

Stockton Recovery Service

Quality Report

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

Ratings

Overall rating for this location

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



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

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

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

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

Summary of findings

Overall summary

We rated Stockton Recovery Service as good because:

- The service was well led by a strong, cohesive, enthusiastic management team with a good mix of skills, experience and knowledge who were working hard to further improve services and engagement with clients and their recovery. They had robust systems to ensure incidents were investigated and lessons learned were discussed amongst staff and changes implemented. Communication within the service and to and from the senior management at provider level was good. It was supported locally by a well-planned set of meetings to ensure information was shared quickly ensuring staff were well informed of key risks and developments.
- Staff described a supportive team culture and were happy to raise concerns openly. Morale was good and staff were proud of their work and the difference it made to people's lives. Staff were kind, caring and recovery focused. They engaged well with clients and where appropriate their families and carers. Staff understood and addressed specific needs regarding equality, diversity and human rights.
- Clients consistently praised the staff and service. They all knew the name of their recovery worker, who they were in regular contact with. They said they felt safe, were made aware of risks and how to minimise these and felt fully involved in their treatment. If they had

issues they were happy to raise these directly and were confident they would be resolved. The service provided and had access to a range of interventions to support clients, carers and families.

- Locally engagement was good, with commissioner's, other services such as primary care, community mental health teams, local authority safeguarding teams, police, probation and prison services as well as third sector organisations.

However:

- There were areas of improvement required to manage safety in the service. Not all clients had a risk management plan which addressed every client risk identified. Therefore, it was not clear how staff managed all identified risks effectively. Not all staff had received the required mandatory training to ensure they could respond to physical health emergencies, although training was scheduled to be completed by February 2019.
- Staff had not been fully appraised for the previous 12 months at the time of our inspection as a new, improved system was being introduced. The new system was planned to be piloted in January 2019 and fully introduced in March 2019.
- Staff did not consistently record discharge plans in client records although there was good evidence during our inspection of focus on client progress and discharge.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services	Good 	

Summary of findings

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Good 

Stockton Recovery Service

Services we looked at

Substance misuse services

Summary of this inspection

Background to Stockton Recovery Service

Stockton Recovery Service is a community specialist substance misuse service for people in Middlesbrough and Stockton on Tees. The service provides care and treatment for adults and families. The service has three main bases:

- William Street: providing substance misuse services for people in Stockton in Tees
- Skinner Street: providing alcohol misuse services for people in Stockton in Tees
- Horizon Suite: providing substance misuse services for people living in Middlesbrough.

The service is commissioned by Public Health England commissioners and the two main routes into services are self-referral or via primary care.

The provider of Stockton Recovery Service is Change, Grow, Live. Change, Grow, Live is a social care and health

charity who work with individuals, families and communities across England and Wales that are affected by drugs, alcohol, crime, homelessness, domestic abuse, and antisocial behaviour.

The service is registered to provide one regulated activity:

- Treatment of disease, disorder and injury

There was a registered manager in post at the time of our inspection. The service did not store controlled drugs therefore did not require a controlled drugs accountable officer.

Skinner Street service was added to Stockton Recovery Service on 10 January 2018 having previously been registered as a Lifeline Stockton Alcohol Service.

The provider Change Grow Live was inspected in August 2017, however this was not one of the sites included in that inspection. The Skinner Street service was previously inspected as Lifeline Stockton Alcohol Service in December 2015 and there were no regulatory breaches.

Our inspection team

The team that inspected the service comprised four CQC inspectors, one CQC assistant inspector and a nurse specialist advisor with experience of working in substance misuse services although not all of these were present for the full duration of the inspection.

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme.

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?

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

Summary of this inspection

Before the inspection visit, we reviewed information we held about the location, asked a range of other organisations for information and sought feedback from clients and carers.

During the inspection visit, the inspection team:

- visited the three main sites, looked at the quality of the service environment and observed how staff were caring for clients
- spoke with 23 clients who were using the service
- spoke with three carers of clients using the service
- spoke with the registered manager and team leaders for each main site
- spoke with 20 other staff members; including administrators, receptionists, doctors, nurse

prescribers, nurses, peer mentors, recovery coordinators, group facilitators safeguarding lead, quality and compliance lead, team leaders and volunteers

- received feedback about the service from all three commissioners
- attended and observed two hand-over meetings, one multi-disciplinary meeting, breakfast club, three client group meetings and visited two community hubs
- looked at 15 care and treatment records of clients
- carried out a specific check of the medication management on three locations and
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke to 23 people using the service prior to and during our inspection and feedback was consistently positive about the service and staff from all apart from one.

Clients told us they felt safe and fully involved in their care. They said staff always made clients aware of risks and gave them clear and sufficient information to enable them to make informed decisions about their care and treatment.

People who used the service described staff as kind, honest, approachable, supportive and that they were

treated with dignity and respect. Some described staff as 'absolutely brilliant' and that they regularly 'went the extra mile'. There was also positive feedback of the groups staff ran as follows, 'I was reluctant with groups but really enjoyed them' and 'groups are a lifeline'.

