

Cheshire and Wirral Partnership NHS Foundation
Trust

Substance misuse services

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RXARE	Trust Headquarters, Redesmere	The Barnabas Centre	SK11 7AA

This report describes our judgement of the quality of care provided within this core service by Cheshire and Wirral Partnership NHS Foundation Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Cheshire and Wirral Partnership NHS Foundation Trust and these are brought together to inform our overall judgement of Cheshire and Wirral Partnership NHS Foundation Trust.

Summary of findings

Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

Overall rating for the service

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 / Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Health Act and Mental Capacity Act in our overall inspection of the core service.

We do not give a rating for Mental Health Act or Mental Capacity Act; however we do use our findings to determine the overall rating for the service.

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

Summary of findings

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Summary of findings

Overall summary

We rated substance misuse services as good because:

- There was good risk management. Clients had their risks assessed on admission and on an ongoing basis. There were appropriate risk assessments around prescribing substitute medication including home condition assessments. Building and health and safety risk assessments were in place. Lone working protocols were followed.
- Staff were knowledgeable around safeguarding and understood trust policies and procedures in this regard. Staff with active safeguarding cases received specialist supervision. There were good links with local safeguarding bodies.
- Clients had care plans in place. Care plans were up to date and comprehensive. Clients were involved in decisions about their care and treatment. Care plans included client views and objectives.
- The team monitored the quality of the service and client outcomes. Care record audits were in place and the team completed treatment outcome profiles as part of the national drug treatment monitoring service.
- Staff treated clients with respect and compassion. Feedback from clients about the staff and the treatment they provided was positive. Clients were able to give feedback about the care they received and get involved in decisions about the service.
- There were clear referral pathways into the team. There was a dedicated team to review and prioritise referrals. Staff followed up with clients post discharge.
- Staff morale was positive. There was good team working and mutual support. Senior management were a visible presence and staff felt comfortable raising concerns.
- There was a governance structure in place to support the delivery of care. Performance monitoring was in place. The service met quarterly with partner agencies to review performance.

Summary of findings

The five questions we ask about the service and what we found

Are services safe?

We rated substance misuse services as good for safe because:

- The building was clean and well maintained. There were appropriate environmental and health and safety assessments in place. Equipment was checked regularly and was fit for purpose.
- Staff assessed client risk using an approved risk assessment tool. Risk management plans were in place which reflected the findings of the assessment.
- Staff assessed risks before prescribing medication to clients. This included home condition assessments where the client lived with children.
- Staff received mandatory training to support them in their role. Compliance with training was good.
- Staff followed trust safeguarding procedures. Staff demonstrated knowledge of safeguarding principles and how to identify concerns. There were good links with the trust safeguarding team and local safeguarding bodies.
- There was a process to report adverse incidents. Staff knew how to report incidents and there was a process to launch formal investigations where required. There was evidence of learning from incidents

Good



Are services effective?

We rated substance misuse services as good for effective because:

- Staff completed comprehensive assessments of client need. Care plans reflected the findings of the assessment.
- Care plans were up to date. They were personalised and reflected the client's views and objectives.
- Medication was prescribed in line with Department of Health guidance.
- There were good links with other local services. The team worked closely with partner agencies to develop recovery pathways and offer access to psychosocial interventions and support groups.
- Client outcomes were monitored and reviewed regularly.

However;

- Compliance with formal supervision was low at 50%. However staff told us they felt supported in their role and could seek advice. Specialised supervision for nurse medical prescribers and staff with active safeguarding cases was provided.

Good



Summary of findings

Are services caring?

We rated substance misuse services as good for caring because:

- Clients we spoke with were positive about the staff. They considered staff to be caring, knowledgeable and committed.
- We observed staff treating clients with kindness, dignity and respect.
- Clients told us they were actively involved in their care. We saw evidence of client involvement in the care records that we reviewed.
- Clients had the opportunity to give feedback on the service they received.
- Clients were involved in decisions about the service. Clients had sat on interview panels for new staff members.

Good



Are services responsive to people's needs?

