CASA Family Service, Resource Centre

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

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.

Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- CASA provided an effective model of intervention that supported families where parents had substance misuse issues.
- The service focused on the physical, social and emotional wellbeing of children.
- The service was safe and there was a strong culture of assessing and managing risk.
- CASA used the Child Focused Family Intervention Model, which identified and used the strengths and values in the families it worked with.
- This model was clear and goal focussed. Outcomes were measured and were designed to monitor child wellbeing and protective parenting.
- The service saw improvements in protective parenting, and a reduction in drug and alcohol related harm in the majority of the families it worked with.
- Clients had full confidence in the ability and experience of the staff.

Summary of findings

- Professionals in the field of child protection said that the staff were professional, effective and reliable.
- The service used different tools and methods to make children feel less alone in their circumstances and the children fed back that this was successful.
- Staff had a flexible approach to organising appointments and engaging with children and families.
- The service had established relationships with local children's organisations, schools, child protection agencies, domestic violence advocacy services and other organisations. Professionals from these organisations felt that CASA was a necessary part of their work, and said that the service really helped children and families through traumatic circumstances.
- CASA was committed to change, quality, honesty and integrity and we saw that these values ran through the delivery of the service and the model of intervention that was used.

However:

- The parent provider, Blenheim CDP, did not have systems in place to provide support to staff during periods of change.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services		See overall summary.

Summary of findings

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CASA Family Service, Resource Centre

Services we looked at
Substance misuse services

Summary of this inspection

Background to CASA Family Service, Resource Centre

CASA Family Service, Resource Centre (CASA) was set up in 2005 following the publication of the Hidden Harm report by the government in 2003. This report set out the harm that children and families suffer due to family members that misuse drug and alcohol.

Islington Council contracted CASA to engage and work with families who are affected by alcohol and drug misuse. It helped children, aged 0 to 18, and families, living in Islington, who were having difficulties because of parental use of alcohol or drugs. The main aims of the support offered was to increase protective parenting, increase child resilience, decrease the impact of parental substance misuse and decrease parental substance misuse.

CASA contributed to the Stronger Families programme in Islington which is part of the government's Troubled Families programme.

Blenheim CDP annual report for 2015 to 2016 stated that CASA provided support to 75 families through direct work, structured therapeutic intervention and workshops with parents/carers, children and families during that year.

Our inspection team

The team that inspected the service comprised of one CQC inspector and two specialist advisors with expertise in social work and safeguarding vulnerable adults and children.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme to make sure health and care services in England meet the Health and Social Care Act 2008 (regulated activities) regulations 2014.

How we carried out this inspection

To understand the experience of people who use services, we ask the following five questions about every service:

- 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 asked other organisations for information.

During the inspection visit, the inspection team:

- visited the service and looked at the quality of the physical environment
- spoke with seven clients
- spoke with the service manager and the area manager for the service
- spoke with three other staff members employed by the service
- spoke with four child protection professionals, social workers and domestic violence advocacy professionals.

Summary of this inspection

- collected feedback from twenty clients
- looked at nine care and treatment records for clients
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

Clients said that the advice they were given by the staff was very helpful. Clients said that they spread the word about this service to other individuals in the community who were in difficulty, as clients had confidence in the staff. Clients said that staff talked honestly with children about the family situation and allowed them to express the feelings they had. Two clients spoke very positively about how the service had helped their family.

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 do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The environment was clean and well-lit and there were a great variety of toys and books for children of all ages.
- There were enough staff members to deliver the service safely. Staff sickness was low and there was no staff turnover in the last year.
- Staff had all completed mandatory training and understood children and adult safeguarding procedures.
- The service carefully risk assessed each client and developed risk management plans. Staff discussed each client in the weekly staff meetings, which highlighted any change in circumstances or new information which meant that risk assessments had to be amended.
- There were no accidents, one safeguarding alert and no incidents at the service for the previous 12 months.
- There was a clear system in place to log and escalate incidents, accidents and safeguarding alerts or concerns.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- CASA used the Child Focused Family Intervention Model, which identified and used the strengths and values in the families it worked with. This model was clear and goal focussed. Clients understood the model and were able to say where they were in the intervention process.
- The service focused on the physical, social and emotional wellbeing of children.
- The service saw improvements in protective parenting, and a reduction in drug and alcohol related harm in the majority of the families it worked with.
- Staff measured outcomes at the beginning, during and at the end of the intervention. Measuring tools were designed to monitor child wellbeing and protective parenting.
- Staff were trained in psychoanalytic understanding of trauma, working with survivors of childhood sexual abuse and adult mental health.
- Clients had full confidence in the ability and experience of the staff.

