

# CGL Dudley and Walsall

## Quality Report

Atlantic Recovery Centre  
Dudley Road, Brierley Hill  
Stourbridge, DY9 8EL  
Tel: 01384426120  
Website: [www.changegrowlive.org](http://www.changegrowlive.org)

Date of inspection visit: 3-5 June 2019  
Date of publication: 09/08/2019

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?

Good 

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 CGL Dudley and Walsall as good because:'**

- Staff understood how to protect clients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- Staff kept detailed records of clients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each clients mental and physical health.
- The service managed client safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave clients honest information and suitable support.
- Staff completed comprehensive assessments with clients when accessing the service. Staff made clients aware of harm minimisation and the risks of continued substance misuse. Safety planning was an integral part of recovery plans.
- Staff provided a range of treatment and care for clients based on national guidance and best practice. They ensured that clients had good access to physical healthcare and supported them to live healthier lives.
- The teams included or had access to the full range of specialists required to meet the needs of clients under their care. Managers made sure that staff had the range of skills needed to provide high quality care. They supported staff with supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

- Staff from different disciplines worked together as a team to benefit clients. They supported each other to make sure clients had no gaps in their care. The teams had
- effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.
- Staff treated clients with compassion and kindness. They understood the individual needs of clients and supported clients to understand and manage their care, treatment or condition.
- 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.
- The design, layout, and furnishings of treatment rooms supported clients' treatment, privacy and dignity.
- The service met the needs of all clients, including those with a protected characteristic or with communication support needs.
- 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.
- Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.

However:

- Appraisal completion rates were low due to a change in the CGL appraisal system. The service also recognised that work needed to be carried out to improve staff completion rates and were in the process of doing this therefore suspending the appraisal process temporarily.

# Summary of findings

## Our judgements about each of the main services

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

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# Summary of findings

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Good 

# CGL Dudley and Walsall

Services we looked at Community-based substance misuse services

# Summary of this inspection

## Background to CGL Dudley and Walsall

Change Grow Live are a charity providing free treatment and support to vulnerable people facing addiction, homelessness and domestic violence. The service described their approach as 'To innovate and develop new approaches to service delivery, that meet the changing needs of clients, providing the best opportunities to change their lives'. They provided services to support individuals, families and young people experiencing or affected by homelessness, substance misuse, domestic violence and crime.

Change Grow Live Dudley and Walsall provide drug and alcohol treatment services to adults aged 18 years and over living within the Dudley and Walsall boroughs. They are commissioned and contracted by Dudley Borough Council and public health, Walsall Borough Council and public health. The Walsall service's main location was at 'The Beacon', this is where regulated activities were carried out. They provided support such as detox services, access to inpatient detox facilities, needled exchange, outreach support for sex workers and the homeless population. The service also co-located at other sites such as with GP services. Clients could access the service from 9:00am to 17:00pm with late night opening on Tuesdays and Thursdays up to 20:00pm, and late opening on Wednesday at 10:30am. The service had another location where there were no regulated activities, they had a dedicated young person's team.

They provided young people who were using drugs and alcohol with a free and confidential service. Those living in Walsall or attending school in Walsall between the ages of 10 and 18 years old could access the service. Young people who had special educational needs could access the service up to the age of 25 years old. The service used a separate location in Walsall, where young people had exclusive access to the service once a week. They provided support such as advice on harm reduction, health and wellbeing, group sessions and support for those affected by a parent or carers drug or alcohol use. Staff also saw young people in the community.

The team in Dudley's main location was at Atlantic Recovery centre, they provided services such as dual diagnosis support (mental health and substance misuse), access to inpatient detox facilities, recovery groups and activities. Clients could access the service from 9:00am to 17:00pm Monday to Thursday and 09:00am to 16:30pm on Friday. They had a late-night opening on Mondays and Wednesdays up to 20:00pm. The service's regulated activities were treatment of disease, disorder or injury. They had a registered manager covering both locations at Atlantic recovery and the beacon.

Change Grow Live acquired the contract in Dudley in April 2014 and in July 2015 for the Walsall contract. This was their first inspection.

## Our inspection team

The team that inspected this service comprised of one lead CQC inspector, two CQC inspectors, one inspection manager, one assistant inspector, one specialist advisor

(nurse) who had experience of working in substance misuse services and an expert by experience who had experience of using or caring for someone who has used substance misuse services.

## Why we carried out this inspection

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

# Summary of this inspection

## 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?

Before the inspection visit, we reviewed information that we held about the location and sought feedback from staff, volunteers and clients using the service at three focus groups.

During the inspection visit, the inspection team:

- visited the service and three other locations and looked at the quality of the environment and observed how staff cared for clients
- spoke with the registered manager and managers working for the service
- spoke with 39 other staff members; including doctors, nurses, substance misuse workers, recovery and engagement workers, administration staff, peer mentors and volunteers
- attended and observed one client group support meeting
- looked at 12 care records of clients using the service
- looked at a range of policies, procedures and other documents relating to the service.

## What people who use the service say

We spoke with five clients using services. They were complimentary about the service and felt staff were invested and supportive in their recovery. They always

took the time to talk engage with them they were helpful and provided information and signposting. They provided them with the motivation to change and take ownership of their lives and destination.

# 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 good because:

- All clinical premises where clients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- The service had enough staff, who knew the clients and received basic training to keep them safe from avoidable harm.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff assessed and managed risks to clients and themselves well. They responded promptly to sudden deterioration in a clients' physical and mental health. When necessary, staff worked with clients and their families and carers to develop recovery plans. Staff followed good personal safety protocols.
- Staff understood how to protect clients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- Staff kept detailed records of clients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each clients mental and physical health.
- The service managed client safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave clients honest information and suitable support.

Good



### Are services effective?

We rated effective as good because:

- Staff completed comprehensive assessments with clients when accessing the service. Staff made clients aware of harm minimisation and the risks of continued substance misuse. Safety planning was an integral part of recovery plans.

Good





# Summary of this inspection

- Staff provided a range of treatment and care for clients based on national guidance and best practice. They ensured that clients had good access to physical healthcare and supported them to live healthier lives.
- The teams included or had access to the full range of specialists required to meet the needs of clients under their care. Managers made sure that staff had the range of skills needed to provide high quality care. They supported staff with supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.
- Staff from different disciplines worked together as a team to benefit clients. They supported each other to make sure clients had no gaps in their care. The teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.
- Staff supported clients to make decisions on their care for themselves. They understood the service's policy on the Mental Capacity Act 2005 and knew what to do if a client's capacity to make decisions about their care might be impaired.

However:

- Appraisal completion rates were low due to a change in the CGL appraisal system. The service also recognised that work needed to be carried out to improve staff completion rates and were in the process of doing this therefore suspending the appraisal process temporarily.

