

Change, Grow, Live

# CGL Birmingham

## Inspection report

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

### Ratings

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

# Summary of findings

## Overall summary

- The service provided safe care. The premises where clients were seen were safe and clean. The number of clients on the caseload of the teams, and of individual members of staff, enabled staff to provide time clients needed. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the clients and in line with national guidance in best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The teams included or had access to the full range of specialists required to meet the needs of clients under their care. Managers ensured staff received training, supervision and appraisal. Staff worked well together as a multidisciplinary team and relevant services outside the organisation.
- Staff treated clients with compassion and kindness and understood the individual needs of clients. They actively involved clients in decisions and care planning.
- The service was easy to access. Staff planned and managed discharge well and had alternative pathways for people whose needs it could not meet.
- The service was well led, and the governance processes ensured that its procedures ran smoothly.

# Summary of findings

## Our judgements about each of the main services

### Service

#### Community-based substance misuse services

### Rating

Good



### Summary of each main service

We rated it as good because:

- The service provided safe care. The premises where clients were seen were safe and clean. The number of clients on the caseload of the teams, and of individual members of staff, enabled staff to provide time clients needed. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the clients and in line with national guidance in best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The teams included or had access to the full range of specialists required to meet the needs of clients under their care. Managers ensured staff received training, supervision and appraisal. Staff worked well together as a multidisciplinary team and relevant services outside the organisation.
- Staff treated clients with compassion and kindness and understood the individual needs of clients. They actively involved clients in decisions and care planning.
- The service was easy to access. Staff planned and managed discharge well and had alternative pathways for clients whose needs it could not meet.
- The service was well led, and the governance processes ensured that its procedures ran smoothly.

# Summary of findings

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# Summary of this inspection

## Background to CGL Birmingham

Change, Grow, Live (CGL) Birmingham community services has been registered with the Care Quality Commission since 2019 to carry out the regulated activity; Treatment of disorder, disease or injury. The service had a registered manager in place.

This inspection is the first inspection of this service.

CGL Birmingham Community Services work from 6 offices called “hubs” situated around Birmingham. Each hub provides services to people who live close to the geographical area where the hub is based. They have hubs based in the north, south, central-west and east of Birmingham.

CGL Birmingham provides specialist information, advice, treatment and support for substance and alcohol misuse.

Each hub had clinic rooms, needle exchange facilities, group rooms, individual one to one rooms to see clients, and administration areas for the management and administration of the services.

As part of the service, each hub worked out of different community bases across the city.

At the time of the inspection, CGL Birmingham community services were supporting approximately 5000 people across Birmingham.

### What people who use the service say

People told us they feel comfortable with staff.

People told us staff are friendly and there's plenty of them.

People told us that their prescriptions get reviewed in a timely way.

People told us that they have had very good experiences with CGL.

People told us they felt safe.

People told us they felt that staff knew them on a personal level.

People told us staff always treat them with dignity and respect.

People told us that the best thing is having someone that understands.

A person told us that CGL is clean and tidy and if they need to speak with anyone, they could call on the phone or in private, and they could just pop in as well.

People told us CGL let them know if the service was not going to be open, for example bank holidays.

# Summary of this inspection

A person told us they always treat them properly with no judgement.

## How we carried out this inspection

Our inspection team comprised of two Care Quality Commission (CQC) inspectors and an assistant inspector, two nurses working as a specialist advisor to CQC and an expert by experience with lived experience of substance misuse.

During the inspection visit, the inspection team:

- Visited all 6 of the CGL Hubs in Birmingham
- Spoke with 11 clients who were using the service including those attending a group session.
- Spoke with each service manager at each Hub
- Spoke with the registered manager
- Spoke with 15 members of staff
- Looked at 13 care and treatment records of clients
- Looked at a range of policies, procedures and other documents relating to the running of the service

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

## Areas for improvement

### Action the service **SHOULD** take to improve:

The provider should make sure that all client one to one rooms in all hub locations are fully sound proofed.