Summary of this inspection

- Staff worked closely with children's social care services and professionals in these fields said that the staff were professional, effective and reliable. The service had also provided training to children's social workers in talking to children about their parents' drug or alcohol use and talking to parents about their drug or alcohol use.
- The service had established relationships with local children's organisations, schools, child protection agencies, domestic violence advocacy services and other relevant organisations. Professionals from these organisations felt that CASA was a necessary part of their work and said that the service really helped children and families through traumatic circumstances.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients were all very positive about the staff and service and said that they felt listened to and respected at the service.
- All the feedback from clients indicated that the service was very compassionate and dedicated to the well-being of the clients. There was no negative feedback and there were no complaints.
- Staff sent a letter to people who had completed the intervention to ask for feedback. There was also a chance to feedback through the family and young carers' workshops, however these workshops had closed in April 2016 due to lack of funding.
- The service used different tools and methods to make children feel less alone in their circumstances and the children fed back that this was successful.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- There was no waiting list and there was a protocol in place if a waiting list occurred.
- The service signposted clients to relevant social care agencies when needed.
- The service had a clear discharge plan. which was incorporated into the care plan for each client. There was a protocol to process unplanned exits from the service. There was evidence that staff worked hard to engage with people who traditionally refused professional involvement.
- Staff had a flexible approach to engaging with children and families.

Summary of this inspection

- Staff were sensitive to client's challenging circumstances and made the service as safe and accommodating as they could.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- CASA was committed to change, quality, honesty and integrity and we saw that these values ran through the ethos of the service and the model of intervention that was used.
- Professionals valued highly the support that CASA gave to children and families and said that they had seen first-hand the transformations that families had gone through due to the work that CASA did.
- The service was involved in a research project with the National Addiction Centre who was studying family interventions in substance misuse.

However:

- Staff felt anxious that there was only 12 months of funding left to continue the service. There was insufficient support given to staff by the provider to support them through this period of uncertainty.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff assessed young people in accordance with Gillick competency when necessary. Gillick competency is used to determine whether a child (16 years or younger) is able to consent to his or her own treatment, without the need for parental permission or knowledge. This was done where staff were working directly with children, especially when they were delivering the young carers' workshop. Staff all had training in the Mental Capacity Act and they were able to explain what the Gillick competency was and how it would affect the service delivery.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- The environment was clean and well lit. The rooms were welcoming and well decorated.
- The service was on the first floor of a communal space, which had different voluntary organisations operating from it. There was an intercom system at the front door to the building, which staff kept locked. The stairs had a child safety gate at the top. There were child safety locks on all cupboards, corner guards on tables and cabinets, and electricity guards on the points. This made the physical environment safe for young children. Staff said that children were supervised by staff the whole time they were on the premises.
- An outside contractor cleaned the building that the service was in; and cleaners hired by the service cleaned the rooms used by staff and clients. The cleaners filled in and signed the cleaning rotas. There was a separate rota for the regular cleaning of the toys and books, which was filled in and signed. We reviewed the infection control audits and the infection control policy, which were all completed and up to date.
- There was a large family room and two smaller consultation rooms. The staff worked in a spacious office with locked storage spaces for care records, which were all in paper format. The manager had a separate room. A large, well furnished room was available for staff to use for breaks and meetings.
- Much of the environmental health and safety checks were done by an outside contractor, which was contracted by the building the service operated from. The contractor maintained the fire extinguishers, emergency lights and alarms. All the fire extinguishers and the portable appliances had been tested done within the last year.
- Posters displayed on the wall of the service explained the health and safety arrangements and listed the names of the fire warden and first aid personnel.

