

CGL Peterborough Aspire

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.

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

Summary of findings

Overall summary

We rated CGL Peterborough Aspire 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, was not too high to prevent staff from giving each client the time they 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 about 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 that these 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	Rating	Summary of each main service
Community-based substance misuse services	Good 	

Summary of findings

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Good 

CGL Peterborough Aspire

Services we looked at

Substance misuse services;

Summary of this inspection

Background to CGL Peterborough Aspire

CGL Peterborough Aspire is part of a national Change Grow Live provider who provide a not-for-profit drug and alcohol treatment service.

The service is commissioned by Peterborough City Council to provide adult and young people's community substance misuse services including detoxification across the Peterborough area. The service had 936 clients in treatment at the time of inspection.

The service has been registered with the Care Quality Commission since November 2018 to provide treatment of disease, disorder or injury as a regulated activity. The service had a registered manager in post.

The service had not been inspected previously.

Our inspection team

The team that inspected the service comprised two CQC inspectors and two specialist advisors with experience of substance misuse services.

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.

During the inspection visit, the inspection team:

- visited the main service location, looked at the quality of the environment and observed how staff were caring for clients;
- spoke with three clients who were using the service;
- spoke with the registered manager and deputy service manager;
- spoke with 12 other staff members; including nurses and recovery workers;
- looked at eight care and treatment records;
- carried out a specific check of the medication management; and
- looked at a range of policies, procedures and other documents relating to the running of the service.

Summary of this inspection

What people who use the service say

Clients we spoke with told us that they were happy with the service they received, that they were involved in choosing their treatment and that staff were very helpful and caring.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as good because:

- All premises where clients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- The service had enough staff, who knew the clients and received basic training to keep them safe from avoidable harm. The 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.
- 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.
- Staff understood how to protect clients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- Staff kept detailed records of clients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each client's physical health.
- The service had a good track record on safety. The service managed client safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave clients honest information and suitable support.

Good



Are services effective?

We rated effective as good because:

- Staff completed comprehensive assessments with clients 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.

Good



Summary of this inspection

- 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.
- Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.
- The team included or had access to the full range of specialists required to meet the needs of clients under their care. Managers made sure that staff had the range of skills needed to provide high quality care. They supported staff with supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.
- Staff from different disciplines worked together as a team to benefit clients. They supported each other to make sure clients had no gaps in their care. The teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.
- Staff supported clients to make decisions on their care for themselves. They understood the provider'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.

However,

- Appraisal rates were low at 22% due to the provider implementing a review of the appraisal system.

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 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.

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.

Good



Summary of this inspection

- The service met the needs of all clients, including those with a protected characteristic or with complex 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.

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.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued. They reported that the provider 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.
- Our findings from the other key questions demonstrated that governance processes operated effectively at service level and that performance and risk were managed well.
- Teams had access to the information they needed to provide safe and effective care and used that information to good effect.
- Staff collected and analysed data about outcomes and performance.

Good



Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

- The service had a policy on mental capacity and all staff received training on the Mental Capacity Act in case there were any concerns around clients' capacity to consent to treatment.

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 

Are community-based substance misuse services safe?

Good 

Safe and clean environment

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

The service was based in a building with a number of blind spots and ligature risk points and the provider had installed closed circuit television to monitor areas where staff were not always present. The stairwell had a number of ligature risk points and a blind spot not covered by closed circuit television. However, this was mitigated against due to the number of staff and service users using the stairwell throughout the day.

The service had alarms in each room to call for assistance if needed.

The service was visibly clean, well maintained and comfortably furnished. Staff completed environmental checks regularly.

The clinic room, drug testing suite and needle exchange had handwashing facilities and staff adhered to infection control principles.

Clinic room equipment was all tested and calibrated regularly, and staff kept records of all tests completed.

The service had a contract for weekly removal of clinical waste and sharps boxes.

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.

The service had sufficient numbers of medical and nursing staff to deliver safe treatment and oversee detoxification for clients.

The service had allocated recovery workers to separate areas of treatment and caseloads varied dependent on the pathway, with opiate recovery workers having the highest caseloads of up to 80 service users. Most staff felt that their caseloads were manageable although a small number of staff reported high levels of stress at managing their work.

The service did not have any clients waiting to be allocated to a recovery worker.

The service used fixed term contracted staff and agency staff to cover sickness and vacancies, with one agency staff member in place to cover long term sickness at the time of inspection.

