

Change, Grow, Live

ReNew

Inspection report

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

Ratings

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

Summary of findings

Overall summary

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


- The service provided safe care. The premises where clients were seen were safe and clean. There were enough staff to give each client the time they needed. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the clients and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- 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 with relevant services outside the organisation.
- Staff treated clients with compassion and kindness and understood the individual needs of clients. There was a strong person-centred culture. Staff actively involved clients in decisions and care planning.
- The service was easy to access. Staff planned support well, it had alternative pathways for people whose needs it could not meet and continually reviewed, developed and improved the service to meet the needs of the local population.
- The service was well led. Leaders of the service encouraged an open, supportive and honest culture, staff felt valued and appreciated and the service had a focus on the service users experience and outcomes.
- The governance processes ensured that its procedures ran smoothly.

However:

- Not all mandatory training was up to date. Basic Life Support training was overdue for some staff. The service had plans in place for staff to complete this training and ensured first aid trained staff were on each site as the first responders.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services	Good 	Our rating of this service improved. We rated it as good. See the summary above for details.

Summary of findings

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Summary of this inspection

Background to ReNew

ReNew is a community substance misuse service provided by the national charitable organisation Change, Grow, Live. It is commissioned by Hull City Council to provide services for adults experiencing problems with substances and alcohol use.

The service provided both pharmacological and psychosocial interventions over two locations Recovery Hub (Trafalgar House), Alcohol Hub (Bransholme) and psychosocial interventions at a third location which was the Health & Wellbeing Hub (Gipsyville).

Service users were seen by a team most appropriate to their needs. These teams included:

- Service Access / Duty Team – first point of access to the service
- Alcohol Care Team – worked with alcohol only service users at Bransholme
- Hospital Engagement Team – worked within the acute hospital
- Criminal Justice Team – worked with service users in the criminal justice system
- Harm Reduction and Outreach Team – worked with hard to reach groups with the aim of engagement
- Community Team – worked with service users on medically assisted treatment
- Health and Wellbeing and Dual Diagnosis Team – worked with service users with mental health issues
- Think family Team – worked with pregnant service users or those living with children and completed family work as part of their treatment
- Early Engagement Team – included 18-25 workers to meet the needs of younger service users

The teams offered prevention, problem-solving, harm reduction, recovery and aftercare support. Service users would discuss the treatment options available and get advice and information. Support is provided on an individual and group basis and can include finding other places to get support for health and wellbeing needs. A package of care is designed to suit the individual.

ReNew is registered with the Care Quality Commission to provide the following regulated activities:

- Treatment of disease, disorder and or injury
- Diagnostic and screening Procedures.

ReNew has been registered with the Care Quality Commission since January 2018 and has a registered manager and a nominated individual. (A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered persons have the legal responsibility for the service meeting the requirements of the Health and Social Care Act 2008 and associated regulations.)

The service was last inspected in November 2018. We rated the service Requires Improvement in the Effective and Caring domains giving the service an overall Requires Improvement rating. The provider was asked to take action against two requirement notices and during this inspection we found the service had met these.

What people who use the service say

We spoke with 16 service users using the service and five family members.

Summary of this inspection

All service users and family members spoke highly about the quality of the services offered and were happy with the information provided about the service.

All service users and family members told us that the staff were kind, caring and respectful.

We also reviewed service user survey feedback collated in December 2021 which found that 71% of those completing the survey found their experience of the service to be positive and 94% of respondents would recommend the service to others.

How we carried out this inspection

During the inspection visit, the inspection team:

- looked at the quality of the environments in two sites and observed how staff were caring for service users;
- spoke with 16 people who were using the service;
- spoke with the registered manager;
- spoke with 31 other staff members; including a director, a doctor, a non-medical prescriber, a registered general nurse, a marketing lead, an engagement lead, a governance lead, an education, training and employment advisor, two clinical leads, three project/service managers, three admin workers, five team leaders and ten recovery co-ordinators with a range of expertise including specific workers for families, young people and criminal justice.
- spoke with five family members of service users
- received feedback about the service from two external agencies;
- attended and observed appointments;
- looked at ten care and treatment records of clients
- carried out a specific check of the clinics and medication management in two sites; and
- looked at a range of policies, procedures and other documents relating to the running of the service.

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

Outstanding practice

We found the following outstanding practice:

- ReNew was proactive in ensuring services were planned, developed and delivered to meet the needs of local population. For example, the service had introduced a 18-25 recovery worker, developed a clear pathway and measured the outcome and success of this approach which had led to a second post being created for this specific service user group.