# Our findings

## 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

# Community-based substance misuse services

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

## Is the service safe?

Good 

We rated it as good.

### Safe and clean environment

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

Staff completed and regularly updated thorough risk assessments of all areas and removed or reduced any risks they identified. We found assessments to be holistic and goal orientated. Risks were highlighted and updated regularly; information was also updated on each client's one-page summary placed at the front of each client's case file.

Health and safety audits were completed regularly by staff and were available and accessible within all hubs. Where issues were raised, action had been taken to reduce the risk or had been directed to facilities for oversight. Environmental risk assessments were completed regularly. However, the service had identified potential ligature risks but had not detailed the full description of potential harm. The service actioned these immediately during the inspection and provided evidence to show this had been completed.

All interview rooms had alarms and staff available to respond. Each hub allocated two staff to be responders for each day, they were responsible to attend any incidents. Staff told us that this system worked effectively, and they felt safe to carry out tasks with clients.

All clinic rooms had the necessary equipment for clients to have thorough physical examinations. We found each hub had examination rooms, needle exchange rooms and client interview rooms. All clinic and client interview rooms were locked when not in use. All equipment needed was present and in working order and there were systems in place for monitoring, maintaining and recording equipment.

All areas were clean, well maintained, well-furnished and fit for purpose. In each hub we saw murals painted on the walls with hello written in different languages and information boards with relevant information. Each of the hubs differed due to the location and building. For example, the Central hub was an older building and reception space was limited. This had been identified by the provider as a hub to be relocated.



# Community-based substance misuse services

Staff made sure cleaning records were up-to-date and the premises were clean. The service employed an external company to do all cleaning. Clinics were also cleaned by nursing teams and we found evidence of completed cleaning records.

Staff followed infection control guidelines, including hand washing. Each hub had been equipped with the necessary equipment to comply with infection control. This included areas for hand washing and anti-bacterial hand wash. In clinic rooms there was supplies of masks and gloves when needed. Cleaning equipment was kept locked in cupboards for Control of Substances Hazardous to Health.

## Safe staffing

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

## Nursing staff

The service had enough nursing and support staff to keep clients safe. Staff we spoke to said that case numbers were manageable due to the number of staff employed.

The service had low and reducing vacancy rates of both nursing and support staff. The service at the time of our inspection was actively recruiting to fulfil additional funding to support more clients. The service had one nurse vacancy.

Managers made arrangements to cover staff sickness and absence.

Managers limited their use of bank and agency staff and requested staff familiar with the service. Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift. At the time of our inspection the service had recently successfully employed agency staff to become permanent staff.

The service had low turnover rates. Staff we spoke with told us they were happy to be working with the service, were highly motivated and felt supported by managers and their peers.

Managers supported staff who needed time off for ill health.

It was reported by senior members of staff that sickness levels were low and staff we interviewed told us this too. Senior management explained that at the time of inspection sickness was not due to work related illness.

The number and grade of staff matched the service's staffing plan. High level case management numbers were assessed weekly along with a daily risk assessment where resources were allocated appropriately. We found that this method of working helped highlight and mitigate risk effectively and was supportive to staff.

## Medical staff

The service had enough medical staff. At the time of our inspection the service was fully staffed with medical cover and did not require the use of locums to cover staff sickness or absence. Sessional doctors reported that they attended multidisciplinary team meetings for handover and case discussion.

# Community-based substance misuse services

The service could get support from their medical director as required. The service had established good relationships with community mental health team who were also available to provide support and guidance.

The service operates one of its community outreach programmes based at a GP surgery and CGL staff liaised closely with the GP's. Staff told us that the GP wrote up prescriptions for clients when needed and would provide physical health support if required.

## Mandatory training

Staff had completed and kept up-to-date with their mandatory training.

The mandatory training programme was comprehensive and met the needs of clients and staff. It included adult and children safeguarding training, equality and diversity, basic life support for nursing staff and Mental Capacity Act training.

Managers monitored mandatory training and alerted staff when they needed to update their training. Managers received notifications from the service's central training team and then organised staff to receive this.

