

CGL St Helens Integrated Recovery Service






Quality Report

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

Ratings

Overall rating for this location	Good	
Are services safe?	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.

Summary of findings

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 rated CGL St Helens Integrated Recovery Service as good because:

- The premises where clients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose. Staff assessed and managed risks to clients and themselves well. The service had enough staff, who knew the clients and received basic training to keep them safe from avoidable harm. The service embedded personal safety protocols for staff including lone working policies where necessary.
- 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 provided a range of care and treatment interventions suitable for the client group. The interventions were those recommended by, and were delivered in line with, guidance from the National Institute for Health and Care Excellence.
- Staff supported clients to live healthier lives – for example, through participation in smoking cessation schemes, healthy eating advice, managing cardiovascular risks, screening for bacteraemia in wounds, and dealing with issues relating to substance misuse. The service 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 and treatment. Staff supported clients to understand and manage their care, treatment or condition. Each person using the service had a recovery plan and risk management plan in place that demonstrated the person's preferences, recovery expectation and goals. Staff engaged with people using the service, their families and carers to develop responses that meet their needs and ensured they have information needed to make informed decisions about their care.
- 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. Staff encouraged clients to develop and maintain relationships with people that mattered to them, both within the services and the wider community.
- 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. Staff knew and understood the provider's vision and values and how they were applied in the work of their team. Governance policies, procedures and protocols were regularly reviewed and improved and included an equality impact assessment. Staff undertook or participated in local clinical audits. The audits were sufficient to provide assurance and staff acted on the results when needed.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services	Good 	

Summary of findings

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Good



CGL St Helens Integrated Recovery Service

Services we looked at

Substance misuse services

Summary of this inspection

Background to CGL St Helens Integrated Recovery Service

CGL Integrated Recovery Service is a confidential drug and alcohol service for adults in St Helens. They aim for clients to direct and sustain the changes they need to make to reduce and, ultimately, stop drug and/or alcohol use.

They aim to empower clients to identify and realise goals throughout their recovery journey to live a healthier, safer life. The service is staffed by a team of professionals who offer a range of opportunities from workshops, brief interventions, structured groups and one-to-one sessions. This is complimented by clinical services such as alcohol detoxification, harm reduction advice, blood borne virus testing (including HIV and Hep C), naloxone training and referral to other services. The service has a number of teams including an outreach team, a criminal justice team, and an engagement team.

The population of St Helens is just over 180,000 people (2018), approximately 49% male and 51% female. The average age of people is 41. Life expectancy is below the national average for both males and females. Some 22% of all people reported limiting long term illness, and 8% not in good health. The service aims to address the health issues related to substance misuse in the St Helens area.

The regulated activity at the service is the treatment of disease, disorder or injury. There is a registered manager in place. The service was registered with the Care Quality Commission in March 2019. This is the first time the location has been inspected.

Our inspection team

The team that inspected the service comprised two CQC inspectors and a specialist advisor.

Why we carried out this inspection

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

How we carried out this inspection

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

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

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

During the inspection visit, the inspection team:

- visited the service location, looked at the quality of the environment and observed how staff were caring for clients;
- spoke with five clients who were using the service;
- spoke with the registered manager;

Summary of this inspection

- spoke with eight other staff members, including a doctor, nurses, social workers and key workers;
- attended and observed two group meetings, attended by 11 clients for each group;
- collected feedback from 113 clients using comment cards and 26 clients using easy read comment cards;
- Looked at five care and treatment records of clients;
- carried out a specific check of the medication management at the service; and
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with clients of the service and reviewed 113 comment cards and 26 easy-read comment cards. All of the comments on the cards were positive, describing a service that was approachable, available, and thoughtful in its approach to dealing with clients and their families.

Information from agencies who worked in partnership with the service was also positive, indicating that the relationships with the service were established and working well.

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:

- The premises where clients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- Staff assessed and managed risks to clients and themselves well.
- The service had enough staff, who knew the clients and received basic training to keep them safe from avoidable harm.
- The service embedded personal safety protocols for staff including lone working policies where necessary.
- 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 client's physical health.

Good



Are services effective?

We rated effective as good because:

- 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 provided a range of care and treatment interventions suitable for the client group. The interventions were those recommended by, and were delivered in line with, guidance from the National Institute for Health and Care Excellence.
- The teams included 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.
- Staff supported clients to live healthier lives – for example, through participation in smoking cessation schemes, healthy eating advice, managing cardiovascular risks, screening for bacteraemia within wounds, and dealing with issues relating to substance misuse.
- The service had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.

Good



Summary of this inspection

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

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 and treatment.
- Staff supported clients to understand and manage their care, treatment or condition.
- Each person using the service had a recovery plan and risk management plan in place that demonstrated the person's preferences, recovery capital and goals.
- Staff engaged with people using the service, their families and carers to develop responses that meet their needs and ensures they have information needed to make informed decisions about their care.
- Staff enabled families and carers to give feedback on the service they received.
- 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.
- 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 the wider service.
- Staff encouraged clients to develop and maintain relationships with people that mattered to them, both within the services and the wider community.

Good



Are services well-led?

We rated well-led as good because:

- 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.