Feedback about the service locations was also positive as they were always clean and tidy with comments from clients such as 'it's really comfortable', 'always made to feel welcome'.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as **requires improvement** because

- Risk management plans were not fully completed to address all risks identified. Key information was missing to confirm how each risk was being mitigated and managed.
- The service did not ensure mandatory training compliance of basic life support was completed. Only 50% of eligible staff had completed the training at the time of our inspection.

However:

- Sufficient skilled staff were in place to deliver safe and effective care and treatment to clients.
- Staff knew how to identify adults and children at risk of or suffering harm. Safeguarding leads supported staff well to ensure all risks were captured and responded to well and monitored on an ongoing basis.
- The service followed best practice when prescribing, recording and storing medicines. The service worked closely with local pharmacies to ensure clients received the right medication at the right dose at the right time, which in some cases included supervised consumption.

Requires improvement



Are services effective?

We rated effective as **good** because:

- The service ensured staff were competent for their roles. Staff received regular supervision with managers to provide support, identify areas of learning and development and monitor the effectiveness of the service. The staff supervision compliance rate was 93%.
- The multidisciplinary team of staff worked well together and supported each other to provide good care and treatment. This included where appropriate joined up working with other supporting services such as mental health services for the benefit of the client's recovery.
- The service provided a range of care and intervention treatments which followed national guidance on best practice.
- Staff encouraged clients to live healthier lives as part of the provision of care.

However:

Good



Summary of this inspection

- The provider had postponed annual staff appraisals for a few months pending the introduction of an improved system. Therefore, some staff had not been appraised within a 12 month period.

Are services caring?

We rated caring as **good** because:

- Staff treated clients in a kind, caring and compassionate manner providing practical and emotional support appropriately including access to mutual aid groups.
- Staff understood clients' needs regarding 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.
- Clients told us staff helped them to understand and manage their care treatment and condition. They said they felt safe, had been made aware of the risks and felt fully involved in their care.

Good



Are services responsive?

We rated responsive as **good** because:

- There was no waiting list and staff were able to see clients at short notice.
- Staff encouraged clients to attend local community groups and activities for additional support. There were also successful less structured groups held within the service to provide additional engagement and support opportunities.
- Clients told us they were consistently encouraged by staff to maintain relationships with their families, carers and those dear to them to support their recovery. Care plans evidenced the names of significant others.
- Staff ensured clients and carers were able to raise complaints. Information in relation to raising a complaint was displayed in all locations. Complaints were reviewed in line with the provider's policy. Clients told us they felt confident to make complaints if it was needed.

However:

- Not all client care records documented discharge planning. Although, discharge emphasis was noted in group discussions attended during the inspection regarding client progress and next steps to discharge. Staff told us they planned for discharge and clients told us they were fully involved in their care with the aim of abstinence and discharge.

Good



Summary of this inspection

Are services well-led?

We rated well-led as **good** because:

- The service was well led by the services manager, project managers and team leaders who had sufficient skills, knowledge and experience to perform their roles together and had a good understanding of the services and localities they managed.
- Staff felt supported, respected, valued and part of the organisations future direction. Staff said they worked well together and new staff who had joined the organisation as a result of a recent merger described being very well supported during the transition.
- Staff felt proud of their contribution to the service and how this made a difference to people's lives. There was also a strong commitment towards continual improvement and innovation to further improve care and treatment to aid client recovery.
- Staff knew what and how to report incidents and safeguarding and there was good evidence of learning from incidents and subsequent changes being made.
- The service had been proactive in capturing and responding to clients concerns and complaints. There were creative attempts to involve clients in all aspects of the service.

Good



Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

The service had two policies which covered the Mental Capacity Act which staff were aware of and could refer to. One was called 'safeguarding adults at risk' and the other was 'the consent policy'. There was also a one-page Mental Capacity Act brief guide which highlighted key facts, principles and indicators of concern with actions for staff to follow. The service had 97% compliance for staff completing the two modules of Mental Capacity Act mandatory training.

Staff demonstrated a good understanding of the Mental Capacity Act. Clients were supported to make decisions where appropriate and when they lacked capacity, decisions were made in their best interest, recognising the importance of the person's wishes, feelings, culture and history.






Staff ensured clients consented to care and treatment, that this was assessed, recorded and reviewed in a timely manner.

Overview of ratings

Our ratings for this location are:

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

Substance misuse services

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

Are substance misuse services safe?

Requires improvement 

Safe and clean environment

Safety of the facility layout

Each of the three sites inspected had accessible rooms for people with mobility issues on the ground floor. Rooms used to see clients all had alarms which staff could use in the event of an emergency.

Maintenance, cleanliness and infection control

Areas people using the service had access to were clean, comfortable and well-maintained. Domestic staff had checklists to ensure all areas of the service were cleaned which were followed and completed. Equipment was calibrated and maintained appropriately.

Staff adhered to infection control principles, including handwashing. There was clear signage for good handwashing using either liquid soap or alcohol handwasher gel, displayed throughout buildings. Clinical waste was disposed of appropriately.

Safe staffing

Staffing levels and mix

There were sufficient skilled staff in place to deliver safe and effective care and treatment to clients. Substantive full time equivalent staffing totals at the time of our inspection were as follow:

- William Street 32.4
- Skinner Street 19.2
- Horizon Suite 2

William Street had the following staff: two team leaders, a harm minimisation worker, two health and wellbeing nurses, three non-medical prescribers, 12 recovery coordinators, two administrators and two receptionists.