## Assessing and managing risk to clients and staff

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

## Assessment of client risk

Staff completed risk assessments for each client on arrival, using a recognised tool, and reviewed this regularly, including after any incident. Clients received an initial assessment when arriving at the service, this was then followed up with their allocated case worker where they received assessments according to their needs, for example, a Severity of Alcohol Dependence Questionnaire (SADQ) or a recovery questionnaire. Physical health assessments were completed by medical and recovery coordinator staff. We found reviews completed at regular intervals in client's case files.

## Management of client risk

Staff responded promptly to any sudden deterioration in a client's health. Staff had access to nurses and doctors on site if needed. Staff also had access to naloxone medication that could be used to reverse the effects of opiate overdose. Staff were trained in how to use this and the service had also trained local services in its use. All hubs met weekly to discuss cases where clients were at risk.

Staff continually monitored clients on waiting lists for changes in their level of risk and responded when risk increased. Staff had systems in place to record when contact was made.

Staff followed clear personal safety protocols, including for lone working. Staff followed policy and staff alarms were in place for client areas at the hubs. Staff supporting at the community services would not usually work alone. On the rare occasions where staff would work alone steps were taken to risk assess and plan making sure both staff and clients were safe.

## Safeguarding

**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.**

# Community-based substance misuse services

Staff received training on how to recognise and report abuse, appropriate for their role. Each hub had access to two safeguarding leads and staff knew who they were. Lead staff were those who had shown a specialist interest in this area. The combination of specialist interest leads on safeguarding and senior clinical decision-making accountability ensured that all safeguarding cases were managed safely and effectively. The service had clear adult and safeguarding processes. Staff received support around safeguarding in supervision and clients were also discussed in regular meetings.

Staff kept up-to-date with their safeguarding training. Compliance was at 95% for training in both safeguarding and children.

Staff could give examples of how to protect clients from harassment and discrimination, including those with protected characteristics under the Equality Act. We were given examples that included clients at risk from themselves, from others and from domestic abuse. The service also had leads in protecting clients from modern slavery.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. The service had employed two safeguarding leads that covered all hubs. Their role included reviewing any safeguarding referrals and discussed any issues with management and staff. Staff also had clear procedures in place for safeguarding clients with children. Home visits were completed by staff at the start of treatment and again if they identified risk. Each hub had good links with the local safeguarding teams so that concerns could be raised effectively.

Staff knew how to make a safeguarding referral and who to inform if they had concerns.

Managers took part in serious case reviews and made changes based on the outcomes. Weekly quality meetings took place where cases were reviewed. If serious case reviews were established, the service had appropriate processes in place to learn and share findings.

## Staff access to essential information

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

Client notes were comprehensive, and all staff could access them easily. The service used an electronic patient record system where each staff member was required to log in individually. We found that this system and all other records were stored securely.

When clients transferred to a new team, there were no delays in staff accessing their records. This was due to the electronic patient records system being available to all staff across all hubs, there was no delay in access.

## Medicines management

**The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each client's mental and physical health.**

Staff followed systems and processes to prescribe and administer prescriptions to pharmacists safely. We found the processes to be clear with no gaps in recording or concerns with administering medicines. The nursing teams in each hub were supported by a clinical lead nurse who would regularly visit each hub to support the team and review systems. We found internal audits were in place to audit prescription generation and delivery to community pharmacists.

# Community-based substance misuse services

Staff reviewed each client's medicines regularly and provided advice to clients and carers about their medicines. We found records showed that when staff reviewed clients, they also reviewed the effects of each client's medicines on their physical health according to National Institute for Health and Care Excellence (NICE) guidance. Staff told us that during reviews they checked that client's behaviour was not controlled by excessive and inappropriate use of medicines. They reviewed side effects with the client and made changes to prescriptions if needed.

Staff completed medicines records accurately and kept them up-to-date. We found records to be stored safely and securely.

Staff followed national practice to check clients had the correct medicines when they started with the service, or they moved between services. Each hub had links with local pharmacies to support this.