The provider had five mandatory training courses in place that included assessment and planning, motivational interviewing and boundaries training. These sessions were included as part of the staff probation requirement so all staff confirmed in post at the end of their probationary period had completed the courses.

The service had completed disclosure and barring services checks on all staff and had completed a risk assessment of any staff with previous criminal convictions prior to their employment.

Assessing and managing risk to patients and staff

Community-based substance misuse services

Staff assessed and managed risks to clients and themselves well. Staff completed a risk assessment of all clients at initial assessment. We reviewed eight care records and saw that they all included a thorough risk assessment that was reviewed regularly.

The service could respond to deterioration in clients' health with rapid access to the consultant psychiatrist or medical staff when required. Staff monitored client's health during their detoxification.

The service had a lone working policy for staff that included a buddy system for staff working on their own and staff calling in to the office at the end of the day.

The service had a policy for managing challenging behaviour from people using the service. Any client behaving in a violent or aggressive manner or bringing drugs or alcohol into the service was issued a warning and then not allowed access to the client drop in area.

The service had a protocol in place with the Probation Service that the Probation Service would provide a copy of their risk assessment on referral for criminal justice clients.

The service had naloxone in stock on site and for distribution to opiate users. Staff were trained in how to administer naloxone and trained both clients and their families in its use. Naloxone is an opiate antagonist that is used to temporarily reverse the effects of an opiate overdose. Staff completed harm minimisation awareness with all clients to reduce the risk of overdose if they used illicit substance following a reduction or abstinence from use.

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.

Staff completed 'Safeguarding Adults' and 'Safeguarding Children and Young people' training as part of the mandatory training package with 90% completion at the time of inspection.

Staff we spoke with were all aware of how to make a safeguarding referral and when they should make a referral.

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. The service used an electronic system for recording client information and where paper records were used these were scanned into the system so that all information was securely stored in the same place.

The service had a sufficient number of computers for staff to be able maintain client records. Staff also had access to laptops and electronic tablets to enable them to update records in a timely manner.

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 physical health.

The service employed a consultant psychiatrist, doctor with specialist interest in substance misuse and a non-medical prescriber who could prescribe detoxification and substitution medicines. The provider had a contract with local pharmacies to dispense medicines.

The service had an electrocardiogram machine in the clinic room to monitor clients on high doses of methadone or stimulant drugs.

The service had a needle exchange at the site and also provided single use injecting kits to the local pharmacies and ten tamper proof sharps boxes in the local community, which was good practice.

The service had a clinic room that was clean and fully equipped. Staff monitored the temperature of the room and medication fridge and knew what to do if the temperature went outside of range. The clinic room was locked and all medicines were locked in a secure cupboard. The service did not keep controlled drugs at the location.

Track record on safety

The service had a good track record on safety. The service had not reported any serious incidents over the past year. The service had recorded a reduced number of drug related deaths for the past two years with 4.3 deaths per 100,00 population which is below the national average of 4.5.

Reporting incidents and learning from when things go wrong

Community-based substance misuse services

The service managed client safety incidents well. Staff recognised incidents and reported them appropriately. The service used an electronic incident reporting system and all staff knew how and what incidents to report.

The managers reviewed and investigated all incidents reported and the outcomes were fed back to staff in team meetings.

Staff were open and honest with clients when things went wrong with their care and treatment.

Managers supported and debriefed staff following an incident.

Are community-based substance misuse services effective?

(for example, treatment is effective)

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.

We reviewed eight care records and saw that they all had a comprehensive assessment of need completed within the expected time. Prescribers completed a physical examination prior to commencing a prescription.

Staff completed assessments that included levels of substance misuse, physical and mental health needs, risk issues and social needs.

We reviewed eight care plans and found that six of these had a holistic, personalised and recovery focussed care plan in place. The service had introduced a new system for recording care plans in the month prior to the inspection and staff had recently completed training on this following identification that staff were not fully recording care plans on the new system.

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.

We reviewed eight medication records and saw that medicines were prescribed in line with drug misuse and dependence UK guidelines on clinical management.

Staff delivered a range of psychological therapies based on the Foundations of Recovery framework that was a recovery focussed approach to increase skills to maintain a substance free lifestyle. Groups included pre and post detoxification support as well as recovery skills and brief interventions. The service also offered a female only group for clients who felt more comfortable in single sex groups.

The service worked within pathways so that treatment was tailored to the needs of the client group. Pathways included alcohol, opiates, enhanced brief interventions, family safeguarding, and outreach services for hard to engage clients including street sex workers and migrant populations.