Areas for improvement

Action the service SHOULD take to improve:

- The service should ensure that staff complete the Basic Life Support training as planned.






Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Substance misuse services	Good	Good	Good	Good	<div>☆ Outstanding</div>	Good
Overall	Good	Good	Good	Good	<div>☆ Outstanding</div>	Good

Substance misuse services

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

Are Substance misuse services safe?

Good 

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

Safe and clean environment

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

Staff completed and regularly updated thorough risk assessments of all areas and removed or reduced any risks they identified. We looked at the schedule of audits and assessments which included health and safety, infection prevention and control and fire risk assessments completed by competent persons and were up to date.

All interview rooms had alarms and staff available to respond. The three sites had panic alarms in all interview and group rooms and also supplied individual alarms for staff.

The service had well-equipped clinic rooms on two of the sites with the necessary equipment to carry out physical examinations and testing facilities.

All areas were clean, well maintained, well-furnished and fit for purpose. The service had recently renovated the Trafalgar House site and feedback from service users and staff was positive. They told us it had been transformed into a more welcoming, cleaner, brighter, calming and more useable space.

Staff made sure cleaning records were up-to-date and the premises were clean. The service employed cleaning staff who attended the premises every evening.

Staff followed infection control guidelines, including handwashing. Staff at the service adhered to mask wearing, regular handwashing and use of hand sanitiser. Surface wipes were also available throughout the buildings. Masks were also available for service users and visitors to the service if they chose to wear one.

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

Substance misuse services

Safe staffing

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

The service had enough nursing and support staff to keep clients safe. The service employed 150 members of staff with a range of skills and qualifications. Managers reviewed staffing numbers regularly to assess if they were appropriate and had recently undergone recruitment of additional staff to increase capacity.

The service had very low vacancy rates. Managers did not use agency staff. There was some use of bank staff but they were trained and familiar with the service. As the service was well staffed and sickness levels were low there was enough flexibility within the existing team to cover sickness and absences.

Staff turnover rate 01/04/2021 – 31/03/2022 was 13% which comprised of 12 members of staff however half of these staff had progressed into new roles.

The average number of clients supported per team member was between 60 – 80 depending on the team and complexity of cases. Staff told us this was manageable; they were well supported, and it was closely monitored by management. Staff gave an example of a sudden increase in caseloads within the alcohol team and additional staffing had been recruited. There were also specialisms within the team where service users could be signposted to for further or specific support such as employment, education and training, support groups, family workers and young people workers. Service users told us they had good access to staff to meet all their needs.

Medical staff

The service had enough medical staff. The service employed a consultant psychiatrist and two further speciality doctors.

The service also employed two non medical prescribers and seven qualified nurses.

Managers did not use locums as there was enough capacity within the team to cover staff sickness or absence within the service.

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

Mandatory training

The mandatory training programme was split into different pathways depending on the role of the member of staff and it met the needs of service users and staff. Except for Basic Life Support training staff were 99% compliant with all other mandatory training. At the time of inspection 11% of staff had completed Basic Life Support training. Prior to the COVID-19 pandemic the service was 100% compliant but due to the pandemic there had been a delay in accessing the face to face training. Managers informed us this training was scheduled to be delivered by the British Red Cross to a further nine members of staff who required it in June 2022. The service currently had nine qualified first aiders who had completed the three-day British Red Cross training to fulfil the role of first responders on site. A further 14 staff were also due to undertake the three-day first aid training in June 2022.

Managers monitored mandatory training well and alerted staff when they needed to update their training.

Substance misuse services

Assessing and managing risk to clients and staff

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

Assessment of client risk

Staff completed risk assessments for each service user on admission, formulated ongoing risk assessments and risk management planning, in collaboration with service users and their families/carers when appropriate, which was reviewed regularly, including after any incident. Risk assessments considered positive risk taking, included harm reduction and least restrictive options were always encouraged.

Staff could recognise when to develop and use crisis plans and advanced decisions according to client need.

Management of client risk

Staff responded promptly to any sudden deterioration in a service user's health.

The service did not have a waiting list, all referrals were triaged within five working days of being received and prioritised accordingly.

Staff followed clear personal safety protocols, including for lone working. The electronic record system clearly showed any risks to a member of staff lone working. Staff typically worked in pairs in the community and all staff we spoke with understood the lone working procedures, felt safe and supported in their role.