## Are services caring?

We rated caring as good because:

- Staff treated clients with compassion and kindness. They understood the individual needs of clients and supported clients to understand and manage their care, treatment or condition.
- 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.
- Staff informed and involved families and carers appropriately.

Good



## Are services responsive?

We rated responsive as good because:

- 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.

Good



# Summary of this inspection

- The design, layout, and furnishings of treatment rooms supported clients' treatment, privacy and dignity.
- The service met the needs of all clients, including those with a protected characteristic or with communication support needs.
- 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.

## Are services well-led?

We rated well-led as good because:

- 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.
- Staff knew and understood the provider's vision and values and how they (were) applied to the work of their team.
- Staff felt respected, supported and valued. They said the trust promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.
- Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.
- Teams had access to the information they needed to provide safe and effective care and used that information to good effect.
- Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.
- Managers engaged actively other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population. Managers from the service participated actively in the work of the local transforming care partnership.

Good



# Detailed findings from this inspection

## Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

The services were not registered to accept clients detained under the Mental Health Act. Staff knew who to contact if they were concerned about a client's mental health.

## Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported clients to make decisions on their care for themselves. They understood the service's policy on the Mental Capacity Act 2005 and knew what to do if a client's capacity to make decisions about their care might be impaired.






## Overview of ratings

Our ratings for this location are:

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

### Notes

# Community-based substance misuse services

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

## Are community-based substance misuse services safe?

Good 

### Safe and clean environment

#### Safety of the facility layout

The locations at Dudley and Walsall had locked doors and used an intercom system that allowed controlled access to the premises. Reception staff invited people in once they had introduced themselves.

Both locations had a range of rooms available for staff to see clients. Facilities included needle exchange rooms, one to one meeting rooms, group rooms and clinics. The service in Walsall had the use of two buildings which were ten minutes walking distance away from each other. The Beacon where regulated activities happened had three floors lower ground, ground floor and first floor. Clients were seen on the lower ground and ground floor. Those requiring disabled access could access the ground floor. At Atlantic recovery centre they had the use of a warehouse style building, rooms were spread over two floors the first floor for staff and ground floor for clients. The rooms were also accessible for those requiring disabled access.

Rooms where staff saw clients had fixed alarms that were easily accessible. The service allocated a first and second responder during daily 'flash' meetings that happened in the mornings. An alarm panel identified the location of the emergency. In Dudley they also had a light outside the room that lit up once the alarm had been raised that also identified the location. Clients assessed as being high risk

where seen in a room fitted with CCTV. This enabled managers or designated staff to view the interview and respond to any emergency. Both locations had CCTV in operation across the premises.

The premises were clean safe and well equipped, furnishings were well maintained and fit for purpose. Cleaners attended both locations daily. Staff ensured equipment was clean and in working order. We saw that staff adhered to best practice infection control principles, including hand washing. Hand sanitisers were available to use throughout both sites. Clinical waste was collected and disposed of safely.

Administration staff completed daily environmental and safety, site checks at both services. Any issues were reported to the manager. All health and safety, including fire safety assessments were up to date. The service tested fire alarms weekly and performed six monthly evacuation practice procedures. The service had, fire safety plans, named fire wardens, weekly building inspection checklists, health and safety reports, trained first aiders and undertook electrical safety testing and panic alarm tests.

#### Safe staffing

The service reported substantive staffing levels up to March 2019 as 52 whole time equivalent (WTE) for Atlantic recovery (Dudley) and 55 WTE for the Beacon (Walsall) with 14 WTE volunteers. The staffing at the services included; service managers, team leaders, doctors, quality lead, volunteers, peer mentors, administrators, clinical leads, recovery co-ordinators and group workers. Atlantic recovery had a social worker in post and three posts for community psychiatric nurses, two of these posts were

# Community-based substance misuse services

filled and one had recently become vacant. Managers stated the post was due to be advertised. In the 12 months leading to March 2019 they had three substantive staff leavers, but apart from the one vacancy, were fully staffed.

The Walsall service reported 11 substantive staff leavers in the 12 months leading to March 2019. Managers stated this was a combination of the loss of five posts and staff leaving due to career progression. However, they had recently secured further funding to support targeted services such as homeless project and complex cases. This meant they had additional funding for a community psychiatric nurse and health care assistant. They reported they were fully staffed.

Dudley and Walsall had staff sickness absence levels of 4% up to March 2019. Managers said that they used temporary staff to fill vacancies or sick leave. On the day of our visit to the service in Walsall they had one administrative agency staff member and two recovery worker agency staff covering sickness and absence. From January 2019 the service stated they also used agency staff to fill fixed term additional funded posts.

Caseloads for staff were in the region of 65 clients, the service stated that there was no upper limit however locally managers aimed to keep caseloads below 75 clients. Workers from the complex case team had 35-40 clients depending on their hours of work so full or part time staff.

## Medical staff

The services had enough medical staff. They had two consultants, one at each location. There were also non-medical prescribers, four registered general nurses working at the service in Walsall and seven at the Dudley service which also included community psychiatric nurses.

The service provided mandatory training for all staff and ensured everyone completed it. Staff from both services had a completion rate of over 85% for all mandatory training, apart from, data protection and information security awareness refresher training which was at 62% completion rate for Walsall and 69% for Dudley. Staff completed mandatory training both face to face and via e learning. This included health and safety, safeguarding for adults and children, equality, diversity and inclusion and basic life support training. Managers measured the overall compliance of mandatory training on the electronic database and could identify specific staff who had not completed training. Staff who had not completed all

mandatory training were supported by managers and provided with dedicated times for them to undertake the training. Staff from both services had a completion rate of over 85% for all mandatory training, apart from, data protection and information security awareness refresher training which was at 62% completion rate for Walsall and 69% for Dudley.

Staff followed the organisations lone working policy. Staff also developed local lone working practices pertinent to their area of work, location and demographics. Staff at both services were required to sign in and out of the premises. The team leader managing the entry into the, service team at Walsall and the duty worker in Dudley were responsible for ensuring all staff were accounted for at the end of the working day.

Managers explained staff would phone and notify them if they were seeing clients at the end of the day. If visits continued past the working day staff contacted managers to confirm they completed their visit.

## Assessing and managing risk to patients and staff

### Assessment of patient risk

We reviewed 12 care records across the Walsall and Dudley services. Staff completed risk assessments, risk management and recovery plans and service user plans which were present in the care records and up to date. This included unexpected discharge from service. Risk assessments were saved on the services electronic record system. Managers told us the entry into service team collated background information of clients and highlighted any assessed risks to the staff or others. Assessments also highlighted risks to the clients from others, such as sexual exploitation, sex working and domestic violence.

Out of the 12 records we reviewed, three lacked initial details around client's mental health. Where there was documented information such as deliberate self-harm, suicidal ideation or attempted suicide which was current, no further detail was available until the medical assessments was completed. The other records showed a good knowledge of client's history and other potential risks including safeguarding for those clients who lived with children.