Good



Summary of this inspection

- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff reported that the provider promoted equality and diversity in its day to day work and in providing opportunities for career progression. Staff felt positive and proud about working for the provider and their team.
- Governance policies, procedures and protocols were regularly reviewed and improved and included an equality impact assessment.
- Staff undertook or participated in local clinical audits. The audits were sufficient to provide assurance and staff acted on the results when needed.
- There were clear quality assurance management and performance frameworks in place that were integrated across all organisational policies and procedures.
- Innovation by way of the Building Bridges Project was deemed as outstanding practice.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

CGL St Helens Integrated Recovery Service had a Mental Capacity Act policy and training in the Mental Capacity






Act was undertaken as part of mandatory training. We saw evidence of client capacity being considered, and best interest considerations taking place. The service had links to several independent advocacy providers.

Overview of ratings

Our ratings for this location are:

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

Substance misuse services

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

Are substance misuse services safe?

Good 

Safe and clean environment

The premises where clients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose. The service location was in a large, accessible, square building in St Helens town centre. The location consisted of four floors, each floor being used for different aspects of the service. The service had an updated health and safety assessment (for review in October 2020) and a fire risk assessment (for review in March 2020). The service had identified and suitably trained fire wardens, details of whom were seen on noticeboards around the service, along with a list of first-aid trained staff and the location of first-aid boxes. The service had fire safety floor plans, escape plans, and emergency evacuation plans. Fire warden and first aid training certificates were kept in a file and updated when necessary. There was a fire inspection record, along with fire alarm inspection certificates, test dates and visits by contractors. Fire extinguishers were checked, and dates recorded. Fire drills were regularly carried out and dates and results recorded; this included panic alarm tests records. Waste disposal certificates were noted and up to date, as were water temperature and legionella test records. There was also the result of an asbestos survey, finding no asbestos in the location.

Staff assessed and managed risks to clients and themselves well. The service maintained closed-circuit television cameras in staircases, the reception area, and in corridors. There were also alarms in each room as well as

the reception, with a police alarm box that indicated where an activated alarm had been set off within the building. There was a service lone worker policy in place that was followed by staff.

The entire location was very clean, from the reception area to the office spaces and interview rooms on the other floors. The décor at the location was well maintained, and furniture was in good condition and suitable to the service being provided. Cleaning records were up to date.

The location had a needle exchange clinic on site. This clinic was clean and efficiently operated. Sharps boxes in the clinic were labelled and dated correctly, with notices regarding client information on how to safely dispose of drug paraphernalia. The clinic provided access to emergency medication, such as naloxone for reversing the effects of opioid overdose. There was an issue book for the accurate recording of any kits given out, and these were up to date and checked regularly. Staff were trained in the use of the kits. Naloxone was promoted at the service, with 81% of opiate user being offered Naloxone. There were stock management forms, for both daily and weekly stock checks, and consent forms. The room temperature was monitored and recorded.

The location also had a clinic room for examination of clients. There was an examination couch and basic equipment such as blood pressure monitoring equipment. The equipment was labelled and had a calibration date on the label. The room temperature was monitored and recorded. Fridge temperatures were monitored and recorded. Medical supplies were all in date. The clinic stocked single-use adrenaline pens (in case of anaphylactic shock) that were monitored, and stock checked.

Safe staffing

Substance misuse services

The service had enough skilled staff to meet the needs of service users and had contingency plans to manage unforeseen staff shortages. There were a total of 45 staff at the service, this included 19 active volunteers (16 generic volunteers and three counselling volunteers). The staffing model was set during the tender process to set up the service, the model allowing for the intake of temporary staff as and when needed. There was one full time doctor employed at the service and one non-medical prescriber. The service did use agency and bank staff should they be required, and all agency staff had been fully inducted into the service. At the time of inspection, there was one nursing assistant vacancy, and that was due to be filled in January 2020. Data provided showed minimal use of agency staff at the service.

The service ran during standard office hours Monday to Friday, except Wednesday when the service ran from 0900 hours to 1930 hours. The service also opened on Saturday from 0900 to 1300 hours, with a further clinic on Thursdays from 1630 to 2000 hours. The Thursday clinic was part of a programme called MPACT (moving parents and children together), an intervention to help children aged eight to 17 whose parents had drug and/or alcohol problems.

Individual caseload figures supplied by the service showed an average of 50 clients per key worker. However, these figures were inflated due to the inclusion of recovery support and other clients that were less intensively case managed. There was a variance in caseload numbers between intensively managed client cohorts such as family team and criminal justice caseloads and complex caseloads such as hostel residents.

The service had cover arrangements for sickness, leave, vacant posts etc. which ensured client safety. The service had an overall sickness rate of just over five percent, mostly due to staff on long term sickness. The service was rarely short-staffed, this staffing level was helped by the number of volunteers at the service. Agency staff would be considered should sickness rates require cover, however managers at the service (including the registered manager) would assist in cover for sickness or absence.

Activities were never cancelled due to a shortage of staff. All staff had undertaken mandatory training, and data provided showed the average completion rate across the service was 94%.

The service embedded personal safety protocols for staff including lone working policies where necessary. The service had a lone worker policy, there were also local site security policies, a risk-register and implemented incident reporting procedures aimed at promoting staff safety.