Skinner Street had the following staff: a team leader, a specialist alcohol nurse, four recovery coordinators, a counselling coordinator, an administrator and a voluntary receptionist.

There was also a team of staff who worked across both locations in Stockton which and consisted of the Stockton project manager, a senior administrator, a safeguarding lead together with two teams consisting of prevention and brief interventions staff and recovery staff.

The Horizon suite in Middlesbrough had a qualified nurse and a recovery worker.

Contingency plans were in place to ensure safe and effective client care continued throughout unforeseen staff shortages. This was either using existing staff or a bank of fully recruited and trained sessional workers who filled temporary positions upon request. Agency staff had not been used recently as the service was fully staffed. Sickness rates were average at 5% overall.

There was a change in approach to recruiting this year whereby some positions were advertised as Teesside roles and therefore staff would be flexible to work at either Stockton locations or in Middlesbrough. This has ensured greater flexibility amongst the staff to cover roles during absence.

Mandatory training

Overall compliance of mandatory training at the time of our inspection was 92% across the three locations. Of the nine courses, three courses had a compliance rate of 100%

Substance misuse services

and five were 94% or higher, however, basic life support training [BS1] compliance was at 50%. The training was mandatory for eight nurses and the four non-compliant staff were scheduled to attend a course within two months to ensure 100% compliance. There were however, fully qualified first aiders present at all times in the main three treatment locations including three in William Street, four in Skinner Street and one in the Horizon clinic together with a further 3 located on other floors in the building not employed by Stockton Recovery Service. The course completed by the first aiders included basic life support requirements.

Staff had completed mandatory health and safety awareness training and there was a clear procedure for lone working which staff understood. Other courses included safeguarding adults and children, the Mental Capacity Act, equality and diversity, data protection and information security awareness.

Assessing and managing risk to clients and staff

Assessment of client/service user risk

We reviewed 15 care records. Staff undertook a risk assessment of all clients during their first appointment and these were regularly updated during client reviews or sooner to reflect any changes.

Care records included the assessment of risk and risk management plans, however, these did not show staff were managing client risk consistently and appropriately. The process of recording risk management plans had changed throughout Change Grow Live in September 2018 and was due to be reviewed in January 2019. Out of 15 care records reviewed we looked in detail at four risk management plans. These were all written by or represented the client voice. They provided little information and did not address all risks highlighted by staff. Risk management plans did not detail how staff in the service planned to safely manage the identified risks.

Management of client/service user risk

Clients were made aware of the risks of continued substance misuse and harm minimisation and safety planning was an integral part of recovery plans.

Staff encouraged clients to attend health checks with their GP. If there were concerns about a client's health staff accompanied clients to their GP or if there was a sudden deterioration staff rang the emergency services.

Staff adhered to best practice in implementing a smoke-free policy.

Use of restrictive interventions

The provider did not use physical interventions however staff had basic training in managing aggressive behaviour. When a client behaved in an aggressive manner, they were asked to leave the building and a manager discussed the standards of behaviour expected within the service, prior to their return. If appropriate the police were called to the premises to assist.

Safeguarding

Staff could give examples of how to protect clients from harassment and discrimination, including those with protected characteristics under the Equality Act. These included staff being aware of any conflicts between different clients to ensure appointment times always differed. Staff described how they encouraged clients to understand different beliefs and cultures. There was also an active LGBT lead within the service.

Staff worked effectively within teams, across services and with other agencies to promote safety including systems and practices in information sharing. There were two safeguarding leads one responsible for Stockton services and the other for Middlesbrough services and these reported good links with the local authorities.

Staff knew how to identify adults and children at risk of, or suffering, significant harm. Safeguarding leads supported staff to ensure all risks were captured and responded to as well as monitored on an ongoing basis. This included working in partnership with other agencies to develop plans and approaches and any changes in clients' progress or situation were communicated. We saw examples of good joint working with positive results.

Staff implemented statutory safeguarding guidance for vulnerable adult and children and young people were aware of where and how to refer on as necessary. We saw safety information being discussed in daily flash team meetings. These were short meetings where highlighted issues were discussed amongst the multidisciplinary team. As appropriate the service liaised with the police, probation services and the local authority to raise concerns about

Substance misuse services

clients or their carers and families. Staff also had further opportunities to discuss concerns with peers in weekly safeguarding supervision which was facilitated by safeguarding leads.

Staff access to essential information

The service used an electronic system to maintain client records. Staff were largely positive about the system and we found it simple to use during the inspection. However, two staff mentioned there was some layering of records where additional information gained from previously merged services were not fully compatible. This did not impact safety and was being addressed by the provider to ensure the system streamlined all records.

The system was protected and available only to relevant staff through secure login details and an individual password.

Medicines management

Staff had effective policies, procedures & training related to medication and medicines management including: prescribing, detoxification, assessing people's tolerance to medication, and take-home medication e.g. naloxone. The service policies, were regularly reviewed and updated. Clients were given information on the treatments available and consent was obtained.