We rated substance misuse services as good for responsive because:

- There were clear referral pathways into the service. Clients could self-refer.
- There was a dedicated team to review and assess referrals in a timely manner.
- Staff followed up with clients who had been discharged. They phoned clients after one, three and six months to discuss how they were doing. This helped check on clients' wellbeing and safety.
- There was access to translation services when required.
- There was a complaints policy and process. Information on how to complain was provided to clients and displayed in the building. Staff were aware of the complaints policy.

However;

- The building did not offer much space. Group work was carried out in a facility across the road. Interview rooms were not fully sound proofed.

Good



Are services well-led?

We rated substance misuse services as good for well-led because:

- Staff were aware of the trust's vision and values. These were reflected in the delivery of care.
- There was a governance structure to support the delivery of care. There were systems to monitor compliance with mandatory training and supervision. Trends in adverse incidents and complaints were discussed in locality governance meetings and fed back to teams

Good



Summary of findings

- Key performance indicators were in place. Performance was reviewed regularly. Performance meetings were held with partner agencies.
- Senior management were a visible presence and known to staff.
- Staff morale was positive. There was good team working and mutual support.

Summary of findings

Information about the service

Cheshire and Wirral NHS Partnership Trust provide community substance misuse services to the Cheshire east locality. There are two substance misuse teams; one based in Macclesfield and one based in Crewe. We inspected the Macclesfield team based at the Barnabas Centre.

The team provides community based substance misuse services. These include community detoxification and substitute prescribing. The service works in partnership with local recovery agencies to offer recovery and rehabilitation pathways.

The service had not previously been inspected by the Care Quality Commission.

Our inspection team

Our inspection team was led by:

Team Leader: Lindsay Neil, inspection manager (mental health), Care Quality Commission.

The team that inspected substance misuse services comprised three CQC inspectors.

Why we carried out this inspection

We inspected this specialist service as part of a wider focused inspection of Cheshire and Wirral Partnership NHS Foundation Trust. We did this because we had received some information of concern about the Barnabas Centre.

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 these services and asked a range of other organisations for information.

During the inspection visit, the inspection team:

- reviewed the team building and environment
- spoke with eight clients who were using the service and observed how staff were caring for clients
- reviewed the clinical records of six clients
- spoke with the service lead and team manager
- spoke with seven other staff members including nurses, support workers and administrative staff
- observed three clinic appointments
- looked at a range of policies, procedures and other documents relating to the running of the service

Summary of findings

What people who use the provider's services say

During the inspection we spoke with eight clients. Clients we spoke to were positive about the care and treatment they received at the service. They considered staff to be compassionate and interested in their wellbeing. Clients told us that staff were approachable, empathetic and non-judgemental.

Clients told us that they were involved in decisions about their care and were encouraged in their recovery. Clients told us that the service provided a supportive environment and they were optimistic about their treatment.

Good practice

Areas for improvement

Action the provider **SHOULD** take to improve

- The trust should ensure all staff receive supervision in line with trust policy.
- The trust should ensure that consultation rooms are adequately soundproofed to protect client confidentiality.

Cheshire and Wirral Partnership NHS Foundation Trust

Substance misuse services

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)

The Barnabas Centre

Name of CQC registered location

Trust Headquarters

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

The service was not registered to accept clients detained under the Mental Health Act. If a client's mental health were

to deteriorate, staff were aware of whom to contact. Some of the nursing staff were trained as registered mental health nurses, which meant that they were aware of signs and symptoms of mental health problems.

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff had received training on the Mental Capacity Act. There was a trust policy and a central team to support staff if they required it. There were registered mental health nurses as part of the team establishment. Staff could book clients into appointments with a consultant psychiatrist who inputted into the team.

The team had good links with mental health services and worked collaboratively with them where clients had a dual diagnosis of substance misuse and mental health issues.

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Our findings

Safe and clean environment

The Barnabas Centre was based in a two storey building. The building was clean and well maintained. Cleaning schedules were in place and being adhered to. General office equipment was in good condition. Portable appliance testing had been carried out on all relevant equipment and was up to date.