Assessing and managing risk to clients and staff

When appropriate, the service created and made good use of crisis and risk management plans. Staff identified and responded to changing risks to, or posed by, clients. We reviewed five sets of care records, including risk assessments. Risk assessments were present, with risk management plans in place, including plans for unexpected exit from treatment. All risk assessments viewed were up to date, and there was evidence that risk had been shared with appropriate stakeholders, such as social services or multi-agency risk assessment conferences. We were assured that risk assessments were completed for every client at initial assessment. Risk assessments were scheduled for review every 12 weeks but were also reviewed and amended as and when information came to light or an incident occurred.

The risk assessment tool used at the service was developed by the provider and was comprehensive and inclusive.

Safety plans (crisis plans) were created as part of the assessment, outlining actions and advice to be given should a client decide to withdraw from the treatment programme or the service, including referral to the outreach team. The service identified risks of continued substance misuse to clients, this was evident both in care records and with information in client-facing areas of the service.

The service responded promptly to sudden deterioration in people's health. We saw evidence of ongoing physical health checks for clients at the service. Nurse-led checks and physical observations were taking place. The service had good links with services regarding blood tests and rapid results. The diagnostic wet-blood service on offer at the service allowed bloods to be taken to support the ambulatory detox intervention, with pathways allowing for urgent results to be received 24 hours a day. Staff were trained to identify changes in behaviour or wellbeing, and staff responded accordingly. Case management, Full risk review and care Plan training has been completed with the full staff team.

Substance misuse services

All staff took part in managing challenging behaviour training at the service. There was a service charter outlining expected behaviour on behalf of both staff and clients. There were no blanket restrictions at the service. The service had good relations with the local police service. Staff adhered to best practice in implementing a smoke-free policy. The service had a no-smoking policy in place regarding the service location itself and gave advice regarding cessation of smoking.

The service did not have a list of banned articles. We were told that there had never been an incident of any weapon or sharp object produced within the service. There was a behaviour agreement regarding the taking of drugs or other paraphernalia into the service.

The service used systems and processes to safely prescribe, administer, record and store medicines. The service had a medicine management policy that was based on national guidance, and which was strictly followed by staff. The service used an appropriateness of supervised consumption inventory assessment and a peer workbook to ensure that clients were suitable for self-medication. These were regularly assessed and updated. When consumption was managed by staff, diversion (the avoidance of taking medication at the time when administered) was avoided by the supervision of consumption, both by staff at the service and at the pharmacy where medication might be collected. There was a harm reduction lead in place for advice regarding clients who used illicit drugs on top of their prescription medication. This included advice about optimum doses, and titration of medication.

Safeguarding

The provider had an 'Equality, Diversity and Inclusion' Policy, which reinforced commitment to meeting the public sector duty of the Equality Act 2010. A strategy – 'Building an Inclusive Organisation' – was published in 2018 by the provider, and identified national equality, diversity and inclusion strategy for the organisation from 2018-2021.

The service had a safeguarding adults at risk policy and safeguarding training was part of mandatory training. Additional safeguarding training was provided by St Helens to the staff team and partner agencies including topics regarding neglect, modern slavery, child sexual exploitation

and trafficking. Monthly meetings were held at the service with safeguarding leads. We discussed the policy with the registered manager, who was very knowledgeable about the policy and its application.

Staff knew how to identify adults and children at risk of, or suffering, significant harm. Staff could identify safeguarding issues from their training, resources available on the electronic system, and through experience. There had been no safeguarding alerts raised prior to the inspection. The registered manager described the relationship with local safeguarding services as very good. Staff worked effectively within teams, across services and with other agencies to promote safety including systems and practices in information sharing. The service provided staff at the children's social care services front door programme (single point of access), as well as at outreach services. The service also provided staff to the multi-agency safeguarding hub each day. This added additional safeguarding for families within both the service and to the local borough

Staff access to essential information

Relevant staff had prompt and appropriate access to care records that were accurate and up to date. The service used an electronic records system. All records were stored securely, with access limited to staff with authority to enter the system. Individual care records were written and recorded in a way that kept them safe from unauthorised access.

Medicines management

Staff had effective policies, procedures and training related to medication and medicines management including: prescribing, detoxification, assessing people's tolerance to medication, and take-home medication. Clinical checks as per policy included clinical waste and sharps collections, infection control, with an additional external infection control audit.

The service had a prescription security policy that was followed and audited, with specific staff trained in the management of the use of prescriptions. New clients would have medication reconciliation completed by contact with the GP of the client, receipt of a prescribing summary and access to medical records. Staff reviewed the effects of medication on clients' physical health regularly and in line with National Institute for Health and Care Excellence (NICE) guidance. This was noted during review of care records.

Substance misuse services

There was one full time non-medical prescriber at the service. The lead in managing medication was the responsible clinician for the service and the regional consultant. There were no controlled drugs held at the service. Blood borne virus testing was available at the service. The service liaised with 44 different pharmacies in providing care and treatment to clients.

Track record on safety

The service had reported no serious incidents in the 12-months prior to inspection. There were no adverse events specific to this service. Statutory notification required for submission to the CQC were provided by the service and reviewed with no concerns.

Reporting incidents and learning from when things go wrong

Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. The service had an incident reporting policy, that was due for review in December 2020. The policy clearly outlined procedures and requirements regarding the reporting and investigation of incidents at the service. Incidents were reported electronically and could be entered on to the system by any member of staff with computer access.