Safeguarding

Staff understood how to protect service users 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, all healthcare professionals were required to maintain level 3 safeguarding competence for adults, children and young people in line with the intercollegiate guidance documents.

Staff kept up-to-date with their safeguarding training for both adults and children and young people. Staff were 100% compliant with safeguarding adults and children's training at the time of inspection.

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

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. Staff took a proactive approach to safeguarding, it had a designated safeguarding lead, an Early Help and Safeguarding Hub worker, a Think Family coordinator and a Making Every Adult Matter worker. The service had recently recruited a member of staff as a Domestic Abuse Partnership worker.

These workers were co-located within the relevant teams and all these staff were involved in the co-delivery of training, partnership working and to support developments in addition to supporting service users on their caseload. These staff would also attend strategy meetings, practice development sessions and case reviews, as appropriate. The service made changes based on the outcomes of reviews.

Substance misuse services

Staff knew how to make a safeguarding referral and who to inform if they had concerns. At 01 October 2021 to 01 April 2022 the service had made 20 safeguarding referrals, 11 to children's safeguarding team and nine to adults safeguarding team.

In order to support staff to protect service users, recognise adults and children at risk and with decision making the service held weekly safeguarding pods in which staff could drop in to discuss and record any emerging concerns or themes and link in with other agencies. Staff were also encouraged to be reflective and consider if the risk still exists so that improvements in safety and continual reductions in harm could be sustained, systems could be regularly updated and service users appropriately supported.

Staff access to essential information

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

Service user notes were comprehensive and all staff could access them easily. All staff we spoke with told us that there were no issues accessing information, IT systems worked well and all staff had the equipment they needed.

When service users transferred to a new team, there were no delays in staff accessing their records.

Records were stored securely on the electronic record system.

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 service user's mental and physical health.

The service did not store controlled drugs on site. The doctor assessed service users and completed a prescription which was sent to and dispensed at the local pharmacies. The service had a policy for the management of controlled stationary, followed national guidance and had good governance in place regarding the receipt and issue of prescriptions.

The service had Naloxone, anaphylaxis treatment and hepatitis B vaccinations stored on site and we saw evidence of regular audits in place. All medication was in date and stored securely at the time of the inspection. Staff followed systems and processes to prescribe and administer medicines safely. Staff completed medicines records accurately and kept them up-to-date.

The service also provided service users with safe boxes to keep their medication safely at home. When the service were aware that children resided in the property a home visit was undertaken to ensure medication was being stored safely and this was reviewed.

Staff reviewed each client's medicines regularly and provided advice to clients and carers about their medicines. Staff reviewed the effects of each client's medicines on their physical health according to NICE guidance and the Department of Health Orange Book (provides guidance for clinicians on the management and treatment of people who misuse or are dependent on using illegal, illicit, or controlled drugs.)

Staff learned from safety alerts and incidents to improve practice. When medication incidents occurred we saw evidence that these were recorded on the incident reporting system and reviewed. Any learning was circulated to the wider team to improve practice.

Substance misuse services

Track record on safety

The service had a good track record on safety.

The provider had a policy for managers and staff to follow if serious incidents occurred, however there had not been any in the 12 months prior to the inspection.

The service had 14 unexpected deaths between 01 October 2021 – 01 April 2022. All deaths were fully reviewed and were applicable these included other services the service users had been involved with. All learning from deaths was shared within the service and the wider organisation.

Reporting incidents and learning from when things go wrong

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

Staff knew what incidents to report and how to report them, this was evident in the incidents reported. Staff we spoke with told us there was an open culture regarding safety and staff raised concerns and reported incidents and near misses in line with the service's policy. The service had reported 123 incidents, inclusive of 28 near misses between 01 October 2021 and 01 April 2022. The service monitored the incidents for any themes, learned lessons and made improvements to the service.

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. There had been no recent incidents requiring the use of duty of candour.

Managers debriefed and supported staff after any serious incident.

Managers investigated incidents thoroughly, provided support after incidents, acted on the findings of investigations and gave feedback to staff and people who use services after incidents.

Staff received feedback from investigation of incidents, both internal and external to the service which was evident. Staff met to discuss the feedback and look at improvements to client care.

Are Substance misuse services effective?

