

Change, Grow, Live

Coventry Drug and Alcohol Service - Change Grow Live

Inspection report

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

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Overall summary

Our rating of this service stayed the same. We rated it as good because:

- The service provided safe care. The premises where clients were seen were safe and clean. The number of clients on the caseload of the teams and of individual members of staff, 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

Community-based substance misuse services

Rating

Good



Summary of each main service

Our rating of this service stayed the same. We rated it as good because:

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- 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

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Summary of this inspection

Background to Coventry Drug and Alcohol Service - Change Grow Live

Change, Grow, Live (CGL) in Coventry and Warwickshire are part of a national charity who provide free treatment and support to vulnerable people facing addiction, homelessness and domestic abuse. The service in Coventry and Warwickshire specifically provides support with substance misuse.

At the time of the inspection, the service was registered as one location, Coventry and Warwickshire with one Registered Manager. The locations have now been split into two, one location for Coventry and one for Warwickshire and will each have a Registered Manager.

The service operates from four main hubs which open five days a week. There is one main hub in Coventry, located in the city centre. Warwickshire has three hubs, based at Nuneaton, Rugby, and Leamington Spa. Staff also work in smaller venues across Warwickshire because of the rural nature of the county and especially around the area of Stratford upon Avon where there are many small villages and local transport doesn't run very regularly. The Coventry hub has a single point of contact which is open 24 hours seven days a week. Out of hours this is managed by the locality managers on a rota basis.

The service is commissioned separately for each area by commissioners in Coventry and in Warwickshire. The contract in Coventry started in November 2017 and in Warwickshire it started in May 2018. The contracts vary slightly due to the fact Coventry is a city-based service and Warwickshire is very rural so that they meet the individual needs of the communities they are working in.

Staff are split into teams and cover specific areas of substance misuse such as alcohol and opiate dependencies.

This was an unannounced visit which meant staff and clients did not know that we would be visiting.

What people who use the service say

We spoke with 11 clients and two carers who were positive about the service and described staff as experienced, knowledgeable and non-judgemental. They said that staff treated them with care and compassion and were empathetic to their personal circumstances. Clients and carers felt safe attending the hubs and said that staff were friendly and welcoming.

Clients were complimentary about the range of sessions available to them. They described variety of structured courses which involved a '12 step' recovery approach.

Client and carers described good communication. They said there was up to date information on the service's website and that they were provided with regular information by email about group sessions and local events.

Carers generally described good family involvement and felt part of the recovery process. Some carers said they wanted more information about treatments, how to support clients in crisis, or how to prepare when clients were admitted to rehabilitation centres.

All clients and carers were aware of the complaints procedure and said staff dealt with complaints in a timely manner.

Summary of this inspection

Clients said they had regular treatment reviews and physical health checks. They told us that care and treatment were client-led, personalised and that treatment targeted their individual needs.

Carers told us there were good family support groups including weekly video call sessions.

Some carers felt that appointment times could be more flexible.

How we carried out this inspection

We undertook this inspection as part of a random selection of services which have had a recent Direct Monitoring Approach (DMA) assessment where no further action was needed to seek assurance about this decision and to identify learning about the DMA process.

We conducted an unannounced comprehensive inspection. We visited all four hubs within the service.

We conducted the following tasks:

- looked at the layout and environment at all four hubs including client meeting rooms and clinics
- spoke with 25 staff
- reviewed 15 care records
- spoke with 11 clients and 2 carers
- conducted observations in communal areas
- observed two multidisciplinary team meetings
- observed a 'foundations of recovery' group session.
- looked at a range of documentation including policies, governance documents, staffing data, reports and meeting minutes.

Outstanding practice

We found the following outstanding practice:

- At the Rugby hub, female clients reported to staff that period poverty meant that sometimes they could not attend appointments and group sessions. Staff then donated 'handbags' that they could offer to clients discretely which contained free sanitary and hygiene products of the clients' choice.

Areas for improvement

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

- The service should ensure that medication and medication bottles are appropriately disposed of in accordance with organisational policy.
- The service should ensure that staff clearly record client's goals and aspirations within recovery and risk management plans. Staff should also offer copies of plans to clients and make a record of this.
- The service should ensure that staff record consent to share information in the appropriate place within clinical records so that this information is readily available to staff.

Summary of this inspection

- The service should ensure that recovery plans include a plan for unexpected exit from treatment.