Staff followed good practice in medicines management. The service provided treatment for people using the service by NHS prescriptions. There were processes in place help to prevent fraudulent use of the forms and prescribed medicines. Prescription pads were stored securely and a record was kept of serial numbers when they were issued to prescribers. The service also kept a log of prescriptions destroyed for example when treatment changed. These prescriptions were entered onto a prescription log and a second person witnessed the destruction.

The clinical team did not provide a dispensing service onsite. Staff arranged for their clients to collect their medicines from their preferred pharmacy. A reminder was added to their prescriptions, requesting pharmacy staff to contact the service when a client missed collecting their medicine for three days. This measure was in place because of the increased risk of overdose due to reduced tolerance levels after this period.

Nurses ensured, where risks were identified for clients on opioid substitute treatment, that medication was by

prescribed for clients as supervised consumption. As such, pharmacy staff were required to observe these clients take their medicine. This made it difficult for the client to transfer any legally prescribed controlled substance to another person for illicit use.

Staff assessed all clients for safe storage of medicines. When necessary clients were given a lockable box to ensure safe storage of take home medication their medicine. This was because some medicine such as methadone can cause accidental poisoning if taken by other people, especially children.

Naloxone for the treatment of overdose was kept as an emergency medicine and the quantity available had been recently increased in response to learning from an incident. Family members of clients were offered training and a supply of naloxone for emergency use.

There was a system in place to ensure safety alerts were identified and actioned. Incidents including those involving medicines (both internal prescribing and pharmacy dispensing incidents) were reported through the central reporting system, and investigated by the lead nurse. Learning from incidents and feedback was provided at clinical supervision or through team meetings.

Staff reviewed the effects of medication on clients' physical health regularly and in line with NICE guidance, especially when the client was prescribed a high dose medication. We saw best practice guidance was also followed before prescribing and a full assessment was completed including physical health checks.

Track record on safety

The service had experienced no serious incidents in the last 12 months.

Reporting incidents and learning from when things go wrong

All staff knew what incidents to report and how to report. The service used an electronic reporting system called Datix to which all staff had access. Once staff had inputted an incident the system ensured other relevant staff were notified. The system used, was consistent throughout the Change Grow Live group therefore it ensured serious issues were immediately highlighted to senior management when appropriate.

Substance misuse services

There was an embedded process to report, review and learn from incidents. Staff were clear about their roles and responsibilities for reporting incidents, and were encouraged to report where appropriate. Recent incidents were discussed in daily flash meetings, team meetings and safeguarding meetings. We evidenced incidents were reported and investigated in a consistent way. Any actions required were assigned to staff using the electronic system and were monitored until the task was completed. We saw learning from incidents was a standard agenda item in team meetings and the relevant meeting minutes were retained on the electronic incident file as confirmation of discussions. Staff provided numerous examples of learning and changes implemented.

Most staff understood the phrase, Duty of Candour and all staff described an open and transparent culture in the service whereby staff gave people using the service and families a full explanation or apology when something went wrong.

The service made safety improvements on an ongoing basis as and when identified. Examples include the introduction of a rota to test panic alarms in clinic rooms and the provision of grab bags for staff to use when necessary to mitigate against potential client overdoses.

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

Good 

Assessment of needs and planning of care

We looked at 15 care records during our inspection. Care records were personalised, written in the client voice and identified individual needs.

The service had a clearly documented admission process which staff followed. A comprehensive assessment was completed by a clinical staff and a recovery coordinator in a timely manner. This included an assessment of individual recovery and additional support needed as well as a full healthcare assessment with a qualified nurse to establish physical and mental health needs.

Staff developed care plans that met the needs identified during assessment and clients we spoke with confirmed they felt very involved in their care. We saw care plans were

updated on a regular basis or after any change in circumstances. Although none of the 15 records had a plan for a client if they unexpectedly dropped out of treatment, the service had a specific missed appointment checklist which staff followed to ensure contact was made with clients to confirm their safety. If concerns were significant regarding client welfare, this included contacting local pharmacy services and alerting the police until the clients' safety was established.

Medical appointments were attended by the client's recovery coordinator to ensure coordination between pharmacological and psychosocial interventions as well as ensuring all needs were being met and relevant information shared.

Best practice in treatment and care

The service provided a range of care and treatment interventions suitable for the client group. The interventions were those recommended by, and were delivered in line with, guidance from the National Institute for Health and Care Excellence. This included medication and a range of psychosocial interventions both individually and in group sessions. The service had recently recruited a Psychosocial Intervention lead to further support and develop staff to deliver interventions in the most effective way.

Care records showed clients were offered blood borne virus testing. The service had the necessary equipment and staff had the required training to take blood from clients. Nursing staff also provided Hepatitis B vaccinations when necessary.

Staff gave examples where they had supported clients to live healthier lives. These included referring clients to their GP for physical health issues, such as managing cardiovascular risks, screening for cancer, and dealing with issues relating to substance misuse. Pregnant clients were immediately offered treatment with the local midwifery team. Other support offered was group work to support healthy eating such as cooking on a budget group and breakfast clubs, and wellbeing treatment such as personal hygiene, stress reduction, acupuncture and relaxation.

Staff used technology to support clients effectively such as text messaging for appointment times, to ensure appointments were not missed.