Good 

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

Assessment of needs and planning of care

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

Substance misuse services

Staff completed a comprehensive assessment of each service user in the 10 records that we viewed during inspection. Staff drew up recovery plans that promoted recovery and met the individual needs of each person, which included physical and psychological health and social needs (for example housing, education and employment, family, faith, legal and financial support) and incorporated existing recovery plans and any advance decisions. Staff regularly reviewed and updated care plans when clients' needs changed.

Staff told us about some issues with the organisations electronic record system which did not easily allow them to create recovery focussed goals. This had been recognised as an area of improvement for the organisation but in the meantime the service had developed a workaround to ensure service users had clear recovery plans. All 16 service users we spoke with told us that they were involved in their recovery planning and had personalised goals.

Health screening was routinely conducted as part of service user's care and treatment. For example, titration, physical observations and baseline bloods to help inform appropriate treatment, including when prescribing and detoxification regimes.

Best practice in treatment and care

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

Staff provided a range of care and treatment suitable for the clients in the service. Staff provided harm reduction, community detoxification, support to access inpatient detoxification and/or residential rehabilitation, substitute prescribing and interventions. Group work was provided, family interventions and support with employment, education and training. Service users had access to a needle exchange on site, which was well managed and were offered hepatitis B and C testing.

The 10 service user records we reviewed clearly recorded treatment rationales in line with NICE prescribing and detoxification guidelines.

Staff made sure clients had support for their physical health needs, either from their GP or community services. Healthcare needs were assessed on accessing the service. An electrocardiogram could be completed on site and forwarded to cardiology and the service also had fibro scanning equipment (can be used to help diagnose or monitor the progression of diseases affecting the liver).

Staff supported clients to live healthier lives by supporting them to take part in programmes or giving advice. Service users were offered smoking cessation and group work to support recovery. The service offered participation in a fishing group, garden group and arranged family days. We also spoke with the worker who provided support to service users for employment, education and training and this also included support with health and fitness.

Staff used technology to support clients. This included the use of online meeting platforms and phone-based appointments. The service used social media to provide information about the service and substance misuse issues and associated problems. The service used online programmes which they could adapt to fit and meet the needs of service users. The service considered and addressed digital poverty by providing mobile phones to clients who were without a primary source of contact such as the homeless or people recently released from prison to help support treatment and by upskilling people to use online systems.



Substance misuse services

Staff used recognised rating scales to assess and record severity and outcomes. Staff routinely recorded information relating to treatment and outcomes and reported these to the National Drug Treatment Monitoring System (NDTMS) for monitoring. In addition, the service produced a performance report for commissioners based on the NDTMS and an action plan to improve performance. We saw evidence of action taken during inspection such as improving pathways, engagement with service users and an increase in staffing capacity to manage workloads.

Managers and staff continuously took part in auditing service provision, safe and secure procedures and outcomes of people's care. The service actively sought involvement from staff, service users, and their families and carers where appropriate and make appropriate changes and improvements based on this.

Skilled staff to deliver care

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

The service had a full range of specialists to meet the needs of each service user. In addition to the medical and clinical teams the service employed recovery workers who worked with service users as a multidisciplinary team in a variety of different settings in order to meet the needs of all service users:

- Service Access / Duty Team
- Alcohol Care Team and Community Team
- Hospital Engagement Team working within the acute hospital
- Criminal Justice Team including an integrated offender management worker, court engagement worker and a women's engagement coordinator
- Harm Reduction and Outreach Team including street outreach workers and hostel recovery workers
- Health and Wellbeing and Dual Diagnosis Team working with service users with mental health issues
- Think family co-ordinator and Early Help and Safeguarding Hub (EHASH) link worker
- Early engagement 18-25 worker
- Tenancy sustainment workers
- Making Every Adult Matter (MEAM) worker
- Domestic Abuse Partnership (DAP) worker

During assessment if staff identified anxiety or low mood in service users the service referred to a local mental charity for further support. The service were also in the process of recruiting a psychologist and psychology assistant into the team to expand on the offer available to support service users.

Managers made sure staff had the right skills, qualifications and experience to meet the needs of the clients in their care, including bank staff. Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

Staff we spoke with told us they had access to training which met the needs of service users e.g. dual diagnosis, advanced alcohol awareness, suicide awareness and working with the needs of specific groups e.g. LGBT, older people and young people.

Substance misuse services

Staff additionally received the necessary specialist training depending on their role. For example, the think family coordinator had completed family recovery star training, strengthening families and communities and specialist alcohol foetal syndrome training. Recovery coordinators completed drug training, blue light training and making every adult matter training.