## Track record on safety

**The service had a good track record on safety.**

## Reporting incidents and learning from when things go wrong

**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 knew what incidents to report and how to report them. The service had a robust system to report and investigate incidents. The senior management team meet hub clinical managers monthly to discuss incidents and review specific cases as part of team learning. Time was given to allow for individual case evaluation and to discuss how interventions could have been improved or delivered differently. We observed staff discussing a client death due to physical health issues. Staff considered how they could initiate improvements in service delivery even though the service was not at fault. This demonstrated a strong commitment to learning from incidents and to making changes to improve the quality of service. The quality team lead on these case discussions and provided weekly updates to service managers

Staff raised concerns and reported incidents and near misses in line with the service's policy. Staff told us that they were aware and confident to report any incident or concerns to management whether it be to their direct line manager or to the service manager based at each hub.

The service had no recorded 'never events', serious incidents that are preventable because local and national guidance or safety recommendations are well established and embedded.

Staff understood the duty of candour, a professional responsibility to be honest with patients\* when things go wrong

Managers debriefed and supported staff after any serious incident. Staff told us that managers were approachable and were available if they needed them. They told us that the regular team meetings help them to be debriefed from any concerns they have and not necessarily only if there had been an incident.

Managers investigated incidents thoroughly. We found that the incident review meetings which were held monthly were an effective forum for staff to discuss incidents and to receive peer and managerial support. These meetings were also supported by the quality team who also lead on investigations. Clients and their families were involved in these investigations where appropriate.

# Community-based substance misuse services

Staff received feedback from investigation of incidents, both internal and external to the service. Through the comprehensive meeting that occurred during each week for each hub we saw evidence of this happening.

Staff met every Wednesday alongside the service's data team to discuss performance and look at improvements to client care and outstanding matters from previous meetings.

There was evidence that changes had been made as a result of feedback. We were shown how following feedback from a client's experience that a hub had re-painted a wall in their entrance foyer as feedback was that it made the client feel low. This was quickly picked up by the service and re-painted, positive feedback was then given by the client when they saw the change.

Managers shared learning with their staff about never events that happened elsewhere within CGL.

## Is the service effective?

Good 

We rated it as good.

### Assessment of needs and planning of care

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

Staff completed strength based assessments on mental health, substance misuse, social circumstances and physical health for each client.

Staff made sure that clients had a full physical health assessment and knew about any physical health problems. Any concerns were recorded in the client's case file. Staff also liaised with GP's and social workers when required.

Staff developed a comprehensive care plan for each client that met their mental and physical health needs. Clients were given information on treatments available for them. The treatment or pathway was discussed at the initial assessment. Clients were also informed that if there was a change or they wished for an alternative pathway this could be facilitated.

Care plans were personalised, holistic and recovery-orientated. Care plans were solution focused and were used in partnership with the client to identify protective factors and specific focused goals. Multi- agency contact was documented in care plans. For example, one care plan related to a client who had not collected their prescription from the pharmacy. The care plan detailed contact with the pharmacist and actions taken to safeguard the client.

### Best practice in treatment and care

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

# Community-based substance misuse services

Staff provided a range of care in line with best practice and national guidance and treatment suitable for the clients in the service. The service had a triage team and specific pathways teams for opiate and alcohol misuse. Pathways of treatment were offered to the clients on assessment and clients could move from one to another if that is what they requested. Alongside their pathway, staff worked with clients to offer extra support in a holistic way. We found evidence of staff supporting clients to appointments that would support their recovery

Staff made sure clients had support for their physical health needs, either from their GP or community services. The service offered a needle exchange at each hub and clients were offered blood borne virus (BBV) testing. Each client that was being supported for alcohol related issues was given Vitamin B and Thiamine.