The service and provider were working on the inclusion of service user feedback within the incident investigation process. There were no outstanding investigations at the time of the inspection.

Staff understood the duty of candour. The provider had a 'Duty of Candour policy and procedure'. Staff we spoke to knew of the policy and were aware of the need to keep clients and relevant family informed should there be an adverse event.

Staff met to discuss feedback. Feedback from investigations could be found on noticeboards at the service, keeping both staff and clients informed, the feedback also being shared in staff meetings, one to one interviews and client meetings.

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

Assessment of needs and planning of care

The service used several assessment forms during assessment of a client. A treatment outcomes profile listed use of substance misuse, injecting behaviour, criminal history and background, and health and social functioning (such as employment history, volunteer work, schooling and physical health). Assessment tools relevant to treatment were completed, and a personalised assessment form that considered all aspects discussed and the impact on the client was also completed. These were completed accounting for client circumstances, ability to give information, and willingness to answer questions. The assessment forms allowed for identification of co-morbidities, such as physical health problems specific to substance misuse.

Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented. We reviewed five care and treatment records of clients at the service. The records covered all aspects of client care as delivered by the service. Staff updated care plans when necessary. This included up to date recovery plans, physical health examinations and ongoing treatment. Staff developed a risk management plan for those people identified as being at risk that included a plan for unexpected exit from treatment. The service used pathways identified to address physical, mental and social needs, such as the Hepatitis C pathway, the GP pathway and a chronic obstructive pulmonary disease pathway. Staff from the service were kept aware of the changing needs of clients by maintaining regular contact, and via a key worker summary of the client situation, noted during the monitoring of staff caseload. The service could also arrange home medical reviews for clients.

Best practice in treatment and care

Staff provided a range of care and treatment interventions suitable for the client group. The interventions were those recommended by, and were delivered in line with, guidance from the National Institute for Health and Care Excellence. The service also followed the guidance laid down by the Department of Health and Social Care 'Drug misuse and dependence: guidelines on clinical management', coupled with the provider's own policies

Substance misuse services

and guidance. Care notes showed that clients were receiving appropriate and therapeutic drug and physical health monitoring; hepatitis C testing was being completed for each client within the 12-month recommended period. Data provided by the service showed that their figures regarding Hepatitis C testing compared the service favourably with other services nationally. Staff supported clients to access medical specialists when required. The service provided staff to assist liver nurses who held a weekly clinic in the area.

Clients had access to psychological therapies. The service had a psycho-social intervention lead who ran a train-the-trainer course for other staff, including motivational interview skills and relapse counselling. The psychologist for the service had left just before this inspection, and a new clinical psychologist was being employed, along with a psychology assistant. Volunteer counsellors at the service were trained in cognitive behavioural therapy and transactional analysis.

Staff supported clients to live healthier lives, for example, through participation in smoking cessation schemes, healthy eating advice, managing cardiovascular risks, screening for bacteraemia in wounds, and dealing with issues relating to substance misuse. The service used pathways such as opiate replacement therapy, medically assisted detox and relapse prevention as well as access to nurse led interventions such as alcohol structured reductions, ambulatory detoxification, blood borne virus screening and ECG testing. There were also pathways into specialist services such as mental health services, smoking cessation and co-located specialist clinics including probation, hepatology clinics, family support services and housing support. The service worked closely with local infection control teams to swab wounds and detect bacteraemia early, leading to a possible reduction in hospital admissions. The service offered a steroid clinic every Wednesday evening, with people from all over the North West attending for treatments including blood tests and advice on harm reduction.

Staff used technology to support clients effectively. The service used electronic recording systems for case notes that allowed up to date access to client information. The provider also had an intranet tool called accessibility

information resource. It was developed to provide managers and staff with information on disabilities and health conditions that they, or people they are working with or managing, may have.

Staff participated in clinical audit, benchmarking and quality improvement initiatives. These included prescribing audits, clinical risk assessment audits, and death review audits. The provider utilised a regular cycle of audits to ensure quality improvement. The provider used a quality improvement tool that was learning orientated. Clients were involved in service quality improvement audits.

Skilled staff to deliver care

The service 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. The multi-disciplinary team at the service included a doctor, nurses, recovery workers, non-medical prescribers, social workers, an occupational therapy student, volunteers, and therapists.

Training for staff included brain injury training, blood borne virus, overdose treatment, harm reduction, sepsis identification, and needle exchange training. Staff and volunteers had also undergone various aspects of psycho-social intervention training. Staff had appropriate knowledge of prescribing options for different types of substance misuse.

Staff had monthly team meetings and group supervision. The provider was in the process of changing the supervision policy to four one-to-one meetings a year for all staff. At the time of the inspection, staff supervision and appraisals stood at 85%, a higher result limited by long-term sickness. Staff were inducted into the service and there was an up-to-date provider induction guidelines policy (scheduled for review in August 2021). Staff received an induction pack as well as a full introduction to the building the service was housed in, with induction taking up to three weeks to complete. Managers recruited volunteers when required and trained and supported them for the roles they undertook. Volunteers to the service had a three-day training session, including induction, familiarity to policies and procedures, disability and barring services checks, shadowing of staff, supervision, as well as group supervision.