Our findings

Overview of ratings

Our ratings for this location are:

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

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 

Our rating of safe stayed the same. We rated it as good.

Safe and clean environment

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

Staff completed and regularly updated thorough risk assessments of all areas and removed or reduced any risks they identified.

Staff had access to alarms when meeting with clients on site. All clinic rooms had the necessary equipment for clients to have thorough physical examinations. This included examination couches, blood pressure monitoring equipment, scales, and facilities for phlebotomy.

All areas at each site were clean, well maintained, well-furnished and fit for purpose. The medication cupboard and fridges used for storing vaccinations were all in order. We reviewed a sample of cleaning records and saw that these were up to date.

Staff followed infection control guidelines. They had access to handwashing gel and personal protected equipment. We observed staff handwashing throughout the inspection, including in the clinic rooms and when meeting with clients.

Staff had the equipment needed for managing cleaning, and appropriate bins for disposal of clinical waste. The service used an external company for the removal of clinical waste. Staff made sure equipment was well maintained, clean and in working order. The service had up to date health and safety and fire risk assessments in place.

Safe staffing

Community-based substance misuse services

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

Nursing staff

The service had some vacancies, but managers arranged nursing and support staff cover to meet clients' needs and keep them safe. Coventry had 65 whole time equivalent support staff posts, 9 of which were vacant. For Warwickshire, 8 out of 61 support staff posts were vacant. Managers were actively recruiting to fill these vacancies.

Data provided by the service showed that the average caseload per recovery worker was Coventry (32), Nuneaton (31), Leamington Spa (40) and Rugby (29). The service did not have specific caseload targets and caseload numbers varied depending on individual teams and the complexity of clients. Recovery workers within the complex needs team usually had the lowest caseload.

There was a contingency process in place which managers used to plan to cover staff sickness and absence. We had sight of this and saw that it prompted managers to identify capacity within other teams, utilise volunteers, identify high risk clients and prioritise tasks including attendance at clinics or appointments.

The service had received funding which was being used to recruit additional staff across all hubs. The organisation had a ten- year strategy which had identified the need to recruit more staff. Managers regularly reviewed caseloads to ensure equity of workload for staff and prioritise high risk clients.

Managers limited their use of bank and agency staff and requested staff familiar with the service. Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift. The induction included meeting with managers, orientation of the building, and training to use the data management system.

Between September 2021 and August 2022, staff turnover for the service was 12.5% (16.13% for Coventry and 8.82% for Warwickshire). The was down from the previous 12-month period which saw an annual staff turnover of 29% (28% for Coventry and 30% for Warwickshire).

Sickness levels for the service were low. Data provided by the service showed that the average sickness level for the previous 12 months was 5%. Managers supported staff who needed time off for ill health. Managers used a recognised tool to calculate safe staffing levels. The number and grade of staff matched the service's staffing plan.

Medical staff

The consultant psychiatrist post was currently vacant, and cover was being provided by the regional lead consultant. Managers were trying to recruit into this post but described a national shortage.

There was a specialty doctor who worked across the service. This was a new post that was introduced following additional funding. There were also four full time non-medical prescribers.

Managers could use locums when they needed additional support or to cover staff sickness or absence, but rarely needed to do so following the introduction of the specialty doctor role. Managers made sure all locum staff had a full induction and understood the service. Locum staff met with regional lead consultant and received ongoing support.

Community-based substance misuse services

Mandatory training

Staff completed and kept up to date with their mandatory training. Mandatory training compliance for the service was 92%. The mandatory training programme was comprehensive and met the needs of clients and staff.

Managers monitored mandatory training using an electronic system and alerted staff when they needed to update their training. Managers also produced and circulated regular mandatory training reports which identified areas of non-compliance.

Assessing and managing risk to clients and staff

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

Assessment of client risk

We reviewed 15 client records and found these demonstrated effective use of crisis and risk management. Staff completed risk assessments for each client on admission, using a recognised tool and reviewed this regularly, including after any incident.

The target date for an initial risk assessment was three weeks, dependent on clients and their availability. The service produced fortnightly case management reports which reported on risk assessment targets. We had sight of this and saw that targets were usually met.

There were crisis plans on file which staff developed according to client needs.