Staff supported clients to live healthier lives by supporting them to take part in programmes or giving advice. Support offered was tailored towards the needs of the client group. For example, the women's service worked closely with the specialist midwives in each local hospital. They also liaised closely with domestic violence support teams, cocaine anonymous and women focused charities that offered support with healthy food, healthy minds and befriending groups. Staff told us that they had access or was able to give information to clients for example the service made referrals to sexual health clinics, access to food banks, staff donations of clothes and personal hygiene products. The hub that specialised in supporting clients who were homeless had a laundry service that was free for clients plus shower facilities. Each hub was able to supply clients with condoms, sanitary protection and pregnancy kits. Each hub had drinks and snacks available for clients who required them, and we saw a client have breakfast before their session with their case worker at the hub for homeless clients.

Staff used recognised rating scales to assess and record severity and outcomes. This included the Severity of Alcohol Dependence Questionnaire (SADQ) and other tools for assessing harm reduction participation and severity of dependence on other substances. They also participated in clinical audit, benchmarking and quality improvement initiatives.

Staff used technology to support clients. During the Covid-19 pandemic staff offered remote appointments via telephone. The service recognised the benefits of this and have taken on board feedback from their clients and now offer this where appropriate. This method is risk assessed and is only used in conjunction with face to face appointments. Staff continue to maintain contact with clients via phone calls as a preferred method of contact and to follow up with clients who may have missed an appointment.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. Staff told us about a project using Buprenorphine prolonged-release solution for injection with clients who were using methadone long term. This medication works over a longer period, typically one month meaning that clients do not have to take a daily opiate treatment. This project was initially funded for supporting prison leavers. However, due its success this has now been introduced to the wider community. The project was holding a caseload of 60, had a 98% retention rate and were reporting successful exits from the programme. Staff shared successes of clients engaging effectively with other services, gaining accommodation and employment and achieving abstinence within a few months of starting buprenorphine. Staff shared that this project delivery had been identified as the gold standard for best practice by the wider organisation and have been identified to share their success at national events and with other CGL hubs nationwide.

Managers used results from audits to make improvements. Managers told us that they welcomed the regular meetings that senior management planned and they found it a proactive way to continually improve their service.

# Community-based substance misuse services

## Skilled staff to deliver care

**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 appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.**

The service had access to a full range of specialists to meet the needs of each client.

Managers made sure staff had the right skills, qualifications and experience to meet the needs of the clients in their care, including bank and agency staff. All staff, including bank and agency were required to complete all mandatory job specific training. Staff told us that the provider was supportive of learning and development and would source additional training if needed. One staff member shared that she recently completed a Level 3 in Counselling.

Managers gave each new member of staff a full induction to the service before they started work.

Managers supported staff through regular, constructive appraisals of their work. Managers supported medical staff through regular, constructive clinical supervision of their work.

Managers made sure staff attended regular team meetings and gave information to those who could not attend. Staff told us that information that was discussed within the leadership team was disseminated and that knowledge and learning was shared.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff told us that managers welcomed requests for further training if required.

Managers recognised poor performance, could identify the reasons and dealt with these through supervision, appraisal and performance management. Staff told us that they also discussed training needs within supervision and that they were able to access specialist training where required.

Managers recruited, trained and supported volunteers to work with clients in the service. Volunteers received training that was specific to their skills and knowledge and were encouraged to develop and progress within the organisation.

## Multidisciplinary and interagency team work

**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.**

The service worked effectively with a number of partners to operate outreach services for hard to reach, high risk and vulnerable people. These included partnership working with a specialist drug and alcohol support service who work with people from ethnic minority backgrounds, specialist midwives within each Birmingham hospital, links with the local police force, prison services, community mental health teams, 'strong women' charity for women only, local children's trust, sexual health clinics and job centres. The service had outreach bases in local job centres, GP practices and churches, and a local deaf society. The service told us that they are currently setting up an outreach base at a local polish community centre to offer support in their community.

# Community-based substance misuse services

Staff held regular multidisciplinary meetings to discuss clients and improve their care. Staff held daily flash meetings as well as weekly meetings involving members of the multi-disciplinary team to discuss risk and client non-attendance for treatment. Staff completed regular reviews with the multidisciplinary team from a solution focused perspective in collaboration with the client.

Staff made sure they shared clear information about clients and any changes in their care, including during transfer of care.