All clients attending the service for the first time would receive medication under supervised consumption for the first four weeks. During this time staff continued to risk

# Community-based substance misuse services

assess the client including carrying out home visits for those who had children. The assessments would determine whether the client should continue supervised consumption or collect their prescription themselves. Supervised consumption is where clients would be required to attend the pharmacy to be witnessed taking their medication.

Staff recognised and responded to changes in client's health, which they recorded in the care records. They liaised with other services such as GPs, acute and psychiatric hospitals. The services had access to medical staff who could provide them with support and advice when required.

## Management of patient risk

Staff adhered to CGL policies and guidelines around clinical practice, safeguarding and risk management of clients.

The care records and recovery plan showed evidence that staff provided harm reduction advice and motivation to change. Staff ensured clients were aware of the risks of continued substance misuse, they discussed harm reduction as part of the clients initial and ongoing assessment.

There was evidence that staff offered blood borne virus testing.

Staff followed CGL national policy with a matrix that provided guidance on responding to unplanned exits from service. Clients who did not attend appointments and if deemed a high risk, were discussed at the daily flash meetings. We observed a flash meeting at the Walsall service, where all staff attended. Staff discussed any shortfalls in staffing, alerts, concerns and client risks. Discussions took place around allocated work and any partnership work pertaining to an individual client such as Police and GP.

The service followed their processes when suspicions were raised that clients had passed on their medication to a third party. This is known as diversion. Staff discussed these issues with the doctor and pharmacist and arranged a plan of action such as supervised consumption. Pharmacists would inform the service when and if clients had not attended to collect their prescriptions. Staff continued to monitor the situation and discussed this within the multidisciplinary meeting and with the client.

## Safeguarding

Staff received safeguarding training to support them on how to recognise and report concerns for vulnerable people. They knew how to protect clients from abuse and worked well with other agencies to do so. The service reported 96% training completion rates for the Walsall service, for safeguarding adults and children. Dudley had completion rates of 98% for adult safeguarding and 100% for children safeguarding training. Staff knew how to access the services safeguarding policies and procedures on the service data base. Both services had safeguarding leads who were available to provide support, advice and additional training if required.

Staff identified safeguarding issues within initial assessments and developed client service user plans. They completed referral forms which were sent to the multi-agency safeguarding hubs. In Dudley where consent was provided from the client, staff completed lateral checks for all parents with the local authority. It involved reviewing the services database of parents with children and comparing it to the database of the local authority. This would support them to identify any parents who required support who may have been missed.

Walsall had the 'Edge of care' team who worked in partnership with the local authority to support families who were subject to pre-statutory interventions to try and prevent further escalation in to the care system. The services also provided input in case conferences of client's subject to child protection or child in need plans.

The service had an equality and diversity strategy for all staff, volunteers and clients. They aimed to deliver more inclusive, accessible services to improve outcomes for the clients using the services.

## Staff access to essential information

The service used an electronic patient records system that could be accessed by all relevant staff. Managers explained there was an ongoing national upgrade for equipment, they were currently waiting for the arrival of smart phones. Staff at the Dudley services all had laptops and in Walsall they had electronic tablets. Staff reported that the service had gone paperless and the new electronic system was good. Staff said they had access to their individual caseload and others when covering duty.

# Community-based substance misuse services

Service user representatives and peer support mentors did not have access to all information on the electronic system. However, information on safeguarding and feedback from incidents and were discussed at daily flash meetings so staff were updated.

## Safe and clean environment

### Safety of the facility layout

The locations at Dudley and Walsall had locked doors and used an intercom system that allowed controlled access to the premises. Reception staff invited people in once they had introduced themselves.

Both locations had a range of rooms available for staff to see clients. Facilities included needle exchange rooms, one to one meeting rooms, group rooms and clinics. The service in Walsall had the use of two buildings which were ten minutes walking distance away from each other. The Beacon where regulated activities happened had three floors lower ground, ground floor and first floor. Clients were seen on the lower ground and ground floor. Those requiring disabled access could access the ground floor. At Atlantic recovery centre they had the use of a warehouse style building, rooms were spread over two floors the first floor for staff and ground floor for clients. The rooms were also accessible for those requiring disabled access.

Rooms where staff saw clients had fixed alarms that were easily accessible. The service allocated a first and second responder during daily 'flash' meetings that happened in the mornings. An alarm panel identified the location of the emergency. In Dudley they also had a light outside the room that lit up once the alarm had been raised that also identified the location. Clients assessed as being high risk where seen in a room fitted with CCTV. This enabled managers or designated staff to view the interview and respond to any emergency. Both locations had CCTV in operation across the premises.

The premises were clean safe and well equipped, furnishings were well maintained and fit for purpose. Cleaners attended both locations daily. Staff ensured equipment was clean and in working order. We saw that staff adhered to best practice infection control principles, including hand washing. Hand sanitisers were available to use throughout both sites. Clinical waste was collected and disposed of safely.

Administration staff completed daily environmental and safety, site checks at both services. Any issues were reported to the manager. All health and safety, including fire safety assessments were up to date. The service tested fire alarms weekly and performed six monthly evacuation practice procedures. The service had, fire safety plans, named fire wardens, weekly building inspection checklists, health and safety reports, trained first aiders and undertook electrical safety testing and panic alarm tests.

### Safe staffing

The service reported substantive staffing levels up to March 2019 as 52 whole time equivalent (WTE) for Atlantic recovery (Dudley) and 55 WTE for the Beacon (Walsall) with 14 WTE volunteers. The staffing at the services included; service managers, team leaders, doctors, quality lead, volunteers, peer mentors, administrators, clinical leads, recovery co-ordinators and group workers. Atlantic recovery had a social worker in post and three posts for community psychiatric nurses, two of these posts were filled and one had recently become vacant. Managers stated the post was due to be advertised. In the 12 months leading to March 2019 they had three substantive staff leavers, but apart from the one vacancy, were fully staffed.

The Walsall service reported 11 substantive staff leavers in the 12 months leading to March 2019. Managers stated this was a combination of the loss of five posts and staff leaving due to career progression. However, they had recently secured further funding to support targeted services such as homeless project and complex cases. This meant they had additional funding for a community psychiatric nurse and health care assistant. They reported they were fully staffed.

Managers said that they used temporary staff to fill vacancies or sick leave. On the day of our visit to the service in Walsall they had one administrative agency staff member and two recovery worker agency staff covering sickness and absence. Prior to this the service had reported no use of bank or agency staff up to March 2019. Dudley and Walsall had staff sickness absence levels of 4% up to March 2019.

Caseloads for staff were in the region of 65 clients, the limit was 75 clients. Workers from the complex case team had 35-40 clients depending on their hours of work so full or part time staff.