Managers identified the learning needs of staff and provided them with opportunities to develop their skills

Substance misuse services

and knowledge. There was access to specialised training within the service. National vocational qualifications were available to all staff members. The manager had undergone leadership training.

Any issues of performance were addressed promptly and effectively, with staff given support and re-training where required.

Multi-disciplinary and inter-agency 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 links to local area partner agencies, community activities, mutual aid and the St Helens Recovery Café (a community hub set up by the provider) were available to build recovery throughout treatment. The service worked closely with commissioners and other partners to continue to develop the provision offered. This involved close links with Public Health England. The service had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation. Contract meetings with commissioners, as well as multi-agency meetings with criminal justice agencies and health and social care providers took place. We saw evidence of ongoing liaison into the service by the police, this included multi agency public protection arrangement meetings.

Care records indicated where care coordinators for clients were in place, with contact details and notes indicating attendance at relevant meetings. We saw evidence in care records of discharge plans in place for clients, alongside safety (crisis) plans.

There was evidence of regular staff attendance at multi-disciplinary team meetings held at GP clinics across the borough.

Good practice in applying the Mental Capacity Act

The service had a policy on the Mental Capacity Act which staff were aware of and could refer to. Mental Capacity Act training at the service was conducted over two modules of on-line training and was considered mandatory for all staff: supporting people to make their own decisions, and making day-to-day decisions about care and support. At the time of inspection, training figures for these modules stood at 96% and 94% respectively. Staff we spoke to showed a good understanding of the Mental Capacity Act, and the five main principles.

Staff ensured clients consented to care and treatment, that this was assessed, recorded and reviewed in a timely manner. Care records showed that all clients had an assessment of mental capacity, as well as evidence of consent to treatment and sharing of information.

People were supported to make decisions where appropriate and when they lacked capacity, decisions were made in their best interest, recognising the importance of the person's wishes, feelings, culture and history. The assessment forms used by the service required a consideration of mental capacity, as well as any previous assessments of mental capacity. The service had links to local advocacy services who could be contacted to represent clients with regards to capacity issues. Consideration was given to clients who may have been under the influence of drugs or alcohol during initial assessment, and records showed that capacity had been re-assessed during time with the service.

Are substance misuse services caring?

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. We received 113 comment cards from clients and carers, as well as 26 easy-read comment forms. All of them were complimentary about the service. Clients wrote about their different experiences of substance misuse services, stating that this service was much better than others, mostly due to the time and care given by the staff. Clients felt part of the community, stating they did not think the service was just about giving a prescription or medication, they felt they were treated well. The client survey results for 2019 showed 98% saying the service was accessible, 94 percent said the service provided them with what they wanted, 90% said they had trust in the staff member who supported them, 94% said they had been treated with dignity and respect, and 96% said they would recommend the service to someone they knew or cared about. Feedback to the service from a number of key partner agencies was very positive, indicating the

Substance misuse services

relationship with the service was “integral” to their work, allowed “better outcomes” to be achieved, and how this “would not have been possible” without the guidance from the service.

Staff supported clients to understand and manage their care, treatment or condition. We spoke with five clients who were using the service, as well as attending two group sessions that took place on the day of inspection. Clients told us that staff were always available, they had never had an appointment cancelled due to lack of staff. We were told that clients were able to access doctors when necessary, some clients commenting that the support work of their key workers was ‘amazing’. The group sessions were well attended with 11 clients attending each session. The sessions were noted to be well organised yet informal, with full client participation. It was also noted that the relationship between staff, including the doctor, and clients was open, and there was no hesitation in speaking up during the sessions. Clients said they could not think of anything negative to say about the service. Minutes from a service users group meeting in October 2019 and a volunteer group supervision meeting in November 2019 showed the level of support from the service for its clients, including breakdowns of various activities, outcomes of activities, and the hard work that the service does for its clients.

Staff directed clients to other services when appropriate and, if required, supported them to access those services. We saw leaflets explaining local services, medication and available treatments at the service, and clients told us that the staff were always willing to give advice. Noticeboards at the service held information about rights of clients. Clients had a choice of treatments for consideration, and advocacy services were linked to the service should they be required. Clients told us of the support they had been given to access these services.

There was a complaints/compliments box in reception, allowing clients to submit their opinions of the service. We saw evidence of client involvement in the recruitment of staff, with client representatives urged to attend interviews.

The service had clear confidentiality policies in place that are understood and adhered to by staff. Staff maintained the confidentiality of information about clients. We saw that confidentiality agreements were present in the care records we reviewed. In the personalised assessment for

each client, confirmation that a consent, contact and confidentiality form had been completed for the client had to be checked. Confidential information about clients was stored electronically or secure in the service offices.

Staff communicated with clients so that they understood their care and treatment, including finding effective ways to communicate with clients with communication difficulties. Clients told us that they were always fully informed about their care and treatment and felt involved in decisions regarding that treatment. Consideration was given to clients with communication needs, such as translators and telephone language interpreters. The service had an on-line folder giving details of translation services available, including sign language, this could be accessed by any member of staff with computer clearance. Some staff had undertaken sign language training, and two staff were involved with a regional signing choir.