Management of client risk

Staff undertook a full multidisciplinary risk assessment on assessment. There was evidence of ongoing reviews of risk assessments and risk management planning, in collaboration with clients and their families/carers when appropriate. Risk assessments were reviewed at each contact and show evidence of positive risk taking and consideration of least restrictive options.

Staff responded promptly to any sudden deterioration in a clients' health. This included prioritising medication reviews or referrals to other services including emergency services.

Staff continually monitored clients on waiting lists for changes in their level of risk and responded when risk increased. Staff followed clear personal safety protocols, including for lone working.

Safeguarding

Staff understood how to protect clients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.

Community-based substance misuse services

Staff kept up to date with their safeguarding training. At the time of the inspection data showed that 94% of staff had completed safeguarding for adults and children training. Data provided by the service showed that there were 22 child and nine adult safeguarding referrals during the previous six months. Those staff we spoke with knew how to make referrals and who to inform if they had concerns and could give examples of when they had done so. Safeguarding information is visibly displayed in waiting rooms for service users to refer to if needed

Staff could give examples of how to protect clients from harassment and discrimination, including those with protected characteristics under the Equality Act. They described how they had supported clients and took action following racial abuse.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. We saw evidence of meetings with external stakeholders including local authorities, to discuss safeguarding alerts. Partner mental health teams attended monthly multidisciplinary team meetings to discuss and action safeguarding concerns.

There were pregnancy and midwifery pathways in place. Midwives visited the service to meet with clients and attended meetings to ensure good oversight of safeguarding concerns. There was good liaison with the local sex workers team and rough sleeper teams.

Managers took part in serious case reviews and made changes based on the outcomes. This included reviewing and developing the process for communication with partner agencies to ensure levels of risk were shared and reviewing internal processes to ensure continuity of care when client's recovery workers changed.

Staff access to essential information

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

Client notes were comprehensive, and all staff could access them easily. When clients transferred to a new team, there were no delays in staff accessing their records.

All clients were re-assessed when transferring into the team. Prior to transfer, staff contacted the transferring provider to request up to date recovery plans, risk assessments and medication records.

Records were stored securely. The service used encrypted electronic software and documents were password protected. Staff ensure that controlled drugs cabinets containing personal identifiable information were locked.

Medicines management

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

Staff followed organisational systems and processes to prescribe and administer medicines safely. Staff adhered to CGL's policies relating to medication. They had doctors and non-medical prescribers who issued and reviewed prescriptions.

Community-based substance misuse services

Staff reviewed each clients' medicines regularly and provided advice to clients and carers about their medicines. They ensured clients were properly monitored when on medication and supported clients who were on a medical detoxification programmes. Medication reviews were completed every three or six months depending on client complexity.

Staff completed medicines records accurately and kept them up to date. However, we found two empty methadone bottles in the Nuneaton clinic. Both bottles had been cleaned and rinsed out. The bottles contained a label with the client's name on. Staff were unable to explain why these were present in the clinic or had not been disposed of. Staff disposed of the bottles immediately.

Systems and processes for prescribing, administering, and storing medication within all four hubs was effective. For example, we saw evidence that fridge temperatures were monitored regularly and effectively and that the service locked and stored physical health medication appropriately.

Staff followed national practice to check clients had the correct medicines when they were admitted, or they moved between services. This included requesting up to date medication records for clients from transferring services prior to admission.

All hubs had well-equipped clinic rooms with the necessary equipment to carry out physical examinations.

Staff learned from safety alerts and incidents to improve practice. We saw that these were discussed in multiple local and regional meetings with staff and managers in attendance.

Staff reviewed the effects of each clients' medicines on their physical health according to National Institute of Clinical Excellence guidance. Staff arranged for clients to have an electrocardiogram (ECG) where appropriate for those receiving methadone prescriptions of 90mg daily and upwards.

Track record on safety

Reporting incidents and learning from when things go wrong

The service managed client safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave clients honest information and suitable support.

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents including serious incidents and near misses in line with the services' policy.

Managers debriefed and supported staff after any serious incident. The Leamington Spa hub was also trialing a weekly staff debrief with a view to this being rolled out across the services. This gave managers the opportunity to update staff on incidents and lessons learned from the previous week and for staff to raise concerns.

Staff understood the duty of candour. They were open and transparent and gave clients and families a full explanation when things went wrong. We saw that managers gave families and clients a summary of investigations and shared with them any learning or action they had taken.