The trust estates department had carried out health and safety and legionella risk assessments on the building. Assessments were in date and comprehensive. Identified actions had been completed.

There was good infection control practice. Staff received infection control training as part of their mandatory training programme. Compliance with infection prevention and control training was 80%. An infection control audit had been completed in May 2016. Identified actions had been completed. Staff had access to protective personal equipment, for example gloves, as required. There were arrangements in place for the collection of clinical waste. Sharps bins were secure, dated and not overfilled.

There was a clinic room and facilities to carry out urine testing. Rooms were clean and well maintained. The clinic room contained the necessary equipment to carry out physical examinations. This included an examination couch, scales and a phlebotomy chair. Equipment that was used was fit for purpose and checked regularly. There was a programme of maintenance and calibration checks for equipment where required. Staff checked the temperature of fridges used to store medication on a daily basis.

A fire risk assessment had been completed in April 2016. It noted that an annual evacuation had not taken place. This had been addressed and was recorded. There were identified fire wardens amongst the staff. Compliance with fire safety training was 95%. Firefighting equipment had been checked annually.

Safe staffing

There was a team manager in post. The staffing establishment was:

Band 6 worker (whole time equivalent); 3

Band 5 worker (whole time equivalent); 7.8

Band 3 worker (whole time equivalent); 2

The team manager and one band 6 worker were registered mental health nurses. One band 6 was designated as the criminal justice lead. One band 6 worker was designated as the communities lead and attended shared care meetings with local GPs. In addition there was a harm reduction manager who worked across both sites in the east Cheshire substance misuse service. There were two non-medical prescribers who worked across both sites. A third non-medical prescriber was being recruited. The team were supported by three administrative staff. There were no vacancies at the Barnabas Centre. Staffing levels had been established through a tendering and bidding process initiated by commissioning bodies in 2014.

The use of bank and agency was limited. There was one agency member of staff who was covering for long term sickness. They had been in post since August 2016 and had covered 64 days. Staffing levels could also be adjusted by utilising staff from the Crewe service.

The service utilised volunteers with lived experience of substance misuse. There were three active volunteers at the time of the inspection. Two volunteers worked as recovery support volunteers. The third individual worked as a harm reduction and young person's volunteer. Volunteers helped run an alcohol support group.

Data provided by the trust showed that the average caseload per key worker was 39. Band 5 staff carried higher caseloads than band 6 staff. Caseloads were reviewed within supervision. Staff we spoke with told us that caseloads were manageable. At the time of our inspection there were six clients awaiting allocation of a key worker.

Staff received a programme of mandatory training. Compliance was monitored by management and staff were alerted when training was overdue. Overall compliance with mandatory training for the east Cheshire substance misuse service was 86%. There were five courses where compliance was lower than 75%. They were:

- Clinical supervision, 72% (21 out of 28 staff)
- Health and safety, 70% (28 out of 40 staff)

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

- Dementia awareness, 70% (21 out of 30 staff)
- Mental Capacity Act, 69% (20 out of 29 staff)
- Mental Health Act, 69% (20 out of 29 staff)

Assessing and managing risk to patients and staff

Clients accessing the service received a risk assessment. The service used a recognised risk assessment tool called the clinical assessment of risk to self and others. Risk assessments were reviewed in response to changes in the clients' presentation or a minimum of annually. We reviewed six care records during the inspection. Risk assessments were in place and had been completed in all six files. Risk management plans were in place that reflected the findings of the risk assessment.

Risk assessments included a review of previous compliance with treatment and likely indicators for an unexpected exit from treatment. Plans for unexpected exit from treatment were included within client care plans. These included contact details for relevant services.

Prescribing risks were managed. Clients being prescribed by the service were started on observed consumption. Observed consumption is when a client takes their medication whilst observed by a member of staff or pharmacist. Observed consumption ensures that medication is taken by the client and not diverted. This was reviewed regularly and stepped down accordingly. Home condition assessments were completed where children lived with the client. This included the provision of lockable storage for medication. There was a competency framework for staff involved in issuing prescriptions.