Each person using the service had a recovery plan and risk management plan in place that demonstrated the person's preferences, recovery capital and goals. Care records clearly showed involvement of clients in decisions about their care and treatment. The personalised assessment form for each client was designed to work with the client and take into consideration their situation, how they coped with their problems, how long the client would work with the service. The assessment form was comprehensive, incorporating risk and the recovery process, all based on the needs and requirements of the client from the client point of view.

Staff engaged with people using the service, their families and carers to develop responses that meet their needs and ensures they have information needed to make informed decisions about their care. Clients told us that levels of engagement with the service were better than with previous providers. Care records showed staff at the service being fully involved with the care and treatment of the client, with consideration for communication needs, the best time of the day to consult with the client, and any support structure that client had in place.

Involvement in care

Staff enabled families and carers to give feedback on the service they received. Part of the recovery capital was the importance of the involvement of family and carer networks. The service allowed a local charity to visit the service, the charity was specifically aimed at offering

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listening, information and support to people affected by someone else's substance misuse. The service made referrals to this charity after offering such a referral to clients. There was a client forum at the service, allowing recommendations for change to be made under the client quality improvement plan run by the service. The service also ran a Confident Families Programme, working on addiction effects on families, and had parental conflict training, aimed at managing health boundaries at home.

The service also ran the Building Bridges Project, a project that was awarded a grant in 2018, with the funding aimed at improving services for children of alcohol dependent parents. The service worked with schools and children's services to recognise when alcohol in a family was a problem, with families being offered support through three programmes: a six-week 'Stay Safe' brief interventions programme for parents, raising awareness of and reducing the impact of alcohol harm; a Confident Families programme supporting families to develop healthy relationships, exploring behaviours, coping strategies and to reduce parental conflict; and a higher intensity family intervention called MPACT (moving parents and children closer together). The service had a dedicated team moving this project forward. The service started running in May 2019 on a two-year contract. Feedback for the project had been very positive, the service had initially been reactive in nature, but the team said it was now more proactive in its approach. The impact of the service was being monitored by a local university. The service now included group sessions, each team member of the project brought a different skill set to the group.

Feedback was available through a number of routes at the service: ad hoc questionnaires developed for specific service development ideas; the provider national service user survey; 'mystery shoppers' visiting each service. There was feedback and reviews on social media, compliments, comments and complaints accessible for the service, care opinion online feedback, client forums, client representatives attending team meetings, and other social media.

Staff informed and involved families and carers appropriately. Client records showed that contact information regarding families and carers was noted, and these families or carers were kept informed if the client allowed information to be passed on.

Staff provided carers with information about how to access a carer's assessment. If carers required information regarding carer assessment, the service would provide that information.

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

Good 

Access and discharge

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. There were no waiting lists for treatment at the service, people could walk in during office hours, and if that was not suitable there was late opening at the service and Saturday morning opening. After initial assessment, the first available appointment on the doctor's calendar would be allocated: case complexity would be considered, with new-to-treatment appointments available every day, including titration meetings to see how clients were coping with their medication. Referrals to specialist treatment was available, should the service not be able to cover a client's needs.

Discharges were planned, and unexpected exit from treatment were covered with safety plans. In the 12 months prior to inspection, there had been 712 structured discharges from the service in total, with 392 being planned successful discharges. The service had a did-not-attend rate of 18 percent in the same time-period. The service had an engagement team to follow-up on clients who did not attend or left the service. The engagement team was utilising a project designed to reduce do-not-attendees that had proven effective in another service.

The service removed barriers to vulnerable groups. The service held a LGBT group at the recovery café, offered 'chemsex' harm reduction packs (aimed at clients who used drugs as part of their sex life, mostly among men who have sex with men), and offered chlamydia testing. The service staff all underwent equality and diversity training as mandatory. The building housing the service had disabled access and relevant facilities in place.

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The facilities promote recovery, comfort, dignity and confidentiality

The design, layout, and furnishings of treatment rooms supported clients' treatment, privacy and dignity. All furniture at the service was of good quality and was appropriate to the service. The facility was clean, the design of rooms was well thought out. The service was split over four floors, with different teams within the service occupying their own office space. The interview and group rooms were well insulated, so privacy had been considered and was working. The service had a mobile privacy curtain on the ground floor that could be used in the event of an unexpected incident or should a client require it at any time. There was a desk in reception where blood pressure monitoring was taking place: other visitors to the service could not see the results of blood pressure testing

Clients' engagement with the wider community

Staff supported clients to maintain contact with their families and carers. Contact with families and carers was encouraged, being part of the recovery capital that was important in a successful treatment regime. Staff encouraged clients to develop and maintain relationships with people that mattered to them, both within the services and the wider community. The service used the Confident Families programme (part of the Building Bridges project), as well as offering parental conflict training. When appropriate, staff ensured that clients had access to education and work opportunities. The service had 64 volunteers working in the community, with 27 of those volunteers working at the service. The service worked with a local Ways to Work programme, a local college and a large supermarket chain, all to find different avenues into work for clients.

Meeting the needs of all people who use the service

Staff demonstrated an understanding of the potential issues facing vulnerable groups. The service employed an asset-based community development (ABCD) worker, to build on assets in the community, mobilising people and institutions to build on assets, rather than needs alone. An asset could be anything that supported a client with their recovery, as diverse as a community group, a recovery café, a gymnasium, or just green space in the area that can be used to meet. The service linked in and signposted to LGBT

groups at the recovery café, meeting the needs of a vulnerable group. The service had a store of warm clothing and sleeping bags, accessed from local charities and other sources, that were available for people in urgent need.