Managers gave each new member of staff a four-week induction to the service before they started work and this included mandatory training, meeting the teams and shadowing staff.

Managers supported all staff through regular, constructive supervision of their work and compliance was at 82%. Staff in roles where they were co-located with other teams often received dual supervision from both the provider and the team they were co-located with. Staff in safeguarding roles received time for continual professional development.

Managers supported medical staff, project and team leaders through regular, constructive clinical supervision of their work. The service had plans to provide clinical supervision for all staff and at the time of inspection funding had been agreed for this provision.

The service held daily handover meetings for staff to pass on information including staffing issues, risk and safety information. This information was emailed around to all staff as well in case they could not attend in person or virtually. Team leaders also held regular team meetings and circulated minutes for those who could not attend.

Managers recruited, trained and supported volunteers and peer supporters to work with service users in the service.

Multidisciplinary and interagency team work

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

Staff held regular multidisciplinary meetings to discuss clients and improve their care and had effective handover processes and working relationships in place between teams within the service.

For example the treatment offer for families and the employment, education and training were delivered by sub-contracted organisations but the service provided was well co-ordinated and everyone worked together towards a shared goal and vision to meet the individual needs of the service user.

Staff made sure they shared clear information about clients and any changes in their care, including effective and appropriate protocols in place for the transfer of people who use their services. The service also had appropriate processes in place and followed these for the unexpected exit from treatment of people who use services so that they do not leave people unduly at risk.

Staff had effective working relationships with external teams and organisations. Several staff were co-located in other teams within the city. These posts were in place to provide staff with the knowledge and experience to work with those individuals referred to the teams who were affected by substances.

Staff and Managers took every opportunity to participate in new projects and further improve partnership working to enhance service users care and treatment. The service were involved in a number of key partnership working arrangements as follows:

Substance misuse services

- The service received funding for posts as part of the Changing Futures Programme for homeless services. This is a new programme to support those not accessing primary care aiming to deliver interventions as part of a multi-disciplinary team. The service were a fully engaged partner of the Changing Futures Board, Making Every Adult Matter and Rough Sleepers Action Group.
- The service were fully engaged both strategically and operationally across all relevant aspects of the criminal justice system. Managers worked with the probation delivery unit to continuously review and improve service provision. The service co-produced an enhanced offer to integrated offender management provision and put in place a dedicated court worker ensuring the needs of individuals with drug and alcohol issues were quickly and accurately assessed.

We received feedback from two partnership agencies. One told us that they had worked closely with the service in terms of the changing futures programme and spoke of the responsiveness of the service during the COVID-19 pandemic. They both told us that the dedicated staff members brought expert knowledge and skills to the teams and worked flexibly to tailor support to individuals and a commitment to improve and secure better outcomes for service users.

Good practice in applying the Mental Capacity Act

Staff supported service users 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 service users capacity to make decisions about their care might be impaired.

Staff received and kept up-to-date with training in the Mental Capacity Act and compliance with the training was 99%. Staff had access to a policy on the Mental Capacity Act, which staff could describe and knew how to access.

For service users who might have impaired capacity, capacity to consent was assessed and recorded appropriately. this is done on a decision specific basis with regards to significant decisions and people are given every possible assistance to make a specific decision for themselves before they are assumed to lack the mental capacity to make it.

The service monitored how well it followed the Mental Capacity Act as part of their case file audits and made changes to practice when necessary.

Are Substance misuse services caring?

Good 

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

Kindness, privacy, dignity, respect, compassion and support

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

During inspection we observed staff were discreet, respectful, and responsive when supporting service users. Staff we spoke with respected and valued people as individuals and had a clear understanding of peoples' individual needs considering their Equality, Diversity and Human Rights e.g. their gender, ethnicity, religion, sexual orientation, age and disability and how these might relate to their substance misuse.

Substance misuse services

There was a strong person-centred culture. Staff demonstrated a compassionate understanding of the impact peoples' treatment can have on their emotional and social well-being and those close to them. We spoke with 16 service users during our inspection and all said staff treated them with respect and were caring. Service users told us that staff treat them like human beings. Five relatives we spoke with said the support they received was excellent and said the support they received from the service had improved their lives.

Staff made sure service users understood their care and treatment. The service identified a named worker as point of contact or means for continuity of care whilst under the care of the team. One service user we spoke with told us that when they were moved internally from the family team to the recovery team the transition, although anxiety provoking was managed very well and support remained consistent and met the service users individual needs.