Monitoring and comparing treatment outcomes

Substance misuse services

Staff regularly reviewed care and recovery during appointments with clients and this was recorded in patient care plans. Staff used treatment and outcome measures to measure client progress. Staff completed quarterly internal quality audits to assess and compare performance amongst peers to further improve the quality of service delivery, care and treatment.

The service recognised the value in the National Drug Treatment Monitoring System to measure their performance both locally and nationally.

Skilled staff to deliver care

All staff received a comprehensive induction at the start of their employment. The service provided and had systems to monitor staff compliance with mandatory training. It also had a system in place to ensure all staff including volunteers were up to date with appropriate checks through the disclosure and barring service. This was renewed every two years. At the time of our inspection all staff held up to date certificates.

Managers used supervision meetings to identify the learning and development needs of staff and provided them with opportunities to enhance their skills and knowledge. Specialist training mentioned by staff included sexual exploitation, honour based violence, spice drug training, groin injecting, overdose in service, naloxone, blood borne virus training and tissue viability.

All staff received regular supervision from appropriate professionals. Supervision compliance at the time of our inspection was 93%. Appraisals had taken place annually for all staff, however, prior to the inspection the service advised CQC that the Provider had temporarily put a hold on staff annual appraisals, except qualified nurses, from October 2018. This was to allow a new improved appraisal format to be piloted in January 2019 and implemented in March 2019. The impact of the delayed annual appraisal was mitigated through regular monthly supervision whereby development and training needs were discussed together with performance. Staff told us they were fully supported with regular supervision and all training needs identified, relevant to their role or potential roles, were met.

Managers told us they were confident in managing poor staff performance effectively and there were policies in relation to disciplinary and grievance to support them. Two disciplinaries reviewed during the inspection confirmed compliance.

The service recruited volunteers and trained and supported them for the roles they undertook.

Multidisciplinary and interagency team work

Clients knew the name of their, recovery worker and their names were clearly stated in client care records. Recovery workers coordinated client care and attended daily flash meetings and weekly team meetings which were multidisciplinary, to discuss clients' needs and progress.

There were also regular complex case reviews. These involved the multidisciplinary team and invited input into client's comprehensive assessments from, community mental health teams (CMHT), GPs, maternity services, children and family services, social workers and criminal justice services, when appropriate. We saw examples of good multi-disciplinary and interagency work, this also included housing, the sex worker service and domestic violence groups.

The service had effective protocols in place for the shared care of people who use their services. In both Stockton-On-Tees location, GPs were updated by letter following medical assessments or reviews within the service. In Middlesbrough when vaccinations were completed a letter was sent to the clients' GP.

The service discharged people when specialist care was no longer necessary and worked with relevant supporting services to ensure the timely transfer of information. This included transfers out of area and transition to prison services.

Good practice in applying the Mental Capacity Act

Staff demonstrated a good understanding of the Mental Capacity Act. Clients were supported to make decisions where appropriate and when they lacked capacity, decisions were made in their best interest, recognising the importance of the person's wishes, feelings, culture and history.

The service had two policies which covered the Mental Capacity Act which staff were aware of and could refer to. One was called 'safeguarding adults at risk' and the other was 'the consent policy'. There was also a one-page Mental Capacity Act brief guide which highlighted key facts, principles and indicators of concern with actions for staff to follow. The service had 97% staff compliance with the two modules of Mental Capacity Act mandatory training.

Substance misuse services

Staff ensured clients consented to care and treatment, that this was assessed, recorded and reviewed in a timely manner.

Are substance misuse services caring?

Good 

Kindness, privacy, dignity, respect, compassion and support

Observations and reports (by people who use services) of staff attitudes and behaviours, when interacting with clients, demonstrated compassion, dignity and respect, and provided responsive, practical and emotional support appropriately. We attended breakfast club, three group sessions and two community drop in sessions located in two community hubs. The groups were well run by staff who encouraged clients to engage, providing reassurance where necessary but remained clear about any risks involved.

Staff said they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes without fear of the consequences. They said managers encouraged a culture of openness and transparency to help improve care and treatment for clients.

Staff supported clients to understand and manage their care, treatment or condition. This was during scheduled meetings but also informally clients were educated when attending groups. Clients consistently told us they felt safe, had all been made aware of the risks and were fully involved in their care with opportunities to provide feedback about the service.

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

The service had clear confidentiality policies in place which were understood and adhered to by staff. Staff maintained the confidentiality of information about clients and documented in care records that confidentiality policies had been explained and understood by people who use the service.

Involvement in care

Involvement of clients

Staff communicated well with clients so they understood their care and treatment, including finding effective ways to communicate with clients with communication difficulties. In each waiting area visited there was a poster in numerous foreign languages informing what clients should do if they needed help. The service had access to signers and interpreters and information could be produced in different formats such as braille and easy read.

The service empowered and supported access to appropriate advocacy for people who use services, their families and carers.

Each person using the service had a recovery plan in place which demonstrated the person's preferences, plans and goals.

Staff engaged with clients, and where appropriate their families and carers to develop responses that met their needs and gave them information to make informed decisions about their care. People who used the service told us staff gave them clear and sufficient information to make decisions about their care and treatment. Client's felt involved in the planning of care and treatment.