The service offered access to mutual aid support groups including Narcotics Anonymous, Cocaine Anonymous and Alcoholics Anonymous. These were based at the service and held weekly group sessions open to the whole community.

Staff worked closely with local GP surgeries, including offering appointments at eight surgeries for clients who couldn't or were unwilling access the provider's locations. Staff requested GP summaries prior to commencing prescribing so that they were aware of any existing physical health conditions.

The service offered testing for blood borne viruses and staff actively encouraged clients to engage in tests and vaccinations against hepatitis C. The service offered access to hepatitis C treatment for clients who tested positive.

The service offered a number of client drop-in sessions including a breakfast club each morning where clients could attend to access a healthy breakfast, acupuncture sessions and cooking groups.

Staff used recognised severity ratings including the severity of alcohol dependency questionnaire and alcohol use disorders identification test.

Staff completed regular audits that included clinical audits, health and safety and an external safeguarding audit. Managers reviewed the outcomes of audits and implemented any changes required. The commissioners also completed an annual audit of the service and fed back outcomes and actions required.

Community-based substance misuse services

Monitoring and comparing outcomes

The service used the National Drug Treatment Monitoring System to monitor outcomes.

The service reported 8.1% successful completions of treatment against a national average of 6% for opiate users, and 39% successful completions for alcohol users, which was the same as the national average.

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. The service employed a range of staff including recovery workers, nurses, and peer mentors as well as a consultant psychiatrist and non-medical prescriber.

Staff were all suitably experienced and qualified for their roles.

Managers ensured that newly employed staff received an induction to their role and completed mandatory training as part of the six-month probationary period.

Managers completed monthly supervision sessions with all staff and supervision rates were 100%. The non-medical prescriber received clinical supervision from the consultant.

The provider was in the process of reviewing the appraisal system and as a result 22% of staff had an appraisal in place at the time of inspection. Managers had plans to implement the new appraisal system for all staff once introduced by the provider.

The provider had a policy for managing poor performance and conduct. Managers gave us examples of where staff had been offered training and support and action plans to help improve performance.

Multi-disciplinary and inter-agency team work

Staff from different disciplines worked together as a team to benefit clients.

Staff held a daily briefing meeting each morning to review the day's activities and staffing.

The service held monthly governance team meetings for all staff to attend and discuss issues arising including incidents, safeguarding and complaints.

Managers held weekly clinical meetings with the medical team to discuss clients' treatment and care.

The service had close working relationships and partnerships with a number of agencies including the local constabulary, safeguarding team, pharmacies and housing and employment services. Staff had delivered training to hospital staff on substance misuse and also visited local schools to provide training and advice to staff and pupils.

Good practice in applying the Mental Capacity Act

The service had a policy on mental capacity and all staff received training on the Mental Capacity Act in case there were any concerns around clients' capacity to consent to treatment. Staff we spoke with had an understanding of the Mental Capacity Act and how it related to the client group.

Are community-based 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 spoke with three clients at the service who told us that staff were caring and supportive. Clients told us that seeing peer mentors and staff members who were in recovery themselves offered them reassurance that recovery was possible for them.

We observed staff interactions with clients that were respectful and appropriate.

Staff understood the needs of individual clients and offered pathways relevant to their needs.

Staff could raise concerns about behaviour towards clients with fear of consequence and we saw examples of where staff had been suspended and investigated as a result of concerns raised.

Staff supported clients to access other services, including transporting them to healthcare appointments for hepatitis treatment.

Community-based substance misuse services

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.

We reviewed eight care records and saw that in all cases clients were involved in setting their care plan goals.

Staff provided information about care and treatment in a way that clients could understand.

Staff involved clients in decisions about the service with service user representatives giving feedback to improve the service including refurbishment of the client kitchen area. Managers invited clients to take part in staff interviews and the service had comment boxes in communal areas.

The service ran a weekly support group for clients' families and carers.

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

Good 

Access and discharge

The service was easy to access. The service was open access to anyone requiring help with substance use and anyone could drop in and have an assessment or telephone and book an appointment. This meant that there was not a waiting list for initial assessment.

The service was not commissioned to provide a weekend or out of hours services, however the provider had a 24-hour support line for anyone in crisis to call.

The service had a target time of two weeks following assessment for a medical appointment to commence prescribing where required. The service had employed a GP with specialist interest to ensure that prescribing appointments were happening within timescale.