Community-based substance misuse services

The service had low levels of serious incidents. There had been one serious care review in the six months prior to the inspection. Staff received feedback following incident investigations both internal and external to the service. Managers shared learning from monthly incident panels with staff during regular integrated team meetings at each of the four hubs. Quality leads also developed discussion points from incidents to aid learning and encourage discussion between staff and managers.

There was evidence that changes had been made because of feedback. We had sight of client forum minutes which contained client feedback and set out changes or improvements clients had requested. This included making improvements to the domestic violence support available to clients.

Are Community-based substance misuse services effective?

Good 

Our rating of effective stayed the same. We rated it as good.

Assessment of needs and planning of care

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

Staff completed a comprehensive mental health assessment of each client. Staff made sure that clients had a full physical health assessment and knew about any physical health problems. There was evidence of ongoing physical health monitoring by registered nurses in the records we reviewed.

Staff developed a comprehensive recovery plan for each client that met their mental and physical health needs.

Staff regularly reviewed and updated recovery plans when clients' needs changed. This was a minimum of every six months or in response to changes in care need. Care and treatment were personalised, holistic and recovery orientated.

Best practice in treatment and care

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

Staff provided a range of care and treatment suitable for the clients in the service. The service delivered staff and peer led groups including psychosocial intervention sessions, mindfulness, and walking groups. There were a range of nurse-led assessments including blood borne virus testing and vaccinations.

The service offered addiction courses which helped clients to understand coping mechanisms and strategies. Clients told us they found these courses beneficial to their recovery.

Community-based substance misuse services

Staff delivered care in line with best practice and national guidance from relevant bodies such as National Institute of Clinical Excellence. This included the prescribing of methadone for the treatment of opioid dependence.

Organisational policies were developed and reviewed in line with set guidelines. We saw that the Medication Assisted Treatment (MAT) guidance policy for prescribing drugs had recently been reviewed and amended. Staff offered blood borne virus testing to clients in line with Department of Health guidance.

The service provided regular medication reviews to check that treatment was effective, useful, and met client needs.

Staff made sure clients had support for their physical health needs, either from their GP or community services. The service delivered on-site needle exchange across all sites. Staff also offered Naloxone to all opiate users.

Health screening was routinely conducted as part of client's care and treatment. For example, titration, physical observations and baseline bloods were used to help inform appropriate treatment, including when prescribing

Clients withdrawing from alcohol were checked and counselled regarding gastro-intestinal consequences of alcohol use. Staff completed blood tests for sexually transmitted infections where appropriate. Each site had trained first aider who could respond to alerts where needed.

We saw evidence that staff made repeated attempts to re-engage with clients who disengaged with services and followed a standardised system to record the reasons why clients had exited treatment. Only five out of 15 records reviewed included a plan to manage clients' unexpected treatment exit, but it was clear that staff followed organisational processes when clients exited treatment unexpectedly.

Staff supported clients to live healthier lives by supporting them to take part in programmes or giving advice. The service also held themed sessions included blood borne viruses day and national overdose day to provide advice to clients. The care plans we reviewed set out clients' nutritional needs and how they were supported to meet these. Staff discussed the importance of overall well-being with clients. This included sharing information on healthy eating, sleep hygiene and exercise. Clients' smoking status was noted on admission and staff offered clients smoking cessation where appropriate.

Staff used recognised rating scales to assess and record severity and outcomes. The service had recently completed an audit on the use of espranor, a substitution treatment for opioid drug dependence. They had also introduced a medically assisted treatment (MAT) pilot audit. We looked at the audit schedule for the service and saw this was comprehensive. Managers maintained an audit tracker to record and review actions developed following each audit. This included actions around rehabilitation, detox, and alcohol plans

Staff used technology to support clients. The service had recently purchased laptops for clients admitted to mental health units to enable them access online self-help tools and attend virtual groups remotely. Clients could keep the laptops after discharge. The service also offered mobile phones to clients released from prison to enable them to contact the service, family, carers, and other professionals.

Skilled staff to deliver care

Community-based substance misuse services

The teams included or had access to the full range of specialists required to meet the needs of clients under their care. Managers made sure that staff had the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

The service had a range of specialists to meet the needs of each client. This included a specialty doctor, nurses, team leaders, recovery workers and healthcare assistants. All team leaders were the dedicated safeguarding leads at each of the hubs. Each hub also had fire wardens, and these were displayed in reception areas. The service used robust recruitment processes in line with the policies set out by CGL nationally.