There were good practices in managing safeguarding concerns. Staff received safeguarding training as part of their mandatory training programme. Training covered safeguarding of vulnerable adults and children. At the time of the inspection compliance with training for the Cheshire east substance misuse service was:

- Safeguarding level one; 85% (22 out of 26 staff)
- Safeguarding level two; 77% (23 out of 30 staff)
- Safeguarding level three; 85% (22 out of 26 staff)

Safeguarding assessments were carried out on admission and regularly reviewed. The electronic care record system included a safeguarding alert for clients with active cases or concerns. Staff we spoke to displayed a sound knowledge of safeguarding procedures and understood

their responsibilities in raising safeguarding concerns and alerts. Staff with active safeguarding cases received bi-monthly supervision from a safeguarding lead. There was a safeguarding policy to support staff. Staff could also seek advice from a central trust team. There were good relationships with local safeguarding teams and authorities.

Clients were primarily seen on site. However some clients were seen in the community. Staff working in the community followed the trust lone working protocol. Staff provided details of their visit and phoned the office to confirm arrival and departure from the appointment.

Track record on safety

In the period between 1 September 2015 and 30 September 2016 the Barnabas Centre had reported one suspected homicide and 12 unexpected deaths.

A policy was in place to support the investigation of incidents. Managers carried out 72 hour safety reviews. These were used to indicate if further investigation was required. Senior staff were trained in root cause analysis to enable them to undertake incident investigations.

Investigations into the suspected homicide and unexpected deaths had either taken place or were ongoing where applicable.

Reporting incidents and learning from when things go wrong

Adverse incidents were reported using an electronic incident reporting system. Staff we spoke to understood how to report incidents and what should be reported. Incidents were reviewed by the team manager and service lead. Where applicable 72 hour reviews were carried out.

In the period between 1 September 2015 and 30 September 2016 the Barnabas Centre had reported 90 incidents. Twelve of these incidents related to client deaths. One incident related to a suspected homicide. Eight incidents were categorised as moderate harm level C incidents. Sixteen incidents were classified as level D minor incidents. Fifty three incidents were classified as level E no harm incidents.

Adverse incidents data and trends were reviewed in the east Cheshire substance misuse governance group. Learning from adverse incidents was shared in team meetings. Staff we spoke with were able to give us

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

examples of improvements that had been made as a result of an adverse incident. For example: the introduction of a competency assessment framework for staff handing out prescriptions.

Duty of Candour

Duty of candour is a statutory requirement that ensures services are open and transparent with patients and carers. This includes informing patients about adverse incidents related to their care and treatment, providing support and offering an apology.

The trust provided guidance regarding the regulatory Duty of candour within relevant trust policies, including the incident reporting and management policy and the policy for the recording, investigation and management of complaints, concerns and compliments. Not all staff that we spoke with were aware of duty of candour. However: staff displayed an open and honest culture. Staff showed a good understanding of their responsibilities to be open and transparent with people in relation to their care and treatment. There were duty of candour sections on 72 hour safety review and investigation report templates to ensure the principles of duty of candour were followed.

Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Our findings

Assessment of needs and planning of care

Staff completed comprehensive assessment on new clients entering treatment. Assessment documentation covered a range of domains and captured clients' needs and view point. The assessment included current and historic use of substances, history of previous treatment, physical health, mental health, accommodation, leisure, finance, employment, the client's family situation including children and client objectives and goals for treatment.

We reviewed six care records during the inspection. Assessments were in place and completed in all of the client files we looked at. Assessments had been updated and were reflected in the clients care plans. All of the six records we reviewed had a care plan in place. Care plans were comprehensive and up to date. They were personalised and captured the individuals' views. They were recovery focused and captured information on the clients' strengths and goals.

Records were stored in both electronic and paper form. Paper based records were stored securely in lockable cabinets. Electronic records were password protected. This meant that records were stored securely and that information and data was protected.