### Medical staff

# Community-based substance misuse services

The services had enough medical staff. They had two consultants, one at each location. There were also non-medical prescribers, four registered general nurses working at the service in Walsall and seven at the Dudley service which also included community psychiatric nurses.

The service provided mandatory training for all staff and ensured everyone completed it. Staff from both services had a completion rate of over 85% for all mandatory training, apart from, data protection and information security awareness refresher training which was at 62% completion rate for Walsall and 69% for Dudley. Staff completed mandatory training both face to face and via e learning. This included health and safety, safeguarding for adults and children, equality, diversity and inclusion and basic life support training. Managers measured the overall compliance of mandatory training on the electronic database and could identify specific staff who had not completed training. Staff who had not completed all mandatory training were supported by managers and provided with dedicated times for them to undertake the training. Staff from both services had a completion rate of over 85% for all mandatory training, apart from, data protection and information security awareness refresher training which was at 62% completion rate for Walsall and 69% for Dudley.

Staff followed the organisations lone working policy. Staff also developed local lone working practices pertinent to their area of work, location and demographics. Staff at both services were required to sign in and out of the premises. The team leader managing the entry into the, service team at Walsall and the duty worker in Dudley were responsible for ensuring all staff were accounted for at the end of the working day.

Managers explained staff would phone and notify them if they were seeing clients at the end of the day. If visits continued past the working day staff contacted managers to confirm they completed their visit.

## Assessing and managing risk to patients and staff

### Assessment of patient risk

We reviewed 12 care records across the Walsall and Dudley services. Staff completed risk assessments, risk management and recovery plans and service user plans which were present in the care records and up to date. This included unexpected discharge from service. Risk assessments were saved on the services electronic record

system. Managers told us the entry into service team collated background information of clients and highlighted any assessed risks to the staff or others. Assessments also highlighted risks to the clients from others, such as sexual exploitation, sex working and domestic violence.

Out of the 12 records we reviewed, three lacked initial details around client's mental health. Where there was documented information such as deliberate self-harm, suicidal ideation or attempted suicide which was current, no further detail was available until the medical assessments was completed. The other records showed a good knowledge of client's history and other potential risks including safeguarding for those clients who lived with children.

All clients attending the service for the first time would receive medication under supervised consumption for the first four weeks. During this time staff continued to risk assess the client including carrying out home visits for those who had children. The assessments would determine whether the client should continue supervised consumption or collect their prescription themselves. Supervised consumption is where clients would be required to attend the pharmacy to be witnessed taking their medication.

Staff recognised and responded to changes in client's health, which they recorded in the care records. They liaised with other services such as GPs, acute and psychiatric hospitals. The services had access to medical staff who could provide them with support and advice when required.

### Management of patient risk

Staff adhered to CGL policies and guidelines around clinical practice, safeguarding and risk management of clients.

The care records and recovery plan showed evidence that staff provided harm reduction advice and motivation to change. Staff ensured clients were aware of the risks of continued substance misuse, they discussed harm reduction as part of the clients initial and ongoing assessment.

There was evidence that staff offered blood borne virus testing.

Staff followed CGL national policy with a matrix that provided guidance on responding to unplanned exits from service. Clients who did not attend appointments and if



# Community-based substance misuse services

deemed a high risk, were discussed at the daily flash meetings. We observed a flash meeting at the Walsall service, where all staff attended. Staff discussed any shortfalls in staffing, alerts, concerns and client risks. Discussions took place around allocated work and any partnership work pertaining to an individual client such as Police and GP.

The service followed their processes when suspicions were raised that clients had passed on their medication to a third party. This is known as diversion. Staff discussed these issues with the doctor and pharmacist and arranged a plan of action such as supervised consumption. Pharmacists would inform the service when and if clients had not attended to collect their prescriptions. Staff continued to monitor the situation and discussed this within the multidisciplinary meeting and with the client.

## Safeguarding

Staff received safeguarding training to support them on how to recognise and report concerns for vulnerable people. They knew how to protect clients from abuse and worked well with other agencies to do so. The service reported 96% training completion rates for the Walsall service, for safeguarding adults and children. Dudley had completion rates of 98% for adult safeguarding and 100% for children safeguarding training. Staff knew how to access the services safeguarding policies and procedures on the service data base. Both services had safeguarding leads who were available to provide support, advice and additional training if required.

Staff identified safeguarding issues within initial assessments and developed client service user plans. They completed referral forms which were sent to the multi-agency safeguarding hubs. In Dudley where consent was provided from the client, staff completed lateral checks for all parents with the local authority. It involved reviewing the services database of parents with children and comparing it to the database of the local authority. This would support them to identify any parents who required support who may have been missed.

Walsall had the 'Edge of care' team who worked in partnership with the local authority to support families who were subject to pre-statutory interventions to try and prevent further escalation in to the care system. The services also provided input in case conferences of client's subject to child protection or child in need plans.

The service had an equality and diversity strategy for all staff, volunteers and clients. They aimed to deliver more inclusive, accessible services to improve outcomes for the clients using the services.

## Staff access to essential information

The service used an electronic patient records system that could be accessed by all relevant staff. Managers explained there was an ongoing national upgrade for equipment, they were currently waiting for the arrival of smart phones. Staff at the Dudley services all had laptops and in Walsall they had electronic tablets. Staff reported that the service had gone paperless and the new electronic system was good. Staff said they had access to their individual caseload and others when covering duty.

Service user representatives and peer support mentors did not have access to all information on the electronic system. However, information on safeguarding and feedback from incidents and were discussed at daily flash meetings so staff were updated.

## Medicines management

Both services had effective practices and procedures relating to the processing and storage of prescriptions. Both services had a prescribing room and a safe where prescriptions were kept. Access to the prescribing rooms was via key code and only designated staff had the code to the room. In Dudley the room also had CCTV in operation. All prescriptions for clients deemed as stable and following a specific pathway or plan were posted to the pharmacy by recorded delivery. Some pharmacists collected the prescriptions from the service where they signed for each individual prescription. Prescriptions were checked by the doctor, administrator and keyworker prior to posting. We saw that the service ensured the process was audited and had a tracking system for prescriptions including those that were void.

Managers explained that clients who had not collect their medication were monitored on a weekly basis. This was to ensure where a client had not taken medication the service would attempt to re-engage them back into treatment as soon as possible to reduce harm. Staff followed the services prescription re-start process for clients who had stopped taking their medication. The process identified the course of action for staff to take when clients had not taken medication for certain periods of time, such as three days, four to 14 days or over 14 days. Clients would be seen by

# Community-based substance misuse services

the recovery worker for assessment. Depending on their circumstances and outcome of assessment, clients could be seen by the prescriber to obtain a prescription. However, if clients were without medication for 10 days or more they were required to see the doctor for a medical review prior to restarting the prescription. The service provided emergency slots throughout the week to support this. The service worked towards clients restarting their prescriptions within 15 days from point of contact with the service. Clients stated that they had seen an improvement in the length of time they had to wait for a prescription re-start. Previously they waited a week for an appointment and then would be seen the following week by the doctor.