Managers made sure staff had the right skills, qualifications, and experience to meet the needs of the clients in their care, including bank and agency staff. The services gave each new member of staff a full induction before they started work and staff met with their immediate managers or team leaders. There was a comprehensive four-week induction process in place for new starters. This included shadowing staff across different teams, attending clinics, and 'live' observations, for example during home visits or needle exchange. We looked at induction plans and saw that staff populated these throughout their induction. Managers provided staff with induction briefings which contained links to organisational policies and information about available courses and training.

Staff had access to service specific training to meet the needs of clients. This included, Equality, Diversity and Human Rights and working with the needs of specific groups such as LGBT people, older people, sex workers and young people.

Managers supported staff through regular, constructive appraisals of their work. The appraisal compliance rate for the service in the 12 months prior to the inspection was 79% but this included newly appointed staff who were not yet due to receive their appraisal. Managers used one-to-one sessions and the annual appraisal system to identify learning and development needs for staff.

Managers supported medical staff through regular, constructive clinical supervision of their work and generally kept up to date with this. Data provided by the service showed that 83% of staff had received regular case management supervision. 100% of staff had received prescriber supervision, and 100% of staff had also received nursing supervision.

Managers made sure that staff attended regular team meetings and gave information to those who could not attend. We looked at team meeting minutes and saw that these went ahead monthly and were well attended.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. In addition to mandatory training, staff had access to a range of online training and resources. The service was in the process of developing a training needs analysis of all staff. This would evaluate which areas an individual staff member was competent in and identify training and development needs.

Managers recognised poor performance, could identify the reasons for this and deal with them. Managers ensured that poor staff performance was addressed promptly through supervision and if required through a formal process with support from the human resources team from CGL.

Both Coventry and Warwickshire services used volunteers. Volunteers came from a range of backgrounds including former clients and people wanting to gain experience in substance misuse. There was a dedicated volunteer coordinator who managed the volunteers and delivered a volunteer training programme. The modules within the training programme were accredited by the local authority led volunteer learning academy.

Community-based substance misuse services

Multidisciplinary and interagency team work

Staff from different disciplines worked together as a team to benefit clients. They supported each other to make sure clients had no gaps in their care. The team(s) had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.

Staff held regular multidisciplinary meetings to discuss clients and improve their care. These took place on a weekly basis at each hub. We observed two multidisciplinary meetings and saw that these were comprehensive and solution-focussed. There was input from a range of internal and external staff, who worked together to develop ideas to improve service delivery for the client.

Staff made sure they shared clear information about clients and any changes in their care, including during transfer of care. The records we reviewed showed evidence of information sharing and referrals to other services where appropriate.

Staff had effective working relationships with other teams in the organisation and there was evidence of regular liaison with the workers forum and the medicines management group. There was a health and safety regional quarterly meeting which was attended by staff from other CGL services across the region. We saw that staff worked closely with external teams to support with the development of protocols and procedures following a new local midwifery team being set up.

Staff had effective working relationships with external teams and organisations. Staff worked with community mental health teams and GP services to ensure those clients with mental health needs received appropriate treatment and support. There was a joint working protocol in place with the local NHS trust which set out provider responsibilities and managers described how they worked closely with the trust to try and stabilise treatment for clients and prevent frequent transfers between mental health and substance misuse services.

There were dual diagnosis and inpatient workers who visited mental health inpatient services weekly. This built relationships with hospital staff and improved care during their stay in hospital. Staff were involved in discharge planning and supporting them in the community.

The service had received additional funding to recruit two prison in-reach workers; one in Coventry and one in Warwickshire which staff said aided communication with prison services. The in-reach workers visited prisons regularly and met with clients and prison staff prior to them being released. There was a criminal justice pathway in place whereby dedicated staff liaised with stakeholders including the police, prisons services, probation teams, and integrated offender management teams to improve compliance with treatment and reduce re-offending.

Managers attended serious organised crime and criminal justice offending boards and that team leaders worked specifically with the integrated offender management teams.

Good practice in applying the Mental Capacity Act

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

Staff received and kept up to date with training in the Mental Capacity Act. Training compliance was 92%.

Community-based substance misuse services

There was a clear policy on the Mental Capacity Act, which staff could describe and knew how to access. Staff knew where to get accurate advice on Mental Capacity Act.