Staff had effective working relationships with other teams in the organisation. We observed a multidisciplinary meeting with service managers regarding incidents. The meeting demonstrated how the hubs worked closely together including how information was shared and learnt from.

## Good practice in applying the Mental Capacity Act

**Staff supported clients to make decisions on their care for themselves. They understood the service's policy on the Mental Capacity Act 2015 and knew what to do if a client's capacity to make decisions about their care might be impaired.**

Staff received and kept up-to-date with training in the Mental Capacity Act and were able to give examples of how they worked with the five principles of mental capacity, they explained how they would escalate any concerns to management. Staff told us there were no clients on their records that had been assessed as needing support on their capacity to make decisions.

Staff gave clients all possible support to make specific decisions for themselves before deciding a client did not have the capacity to do so.

When staff assessed clients as not having capacity, they made decisions in the best interest of clients and considered the client's wishes, feelings, culture and history. The records we reviewed had no client that needed this at the time of our inspection, but staff were able to tell us how they would support a client in making a decision.

Staff audited how they applied the Mental Capacity Act and identified and acted when they needed to make changes to improve.

## Is the service caring?

Good 

We rated it as good.

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

**Staff treated clients with compassion and kindness. They understood the individual needs of clients and supported clients to understand and manage their care and treatment. The service was non judgemental and offered a humanistic approach to care.**

Staff were discreet, respectful, and responsive when caring for clients. We observed professional interactions between staff and clients which were friendly, respectful, meaningful and kind.



# Community-based substance misuse services

Staff gave clients help, emotional support and advice when they needed it. Staff also directed clients to other services and supported them to access those services if they needed help.

In our observations and reviewing of care records staff were able to give a full holistic support package to each client. The care records were such that each domain of assessment was holistic. Staff told us where they could find support and advice outside of the remit of their jobs so that each client was able to gain support from different areas, for example support back to work, maternity advice and housing advice.

Staff supported clients to understand and manage their own care treatment or condition. Clients were actively involved in their own care and staff discussed options so that they were able to make informed decisions about their treatment.

Clients said staff treated them well and behaved kindly. Staff were thoughtful and considerate of the wider needs of their clients. Staff understood that Christmas was a difficult time for some clients and had offered specific events to support them and had organised a Christmas present gift drop. Another example was within the women's service where a children's library was offered for clients to take books during supervised contact with their children.

Staff understood and respected the individual needs of each client. Clients told us that the best thing is having someone that understands. We observed interactions between staff and clients that were respectful and kind, non-judgemental and showed understanding. Staff understood the needs of their local community and had identified gaps where there may be a lack of support. The provider had identified that the both the Polish and Sikh communities would benefit from targeted support and were starting to implement strategies to reach these communities.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards clients and staff. Staff told us that they found the service managers and team leaders were always around and approachable to discuss any concerns.

Staff followed policy to keep client information confidential. We found all client information to be stored securely and that the system that the CGL used was not only password protected but each client was given a unique ID code adding another level of security to access their information.

## Involvement in care

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

## Involvement of clients

Staff involved clients and gave them access to their care plans. Staff said that they always involved clients in their care plans. Records reviewed did not show if the care plan had been shared but staff spoken to said that these were offered but often declined.

Staff made sure clients understood their care and treatment (and found ways to communicate with clients who had communication difficulties). During the inspection a client attended the service who required access to a British Sign Language interpreter, and this was accommodated by the service. Staff shared that they also have access to translation services and adapted communication where needed.

Staff involved clients in decisions about the service, when appropriate. Clients and staff told us that they were involved in new projects within the service. For example, decoration of the external cabin at the Central and West hub. Clients were also able to volunteer for different roles within the service, including the peer-support.

# Community-based substance misuse services

Clients could give feedback on the service and their treatment and staff supported them to do this. Information on how to give feedback was displayed within each of the hubs.

Staff made sure clients could access advocacy services.

Staff informed and involved families and carers appropriately.