Involvement of families and carers

Clients consistently told us staff encouraged them to maintain or re-establish relationships with loved ones as a key part of their recovery and abstinence.

Staff enabled families and carers to give feedback on the service they received. There were a variety of methods for this including participating in questionnaires, mystery shopper exercises, direct feedback to staff, anonymously by placing comments cards and comment boxes in waiting areas, and verbally through community meetings and the breakfast club. There was also a service user representative who encouraged feedback and attended regional and national service user forums. A further method was using the complaints process.

Staff helped carers with information about how to access a carer's assessment and the family and carer service which was detailed in the welcome pack and in leaflets on site.

Are substance misuse services responsive to people's needs?

(for example, to feedback?)

Substance misuse services

Good 

Access, waiting times and discharge

The service had robust alternative care pathways and referral systems in place for people whose needs cannot be met by the service. Regular complex case reviews took place with the dual diagnosis team of the local mental health trust to ensure clients were accessing care which best supported their needs. There were also other established pathways for referrals such as housing, probation, prison services, domestic violence and the local social services team.

There were alternative treatment options offered if a person was not able to comply with specific treatment requirements. For example, alternative meeting locations to respect privacy including using out of area providers or flexible appointment times if clients were in employment.

At the time of our inspection the service did not have a waiting list. Duty slots were available every day for clients with identified risks for example prisoners, pregnant clients or those with mental health issues. Other clients may be seen the same day depending on availability but usually this would take up to seven days. Prior to assessment clients were invited to attend a service presentation where they were able to meet peers and find out what the service offered and how they could get the most from treatment.

Discharge and transfers of care

Recovery and risk management templates included fields to capture details about the diverse/complex needs of the client.

The service documented acceptance and referral criteria that had been agreed with relevant services and key stakeholders. This process was reported by staff to have improved following joint working with key services ensuring most referrals were accepted.

Staff supported clients during referrals and transfers between services – for example, if they required treatment in an acute hospital or temporary transfer to a psychiatric intensive care unit. Staff and clients told us transport was often arranged to GP surgeries or hospital and staff facilitated joint meetings with the client and other services to smooth transitions.

The service had complied with transfer of care standards

Staff told us they planned for a clients' discharge, throughout their treatment, and discharge planning formed part of ongoing discussions although this was not consistently reflected in client records. We evidenced ten out of 15 care records detailed discharge plans and discussions about reduction goals which would lead to discharge. In groups attended during our inspection, we observed good discussions about client progress and their next steps towards discharge. Clients told us they were fully involved in their care with the aim of reaching their goals.

Facilities that promote comfort, dignity and privacy

All three bases we inspected were clean, tidy, and comfortable for clients. They were brightly decorated with modern fittings and furniture which were maintained to a high standard. The environment created was welcoming and friendly for all clients. There were handwashing facilities, an examination couch, blood pressure monitors and scales within each of the clinic rooms. Chairs and furnishings complied with infection control prevention measures.

The reception area and rooms used to see clients were clean and tidy and well furnished. The rooms used for one to ones between staff and clients were adequately soundproofed to ensure clients' dignity and confidentiality were maintained. In Middlesbrough at the Horizon suite, the needle exchange facility could be accessed by clients through a back-door entrance to maintain confidentiality.

Clients' engagement with the wider community

Staff supported clients to maintain contact with their families and carers. Clients and carers told us staff regularly encouraged them to maintain or even re-establish contact with family, loved ones or with people that mattered to them, both within the services and the wider community. All 15 care records reviewed, named key relationships.

Clients were encouraged to access local community groups and activities. These included mutual aid groups such as alcoholics anonymous and narcotics anonymous for additional support. Within the Skinner Street and William Street services clients were encouraged to attend groups such as breakfast club and cooking on a budget, gymnasium and recovery walks where staff and clients could engage and provide support in a less structured environment.

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When appropriate, staff ensured clients had access to education and work opportunities. In William Street the job centre attended weekly and staff also confirmed other opportunities such as a local volunteering organisation and courses at a local college. For Horizon suite clients, as part of Middlesbrough recovering together, clients had access to Recovery connections who helped clients with their final steps of reintegrating into the community.

Meeting the needs of all people who use the service

Staff demonstrated an understanding of the potential issues facing vulnerable groups e.g. Lesbian Gay Bisexual and trans (LGBT), Black and Minority Ethnicity (BME), older people, people experiencing domestic abuse and sex workers and offered appropriate support. The service had an identified LGBT lead and led events this year to celebrate Pride across Teesside. There was also established links with other local groups such as a transgender aware peer support, sex workers group and domestic violence group.

Staff had completed two sessions of mandatory training in equality and diversity, which was at 100% compliance at the time of our inspection. Staff clearly understood potential issues faced by clients including those with protected characteristics.

Noticeboards displayed in reception areas of all three locations provided numerous details of helplines and support for vulnerable people. There were also leaflets available containing information about a range of services to support those living in an abusive relationship, people with disabilities or those from ethnic minority backgrounds.

None of the people using services reported their appointments had been delayed or cancelled.