Staff gave clients support to make specific decisions for themselves before deciding if a client did not have the capacity to do so. Those staff we spoke with understood their responsibilities under the Act and gave examples of supporting people who lacked capacity to make decisions for themselves, for example decisions about finances or welfare.

Staff assessed and recorded capacity to consent clearly each time a client needed to make an important decision. When staff assessed clients as not having capacity, they made decisions in the best interest of clients and considered the clients' wishes, feelings, culture, and history. This included decisions to contact the police or ambulance. Staff also understood their responsibility to contact the independent mental capacity advocate where necessary.

Staff audited how they applied the Mental Capacity Act and identified and acted when they needed to make changes to improve. The service monitored how well it followed the Mental Capacity Act and made changes to practice when necessary.

Are Community-based substance misuse services caring?

Good 

Our rating of caring stayed the same. We rated it as good.

Kindness, privacy, dignity, respect, compassion and support

Staff treated clients with compassion and kindness. They understood the individual needs of clients and supported clients to understand and manage their care and treatment.

Staff were discreet, respectful, and responsive when caring for clients. Staff gave clients help, emotional support and advice when they needed it. They supported clients to understand and manage their own care treatment or condition.

Staff directed clients to other services and supported them to access those services if they needed help. Clients we spoke with told us that the service provided useful information and contact details for services about housing, bereavement, and counselling services. Staff signposted clients to services offering psychological and social support where appropriate.

Clients described staff as kind, approachable and non-judgemental. They said they were easy to engage with and said they showed interest in their general wellbeing. Staff understood and respected the individual needs of each client. The staff we spoke with had very good understanding of the clients on their caseloads.

The staff we spoke with felt that they could raise concerns about disrespectful, discriminatory, or abusive behaviour or attitudes towards clients and staff.

Staff followed policy to keep client information confidential. Staff discussed confidentiality during initial assessments and regularly sought consent from clients regarding information sharing.

Community-based substance misuse services

Involvement in care

Staff involved clients in care planning and risk assessments although staff did not always complete all sections of the plans, or record relevant information. Staff actively sought their feedback on the quality of care provided. They ensured that clients had easy access to additional support.

Involvement of clients

Staff involved clients in the development and review of their care plans. Every client using the service had their own personalised recovery and risk management plan in a format which was easy for them to use.

The recovery plans we reviewed showed that clients and their families, where appropriate, had been fully involved in the planning of their treatment. In some plans, the box to record clients' strengths and goals had not been completed, although we found that staff had recorded this information elsewhere within the clients' records.

Care records for clients with high risks and complex needs were very comprehensive, person centred and had a detailed management plan for identified risks. They also contained examples of meeting additional healthcare needs. There was evidence of inter-agency working whereby staff gave regular updates to other healthcare professionals such as GPs and psychiatrists. Staff we spoke with had a good understanding of what their clients' aspirations were towards abstinence, detox, or recovery.

Nine out of 15 records did not contain an up to date consent, contact and confidentiality form. These forms were used to record patient's wishes and consent status regarding information sharing with other services including GPs, pharmacy services, and family/ carers. However, evidence of consent was present in the main body of care records, and it was clear that staff routinely sought consent prior to information sharing.

Staff told us that clients were not routinely offered copies of their recovery plans. We found that the electronic records did not contain a space to record that staff had done so. Managers recognised that they needed to address this and said they had received feedback from clients that they would benefit from receiving copies of their plans.

Staff made sure clients understood their care and treatment and found ways to communicate with clients who had communication difficulties. At the Rugby hub staff were trialling an easy read care plan and they were in the process of rolling this out across the other hubs.

Staff involved clients in decisions about the service, when appropriate. There was a service user forum which staff used to seek client feedback about service development.

Clients could give feedback on the service either verbally or using client feedback forms. The services' quality lead monitored client feedback and reported on this, including during governance meetings.

Staff made sure clients could access advocacy services, however, take up for this was low. Managers told us that clients usually preferred to seek advice and support from their recovery worker.

Involvement of families and carers

Staff informed and involved families and carers appropriately and the records we looked at showed us that recovery workers made contact where appropriate and if clients consented to this.

Community-based substance misuse services

Family and carers told us the service provided them with useful, practical information such as how to support clients during their recovery, how to engage with them and how to identify triggers or signs of relapse.