## Involvement of families and carers

Staff informed and involved families and carers appropriately. We saw evidence of family or carer involvement in records, including family members attending appointments and home visits.

Staff helped families to give feedback on the service.

## Is the service responsive?

Good 

We rated it as good.

## Access and waiting times

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

The service met their target times for seeing clients from referral to assessment and assessment to treatment. Staff were able to tell us about this and how they managed their workload and how it would be identified if waiting lists were near to breaching the service targets.

Staff saw urgent referrals quickly and non-urgent referrals within the service's target time. Each hub assigned two staff on each day so that any urgent referrals can be assessed, this could be clients that 'walk in' without appointments that were in need of urgent support.

Staff tried creative ways to engage with people who found it difficult, or were reluctant, to seek support from mental health services. The service had built up strong relationships with the community mental health team in Birmingham and liaised closely with them. Staff were proactively supported to think of creative ways to engage clients from hard to reach communities. Setting up a "well-being world cup" where clients were welcomed to watch the football matches, offered hot tea, toast and fruit in a safe and non-judgement space. The service had engaged with local agencies to be present. We were told that this event successfully engaged a client into treatment who had previously struggled to engage with the process.

Clients with long term and complex substance misuse problems have an increased risk of missing appointments. The service therefore provided multiple access points for treatment and followed up missed appointments swiftly to offer clients support and further help.

Clients had flexibility and choice in the appointment times available for GP and key work. Staff told us that they were flexible with appointment times and would work in cooperation with the client to offer a suitable time. Home visits were also available to some clients if required.

# Community-based substance misuse services

Staff worked hard to avoid cancelling appointments and when they had to, they gave clients clear explanations and offered new appointments as soon as possible.

The service used systems to help them monitor waiting lists/support clients.

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

## The facilities promote comfort, dignity and privacy

**The design, layout, and furnishings of treatment rooms supported clients' treatment, privacy and dignity. Each hub was located in different buildings. We found that although the buildings were all different, they met the needs of the clients attending.**

Premises differed across each location. Each of the services had a full range of rooms and equipment to support treatment and care. All premises apart from the women's service had disabled access. Due to this the women's service found other ways to see clients who had physical disabilities for example seeing them at another service. Reception areas at each hub were welcoming and client focused. For example, when we arrived at the Health and Wellbeing Hub a client was sitting comfortably and had been offered warm drinks and food. This service also offered laundry and shower facilities. Furniture was comfortable and in a good condition at each of the locations.

At the central hub the reception area was quite small. The service told us that they were aware of the limitations of the building and that this hub had been identified as suitable for a premises move.

Interview rooms in the service had sound proofing to protect privacy and confidentiality, however, we found that not all rooms were fully sound proofed. Management shared their action plan on resolving the problem and it would be done immediately. We found that although you could hear mumbling of voices you were not able to clearly make out the words being said. Clients we spoke with felt safe talking in the interview rooms.

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

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

The service could support and make adjustments for people with disabilities, communication needs or other specific needs. We found examples where the service had supported clients with interpreters where English wasn't their first language. During the inspection the service had organised British sign language interpreters to support their deaf clients to attend group sessions.

Each hub, with the exception of the women's service had disabled access. Staff supported clients at home if they had health or mobility issues that meant they could not attend the hub. The women's service was available and accessible for all women across the hubs and arrangements were made to support with transportation to the hub if required.

The service provided information in a variety of accessible formats meeting the accessible information standard resulting in clients could understand more easily. We saw in one hub that a mural had been produced that clearly set out the layout of the building, where rooms were and the reason for them. It was produced in an easy read approach. Each hub at the entrance had greetings on the walls in different languages.

The service was able if needed to produce information leaflets in languages spoken by the clients and local community. They had 24/7 access to interpreter line for any of their clients for needed it.

# Community-based substance misuse services

Staff made sure clients could access information on treatment, local service, their rights and how to complain.

## Listening to and learning from concerns and complaints

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

Clients, relatives and carers knew how to complain or raise concerns. The service explained that clients could either complain direct or use 'care opinion'. We found leaflets available for clients in each hub.