Staff followed best practice when storing, giving, and recording medicines. Staff regularly reviewed the effects of medications on each patient's physical health, to ensure they were not experiencing any side effects and the medicine was at the correct dosage.

The service did not store controlled drugs. Naloxone was available and was dispensed to clients or used within the building. Naloxone is a medication used to block the effects of opioids, especially in overdose. The naloxone doses we saw were within their expiry dates and appropriately stored. Staff had received training in teaching clients and other professionals how to use naloxone. One staff member told us local pharmacies had naloxone kits and staff provided them with training in how to use it twice a year. The service kept vaccines in a fridge to ensure their efficacy was maintained. Adrenaline was readily available for injection should clients have an extreme reaction to the vaccine.

Where medicines were stored, we saw that staff checked the room and fridge temperatures daily when the service was open to ensure they remained within range to maintain their efficacy.

Staff completed monthly clinical site audits which reviewed clinical areas, stock, blood borne virus stock (Walsall) and ordering and storage of prescriptions. The service had a statement of purpose for controlled stationary and safe disposal of controlled drugs and destruction of voided prescriptions.

Staff provided clients with children, safe storage childproof locked boxes if required. This minimised the risk of children and others accessing and consuming medication that

would be harmful for them. Clients with children under the age of five were often visited at home. We saw evidence of this in the client care records. Managers stated staff checked the boxes to see if they were locked and in use.

## Track record on safety

The service reported seven deaths from December 2018 to June 2019, one of the deaths was related to the Dudley service and the other six related to Walsall.

A team leader was selected at random to investigate the deaths. Staff were also involved through learning meetings. The service also reviewed deaths in their senior management meetings. As part of the death reporting process, staff received a debrief following a client's death or serious incident. Staff received offers of counselling and support at regular intervals.

## Reporting incidents and learning from when things go wrong

Staff knew how to report incidents and used the electronic system or reported issues to their line manager. They gave examples of incidents they had reported and the changes that had been implemented. Such as when clients did not collect their prescription, the pharmacy were required to inform the service of this. However, some pharmacists were not adhering to this. Staff informed the managers of this which resulted in the guidance being reissued to all pharmacists. The service saw an increase in reporting from pharmacists when clients missed their prescription. Another incident and lessons learnt concerned an unsigned prescription. The client was unable to collect their medication due to this. Staff put a checklist process in place to ensure the error was not repeated.

Managers investigated incidents and shared lessons across the service using the services electronic systems, CGL bulletin, daily flash meetings, team meetings, information governance team meetings and supervision. Managers explained reoccurring risks were put on the risk register. Staff outlined control measures for the risk which was updated as required. We viewed the risk register and saw information relating to ongoing risks such as safeguarding, and risks identified as part of an audit process such as medication.

# Community-based substance misuse services

## Are community-based substance misuse services effective?

(for example, treatment is effective)

Good 

### Assessment of needs and planning of care

We reviewed 12 client care records across the Walsall and Dudley services. We found in all but one record that staff completed comprehensive assessments. They included the current and past information on drug and alcohol use, injecting history, mental and physical health information and diagnosis. The Dudley service had a dual diagnosis team to support clients with a diagnosis of a mental illness and substance misuse. Staff followed a national framework which used specialised and recognised assessment tools.

Staff completed care plans and recovery plans that were holistic, recovery focused and personalised. Information captured at the assessment stage helped to develop care/recovery plans that met the client's needs. There was evidence that actions developed through the plans were followed through.

The service regularly reviewed client's individual needs, this included risk assessment, risk management and recovery plans. Staff developed risk assessment and risk management plans that included a plan for unexpected discharge from service. These plans were discussed with clients and plans were implemented at the initial assessment.

### Best practice in treatment and care

Dudley and Walsall services both provided treatments and care for clients that followed national guidance and best practice. The service offered group intervention at different stages of the client's treatment and recovery. This included, detox awareness, alcoholics and narcotics anonymous, acupuncture, self-help groups, trips to the allotments and fishing. We attended one of the detox recovery groups.

Staff used recommended alcohol audit tools such as severity of alcohol dependence questionnaire and alcohol use disorders identification harm reduction and motivation to change.

Staff supported clients with their physical health and encouraged them to live healthier lives. They provided clients with information about healthy living and services they could access to support them. They offered support to clients who wanted to stop smoking. The service monitored and supported clients to register with a GPs, so their wider health care needs could be met.

The service worked with clients who injected, to understand and confront some of the high-risk injecting practices and reduce infections from blood borne virus. Both services included delivery of clinical interventions such as prescribing, health and wellbeing assessments, detoxification and blood borne virus interventions.

Staff were trained to give naloxone and were able to train clients or carers in the use of naloxone. Staff provided training to staff in local hostels and within other areas such as the homeless project in the use of naloxone. This enabled staff to support those clients at highest risk of drug related death/overdose. The non-medical prescriber in Dudley also attended pharmacies to provide naloxone training twice yearly.

Community psychiatric nurses used Health of the Nation Outcomes Scales as a measure of the health and social functioning of people with severe mental illness. The scale supported staff to monitor mental health of clients with dual diagnosis and offer effective interventions. Staff also completed anti-psychotic monitoring and physical health checks, this included an echocardiogram which is a test that is used to check heart rhythm.

Staff followed national guidance, when working with clients to help them reduce harm or risky behaviours connected with substance misuse. This included providing a needle exchange service and supplying clients with safer storage boxes to protect children from accessing medication. Staff provided Hepatitis C screening and treatment, staff pre-booked clients in to clinics and always gave test results out to clients.

### Skilled staff to deliver care

The service provided new staff and volunteers with a comprehensive four-week induction as per the organisations induction policy. Managers explained that staff were required to complete an induction checklist within six months of them commencing their roles. Following this staff and managers identified training related to their roles.

# Community-based substance misuse services

All staff accessed training through the electronic database. Managers explained role specific training was available such as for the pregnancy worker who worked with clients during their pregnancy or those working in the complex case team. Staff received lists of specialist training that was available to them each month. Staff working in CGL and externally with specialist knowledge, delivered training in groups. We saw training sessions advertised on staff notice boards, training also included shadowing opportunities such as shadowing the specialist substance misuse midwife. Managers explained that training could also be based on lessons learnt, for example, the entry into service team received training on managing males with suicidal behaviour.

The service followed robust recruitment and selection policies and processes. They ensured all staff working within CGL received checks that confirmed they were suitable to work with the client group. Managers explained the service had a new recruitment process which involved a pre-interview exercise. If successful, the candidate would go on to complete a competency values-based interview. The service recruited and trained volunteers who had previously used the service. They went through the appropriate recruitment process and staff supported them with their new roles. The service had a system in place to monitor disclosure barring checks with staff to ensure renewals were completed within the timeframe.