Best practice in treatment and care

The service prescribed medications as recommended by the Department of Health's UK Guidelines on Clinical Management for Drug Misuse and Dependence. There were clinical management and prescribing guidelines to support staff. These included protocols around the use of benzodiazepine, naltrexone, community alcohol detoxification and community opiate detoxification.

Clinicians conducted face-to-face appointments for clients starting a prescribing regime. Clients were reviewed regularly and screened for drug use during treatment. We reviewed six care records and saw evidence of appropriate checks and monitoring. These included liver function tests, screening for blood borne viruses and updated mouth swabs and urine analysis following initial consultation and review.

In line with the 2012 Strang report, commissioned by the National Treatment Agency, there was a focus on recovery within treatment. Care records we reviewed captured clients' goals and the development of recovery capital.

Recovery capital refers to social, physical, human and cultural resources a client needs to develop to in order to help them to achieve and sustain their personal recovery. Clients we spoke to told us that staff referred them onto appropriate services and groups to help them develop their recovery capital. The reception area also had a wide range of information leaflets for support groups and organisations including mutual aid groups.

Staff had been trained in psychosocial interventions including motivational interviewing. Clients attending the service progressed through two work books. The workbooks used node mapping techniques. The first workbook allowed clients to identify their objectives in relation to key areas of wellbeing as well as the support they needed. The second workbook helped clients to develop their recovery capital and resilience. The Barnabas Centre partnered with local recovery services to provide recovery and support groups. This included a deep emotional attachment programme and a recovery and motivation programme. In addition there was a Star programme which worked with clients to move them into employment. There was also access to mutual aid groups such as alcohol anonymous and narcotics anonymous.

The service was in the process of introducing peer mentors as recommended by the Strang report. The service had worked with a local recovery agency to develop training for peer mentors. The first cohort of peer mentors were due to start training in October 2016. The service was developing role descriptions for the peer mentors. Peer mentors are individuals who have been through their own substance misuse treatment and are now in recovery. They provide a positive example to clients of the benefits and possibilities of recovery and use their own experiences to engage with and support clients in their own recovery.

The service engaged with the trust Healthcare Quality Improvement team. Audits had been carried out around record keeping and unexpected deaths. The service was engaged with a national non-medical prescribing audit. The service was in discussion with the audit team to develop an audit tool around appointment frequency and missed appointments. The electronic care records system included a report manager function that allowed managers to produce specific performance reports prior to supervision. For example: a report could be produced that highlighted any outstanding client reviews which could be discussed with the staff member.

Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

The Barnabas Centre measured outcomes using the national drug treatment monitoring service and treatment outcome profiles. Treatment outcome profiles measure the progress of clients through treatment. They are completed at least every three months and form part of the national drug treatment monitoring system. The national drug treatment monitoring service is managed by Public Health England. It collects, collates and analyses information from those involved in the drug treatment sector. All drug treatment agencies must provide a basic level of information to the national drug treatment monitoring service of their activities each month. Providers are able to access reports and compare performance against the national picture.

Skilled staff to deliver care

The team's staff included a service lead, team manager, harm reduction nurse, registered mental health nurses, registered general nurses, non-medical prescribers and support workers. There was a safer family lead who worked across both teams in the east Cheshire substance misuse service. Staff had the required experience and skills to provide effective treatment.

Staff had been able to access specialised training. Staff had completed courses around safe sleep, novel psychoactive substances, human trafficking and child sexual exploitation, later life transitions and the running of group sessions. Some nursing staff had completed non-medical prescribing courses to enable them to carry out the role. Required specialised training was identified within supervision and annual appraisal sessions. Staff were also supported to attend workshops and conferences.

The trust provided data that showed staff compliance with formal supervision was 50%. However, staff we spoke with told us they felt supported in their role. Supervision also occurred informally and within team meetings. Staff received additional supervision around safeguarding cases provided bi-monthly by a safeguarding lead. Non-medical prescribers received support and supervision from the trust nurse medical prescriber lead. Staff we spoke with told us that they had received supervision within the last six weeks.