Safe staffing

- There were four staff members, including the service manager. Three of the staff worked four days a week; the fourth staff member worked two days a week. The service had an area manager, who had one day a week dedicated to the service. The staffing was constrained by funding. There was enough staff to do the work safely, although leave had to be coordinated among the staff. If a staff member was off sick, the area manager came in to cover if they were available. Staff sickness levels were low during the last 12 months. Information from the service stated that staff sickness for the past year was 4% and there was no turnover of staff.
- All staff had enhanced disclosure and barring checks done. We saw evidence of staff having attended all mandatory training. This training included children and adult safeguarding, health and safety, information governance, risk management and Mental Capacity Act training. There were supervision contracts and records for all staff and annual appraisals were all done.

Assessing and managing risk to clients and staff

- The service had raised one safeguarding referral during the past year. The service's safeguarding policy and protocol reflected the Children Act 1989 and the Pan London Child Safeguarding recommendations. The service had close links with social workers as most clients had a children's social worker involved. The manager and staff were able to say what they would do if they had to raise a safeguarding alert or concern. We saw flow charts showing key steps in relevant safety procedures with contact numbers on the staff office noticeboards.

Substance misuse services

- In identifying the risks inherent in the clientele who use the service, the staff used guidance around assessing risk of parental drug or alcohol use. Risks to children included exposure to chaotic parental behaviour, insecure attachment patterns, neglect of children's physical needs and routines, associated health risks and physical dangers and increased risk of abuse. Staff liaised with the social worker to develop the individual risk assessments. These risk assessments then informed the risk management plans which mitigated risks where possible and helped staff work with the families to reduce risks.
- Staff met weekly to overview the risks in the team caseload. Staff recorded and filed these meeting notes in client records. We observed that these weekly meetings informed the risk management of the families, as actions decided at these meetings were highlighted to mitigate any new risks. This meant that staff continuously updated the risk management plans.
- Staff completed environmental risk assessments regularly. The health and safety assessments were reviewed quarterly. There were office risk assessments, as well as lone worker assessments completed. Although professionals accompanied staff when they went into the community, they sometimes saw clients in the office when they were on their own. We saw panic alarm buttons in the consulting room and the maintenance records showed that an outside contractor had tested them recently. Staff showed they understood and followed the services' lone worker policy. This policy stated that staff would phone another staff member or the service manager before the client arrived for a session and afterwards. Staff said that if the panic alarm button sounded, they would receive support from the other organisations in the building. However, they had never had to sound the panic alarm.
- The service submitted an annual audit to their commissioners to ensure they met the requirements of the Children's Act. This audit checked that the service met the necessary requirements for providers working with children and families in a safe manner. We saw that the service was compliant for all the areas that the audit covered for the last year.

Track record on safety

- There had been no accidents or incidents at the service for the previous 12 months. The service raised one safeguarding concern during this time. The manager for the service explained that families were accepted into the service if staff assessed that they were stable enough to benefit from their intervention. The manager said that during the seven years that the service had been operating, there had been few incidents. They attributed this to the calibre of the staff and the safe working practices at the service.

Reporting incidents and learning from when things go wrong

- If incidents were to occur, staff said they knew to report incidents on the online incident reporting system. Incident reports were overseen by the manager at CASA, as well as at senior management level and the clinical board at the parent organisation.
- If accidents were to occur, staff said they would be reported in the accident forms in line with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013. We saw that these forms were available and that staff knew what they were for.
- All staff had training on how to report incidents, accidents and safeguarding alerts and concerns. Staff felt confident that they would speak to their manager, or speak to the area manager, if he was not around. We saw that there was an incident and accident policy for the service.

Duty of candour

- Service had a policy on the duty of candour and that the service manager understood this duty. This duty was introduced in April 2015. It requires staff to provide people who use the services with reasonable support, truthful information and an apology when things go wrong.