Family and carers reported good involvement and said they were kept up to date with clients' progress. There was a weekly video call session for families and carers, run by volunteers, which the families said created a supportive community.

Staff helped families to give feedback on the service by using feedback forms and through regular family and carer groups.

Are Community-based substance misuse services responsive?

Good 

Our rating of responsive stayed the same. We rated it as good.

Access and waiting times

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

The service had clear criteria to describe which clients they would offer services to. Staff saw urgent referrals quickly and non-urgent referrals within the service's target time of three weeks. Data provided by the service showed that 98.5% of patients were seen within three weeks during the six months prior to the inspection.

Staff completed a 'risk capturing at assessment form' at the point of referral stage to enable them to prioritise assessments based on presenting risks.

Staff tried to engage with people who found it difficult, or who were reluctant, to seek support from mental health services. Staff tried to contact clients who did not attend appointments and offer support.

The service monitored the number of missed appointments including the reasons for these. They compared data across the hubs to understand why some had higher attendance than others and made changes as a result. For example, they found that providing clients with appointment cards and sending appointment reminders via text message reduced the number of missed appointments.

Clients had some flexibility and choice in the appointment times available. The recovery workers knew which clients on their caseload worked during the day and offered evening appointments where possible.

Staff worked hard to avoid cancelling appointments and when required to; they gave clients clear explanations and offered new appointments as soon as possible. Cancelled appointments or client contacts were rare (an average of 4% during the previous six months). Managers said this was normally due to staff sickness. This was less frequent in Coventry due to the hub having a larger number of prescribers.

Community-based substance misuse services

Appointments ran on time and staff informed clients when they did not. Appointments varied between 30 and 45 minutes dependent on client need.

The service actively engaged with commissioners, social care, the voluntary sector and other relevant stakeholders, including people who use services and the local community, to ensure services are planned, developed and delivered that meet the needs of the local population including those in vulnerable circumstances. There was a standardised re-engagement process in place which staff followed for each client which included liaising with partner agencies or next of kin to establish whether they had been in touch with clients. At the point of assessment staff asked clients their wishes regarding contact and their preferred method of engagement was.

The facilities promote comfort, dignity and privacy

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

The service had a full range of rooms and equipment to support treatment and care. This included rooms for one-to-one interventions or group sessions, detox rooms, and clinics.

Reception areas were welcoming and well decorated. The Coventry hub also had a service user room which was used for art groups or client-led activities.

Interview rooms in the service had sound proofing to protect privacy and confidentiality. At the last inspection we found that not all rooms used for one-to-one support at the Rugby site were soundproofed. The service had since undertaken maintenance work to the walls and ceilings to address this.

Meeting the needs of all people who use the service

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

The service could support and make adjustments for people with disabilities, communication needs or other specific needs. All hubs had disabled access and accessible rooms.

The service provided information in a variety of accessible formats so the clients could understand them more easily. There were information leaflets available in languages spoken by the clients and local community. Some clients were non-English speaking and staff used a local interpreter service where this was needed. Managers reported no issues with the service and could arrange for interpreters to visit at short notice if needed.

Staff made sure clients could access information on treatment, local services, their rights and how to complain. There were noticeboards in reception areas with information leaflets about food banks, help lines, and events that were going on in the local area.

Listening to and learning from concerns and complaints

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

Community-based substance misuse services

Clients, relatives, and carers knew how to complain or raise concerns. The service had low levels of complaints. Data provided by the service showed that during the previous six months there were a total of five complaints all of which were investigated. Staff understood the policy on complaints and knew how to handle them.

Staff knew how to acknowledge complaints and clients received feedback from managers after the investigation into their complaint.

Managers investigated complaints and identified themes. These were reported in a quarterly quality report which was circulated to staff. Complaints were also an ongoing agenda item in local team meetings and integrated governance meetings.

Staff protected clients who raised concerns or complaints from discrimination and harassment. Clients received feedback from managers after the investigation into their complaint.

The service used compliments to learn, celebrate success and improve the quality of care. There had been a total of 28 compliments in the six months prior to inspection. Compliments were often about client's recovery workers and the support they offered. Compliments were discussed during local team meetings to help staff understand what they had done well and what was working for the client group.

Are Community-based substance misuse services well-led?

Good 

Our rating of well-led stayed the same. We rated it as good.