The service offered interventions aimed at maintaining and improving service users' social networks, employment and education opportunities and provided support for people to attend community resources. People who used the service and those close to them were provided with access to appropriate emotional support including access to mutual aid groups. Some mutual aid groups in the area used the service premises which improved accessibility for users of the service.

Staff directed clients to other services, when appropriate and supported them to access those services if they needed it.

Staff understood and respected the individual needs of each client and provided service users, their families and carers with the tools needed to support ongoing care and recovery. For example, outcome stars and risk management plans were encouraged as important methods of sustaining / managing recovery.

Staff followed policy to keep client information confidential unless this was detrimental to their care and would take into consideration relevant guidelines. Each person using the service had a discharge plan in place that included planning for unexpected exit from treatment. We saw completed forms during inspection which included who the client would like the service to contact.

Involvement in care

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

Involvement of clients

Prior to using the service, users were provided with general information about time, frequency and duration of appointments and they are told when there are any delays or changes.

Staff involved clients and gave them access to their care plans. We spoke with 16 service users who told us that staff involved them in care planning and gave them access to their recovery plans. We reviewed 10 service user records during inspection and all indicated that the service user had been offered a copy of their care plan.

Staff involved clients in decisions about the service. They empowered people who used the service to have a voice and realise their potential. The service supported previous service users to return to the service as peer supporters or volunteers. The service employed a connecting communities lead to support the recruitment, development and supervision of the volunteers and peer mentors. This support and mentorship had also developed several previous volunteers into paid employment with the service bringing with them lived experience into the role.

Substance misuse services

Staff made sure clients understood their care and treatment and found ways to communicate with clients who had communication difficulties. During inspection we observed an assessment of a service user whose first language was not English. The member of staff sought a translator to support the assessment and took the time required to understand the individual needs of the service user.

Clients could give feedback on the service and their treatment and staff supported them to do this. From 01 October 2021 to 01 April 2022 the service had received 81 compliments across the service. We also reviewed service user survey results collated in December 2021 which found that 71% of those completing the survey found their experience of the service to be positive and 94% of respondents would recommend the service to others. The service also had a service user involvement representative group which met monthly and provided another source for the service to capture feedback and views from its users.

The service could demonstrate links with advocacy services and staff would ensure service users could access those services if required.

Involvement of families and carers

Staff informed and involved families and carers appropriately. We received feedback from five relatives who spoke highly of the service provided for their loved ones but also the service and support provided for themselves.

The service had a separate treatment offer for families. We spoke with the manager and staff of the service sub-contracted to deliver therapeutic group work and family services. Service users gave consent for family members or significant others to be contacted and support was offered in the form of groups and 1-1 sessions. The treatment package offer was bespoke to the individual assessed using the outcome star. Family therapy and cognitive behaviour therapy workshops could also be offered. We spoke with family members who facilitated peer support groups which had evolved from the family programme. The peer support facilitators were trained volunteers who received supervision and support, attended meetings and contributed to service development.

Staff helped families to give feedback on the service and five families gave feedback regarding the service stating that the staff were caring and respectful but also honest. They not only felt involved in their loved one's care but felt supported and invested in as individuals. They told us their wellbeing was looked after, they were able to raise concerns and told us their opinion mattered.

Staff gave carers information on how to find the carer's assessment.

Are Substance misuse services responsive?

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

Access and waiting times

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

Substance misuse services

The service did not have a waiting list. All referrals were triaged within 5 working days of being received. Following triage service users were contacted by a recovery champions to maintain support and motivation. Staff saw urgent referrals quickly and non-urgent referrals within the service's target time.

Staff tried to engage with people who found it difficult, or were reluctant, to seek support from services. For example, the service had recently aligned a recovery champion to the hospital team. This worker liaised with patients upon discharge, check in and reminded them of their assessment appointment. The recovery champion undertook home visits (where consent allowed) to ascertain reasons for nonattendance and encourage further appointments.

Across the service staff tried to contact people who did not attend appointments and offer support. Service users were offered some flexibility and choice in the appointment times available and a preferred method of contact.

Appointments ran on time and staff informed clients when they did not. Staff avoided cancelling appointments and would either assign a different worker or rearrange when they had to and gave users clear explanations. The 16 service users we spoke did not raise any concerns regarding appointments and service users we spoke with in relation to the Trafalgar House site told us that they could come to service when they wanted and felt welcome.