Listening to and learning from concerns and complaints

Clients knew how to complain about the service and were comfortable in doing so. Each location inspected had comment cards and boxes in reception areas together with posters which clearly explained the complaints process. An online complaints form was also available through the provider website.

Staff encouraged clients to raise concerns and complaints and ensured they were protected from any discrimination and harassment when doing so. Where possible complaints or concerns were discussed and managed directly with the

relevant parties to ensure they were resolved satisfactorily as soon as possible. If this did not occur a more formal complaints process was followed which included the complaint being recorded electronically on the providers complaints management system.

Managers ensured individual complaints were responded to in accordance with the service's complaint policy by tracking progress on the electronic system. The system also ensured the relevant management and staff were involved and timelines followed.

The service had a clear system to share lessons learned with staff during team meetings, flash meetings and supervision. Meeting minutes of discussions were also saved onto the complaint record to evidence this. There were numerous examples of learning, one recently concerned complaints from clients about waiting times for initial assessments. Changes were made to allow for duty appointments to be available daily, so clients could be seen more quickly when their motivation was high to start engaging with the service rather than being on a wait list. This system has eradicated the previous wait list at the service.

Are substance misuse services well-led?

Good 

Leadership

Leaders had the skills, knowledge and experience to perform their roles. Within Stockton Recovery Service there was a services manager and two project managers providing the operational leadership over the main three sites. Clinical leadership in Stockton upon Tees was from an Associate Specialist and in Middlesbrough this responsibility was through the lead nurse.

The organisation had a clear definition of recovery and this was shared and understood by all staff. Staff told us client recovery was individual and clients identified what success looked like for them. The staff role was to support clients to achieve their recovery goals.

Managers had a good understanding of the services they managed. They could explain clearly how the teams were working to provide high quality care including the interface between clinical and operational leadership. The

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management team had a good range of information to monitor work activity and progress both internally and externally. Managers also reviewed progress and identified areas where further areas for improvements could be made recognising the importance of staff involvement to reach goals and targets.

Leaders were highly visible in the service and approachable for clients and staff. All staff described good working relationships with the services manager and project managers who all encouraged feedback and suggestions for improvement.

Vision and strategy

The providers values were focus, empowerment, social justice, respect, passion and vocation. Staff were aware of and understood the values of the team and organisation and their role in achieving them. Managers told us the staff recruitment process was underpinned by the values to ensure the new staff members suitability to work within the organisation. These were then further reiterated in regular discussion during supervision, appraisals and team meetings.

Staff had the opportunity to contribute to discussions about the strategy for their service, especially where the service was changing. Staff told us they had recently completed a survey regarding the organisations values and whether these should be adapted to reflect the current service particularly since recent mergers with other organisations.

Staff could explain how they were working to deliver high quality care within the budgets available. A recent change described was for the William Street service whereby client prescriptions were posted directly to local pharmacies to save clinical staff time. This resulted in the availability of staff to cover daily duty appointment slots for clients. This removed the appointment waiting list, without incurring additional staff costs.

Culture

Staff felt respected, supported and valued as members of both the local and national team. Staff were consistently positive about working for the organisation and were proud of their work and the difference this made to many lives affected by substance misuse.

Staff were positive about career development and how it was supported. Staff gave numerous examples of training relevant to their roles and to further their careers in the future.

Staff reported that the nature of their work was often challenging and stressful however this was manageable as they felt fully supported by colleagues and management. Any examples of good work and compliments for staff were highlighted and shared by managers during team meetings as well as in supervision.

Staff had good access to support for their own physical and emotional health needs through an occupational health service and other initiatives. There was a wellbeing hour once a week for all staff which was highly valued and appreciated as was the provision of wellbeing hubs for staff to utilise as quiet space. There was also a wellbeing zone on the Change Grow Live intranet which included information on a variety of wellbeing topics. The newly appointed Psychosocial Interventions Lead had organised an all staff wellbeing day in December 2018.

Managers monitored morale, job satisfaction and sense of empowerment through team meetings monthly supervision and had an open-door policy where staff could discuss issues or suggestions directly. Staff who had recently become part of the Change Grow Live team as a result of an organisation merger, spoke highly of the support they had received from colleagues and management.

Staff reported that the provider promoted equality and diversity in its day to day work and in providing opportunities for career progression. Staff told us that this started with recruitment as staff were recruited according to their suitability for the role and as a consequence background and experiences varied which strengthened teams. As an organisation Change Grow Live had increased their ranking in the Stonewall Workplace Equality Index and were now ranked 169 out of 434 participating organisations as the best employers for lesbian, gay, bisexual and transvestite staff.

Teams worked well together and where there were difficulties managers dealt with them appropriately. Throughout all discussions with staff there was no evidence of bullying or harassment and staff were confident the service would respond proactively should this occur.

Governance

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Overall the management of the service was good. For example, there were systems and procedures to ensure the service was safe, clean and welcoming, there was a good provision of staff and clients were assessed and treated well throughout their treatment.

Staff knew what and how to report incidents and safeguarding and there was good evidence of learning from incidents. Data and notifications were submitted to external bodies and internal departments as required. Staff also undertook or participated in local clinical audits. There was a comprehensive system for audits which provided assurance key areas were covered and ensured staff acted on the results when needed.