All staff told us they received supervision, they all told us they could also approach managers for informal supervision. The service reported completion rates as between 78% and 89% for Dudley and Walsall from January to June 2019. We saw evidence of completed supervision sessions recorded by managers on the service data base. Managers explained that there were nine supervisions per year per staff, that mostly focussed on staff wellbeing. Staff had weekly case discussions in case review meetings with the team leaders and peers. The consultant and service managers reviewed complex cases monthly in complex case review meetings that staff attended.

The service had reported completion rates for appraisals for the 12 months leading to March 2019 as 29% for the Dudley service, which meant 20 out of 50 staff had received an appraisal. In Walsall 18 out of 54 staff had received an appraisal which was 25%. The organisation had identified supervision and appraisals as a priority due to low levels of

recording. They had begun a work stream and developed an action plan to improve and refocus the importance of supervision and appraisals. During this time the provider had paused the appraisal process, this reflected the low completion rates reported by the service. The service explained that they had released new guidance that allowed frontline staff to complete their own mini appraisal which was optional. They reported completion rates for mini appraisals as 97% for the last 12 months prior to inspection. Staff we spoke with told us they had received an appraisal.

Medical staff told us they received regular supervision and yearly appraisals from the medical director.

The services monitored practice standards monthly to look at the performance of the team and individuals. The practice standards were available to staff on the services intranet and staff knew where to find it. The document provided guidance and information concerning pathways for alcohol and substance misuse, assessments and flow charts for clients presenting with certain issues. Managers had conversed with staff who were found to have performance issues to ascertain the support that would be required. This included shadowing, additional training or other forms of support. Staff would have a support and action plan in place and if there was no improvement a capability plan would be added.

## Multi-disciplinary and inter-agency team work

The staff team had the right skills and qualifications to support clients using the service. Services had multidisciplinary teams that included; recovery workers, volunteers, peer support workers, non-medical prescribers, community psychiatric nurses, social worker, registered general nurses, doctors and pharmacists. The service also had a transitions worker who supported the transition of young people 18 to 25-year olds in to adult services. The service worked with local agencies and teams involved with the clients. This included local authorities, the multi-agency safeguarding hub, criminal justice teams' hospitals, midwifery, hostels, mental health services, GPs, probation and housing. Services also had staff with specialised roles and teams such as young person's team, complex cases, entry in to service team, pregnancy worker, family workers and criminal justice. The liaison and co working with other services supported staff to provide multi-disciplinary input to the clients' comprehensive assessments.

# Community-based substance misuse services

Staff had regular multidisciplinary team meetings to discuss clients progress. Both services also had daily flash meetings that involved all staff. Information about clients, cases, risk, incidents, learning amongst others would be passed on to staff during this meeting. We observed a multi-disciplinary team meeting at the Dudley service. There were thorough discussions concerning the client's social circumstances, mental health, physical health care, medication, housing, education and client goals. There was a good level of mutual respect within the team, equality and a high level of sharing of knowledge of each client.

The flash meeting, we observed in Walsall was well attended, staff discussed alerts and concerns about clients and highlighted some individual partnership working with one of the clients. The meeting was well organised and informative. The meeting in both services was minuted and sent out to all staff through email. Managers explained that in Dudley they also had formal set multidisciplinary case reviews set around clients with dual diagnosis and this was done as part of good practice.

The service also operated a multi-disciplinary approach to reviewing high risk clients within the services. This involved all staff in the care of the client such as consultant, nurse, safeguarding lead, managers and frontline staff. They discussed the case together and agreed on next course of action.

The service had good multiagency team working, it had shared protocols in place to support effective working with GPs, pharmacists, mental health teams and hospitals. Pharmacists and GP's attended monthly meetings. They had regular meetings with clinical commissioning groups where they discussed any issues and shared information.

## Good practice in applying the MCA

Staff were aware of their roles and responsibilities under the Mental Capacity Act 2005 and knew how to support people who lacked capacity. Staff ensured clients' consent to care and treatment was assessed documented and reviewed. We saw evidence of consent to treatment and information sharing documented in all the care records. The service provided staff with training for mental capacity. The completion rates for the Dudley service was 100% for module one and 96% for module two. Walsall had

completion rates of 98% for module one and 93% for module two. Staff said mental capacity was assessed as part of the multi-disciplinary team. Staff knew where to seek advice if required concerning capacity.

## Are community-based substance misuse services caring?

Good 

### Kindness, privacy, dignity, respect, compassion and support

Clients stated they found all staff helpful, kind, respectful, supportive and non-judgemental.

We observed good interactions between clients and staff and open and honest behaviours around the service and within groups. Only one client who attended the services in Dudley stated that although the staff were respectful and polite most of the time, they had experienced being 'snapped' at on occasions. They told us they understood as staff could be rushed off their feet.

Staff could raise concerns about disrespectful, discriminatory or abusive behaviour towards clients and would feel listened to by managers and team leaders.

Clients we spoke with said staff supported them to understand and manage their care and treatment and could ask questions about this as and when required. Staff directed clients and supported them to access other services that would help to support their recovery.

Staff explained the confidentiality agreement and information sharing to the client and recorded it within the electronic care record. Clients told us this was one of the first things that staff discussed and explained to them on point of entry in to the services.

### Involvement in care

Clients were involved in the completion of their plans to support their safety. Staff effectively communicated with clients, so they understood their care and treatment. They involved clients and if appropriate, those close to them in decisions about their care and treatment. Leaflets and other information on the service were available for clients to read.

# Community-based substance misuse services

Where possible staff gave options of medication dose regime and options of choice of pharmacological intervention, decisions were made in conjunction with clients. CGL provided online support and free access to confidential treatment and recovery programs. One client said the program alongside medical treatment helped them to understand themselves and their treatment. The program gave information about dependence, cravings, recovery support. Clients could download action plans in addition to their recovery plans.

The service empowered and supported people to access an advocacy service if they required it.

All clients had service user plans recovery, risk assessment and risk management plans which they developed with staff. They were holistic, person centred and outlined client's goals, preferences and recovery capital.

## Involvement of families and carers

Clients stated family members and or carers, were involved in their care with their permission. The service and staff were very family orientated.

The service regularly encouraged clients, families and carers to give feedback on their experiences through surveys. There were tools on the organisations website that enabled clients, carers and family members to provide feedback. Service user representatives told us they provided reports for senior management meetings concerning feedback from clients, families and carers.