Staff understood the policy on complaints and knew how to handle them. Staff told us that they would always try to resolve issues directly when these were raised but would move to a formal complaint if this was unsuccessful.

Managers investigated complaints and identified themes.

Staff protected clients who raised concerns or complaints from discrimination and harassment.

Clients received feedback from managers after the investigation into their complaint.

Managers shared feedback from complaints with staff and learning was used to improve the service. Managers shared feedback from complaints and compliments in quality improvement meetings. Staff told us that this feedback and any learning arising from complaints were relayed in team meetings

## Is the service well-led?

Good 

We rated it as good.

## Leadership

**Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for clients and staff.**

The local senior leadership teams were motivated about supporting their staff team and client group.

Both senior and local leaders were knowledgeable about each of the different hubs and what they offered the local community. They were aware of local need and how each aspect of the service fitted in with this. Partnership working with external organisations was working well and we were given examples of positive results.

Staff told us that they felt that the senior leadership team were visible, approachable and that they felt well supported. They told us that they felt listened to when they offered suggestions for improvement or had issues

## Vision and strategy

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

# Community-based substance misuse services

The provider's vision was evident within discussions with senior leaders, staff and clients. Staff spoken to were focused on delivering quality support through innovation.

Staff demonstrated that the overarching vision and values had been fed through by the senior leadership team and they were able to put these into practice.

## Culture

**Staff felt respected, supported and valued. They reported that the service promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.**

Staff we spoke to said they were respected, supported and valued. Staff spoke passionately about their roles and their commitment to their clients and the organisation. Staff understood the values of the provider and applied these to their work.

Staff spoke highly of the provider both organisationally and locally. They said that they felt supported to do their job and were encouraged to progress and develop in their roles. A number of the staff team had lived experience and had progressed into paid roles via the peer mentor programmes. Staff shared that they had regular supervisions where learning and development was continually promoted and encouraged. They shared that staff wellbeing was a priority and gave examples of how this was supported. Staff that had lived experience approached management as they recognised that working with the client group could raise past trauma or past experiences, therefore staff had developed a peer support group that was fully supported by management. Staff told us that management had developed wellbeing hours for staff, flexible working and peer support.

Staff spoken to said that they felt able to raise issues and concerns. Staff said that opportunities were given to share opinions and described an open-door culture where everyone was encouraged to do this openly and honestly.

## Governance

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

There was an effective and detailed governance structure in place at every location. Effective processes to monitor performance and risk were in place, and they were consistent across each of the hubs visited. There were clear systems to monitor the safety and quality of the premises and the delivery of care and treatment.

There was a strong emphasis on improving practice. Managers across the organisation discussed risk, incidents, client feedback and quality improvement in weekly governance meetings. It was evident that there was a clear purpose and framework to these meetings to monitor performance, share knowledge and identify opportunities for learning and development through reflective practice. These discussions were shared with all staff in their team meetings and meeting notes. Staff were able to reference learning and give examples of where this had been applied to service delivery.

## Management of risk, issues and performance

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

# Community-based substance misuse services

Across the leadership team there was a strong commitment to best practice and risk management. Issues were identified and discussed as a team openly and candidly. There was a clear quality assurance and performance framework in place and managers had access to up-to-date performance data. Each week management gave planned time and opportunities to discuss the organisation's risk register and the continuing improvement and action plans.

Staff told us that they were able to raise issues and that these would be discussed. Managers we spoke with had a good understanding of the challenges of each of their hubs and described actions that were in place to manage these.

Staff shared the challenges of delivering care and treatment during the pandemic but said that they felt supported by the provider and that measures were in place at this time to keep people safe.

## Information management

### **Staff collected analysed data about outcomes and performance.**

Staff had access to the information they needed to provide safe and effective care. Staff had access to information technology and had individual passwords to access electronic documents. All paper records were stored safely.

Managers has access to up-to-date performance data, due to the management systems put in place by senior managers data was discussed weekly. The service clearly knew the numbers of clients they were serving, what they could safely manage and what they could work towards.