The service used systems to help them monitor service provision and support clients.

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

The facilities promote comfort, dignity and privacy

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

The service had a full range of rooms and equipment to support treatment and care including accessible clinical areas and interview rooms which had adequate soundproofing and privacy to protect privacy and confidentiality.

Meeting the needs of all people who use the service

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

The service could support and make adjustments for people with disabilities, communication needs or other specific needs. The three locations had access for people with disabilities, access to interpreters and information could be provided in different forms and languages to meet the needs of all users. Staff made sure clients could access information on treatment, local services, their rights and how to complain.

The service opened the recovery hub site early to provide breakfast, access to showers and washing facilities for service users. In addition, the service made evening appointments available for service users who could not attend during the day.

The service took a proactive approach to engaging with and making effective links and partnerships with other services in the community in order to support and meet all the needs of people who use the service. The service had several staff co-located, for example within the social work adult care team, acute hospital, criminal justice system, local council housing team, children's services, making every adult matter team and domestic abuse partnership.

Substance misuse services

The service engaged well with primary care and pharmacies. The service had a GP drop in at the recovery hub site weekly and district nurses also attended the service weekly. The service proactively engaged with the job centre and education settings.

The service had an outreach team to engage with those individuals who are hard to reach and had a clear policy and procedure in place to pro-actively re-engage with people who did not attend appointments. Service users we spoke with during inspection told us that they were made to feel welcome in the service after relapsing and then reengaging with the service.

Service users could access specialist services and urgent care when required.

Listening to and learning from concerns and complaints

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

The service told service users and carers how to complain and a complaints box and forms were visibly displayed in waiting rooms.

The 16 service users and five relatives we spoke with had not need to complain however reported that they understood that they could complain and knew how to access it.

Staff understood the policy on complaints, actively encouraged feedback from service users, acknowledged and recorded these. Staff protected clients who raised concerns or complaints from discrimination and harassment.

Managers investigated complaints and service users received feedback from managers after the investigation into their complaint.

Managers shared feedback from complaints with staff, identified themes and learning was used to improve the service. We reviewed the complaints made in the last 6 months leading up to inspection and found that they were dealt with on an individual basis and any learning disseminated through handover, team meetings or in individual supervision sessions.

The service used compliments to learn, celebrate success and improve the quality of care. Compliments were shared with the team, collated within the quarterly quality report and celebrated with staff in supervision or at staff events.

Are Substance misuse services well-led?

Outstanding



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

Leadership

Leaders had the skills, knowledge and experience to perform their roles.

They had a good understanding of the services they managed, and were visible in the service and approachable for clients and staff.

Substance misuse services

During inspection we spoke with 31 members of staff who all told us the leaders of the service encouraged an open, supportive and honest culture. The leaders had an effective leadership style, all staff had a focus on the service users experience and outcomes which was driven by the manager. Project and team leaders spoke of the autonomy to do their jobs and the trust given to them by the manager to make decisions and try different approaches to benefit users of the service.

Vision and strategy

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

The service had a clear vision and set of values that have been developed in consultation with relevant stakeholders with quality and safety as top priority.

We spoke with the digital and marketing lead during inspection who spoke to us about the social media strategy in place, the increase in social media presence and recent podcasts. Work was being undertaken to destigmatise substance misuse which is part of Change, Grow, Live 'believe in people' vision. The service were also planning a campaign for hepatitis awareness week by linking up with nine other services delivered by the organisation on the M62 corridor. The campaign aimed to increase awareness and increase the amount of screenings undertaken to support positive treatment outcomes for service users.

Culture

Staff felt respected, supported and valued.

Staff spoke positively about communication within the service and described a supportive environment. Staff we spoke with were positive about the organisation as a whole.

Staff felt invested in. The service had recently held a staff awards afternoon which recognised staff and teams for all of their hard work, especially during the COVID-19 pandemic. In addition to this staff felt well supported. Clinical supervision was delivered to project and team leaders, who spoke positively about this support and the service had plans to offer clinical supervision to all staff. Staff we spoke to told us about the positive changes to the environment. The recovery hub had recently been refurbished and staff told us that it was a calm, tranquil and welcoming place to be. There were also plans to refurbish and extend the alcohol hub.

