had completed comprehensive risk assessments on admission and updated service user plans regularly. Service user plans were personalised, holistic and outcome based. Staff engaged with clients via telephone during the COVID-19 pandemic to review client treatment. However, some satellite offices remained closed. This meant that opportunities for face to face meetings were reduced.

Requires Improvement

Community-based substance misuse services

Staff gave harm minimisation advice to clients who disclosed using drugs on top of their prescribed medications and ensured they had access to Naloxone kits. Staff discussed client's treatment within multi-disciplinary meetings, to manage risk and discussed ways to keep clients engaged with treatment.

Managers analysed data on a weekly basis and addressed any outstanding issues with staff in team meetings and one to one supervision.

Skilled staff to deliver care

Managers supported staff with appraisals. Staff were not always supported with regular supervision.

At the time of our inspection, we found that the staff appraisal rate was 97%.

However, the rate for staff supervision was 55%. We found there was not an embedded approach to supervision across all teams and that the provider had not set a target figure. The service had introduced a new policy in February 2022 that staff should receive a minimum of four one to one sessions per year and an annual appraisal. The service provided group case discussion and one to one sessions. However, we were not assured that all staff received regular supervision.

Are Community-based substance misuse services caring?

Good

Our rating of caring stayed the same. We rated it as good. This was a focussed inspection and we did not examine this key question. The rating from the previous inspection remains in place.

Are Community-based substance misuse services responsive?

Good

Our rating of responsive stayed the same. We rated it as good. This was a focussed inspection and we did not examine this key question. The rating from the previous inspection remains in place.

Are Community-based substance misuse services well-led?

Requires Improvement

Our rating of well-led improved. We rated it as requires improvement.

Governance

At the time of inspection, we saw evidence that the provider had made attempts to improve their governance systems. Further action had been taken for managers to have oversight, in relation to assessing client risk, care planning and adhering to the services' policies and procedures.

Requires Improvement

Community-based substance misuse services

However, whilst we saw improved mechanisms for capturing and monitoring information had been introduced, actions had not always been taken as a result.

Managers had improved systems to review and monitor client information on a weekly basis to ensure that clients received medical reviews within 12 months of their last review. Three percent of clients had not received a timely medical review. Whilst the reporting system identified the missed opportunities for a medical review, the reason for this in each case had not been recorded. For example, 16 clients had been offered a medical review but failed to attend their appointment, 7 medical reviews completed had not been recorded or entered into the system. Whilst there had been a reduction in the number of overdue Medical Reviews since the previous inspection, we found that there were 26 clients with outstanding Medical Reviews according to CGL's own policy.

Managers had improved systems to review and monitor client information to ensure that regular drug testing was undertaken when required. However, at the time of inspection, not all clients had at least one drug test within a 12-month period. Although we saw evidence that the figure for overdue drug testing was declining, we found that staff had missed three out of 13 opportunities to undertake overdue urine drug testing at face-to-face appointments. The service compliance for this was at 88%. Leaders did not provide accurate information when requested by the Care Quality Commission during the first day of inspection. This was rectified on the second day.

At the time of inspection, the appraisal rate had significantly improved, at 97%. However, the service's action plan had identified supervisions as a mechanism to address quality issues with risk assessments and service user plans. Whilst we found an improvement in the quality of records, supervision rates remained low. The service did not have an embedded approach to supervision across all teams and the provider did not set a target rate for supervision. Therefore, we were not assured managers ensured all staff received regular supervision.

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 17 HSCA (RA) Regulations 2014 Good governance Systems and processes did not operate effectively in relation to: • The service did not ensure that drug urine testing is undertaken in line with client needs (Regulation 17, (2)(a)(b)) • The service did not ensure that clients have access to timely medical reviews (Regulation 17, (2)(a)(b)) • The service did not ensure that all staff have access to supervision (Regulation 17)