There was a trust policy in place to manage poor staff performance and disciplinary issues. The team manager was able to access support from the trusts' human

resources team when required. In the period between September 2015 and September 2016 there had been one instance of disciplinary action against a staff member. This was investigated but no action was deemed necessary.

Multi-disciplinary and inter-agency team work

The team held a weekly team meeting. The meeting alternated from week to week. Over a four week period the team held two clinical meetings, a business meeting and a recovery meeting. Partner agencies attended the recovery meeting.

The service had strong links with other local services, external agencies and the local recovery community. There were strong links with local recovery agencies. The service had worked with recovery agencies to develop peer mentor training and provide psychosocial support groups and programmes.

The service had good relationships with external agencies including criminal justice services, local safeguarding authorities, social services, mental health services and GPs. The team worked with staff in community mental health teams to manage dual diagnosis clients. Staff members from the Barnabas Centre had delivered training and awareness sessions around substance misuse to a range of external bodies including criminal justice services, local colleges and GP practices. The team had also met with the trusts' older people teams to discuss support around alcohol use in clients.

Adherence to the Mental Health Act and the Mental Health Act Code of Practice

The service was not registered to accept clients detained under the Mental Health Act. If a client's mental health were to deteriorate, staff were aware of whom to contact. Some of the nursing staff were trained as registered mental health nurses, which meant that they were aware of signs and symptoms of mental health problems.

Good practice in applying the Mental Capacity Act

Staff received training on the Mental Capacity Act. Compliance was 69% (20 out of 29 staff).

Staff we spoke with displayed an understanding of the Mental Capacity Act. Support was available to staff if they required it. Staff could access a trust policy on the Mental Capacity Act and seek advice from a central team. The

Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

staffing establishment also included registered mental health nurses. Staff could refer clients to the trust's community mental health team. There were pathways to support this.

Questions on mental health and capacity were part of the assessment paperwork. If staff had concerns regarding a client's capacity they could refer the client to a registered mental health nurse or consultant psychiatrist.

If a client attended the team either intoxicated or under the influence of substances staff postponed decisions until the individual regained capacity.

Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Our findings

Kindness, dignity, respect and support

We spoke with eight clients and observed three clinical appointments. Staff engaged with clients in a respectful and non-judgemental way. They were caring and supportive towards clients. Staff demonstrated knowledge of the client and their individual needs. We observed positive interactions between staff and clients in clinical appointments. We observed one appointment where the client discussed a recent bereavement. The staff member was empathetic and provided the client with time to discuss the issue.

We spoke with eight clients. All eight were positive about the care they received. They told us they felt staff cared and treated them as individuals. They told us that staff were always available to talk if they needed them. Clients told us that staff supported them in areas such as benefits and housing. They were given advice and signposted to relevant services.

Clients signed a confidentiality agreement and consent to the sharing of information agreement. All six care records we viewed had these in place. Clients we spoke with told us they felt their confidentiality was respected and that they trusted staff.

The involvement of people in the care that they receive

We spoke to eight clients during the inspection. All eight reported that they were involved in decisions about their

care. We reviewed six care records. They demonstrated client involvement in decisions about their care. Care records included client views and objectives. However it was not always clear from the records if the client had been offered a copy of their care plan.

We observed three clinical appointments. Staff engaged in meaningful two way conversation and clients were given space to voice their opinion.

The team involved clients in decisions about the service. Clients had sat on interview panels for new staff. The service previously held a client forum but this was cancelled due to a lack of attendance. The service was relaunching the forum with the involvement of peer mentors. Clients had previously requested an innovation fund. This had been used to establish fishing and gardening groups and towards gym passes for clients.

Staff and clients we spoke with told us that there was a client survey in place using the friends and family test. This was overseen by the trust patient participation and engagement team. Clients we spoke with all told us they had completed monthly surveys. The trust provided reports on the most recent client questionnaire and a questionnaire around mutual aid. Client feedback was positive.

The trust had a patient advice and liaison service that clients could access. The service was advertised within the team building.

Are services responsive to people's needs?