The service had a criteria for urgent referrals where high risk clients such as those released from prison, those using

high risk injection sites and sex workers were seen for a prescribing appointment within five working days. Pregnant clients were offered an appointment within 24 hours.

Staff engaged with people who found it difficult to engage in services, with dedicated outreach workers for both the street sex workers client group and Eastern European migrant group.

The service had a hospital liaison worker based at the general hospital to engage with clients admitted to hospital, and worked at eight GP surgeries to improve access for clients who were reluctant to engage at the main provider locations.

The facilities promote recovery, comfort, dignity and confidentiality

The design, layout, and furnishings of treatment rooms supported clients' treatment, privacy and dignity.

The service had a number of rooms available to support care including one to one and group rooms, clinic room and client's kitchen and lounge area.

Rooms were private and sound proofed enough to maintain confidentiality.

Information on treatment, groups and local services was displayed on notice boards.

Engagement with the wider community

Clients were encouraged to maintain existing relationships with family and friends and to build supportive relationships with others in recovery through attendance at groups.

Staff ran a programme for clients with children to show how children could be affected by parental substance misuse.

Staff supported clients to access housing and employment support and worked closely with housing services and the job centre.

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.

Community-based substance misuse services

The service had printed leaflets and information including self-assessment questionnaires in the eight most commonly used languages in the local area. The provider had also contracted translation and interpretation services who could offer their service over the phone or in person.

The service provided outreach services to meet the needs of hard to engage groups including Eastern European migrants with problematic alcohol use, and street sex workers with substance misuse. The service had actively engaged with the street sex worker population by introducing a fast track process and the doctor offered contraception and cervical screening included in medical appointments at the GP surgery.

The location had a lift installed so that it was fully accessible to clients using a wheelchair or with reduced mobility.

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results.

The service had received 21 complaints in the last year, with two of these being upheld.

The provider had a complaints policy in place and complaints were investigated by managers who wrote to acknowledge the complaint and on completion of investigations. Complaints were investigated and outcomes fed back within 28 working days.

Information on how to complain was clearly signposted within the service and on information leaflets given to clients.

Managers fed back complaint outcomes to staff in team meetings and action was taken to prevent reoccurrence, for example staff attended training on how to manage challenging behaviour following a complaint.

Are community-based substance misuse services well-led?

Good 

Leadership

The registered manager was based at the service and was visible and approachable for staff and clients.

Leaders had a good understanding of the service, and the skills and knowledge required to perform their roles.

The service offered leadership development opportunities for staff to progress in their career.

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 provider had recently reviewed their values and relaunched their values as 'open, bold, compassionate'. The provider had held an away day for staff to make them aware of the new values and how to demonstrate these in their day to day work.

Culture

Staff felt respected, supported and valued. They reported that the provider 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 knew who the provider senior managers and executive team were. The regional director visited the service regularly and provided support and supervision to managers.

The majority of staff we spoke with felt supported and had high levels of job satisfaction and morale.

Managers had introduced a monthly staff award and staff could nominate a colleague each month based on how they demonstrated the provider's values.

The service reported sickness levels at 4% and had not reported any cases of bullying or harassment in the last year.

Governance

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

The provider had effective governance systems in place that meant managers could easily access governance information including training and supervision figures, performance against targets and audit action plans.

Community-based substance misuse services

The service used key performance indicators to measure performance.

The service held a monthly governance meeting and managers also attended a regional governance meeting each month. These meetings reviewed performance, risks and incidents.

Management of risk, issues and performance

The service had identified the main risks to service provision and how to manage these risks, including completing a financial impact assessment on the reduced budget available from public funding which was the main risk at the time of inspection.

The service had a business continuity plan in place in case of adverse events that would affect the running of the service.

Information management

Staff had access to the relevant technology required to do their job. Client records were stored on the electronic system which maintained client confidentiality.

The service submitted statutory notification to the Care Quality Commission.

Engagement

A service user group ran weekly where clients could raise any feedback or concerns with the service user representatives to feedback to the managers.

The service had comments boxes available for clients to provide feedback and a 'you said, we did' board in the service reception area.

Staff gave examples of how the service had made changes in response to client suggestions, including the refurbishment and decoration of the client kitchen and lounge area.

Learning, continuous improvement and innovation

The service had a service quality improvement plan in place to identify and monitor continuous service improvement. This included reducing the number of missed appointments and a reduction in the number of client deaths by suicide.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

The provider should ensure that the new appraisal system is fully implemented.