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

Assessment of needs and planning of care (including assessment of physical and mental health needs and existence of referral pathways)

- Most referrals came from children's social services, although 18% were self referrals in the last year.
- CASA used the Child Focused Family Intervention Model developed by a child counsellor and national expert on

children and families affected by substance misuse. This model was strengths based and identified family values and existing resources in order to develop care plans for children and families.

- The intervention model had three main stages after referral. There was a screening stage, where the service was explained, a risk assessment and risk action plan developed, and a common assessment framework completed, if the social worker involved had not completed one. A common assessment framework was the assessment tool used by children's social services and other organisations. After the screening, the assessment stage developed the care plan in agreement with the family. The third stage concerned goal attainment, where staff worked with families to achieve the goals, which could take up to nine months.
- Care plans had review dates, and indicated clear steps towards stated goals. Care records logged each contact with professionals and had a record of communications with them.
- Clients said that the before and after assessments were helpful as it showed the changes and improvements that they had made during the intervention.
- Clients we spoke with said they understood their care plan and it gave them a sense of certainty. Clients were able to say which step they were on with the programme. Clients said that they felt involved in the development of their care plan.
- Staff gave families and young people an information pack at the end of their first session with the service. This included information concerning the service's protocol in regards to safeguarding and client confidentiality as well as explanations as to why the service requested to share specific information about clients with social services in line with the Troubled Families programme. They also had a copy of the mutual contract of behaviour between them and the service, a complaints procedure and flowchart, and an explanation of the core intervention pathway.

Best practice in treatment and care

- Families and clients were asked which organisations they consented the service to share their information with. If they agreed, then they signed the consent form to show that they agreed.
- Outcomes for the intervention were measured using three different methodologies. One was through a strengths and difficulties questionnaire at the beginning and throughout the intervention. Strengths and difficulties questionnaires are widely used in youth work and measure the psychological wellbeing in children aged two to 17. Another measurement tool that the service used was the parenting scale questionnaire. The commissioning bodies had asked the service to pilot this measurement tool as part of the delivery of the service. This scale aimed to assess the frequency and impact potential negative parenting. A third outcome measuring tool was aligned closely to the service delivery model and measured child resilience and protective parenting markers.
- We saw evidence of all three outcome measurements being used and recorded in all case records reviewed.
- The service used resources in the Hidden Harm toolkit, which had been developed by Comic Relief and Alcohol Concern. This included tools to agree outcomes with clients, needs assessment frameworks, and developing effective partnerships. This ensured consistency with other organisations who had been funded to provide similar services to children and families affected by substance misuse.
- Blenheim CDP was the parent provider who governed CASA along with many other substance misuse services. The Blenheim CDP Annual Report 2015 to 2016 stated that of the families that passed the screening stage demonstrated positive outcomes. 94% saw an increase in protective parenting, 89% saw a reduction in drug and alcohol related harm and 86% saw a reduction in alcohol and drug use.

Skilled staff to deliver care

- The service manager was a registered social worker with extensive experience in safeguarding children. One staff member was a trained independent domestic violence advocate.
- Staff had completed and received certificates in psychoanalytic understanding of trauma; memory, trauma and disassociation in psychotherapy; working with survivors of childhood sexual abuse; and adult mental health.
- We looked at all the staff files. Staff had monthly supervision sessions and annual appraisal. Staff also received external supervision every two weeks with a trained children's psychologist to give support and advice. The frequency of supervision went up if needed

and if staff identified the need for more support. Management was able to support staff individually to ensure they were able to perform tasks to the best of their ability.
- We saw evidence from feedback forms that clients valued the staff and service highly. They said that the staff did everything they could to help the clients through very difficult times, and this help was invaluable to seeing clients through. Clients had confidence in the ability and experience of the staff.

Multidisciplinary and inter-agency team work

- Staff worked closely with children's social care, early help services and domestic violence services. We heard from professionals in these fields who said that the staff were professional, effective and worked well with other agencies. Care records showed that child in need plans, common assessment framework paperwork and other agencies assessments were present for clients who had them.
- From July 2016 to October 2016, 79% of families that CASA worked with were open to children social services. The service also worked with domestic violence support agencies, adult substance misuse treatment services, local schools and children centres.
- Professionals from children social services and family advocacy organisations said that there was no other organisation in the area providing the service that CASA did. Professionals valued highly the support that CASA gave to children and families and said that they had seen first-hand the transformations that vulnerable children and troubled families had gone through due to the work that CASA did.
- The service had provided training to children's social workers on how to work with children of drug and alcohol parents. We saw very positive feedback from social workers from the community children and adolescents mental health service who had received this training during the last year.