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

Good 

## Access and discharge

The service had locations in Dudley and Walsall that delivered support to residents within these localities. The service also supported those who were homeless, staff went out with the local authority to do a head count of homeless people living on streets, this fed into creating a night shelter in Walsall. As part of this initiative they provided support with needle exchange and naloxone training. The service completed outreach work for high risk

clients including prison. The service tracked clients who had entered in to the prison system and supported those who requested help from the service. When people were released from prison the service provided prescriptions for them. Staff explained that they did not always receive adequate notice of a prison releases, if out of hours they would leave the prescription at a pharmacy nominated by the client.

Staff explained there was a process they followed for people that wanted to attend residential rehabilitation. This included a rehabilitation assessment panel, followed by recommendations. Rehabilitation was provided either through NHS services or other local rehabilitation facilities.

The service was available for anyone seeking help to reduce or recover from their substance misuse, mainly illicit drugs and alcohol. The opening hours for the service was 9:00am to 17:00pm with late night opening on Tuesdays and Thursday up to 20:00pm and late opening on Wednesday at 10:30am. The service had a recorded message for when the service was closed, providing information for clients on the opening hours of the service and other forms of support they could access. Clients could be seen by the services open access duty / entry into service, where staff would see self-referrals and clients that presented in crisis. There was evidence that clients were seen on the same day in completed assessments. They provided direct access into the service or signposting and alternative care pathways for those whose needs could not be met by the service. The service reported weekly attendance figures up to March 2019 as 240 for the Dudley service and 210 for Walsall.

The services operated small groups daily for clients when they wanted to re-engage with their treatment or for clients who missed their appointment or had not collected their medication. This process ensured opportunity for quick and early re-engagement. As per service policy, new appointments were sent to clients who did not attend their first appointments into the service. Following this, if the client did not attend subsequent appointments, the service closed the referral and invited clients to re-refer at a time of their choosing. Where clients were referred by professionals, staff advised of their non-attendance and provided the same advice to re-refer at any time.

## Discharge and transfers of care

# Community-based substance misuse services

Staff completed recovery and risk management plans with clients that reflected their diverse and complex needs. Staff supported clients to access other services, such as housing, employment and debt management.

Clients discharge was planned with them from the beginning of their journey with services. Staff liaised and included other services involved with the client so that everyone was aware of the discharge plans. There were fluid and seamless transfer between staff and specialised teams within the service.

## **The facilities promote recovery, comfort, dignity and confidentiality**

Clients attending both services were greeted by reception staff. They waited in reception until staff came to escort them through to other areas of the building that had controlled access. Both premises had disabled access, however the Walsall service had stairs leading to the entrance. The service had recently removed a lift for disabled access as it was not reliable. It was replaced with a portable ramp which would be accessed as and when required. However, there was nothing to alert staff to when a client would require the ramp. We discussed this with managers who said they would look at ways in which to rectify the situation.

The clients waiting room at the Walsall service was bright and welcoming. It had lots of information concerning health and wellbeing, other services within the community that clients could access. They also provided information on up and coming events and groups run by the service at the Beacon and their other site in Walsall. The reception in Dudley had a large space for clients. They had information on notice boards for clients to support them with their recovery. All information at both services was up to date and not crowded onto notice boards, therefore making it easier for the client to read.

The rooms staff used to see clients promoted privacy and dignity. Both services had separate entrances to needle exchange rooms. A radio played within the reception areas to provide confidentiality when taking information from calls they received or when speaking to clients. Clients had access to a kitchen where they could make hot or cold drinks.

## **Patients' engagement with the wider community**

Staff at both services provided clients with opportunities for employment and education as identified in assessments. Staff from the local authority housing attend the Dudley service weekly, and there was support from the education worker who attended once a week. There was daily attendance at the Dudley service by probation officers and clients also had access to other services who regularly attended to provide support with finances including debt management.

Clients told us they were able to access computers and phones, staff also helped them to engage with other services in the community, such as jobcentres.

## **Meeting the needs of all people who use the service**

Information was available for clients in different languages on the services website, staff could print leaflets in different languages as and when required. Clients told us the CGL website was always updated with new information, they felt that everything they needed was covered by the website. The services had use of an online booking system for interpreters or staff who were fluent in certain languages would complete the assessments if appropriate.

The services had packs for homeless clients which included sleeping bag and basic provisions. They provided free food from their services and food vouchers for those in need from local food banks. They also had a clothes bank which included children's clothes and toys available for clients.

The Dudley service had volunteers who collected clients with physical health problems from their home addresses to attend any appointments. They also provided bus passes for clients to support attendance at their appointments with services.

Managers told us the service had local champions/leads for protected characteristic groups.

They had national lesbian gay bisexual transgender leads and national diversity equality racial leads and champions. Staff provided feedback to the workforce to improve and support of clients with protected characteristics.

## **Listening to and learning from concerns and complaints**

The service had complaints forms and suggestion boxes in both reception areas for clients to provide feedback. They also encouraged them to have their say through the services complaints and compliments feedback system.

# Community-based substance misuse services

The feedback from complaints was on notice boards in areas used by the clients. This was in the form of “You said”, “We did”. Clients said they would feel confident to complain if they needed to. Service user representatives supported clients to make complaints when required. They attended senior management meetings with the peer support mentors to input in to the discussions. Locally managers looked at complaints and discussed them in meetings and informed staff on any lessons learnt and changes that were made to working practices.

## Are community-based substance misuse services well-led?

Good 

### Leadership

Managers at all levels had the right skills and knowledge to complete their roles. They had worked within services for several years and therefore had the necessary experience of working with the client group to provide good leadership to other staff. They were confident, passionate and committed to supporting staff in providing good quality sustainable care. Leaders were visible in the service and approachable for clients and staff. Staff told us they experienced good leadership from managers, they were approachable, always listened and provided plenty of support.

Leaders had a good understanding of the services they managed. They were able to clearly explain the direction of the service and what they wanted to achieve to benefit clients. The organisation had a clear definition of recovery which was shared and understood by all staff.

### Vision and strategy

Staff understood CGLs visions and values as a team and part of the wider organisation which they demonstrated in their daily roles. Managers said the visions and values began at the recruitment process where potential staff completed a competency values-based interview. This supported the recruitment panel to make decisions on employing the right person for the role. The service values were focused on the client to enable them to achieve positive change. Empowerment – allowed clients reach their full potential. Social justice – demonstrated a shared

commitment as individuals and as an organisation. Respect – for each person they engaged. Passion – to be driven by innovation and determination to bring about outcomes for individuals and communities and vocation.

All staff had job descriptions and knew what their roles and responsibilities were within the service and the boundaries of that role when working with clients.

Managers could describe how they were working to deliver high quality care within the budgets available. They had staff engagement days, which were commissioner led discussions around budget reductions and what the impact is or would be.

### Culture

All but one of the staff members we spoke to across both services felt supported and valued, they enjoyed their role and felt well respected.