Leadership

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

The registered manager had good oversight of the service. They were supported by a locality manager at each hub who provided leadership to the teams.

Managers were experienced and knowledgeable about the services they delivered. They attended leadership management courses and had the skills to lead the team and support clients.

Managers maintained regular communication with regional directors who visited the services regularly. Managers reviewed senior leadership team meeting minutes to ensure they were cited on decision at executive level and encourage dialogue with regional directors. There was a monthly 'round table' webinar which was delivered by senior executive managers.

Managers had a visible presence within the service and staff said they could approach them at any time for advice and support. Some staff told us they did not know who the senior executive team were.

Vision and strategy

Community-based substance misuse services

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

Staff knew and understood the vision and values of the team and organisation and what their role was in achieving that.

Managers described how the organisational strategy focussed on listening to clients and continually improving communication within the service and across the organisation at all levels. They told us how the service aimed to develop better connections with external services and could provide examples of how they intended to achieve this.

Staff stated that they felt included in service development. There were several forums and localised team meetings which enabled staff to contribute ideas on how to improve the service. Managers fed these back to the executive team to help inform the organisational strategy.

Culture

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

Staff spoke positively about the culture within the service. They told us they felt respected and valued by their managers. They reported minor work-related stress, for example during periods of higher sickness or absence, but said they were well supported by their immediate managers.

The service had a weekly wellbeing hour which staff spoke positively about. They described how this enabled them to take an hour away from work at any point during the week to focus on their personal wellbeing.

There had been no grievances in the six months prior to the inspection and staff described good working relationships and good morale. We observed pleasant and friendly atmospheres across the hubs and most staff told us they enjoyed working for the service.

The service had a policy in place to manage and support staff who were subject to bullying and harassment. At the time of inspection there were no bullying or harassment cases.

Staff had regular career progression conversations with their line managers. Those staff we spoke with described a range of career development opportunities. There was a monthly learning hub which staff spoke positively about.

Staff had access to support for their own physical and emotional health needs through an occupational health service. Staff and manager said that the service promoted equality and diversity. None of the staff we spoke with said they felt discriminated against, either during their day to day work, or when opportunities arose for career progression. Staff told us they felt able to raise concerns about the service if they needed to.

Governance

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

Community-based substance misuse services

There was a clear governance structure in place to ensure that the service ran efficiently. Governance policies, procedures and protocols were regularly reviewed and improved to ensure the service delivered safe, good quality interventions in line with national best practice.

There were a variety of local, regional, and national meetings to enable effective communication within the service, and the wider organisation. There was evidence of good liaison with external services to discuss individual clients or risks.

Clinical governance meetings had standardised agendas. The meeting minutes we viewed showed that meetings were comprehensive and well attended.

Staff undertook or participated in local clinical audits. We reviewed a random sample of the quality improvement audits and found staff had acted where areas for improvement had been identified.

The service undertook annual mortality reports and had robust processes in place to ensure they reviewed all deaths within the service and identified and shared learning from these.

Management of risk, issues and performance

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

There was a clear quality assurance management and performance framework in place that were integrated across all organisational policies and procedures. The service had local risk registers and an improvement plan which staff could contribute to through team meetings and supervision. The registers we reviewed contained comprehensive explanations and grading of individual risks which were regularly reviewed and updated.

Managers reviewed incidents regularly during incident panels and key findings were shared to staff and senior leaders to ensure effective learning.

Teams had daily 'flash' meetings- which covered operational updates, sickness, staffing, and client updates including those at high risk. The service undertook organisational benchmarking and identified outliers.

Information management

Staff collected analysed data about outcomes and performance.

The service undertook organisational benchmarking and measured key performance indicators against other CGL services within the region to enable them to identify outliers. The service employed data analysts who collected, analysed, and shared data to managers and staff.

Managers worked effectively with other CGL services and described how they had made changes following data analysis. This included working with another CGL service to strengthen the process for sharing quality improvement data and lessons learned.

Staff had access to the equipment and information technology needed for their roles. The information technology infrastructure, including the telephone system, worked well, and helped to improve the quality of care.

Community-based substance misuse services

The service had recently completed an organisational review of assets including IT and telephone equipment. This reviewed all equipment and technology across the hubs and identified whether new or additional equipment was needed. This process was ongoing with anticipated timescale of December 2022 for completion.