The service had disabled-access to the building, as well as a lift to all floors and disabled-access toilets. There was a suite of letters and information held on the provider intranet in different languages, for communication assistance. Throughout the facility there was information and leaflets about prevention of drug and alcohol misuse, as well as related harm. Clients told us that staff at the service constantly reminded them about problems related to addiction or substance misuse. The service had a policy regarding police interventions: every Friday a prolific-offender police officer would attend the service: feedback from the police showed that the relationship between the service and the police had been an integral part of local policing. The service participated in an events safety advisory group and played a part in the planning of local and regional festivals. Minutes from October 2019 showed the positive effect staff from the service had on a regional music festival with regards to safety planning and harm reduction."

People using services reported that care/treatment was rarely cancelled or delayed.

Listening to and learning from concerns and complaints

Complaints records demonstrated that individual complaints have been responded to in accordance with the service's complaint policy. The service had a complaints policy that was up to date and available to all staff. The service had notification of how clients could complain on noticeboards around the service, including the reception area. Complaints were dealt with informally in the first instance, if possible, then made formal if the complainant was still unhappy. The service complaint policy allowed for five days to acknowledge the complaint to the complainant, and 28 days for a formal response.

In the 12 months prior to inspection, the service had 13 complaints, one of which was upheld, eight were partially upheld, and four complaints were not upheld. There were no referrals to the ombudsman. In the same period, the service received 58 compliments.

The service has a clear complaints system to show how complaints are managed and lessons are learnt and acted

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upon to improve the quality of the service. Staff were kept informed of complaint investigation results in team meetings, or in 'flash' meetings if the investigation result was deemed urgent and necessary to be immediately passed on. Clients were kept informed at client forums or personally if they had made the complaint. A quarterly complaints report was produced and audited by the provider, to ensure that all aspects of the investigations are up to date or complete within designated timelines, with all relevant people informed.

Are substance misuse services well-led?

Good 

Leadership

Leaders had the skills, knowledge and experience to perform their roles. The manager at the service was very experienced in the field of substance misuse, as were senior staff. Staff knew who the most senior managers in the provider were and stated that they visited frequently. The most recent visit prior to this inspection had been the lead medical director, who had visited a short time before the inspection. The associate director of nursing regularly visited the service. The manager stated they had completed a lot of leadership training. There was a robust management structure. Team leaders operated across service areas, and provided leadership, support and experience to staff teams; the services manager, supported by the quality and governance lead, oversaw both strategic and operational elements of service delivery. The services manager (registered manager) was line-managed by the Regional Director.

Leaders had a good understanding of the services they managed. They could explain clearly how the teams were working to provide high quality care. Senior staff we spoke to had excellent knowledge of the needs of their clients. The various teams at the service reflected that depth of knowledge, with teams including criminal justice, engagement, outreach, family team, opiate and alcohol teams.

Vision and strategy

Staff knew and understood the provider's vision and values and how they were applied in the work of their team. The manager was aware of the vision and strategy for the

service, as were staff we spoke to. Staff spent half a day with the executive team discussing the vision and values of the service, giving input, and were involved in workers forums. The team objectives were based on the visions and values.

Culture

Staff felt respected, supported and valued. All staff we spoke to told us they felt respected and valued. We were told that it was a happy staff team, but the work could be stressful. The provider had an employee assistance programme in place to support employees when deemed necessary. The registered manager stated they felt supported by other managers, both senior and across the team. The service had a wellbeing session lasting one hour each week for staff.

The provider recognised staff success within the service. Strengths and achievements from staff and clients were recognised through graduations, staff nominations, and awards. We were told that the relationships within the multi-disciplinary team were very good.

The service responded proactively to bullying and harassment cases. The last bullying and harassment case at the service was reported in 2017, and the complaint was not upheld after an external investigation took place and a formal hearing.

Staff reported that the provider promoted equality and diversity in its day to day work and in providing opportunities for career progression. Staff felt positive and proud about working for the provider and their team. All staff spoken to were positive about the service and their role within the service. One staff member said it was the best job they had ever had, allowing them to work with clients, help clients maintain treatment and to aid in their recovery.

Staff were aware of the whistleblowing policy and how to use it, should the need arise. Staff told us they did not fear victimisation should they raise concerns.

Governance

Governance policies, procedures and protocols were regularly reviewed and improved and included an equality impact assessment. We reviewed a number of policies during the inspection, including the incident reporting policy, the opioid misuse and pain management guidelines, the alcohol detoxification policy, and the

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management of controlled stationery policy. All policies reviewed were up to date and within review dates. We also reviewed the equality, diversity and inclusion policy; that was also up to date and within review date and included an equality impact assessment section.

There was a clear framework of what must be discussed in team meetings to ensure that essential information, such as learning from incidents and complaints, was shared and discussed. Minutes from meetings followed an established agenda, ensuring important information was regularly passed on to staff, clients and board members. The board assurance framework included flowcharts that outlined the flow of information ranging from board level to regional level, starting with board members and working through to clients and staff.