The service had leaders that inspired and motivated staff to succeed in their roles. All staff we spoke with felt valued and appreciated. Staff reported that the service promoted equality and diversity in its day-to-day work and there was a strong commitment to provide opportunities for career progression. The service had a large amount of employees, some of which were co-located in other teams and some aspects of the service were sub-contracted to other organisations to provide the treatment offer for families and support with education, employment and training however we found during inspection that there was a strong service identity, all teams worked well together and supported each other to deliver the best care and outcomes for users of the service. On occasion and to thank to team the registered manager organised a thank you lunch for all staff and volunteers and staff we spoke with told us how gestures like this made them feel valued and appreciated.

Organisationally there was a people plan in place to support staff wellbeing, this included joining well for new starters, staying well for current staff and leaving well. Staff had access to support for their own physical and emotional health needs through an employee assistance programme and occupational health programme which also extended to family members. Staff also had a wellbeing hour each week which they were encouraged to use. The provider also had an appropriate pay and reward strategy in place for staff, which they kept updated.

Substance misuse services

Managers undertook staff surveys which monitored staff morale, job satisfaction and sense of empowerment. Staff told us that managers encouraged and supported people in their requests for flexible working arrangements as they recognised how these benefited staff health and wellbeing and the organisation were looking to introduce different flexible working options to support staff.

Staff felt able to raise concerns without fear of retribution and were confident managers would deal with any difficulties appropriately as they arose, however no staff we spoke with raised any concerns within the workplace.

Governance

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

Governance systems policies, procedures and protocols were regularly reviewed and improved to reflect best practice. Staff at the service attended a range of meetings to enable information from local level and from board level to be disseminated effectively.

Local governance arrangements supported the delivery of good quality care. The service had systems and processes in place to monitor and manage their objectives and not only meet the required standards but proactively drove improvements to ensure the best outcome for users of the service. The governance structure was incorporated into Change, Grow, Live's governance framework which aimed to ensure the organisation met regulations, best practice and continually improved.

The service were focussed on quality improvement, managers made sure that they had strategic and operational input into a number of boards and meetings both internally and externally, they took every opportunity to participate in new projects and further improve partnership working to enhance service users care and treatment.

The service's safeguarding procedures were robust. Managers and leaders engaged strategically at Child and Adult Safeguarding and Contextualised Safeguarding Boards. Staff were fully involved in Multi-Agency Public Protection Arrangements (MAPPA).

The service had multiple Key Performance Indicators (KPIs) to gauge the performance of the Team. They completed a quarterly quality report and submitted data to the National Drug Treatment Monitoring System (NDTMS) for monitoring, produced a summarised performance report for commissioners, reviewed this information and set clear actions and targets for the service to improve performance.

Managers were aware of the concerns regarding access to Basic Life Support training and had a clear action plan to address this locally. The organisation were also aware of the limitations of the electronic record system in terms of recovery planning, had made some interim changes and were engaged in a review of the organisations case management system.

Management of risk, issues and performance

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

Staff had easy access to service user information, we reviewed 10 sets of clients records during inspection and found staff were maintaining good records. All service users had an individualised assessment and were reviewed and updated as service user needs changed.

Substance misuse services

Staff within different teams and setting had access to information to review, share and to support effective decision making.

The current electronic system was used to record all service user information, incidents, complaints and compliments.

The service had a schedule of audits and assessments in place which were completed by competent persons and were up to date. Learning from these audits was shared and used to improve service provision, performance and service user outcomes.

The service had a risk register in place which identified eight current service risks, such as COVID-19, access to basic life support training and recovery planning had already been identified and were reviewed regularly by the management team.

Information management

Staff collected analysed data about outcomes and performance.

The service had effective and efficient systems in place to collect data and used this data to support decision making and make improvements. Staff had access to the equipment and information technology needed to do their work.

We looked at the services equality impact analysis which analysed the demographics of those service users in treatment, enabled the service to advance equality of opportunity and ensured due regard was given to the different protected characteristics within the community it served. Analysis of this data enabled the service to consider its provision, for example for under 25's and staffing levels due to a significant increase in referrals.

Team managers had access to information to support them with their management role. During inspection the governance lead showed us the risk register, audit schedule, incident reporting, training plans and quality reports. We saw that this information was in an accessible format, and was timely, accurate and identified areas for improvement.

Staff submitted data and notifications to external bodies as needed such as the local safeguarding team and Care Quality Commission.

The service had developed information-sharing processes, robust pathways and joint-working arrangements with other local services.