Good practice in applying the MCA

Staff assessed young people in accordance with Gillick competency when necessary. Gillick competency is used to determine whether a child (16 years or younger) is able to consent to his or her own treatment, without the need for parental permission or knowledge. This was done where staff were working directly with children, especially when they were delivering the young carers workshop. All staff had training in the Mental Capacity Act and they were able to explain what the Gillick competency was and how it would be used.

Are substance misuse services caring?

Kindness, dignity, respect and support

- Clients said that from the first visit to the service to the last, they knew they had someone who listened and gave sound advice. Clients found the service positive, friendly and helpful. Staff supported clients to understand the situation they were in and gave clients the confidence to address the issues they had.
- There was no negative feedback from the written feedback we saw or from the clients we spoke with during the inspection.
- Clients who used CASA were vocal about the need for more people and children to find out about the service and get help. Clients found the workshops and activities very helpful in understanding the impact of alcohol and drug use on families and children. Clients found that this service was the only one that provided real help to families with alcohol and drug issues.

The involvement of clients in the care they receive

- Staff sent a letter to people who had just finished using the service asking for anonymous feedback. We saw 20 examples of such feedback for the last year and it was all overwhelmingly positive.
- People said that the service needed a bigger space and more staff so that more people could benefit from the service.
- We spoke to seven clients, some of them said that they wanted the family workshop and young carers' workshop to return. This work stopped in April 2016 due to funding being cut.
- We saw evidence of the type of work the service did to make sure children did not feel alone in their circumstances. For example, staff gave every new child that came to the service a little coloured flag to put up on a map of Islington. The child would put the flag on the neighbourhood where they lived, and were told that all the other flags spread evenly across the map represented children who also had alcohol and drug using parents and who also had come to the service.

There were more than two hundred little flags on the map. We saw from the written quotes from children, which were pasted on the wall next to the map that some children did not feel alone after using the service.
- The family workshop had also provided an element of service user feedback to the service. Children wrote that before they had come to the workshop they had felt sad and uncertain; but afterwards they were happier, confident and able to speak more about their situation.

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

Access and discharge

- There was no waiting list to receive assessment, but there was a protocol in place to address a waiting list if one occurred. There was a screening session done initially with the family so that the methodology of the service could be explained and the service could understand what the needs of the family were and if they would be appropriate for the service.
- The service signposted clients to other services when it appeared that the clients had additional complex needs. For example, the service had made a referral to the multi-agency risk assessment conference (MARAC), where information on the highest risk domestic abuse cases and involves the police and probation services, health and child protection organisations, housing and other specialists. We saw an example where a MARAC referral was completed by the service, but not accepted as the case did not meet the threshold for MARAC involvement.
- There were separate procedures around discharge from the service; one around planned discharge and one for unexpected exit from service intervention.
- Staff discussed planned discharges from the service at the earliest opportunity to ensure that professionals were involved in a coordinated and planned way. We looked at nine care records. In all the care records we looked at, there were closing care plans with the signature of the clients and a list of professionals who would continue to be involved in the care of the family. In all the care records we looked at, there were closing letters being sent to the relevant social worker when cases were closed.
- Unplanned exit from service followed from continued non-attendance at sessions with staff. The attendance at sessions was generally low, between 55 and 65%. These cancellations were due to the chaotic nature of the clientele. There was a cancellation policy, which involved telephoning and writing letters to offer new appointments. The service prided itself in engaging with people who had traditionally not engaged with services. In the 20 examples of feedback from clients, we read examples of the clients being grateful for the efforts of the service in re engaging with them, after they had refused to attend sessions. We saw examples in two of the care records, which showed previous attempts to start intervention before the client started regularly attending the service and finishing the course of engagement.