Staff were passionate about the support they provided to clients and loved their roles and job satisfaction they received. They felt valued as part of their team and positive and proud about the service and organisation they worked for. Staff told us that generally morale was good. One member of staff at the Walsall team explained that morale could be up or down, but they worked well as a team and supported each other.

Nationally CGL had a volunteer week. The services chose to recognise the contribution volunteers made to the teams and hosted a volunteer celebration day. This was attended by commissioners, managers and leads locally and regionally. We saw voting boxes at the services for staff to vote for volunteers who were then presented with certificates during the celebrations. The time was spent celebrating all volunteers and the skills and experience they brought to the services.

The service reported a low completion rates of appraisals, due to reviewing staff appraisal documents and a redesign of their systems. They had mini appraisals that were optional that staff could complete until the completion of the new appraisal documents. Staff had discussions with their managers about training and career development. Staff told us about their journey through the service as clients and how they had joined the service as volunteers or service user representatives and progressed within the service.



# Community-based substance misuse services

The service had procedures in place to effectively manage cases of bullying and harassment and responded promptly.

Staff had wellbeing hours. The service had implemented this in recognition of how at times the nature of the work could be stressful and the need for staff to maintain their wellbeing. Staff said they used their hour in a variety of ways to support their well-being. At Walsall they had a designated room for relaxation, reading or just a quiet space. The service implemented staff treat days following feedback from staff that they wanted less business days and more treat days.

The service had equality and diversity leads for both staff and clients. They linked in with the national work streams created for the organisation's equality, diversity and inclusion strategy. Staff wore rainbow coloured lanyards which identified staff listeners. Managers explained that staff were asked about setting up local groups for black, Asian, minority ethnic groups and lesbian, gay, bisexual and transgender groups. One group is in the process of being set up for transgender groups.

## Governance

The governance for the services was good. Staff received regular supervision and could meet with managers as and when required for support and guidance. Staff completed mandatory training and had access to training pertinent to their roles. Services had a range of skilled staff and access to external professionals that offered shadowing experiences and training. Staff had access to the services pathways and practice standards. This supported staff to understand the structure of the service they were working in and the pathways followed for each provision of service.

Staff knew what incidents to report. The services investigated and reported on incidents at every level. Managers attended integrated governance team meetings, learning from deaths and incidents. Lessons learnt from incidents and complaints were shared with all staff at different forums. There were monthly training sessions where both services would close for an hour. Managers tried to make decisions with staff, so they felt part of the process. Minutes of meetings we viewed had a clear agenda. This included, reports on mandatory training, performance indicators, feedback on complaints, staffing, risks, safeguarding feedback from staff and clients.

Managers said that all staff were involved in completing audits. This included daily audits, medicine management

and clinical site audits. Information from audits were fed in to various meetings within the service for discussion and action, such as the information governance team meetings. We saw evidence of audits in client care records. This included confidentiality waivers and to check consent to share documents were signed prior to sharing information. The service also had 'Mystery shoppers', who attended services and reported their experiences back to managers. We saw in the minutes of the senior managers meeting that there was some learning from the feedback that would be discussed with the relevant team.

The service notified internal and external organisations as required such as Public Health England and CQC.

Staff understood the arrangements for working with other teams, both within the provider and external, to meet the needs of the clients.

The services had a whistle blowing policy. They had a staff representative who staff could be approached to raise concerns of bullying and harassment. The representative also attended regional staff forums. Staff could also go to managers with concerns of bullying and harassment.

## Management of risk, issues and performance

There was a clear quality assurance management and performance framework in place that was integrated across all organisational policies and procedures. The service monitored performance monthly within senior management meetings, operational managers meetings and within supervision. Any practice identified as requiring improvement resulted in the introduction and development of support plans and action plans. We saw that the performance boards were displayed on each of the services notice boards. Managers explained that this was a guide for staff to see how the service was performing, it involved the teams in improving performance within the service.

Managers had access to the risk register. Staff raised issues and concerns with managers to add to the risk register. Any incidents captured on the service database were also placed on the risk register. Staff did not notify us of any concerns they had about the service. The risk register identified issues such as reasons for setting up a complex case team due to high levels of intravenous use of opiates, the number of amputees in Dudley and mental health needs for clients due to suicide prevalence in both service areas.

# Community-based substance misuse services

Managers could describe how they were working to deliver high quality care within the budgets available and without compromising the clients care. As budgets were regularly decreasing the organisation were forward in their planning. The service discussed and made plans with senior leaders within the organisation and with the local authority who commissioned services.

## Information management

Staff had access to equipment and information technology to do their roles. They had access to essential information as required. The service had improved some of the technology they used by updating the equipment so that staff would have updated laptops and were waiting for new smartphones. Information was accessible for managers to support them in their role, this included staffing and client care. The service was also making improvements to the system for both supervision and appraisals.

All information required to support and deliver client care was available to relevant staff and stored securely on the service database. Information pertaining to client prescriptions were on a safe and secure prescribing system. Once printed prescriptions were contained in safes at the services.

The service developed information sharing protocols and joint working with external organisations such as the local authority, probation, police and domestic violence agencies. They joint worked with commissioners and Public Health England. They participated in facilitating early and better information sharing. This included referrals to the Multi-Agency Safeguarding Hub and attendance at Multi Agency Risk Assessment Conference. They also received requests for information from safeguarding teams when someone known to the services in Dudley or Walsall had been referred to them. The service also attended Police stations and provided support when people in custody had tested positive for drug use.

Staff explained that they were building pathways and access into community mental health services particularly in Walsall. The Consultants lead on these pathways. Bi-monthly meetings were held with consultants from mental health services to improve communication and partnership working.

Where a Client had been identified as being at high risk of radicalisation, staff referred using the 'Prevent' strategy and supported client through treatment process. This has involved working in partnership with key agencies to reduce risk posed by the client, whilst maintaining care and engagement in high risk situation.

## Engagement

Clients and carers were provided with opportunities to give feedback on the care they received from the service. Information was gathered through surveys and feedback forms were available.

Information on the service was available on the service website. Clients, carers, staff and other professionals and agencies could sign up to receive the service newsletter. There was a list of information such as job vacancies, harm reduction information, news, recovery and support advice, research and reports. We saw that information concerning the move was also on the service website.

## Learning, continuous improvement and innovation

The service was working on low threshold prescribing and would be working with consultants in other areas.

The community engagement team within the service were working on providing training to mental health workers in the use of naloxone.

# Outstanding practice and areas for improvement

## Outstanding practice

The service had a transitions worker who supported the transition of young people 18 to 25-year olds in to adult substance misuse services.

The service supported those who were homeless, staff went above and beyond their duty. They went out with the local authority to do a head count of homeless people living on streets, this fed into creating a night shelter in Walsall.

## Areas for improvement

### Action the provider **SHOULD** take to improve

- The provider should ensure that staff receive appraisals, to enable a formal assessment of their performance, support career progression, training and development.