Good 

By responsive, we mean that services are organised so that they meet people's needs.

Our findings

Access and discharge

Individuals wishing to access treatment could self-refer into the service. Referrals were also accepted from hospitals, GPs, social workers and health care professionals.

Referrals were reviewed by the intake team each morning. Where it was deemed appropriate referrals would be contacted by telephone that day. This was based on priority of need or risk. The service had identified priority groups within its standard operational procedures. These included those with significant mental or physical health issues, domestic abuse victims, pregnant referrals and those with childcare responsibilities or safeguarding concerns. Referrals would also be contacted if it was felt the service was not appropriate for them. Advice and information on alternative services was provided. Each staff member had assessment slots built into their weekly schedule to enable quick access for clients.

The trust provided waiting time figures for the period October 2015 to October 2016. These showed that the average wait from referral to triage was 15 days. The service had triaged 574 clients in that time. The average wait from referral to assessment and initiation of treatment was 19 days.

Discharge plans were in place for clients. The team worked collaboratively with partner agencies to help clients develop their recovery capital and link in with support services. Clients were supported to attend aftercare groups and local recovery agencies. The service contacted clients post discharge after one, three and six months. This enabled the service to ensure that the client was safe and well. Clients were able to get advice and support around any issues that they may have been experiencing post discharge. If required clients could be re-engaged with the service. The representation rate for the period April 2016 to June 2016 for opiate clients was 18% (six out of 33). For alcohol clients the representation rate was nine percent (six out of 68).

When clients did not attend appointments staff attempted to contact them through phone calls and letters. Contact was also made with other services the client was involved with. Where a client was being prescribed substitute medication agreements were in place with local pharmacies to inform the team if the client had not picked

up their medication as stipulated. If the client had not picked up their prescription for three days the prescription was suspended. The client would be booked in for a 'restart' appointment and review with the non-medical prescriber.

The facilities promote recovery, comfort, dignity and confidentiality

The Barnabas Centre was clean and well maintained. However the building was quite small and did not provide much space. There was one small room that could be used for group sessions. Group sessions were predominately held in facilities across the road from the Barnabas Centre.

Rooms were available for individual consultations. However these rooms were not fully sound proofed. Staff were aware of this issue and wherever possible avoided having simultaneous appointments in rooms next to each other. Staff could also use the small group room for consultations if this was required to protect confidentiality. The issue of sound proofing in the interview rooms had been raised with the trust estates department.

There was a range of information available in the reception area and throughout the building. This included information on services and treatments, local advocacy services and participation groups and general health care.

Meeting the needs of all people who use the service

The building was a two storey building. There was no lift. However all of the facilities accessed by clients were on the ground floor. There was a small step up into the building. However there was no disabled access ramp in place. Staff told us that this had been raised with the local council. Where clients had mobility issues that prevented them from accessing the building, staff could conduct home visits or arrange appointments at alternative locations.

Teams had access to translation services. This included face to face and telephone translation. Staff told us translation services were responsive and of a good quality. Information leaflets were not routinely displayed in other languages. However; staff were able to access services to have documents translated where required. Language needs were identified through referral and assessment information.

Are services responsive to people's needs?

Good 

By responsive, we mean that services are organised so that they meet people's needs.

Listening to and learning from concerns and complaints

During the period September 2015 to September 2016 there had been one informal complaint submitted that had been resolved at a local level. The complaint had not escalated to a formal complaint. When we discussed complaints with team management they told us that they received very few complaints. There had been no complaints that had been escalated to the Parliamentary and Health Service Ombudsman.

There was a complaints policy in place and staff were aware of this. Complaints were categorised as green, amber or red. Green complaints were resolved locally by staff without a formal complaint being made. Amber

complaints were formal complaints where there were issues that had or had the potential to cause moderate harm. Red complaints were complaints where there were issues that had or had the potential to cause serious harm.

Information on how to complain was displayed on site and available to clients. We spoke with eight clients. All eight clients told us that they knew how to complain. They told us information leaflets had been provided to them when they first engaged with the service. Clients told us they would raise issues with staff first before submitting a formal complaint. They felt that staff would be receptive and address any concerns. There was a patient advice and liaison service available. This was advertised on site.