There was a clear, embedded framework of what must be discussed at a facility, team or directorate level in team meetings. Essential information, such as learning from incidents, complaints, safeguarding and deaths were shared and discussed together with any changes being implemented as a result.

Staff described good partnership working with other local teams and a keenness to further develop relationships to continue to enhance knowledge and care. This included mental health services, the local authority, police and prison services as well as other local third sector organisations.

Managers within the service monitored staff morale, stress, sense of empowerment and job satisfaction via team meetings, supervision and appraisals. The provider had postponed the appraisal system for it to be improved however, staff told us they were not affected by this as staff supervision was regular and effective. Staff all commented on wellbeing measures in place and the provision of learning and development opportunities which made them feel valued and respected by managers and the service.

Governance policies, procedures and protocols were regularly reviewed and improved. However, the revised risk management plan, although it encouraged greater client input, it failed to allow for further information to be added by staff to ensure each risk was being managed appropriately. This was in the pilot stage and due for review shortly, however, in the meanwhile client risks were not being adequately managed.

Governance processes also failed to ensure basic life support training was delivered to all identified staff. At the time of our inspection only 50% of staff had completed this mandatory training course.

Management of risk, issues and performance

There was a clear quality assurance management and performance framework in place which was integrated across all organisational policies and procedures. The new appraisal and risk management assessment changes were part of a process of improvement which was being monitored and subject to further review.

Staff maintained and had access to the risk register at facility or directorate level. This was an electronic incident reporting system which also maintained a live risk register. Therefore, staff could escalate concerns when required. The risk register was reviewed both in managers meetings and the monthly integrated governance team meeting.

The service had plans in place to manage emergencies. These were detailed in a business continuity plan for each of the three premises inspected and accounted for issues such as adverse weather, loss of systems or premises or a flu outbreak.

The service had systems and processes in place to assist manager to monitor and manage sickness absence rates. We saw this process was followed appropriately including communicating well and at regularly intervals with the staff member affected.

Where cost improvements were taking place, we saw they did not compromise client care.

Information management

The service used systems to collect data from facilities and directorates that were not over-burdensome for frontline staff. Staff told us the information and equipment systems provided were sufficient in allowing them to carry out their roles, and ensured client confidentiality.

Client records documented that confidentiality agreements with clients were explained during the initial assessment meeting including in relation to sharing information and data.

Team managers had access to both local and national information to support them with their management role. This included information on the performance of the service, staffing and client care. There were data analysts in

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both Stockton on Tees and Middlesbrough who provided information in a clear, accessible format, which was timely, accurate and identified areas for improvement. The analysts also worked with staff to provide additional information to support improvement initiatives and investigate emerging trends or themes.

Staff completed treatment outcome profiles for clients, A national outcome monitoring tool for clients receiving care from substance misuse services. Data from treatment outcome profiles were submitted to the National Drug Treatment Monitoring System.

Engagement

Staff, clients and carers had access to up-to-date information about the service and wider provider. Clients and carers received information in welcome packs, on noticeboards, during informal meetings such as breakfast clubs and social events and during discussions with their recovery worker. Staff received information on the latest developments through team meetings, daily morning meetings and on the providers intranet.

Clients had opportunities to give feedback on the service they received in a manner that reflected their individual needs. Each of the three services had comment cards and boxes in reception, there were annual client surveys and staff encouraged feedback on an ongoing basis during meetings such as breakfast club or privately during reviews with recovery workers. The service had a service user representative who encouraged feedback and there was also the formal complaints system. We saw examples where feedback from clients had improved services provided.

Clients and staff could meet with members of the provider's senior leadership team to give feedback either in reception areas and also during breakfast club which was attended by management intermittently.

Managers also engaged with external stakeholders such as commissioners, police, probation and prison services as well as third sector organisations to gather input. Feedback from all three commissioners was consistently positive, describing a proactive management team who were keen to adapt and tailor the service to support key issues and needs within localities.

Learning, continuous improvement and innovation

The service contributed to local drug and alcohol review processes for drug and alcohol related deaths. They liaised with the drugs related deaths coordinator and suicide prevention coordinator for the region to identify trends and patterns of previous occurrences with a view to changes and improvements which could be made to prevent deaths.

In 2017 there was reported use of non-prescribed fentanyl in the locality. There were 118 reported non-fatal overdoses which were suspected to be linked to strong batches of heroin and fentanyl in the local supply chain. This information was shared nationally as lessons learned including the services actions taken. These included increased emergency doctor provision which prevented client waiting times and ensuring all staff together with outside agencies such as soup kitchens were trained in the use of naloxone to prevent deaths. The region has since been part of a pilot for Change Grow Live fentanyl testing, to raise awareness.

The service achieved accreditation of schemes such as the delivery of the peer mentor accredited scheme, and being part of the 'stone wall accredited index'.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that all clients have a risk management plan in place to address each client risk identified.

Action the provider **SHOULD** take to improve

- The provider should ensure staff complete mandatory training in basic life support.

- The provider should ensure staff receive an annual appraisal.
- The provider should ensure staff record discharge plans for all clients.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>Not all clients had a completed risk management plan which addressed all risks identified.</p> <p>This was a breach of regulation 12(1)(2)(a)(b)</p>