The facilities promote recovery, comfort, dignity and confidentiality

- The rooms and furnishings were welcoming and there were a great variety of toys and books for children of all ages. The clients we spoke with said that the space was inviting.
- There was evidence of group work on the walls of the family room and artwork done by the children of the service. There were quotes from children indicating the positive change that they had gone through at the service in a 'tree of positivity' montage.
- There were two consultation rooms, which were homely and comfortable.
- Tea, coffee and juice was available for clients.

Meeting the needs of all clients

- The service had a structured approach to caring for children and young people affected by parental drug and alcohol misuse. This approach focused on empowering children to take care of themselves, to communicate how they were feeling and to make healthy choices.
- The local authority commissioned the service in response to the government's Hidden Harm report and the high level of drug and alcohol misuse in the borough. Its approach was based on evidence and best practice from sources such as Silent Voices, a report from the Children's Commissioner 2012.

- There was a flexible approach to engaging with children and families, such as visiting clients at home, supporting clients at meetings other than at the service, and evening appointments.
- Staff were available to care for children if the parents had a session with a worker.
- The service used interpreters for people whose first language was not English, and signers for people who needed it.
- Staff listened and developed engagement strategies with people who wanted specific modes of communication; for example, those who did not want phone calls made to the family home due to risks around domestic violence. Staff worked very hard to engage with people who lived in challenging circumstances.
- There was disabled access to the first floor, with accessible toilets and baby changing facilities. There were also booster seats for the toilets for young children.
- Leaflets were available in an accessible format for children.
- All staff had training in equality in the workplace. Support was available for staff who had different abilities so that they could maintain the standard of record keeping and care planning.

Listening to and learning from concerns and complaints

- There were no complaints. Clients we spoke with said that they knew how to complain and felt that they could speak to the manager if there were any problems. There was information about how to complain posted in the corridor of the service.

Are substance misuse services well-led?

Vision and values

- The values of the service were commitment to change, quality, honesty, innovation and integrity. CASA believed in people's capacity to change. CASA provided opportunities for families to develop through support and learning and they advocated that the opportunity to change is a right not a privilege. We saw that these values ran through the ethos of the service and the model of intervention that was used.

Good governance

- Staff said that the parent organisation, Blenheim CDP, had monthly managers' meetings to discuss risks to delivery of service. The manager for the service attended these meetings. The manager said that they felt able to bring up issues and concerns at these meetings.
- Blenheim CDP's general strategy did not specifically mention CASA, but did highlight areas for development to increase the chance of winning bids for the services under its umbrella. Staff said that the Business Development Unit at Blenheim CDP supported CASA by providing business support in the preparation and delivery of bids.

Leadership, morale and staff engagement

- Staff said that within the team, there was good morale and that the manager led the team well. The area manager had training in managing grievance and disciplinary situation, supervising staff and had attained their management qualification. Staff knew that there was a whistleblowing policy in place.
- The director of services had been at the service recently to do a quality audit on the service. The area manager responsible for the service was there regularly. Another area manager had recently visited the service. The provider's human resources officer came to the service when needed.
- Staff said that CASA was integrated into the provider's structure. They felt that there were advantages to being part of a bigger family of services as functions were centralised. The provider was able to fulfil tasks with regards to human resources, financing and fundraising better than if CASA were left to do it on their own. However there was evidence that there was a lack of information being passed down from Blenheim CPD to the staff members at CASA regarding the service's financial situation and future sustainability.
- The staff felt anxious that there was only 12 months of confirmed funding left to continue the service. We saw from supervision records that there was insufficient engagement by Blenheim CDP to support the staff through this period of uncertainty.

- The staff had all been there over five years and felt passionate about the clients and their care and welfare. They said that their work was worthwhile and they enjoyed the successes they had with clients and the transformation they were able to see in the families.

Commitment to quality improvement and innovation

- The service was involved in a current research project with the National Addiction Centre in association with the institute of psychiatry at the University of London, who were studying family interventions in substance misuse.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

The provider should ensure that arrangements are in place to properly consult with and support staff during a period of change.