Are services well-led?

Good 

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Our findings

Vision and values

The trust had a vision statement and a set of values in place. The trust's vision was to be 'leading in partnership to improve health and well-being by providing high quality care.' The trusts' values were based on the 6 'C's. These were:

- care
- compassion
- commitment
- competence
- communication
- courage

Staff we spoke with were aware of the values of the organisation. There was information about the 6 'C's on display within the team building. The trusts' appraisal process was centred around the values to help embed them into working practice and culture. Staff demonstrated the values in their delivery of care.

Staff were aware of senior managers within the service. They visited the team regularly and were considered approachable and supportive. Staff showed a general awareness of senior figures within the trust. Staff had met members of the senior management and members of the board in the last year. This included the launch of a film about recovery and at the trust's 'big book of best practice awards' event. The trust chairman was scheduled to visit the team.

Good governance

There were good governance processes and structures. Systems were in place to monitor compliance with mandatory training, supervision and annual appraisals. Compliance with supervision was low but staff told us they felt supported in their role. Staff were aware of how to report adverse incidents. There was a structure to review, investigate and learn from adverse incidents and complaints. There was good management of safeguarding concerns and support for staff. Clinical audits were undertaken and outcomes were used to generate improvements.

The team had key performance indicators that were agreed annually with commissioners. The team manager had access to data on performance and this was reviewed within team and service wide meetings. The service

benchmarked performance against other services within the local region and nationally through the use of the national drug treatment monitoring system. The team received quarterly updates through the diagnostic outcomes monitoring executive summary. The diagnostic outcomes monitoring executive summary is a high level summary of key treatment information. It provides benchmarking against national figures and also against averages for client groups. These reports were discussed as part of quarterly performance meetings with partner agencies.

The team manager told us they were well supported by management within the wider service. They felt us they had sufficient authority and administrative support to fulfil their role. The team had access to a risk register at locality level. The team manager told us they could submit items to the risk register through the governance structure. The risk register was reviewed within governance meetings at locality level. At the time of our inspection there was one risk associated with Barnabas Centre on the risk register. This related to the change in provider for local recovery groups. Actions had been identified and the risk had been managed.

Leadership, morale and staff engagement

Staff morale was good. There were no bullying or harassment cases in the service at the time of our inspection. Staff were positive about their jobs and the care they provided. Staff felt supported in their role. They told us there was good team working and mutual support. In the period October 2015 to September 2016 the staff sickness rate for Cheshire east substance misuse services was eight per cent. The staff turnover rate was 10%. In the period September 2015 to September 2016 there had been one grievance taken out by staff. This had not been upheld.

Staff told us that there was an open and honest culture. They felt comfortable raising any concerns with the team management and were aware of how to escalate issues through the whistle blowing process.

Team managers were able to access a leadership development skills programme. We spoke with one staff member who had attended the course. They were positive about the training and the skills and knowledge they acquired.

Staff in the Cheshire east substance misuse services completed an annual staff survey. Overall results were

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positive. For example 74% of respondents stated they agreed or strongly agreed that they were able to do their job to a standard they were happy with. Sixty four per cent of respondents stated they would recommend the organisation as a place to work. Sixty three per cent of respondents stated that they either agreed or strongly agreed that they would be happy for a friend or relative to receive treatment from the service.

Staff were also able to give feedback on the service and make suggestions around service development in supervision sessions, team meetings and trust engagement events. In the staff survey 85% of respondents stated they were able to make suggestions to improve the service. Five per cent disagreed.

Commitment to quality improvement and innovation

The team was engaged with innovative programmes. They had worked with a third sector provider to pilot audio cassettes for couples who misuse substances. The service had completed a cluster report into deaths that had been shared with commissioners. The service was working with clients and other providers to hold a focus group around alcohol acquired brain injuries. The focus group was intended to be the start of a programme of work to improve knowledge and care around alcohol acquired brain injuries.