Staff undertook or participated in local clinical audits. The audits were sufficient to provide assurance and staff acted on the results when needed. Staff were assisted in ensuring they acted on results of audits and other factors within the service using an electronic information performance dashboard. This included missed appointment rates (medical and non-medical), safeguarding cases not seen face to face in the previous 12 weeks, all cases not seen face to face in previous 12 weeks, average caseload numbers, incident reports by type and time to resolution, staff supervision rates, average waiting time to pharmacological intervention, supervised consumption rates, the naloxone penetration rate and blood-borne virus vaccination and screening rates. The data was analysed by Public Health England.

Data and notifications were submitted to external bodies and internal departments as required. There was also information from the diagnostic and outcome measure executive summary report, produced quarterly by the national drug treatment monitoring system, to assist local areas to monitor performance and compare to national trends, all related to the adult treatment population. This relied on the submission of regular data to the system. The information was easily accessible.

The manager of the service told us they had enough authority to do their job and had access to administrative support.

Management of risk, issues and performance

There were clear quality assurance management and performance frameworks in place that were integrated

across all organisational policies and procedures. The provider had quality standard audits for equality, diversity and inclusion twice a year as part of the quality improvement process, with the provider also utilising a quality improvement tool. There was also a service quality improvement plan that was discussed quarterly. Senior management acted as a direct link to operational teams to ensure that learning, best practice and developments were implemented across the provider services.

Staff had the ability to submit items to the provider risk register. This was done through the integrated governance team meeting. Any staff member could raise a risk for consideration. The service-wide risk register was reviewed and noted to be consistent with concerns raised at the service. The service monitored sickness and absence rates; data provided showed a five percent sickness rate prior to inspection.

Information management

Staff had access to the equipment and information technology needed to do their work. The information technology infrastructure, including the telephone system, worked well and helped to improve the quality of care. Each member of staff had a work mobile smart telephone, as well as new computing hardware, be it a desktop computer, a laptop or a computer tablet. Staff told us they felt they had enough technology to do their job.

Information governance systems included confidentiality of client records. The electronic system in use at the service allowed for confidentiality of client records, accessible only by staff with correct computer access.

Information was in an accessible format, and was timely, accurate and identified areas for improvement. The care record system was easy to use and understand. The added access to a performance dashboard allowed for staff to be aware where improvement was required across the service.

Engagement

Staff, clients and carers had access to up-to-date information about the work of the provider and the services they used, for example, through the intranet, bulletins, newsletters and other sources. The provider website utilised browse-aloud translation and activity tools technology for those clients with disabilities or difficulties reading. The provider intranet gave access to relevant and

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up to date treatment methods for staff to study. Noticeboards around the service held information for staff, clients and carers regarding treatments and services available.

Clients and carers had opportunities to give feedback on the service they received in a manner that reflected their individual needs. Client surveys and client forums were in place at the service. The 2019 Client Survey for the service was available, concentrating on the 'you said we did' approach. The results included 98 percent of clients saying the service was accessible, 94 percent said the service provided them with what they wanted from the service, and there was no one taking part who said the service was poor or very poor. The provider also used an outside organisation to monitor what carers were saying about the service.

The service manager stated they could influence what happened across the provider, at national level, not just service level.

Learning, continuous improvement and innovation

The organisation encouraged creativity and innovation to ensure up to date evidence-based practice was implemented and imbedded and provided examples of innovative practice. The St Helens Building Bridges project that the service was operating, supporting children of

alcohol dependant parents, had been built from a substantial grant and was being audited by a local university with a national evaluation to be formed. The system provided three levels of support at first steps, confident families and moving parent and children closer together (MPACT). The service was initiated in May 2019. Eight families had completed the MPACT program in 2019, estimated to reach 17 shortly after the inspection, with two families out of social care and no further involvement, with good feedback from children and young people. Over 40 families had attended the confident families program at the time of inspection. The service had trained 272 professionals, in the period July 2019 to September 2019, in identifying impact of alcohol on children and families, how to hold difficult conversations and signpost into services.

The service was involved in three research projects, developed by and within the service: childhood trauma prevalence and grounding techniques; effect of Hepatitis C treatment completion on mood, engagement and motivation; and the effectiveness of peer to peer naloxone distribution.

The service contributed to and participated in local drug and alcohol review processes for drug and alcohol related deaths. This was monitored quarterly by a local university, with review forms, lessons learned, coroner regulation 28s, and drug related death information.

Outstanding practice and areas for improvement

Outstanding practice

The Building Bridges Project, a project that was awarded a grant in 2018, the funding aimed at improving services for children of alcohol dependent parents. The service worked with schools and children's services to recognise when alcohol in a family was a problem, with families being offered support through three programmes: a six-week 'Stay Safe' brief interventions programme for parents, raising awareness of and reducing the impact of alcohol harm; a Confident Families programme supporting families to develop healthy relationships, exploring behaviours, coping strategies and to reduce

parental conflict; and a higher intensity family intervention called MPACT (moving parents and children closer together). The service had a dedicated team moving this project forward. The service started running in May 2019 on a two-year contract. Feedback for the project had been very positive, the service had initially been reactive in nature, but the team said it was now more proactive in its approach. The impact of the service was being monitored by a local university. The service now included group sessions, each team member of the project brought a different skill set to the group.