

Change, Grow, Live

Gateshead Recovery Partnership

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

Summary of findings

Our judgements about each of the main services

Service

Community-based substance misuse services

Rating

Good



Summary of each main service

Gateshead Recovery Partnership is a community substance misuse service for people living in Gateshead and the surrounding area.

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

- The service provided safe care. Clinical premises where clients were seen were safe, clean and well located for the client base. There were no waiting lists within the service, so clients were seen promptly. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- Staff were highly motivated, client-focussed, skilled, experienced and up to date with their mandatory training requirements. Staff received appraisals, supervision and a comprehensive induction programme. Morale was high, and staff supported and worked well with each other. There were excellent examples of mutual support and teamwork.
- Staff developed holistic, innovative and recovery-oriented care plans informed by a comprehensive assessment and in collaboration with families and carers. They provided a range of treatments that were informed by best-practice guidance and suitable to the individual needs of the clients. For example, harm reduction, community detoxification, substitute prescribing, and psychosocial interventions. Clients had access to a needle exchange on site and were offered hepatitis B and C testing.
- Staff engaged in clinical audit to evaluate the quality of care they provided and used results to improve client care and treatment.
- The teams included or had access to the full range of specialists required to meet the needs of the clients, including a number of volunteers and ambassadors. Staff worked well together as

Summary of findings

a multidisciplinary team and with relevant services outside the organisation with which they had developed strong working relationships.

- Staff treated clients with compassion and kindness, respected their privacy and dignity, and understood their individual needs. Clients we spoke with were very positive about the service, where they said they were well treated, felt safe and that staff went ‘the extra mile’. They actively involved clients and families and carers in care decisions and were aware of their roles and responsibilities under the Mental Capacity Act 2005.
- The service was well led with strong governance processes which ensured procedures relating to the work of the service ran smoothly. Managers and staff worked well with Commissioners and had robust alternative care pathways and referral systems to other services within the area to further develop good quality care and integration of services. Managers encouraged staff innovation and supported the development of these ideas to further improve patient care and treatment.

However:

- The service location was not suitable for clients with mobility needs although staff were flexible about meeting people in other places if they could not physically access the service base.
- Not all client care plans were signed to show that the client had received a copy.

Summary of findings

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Summary of this inspection

Background to Gateshead Recovery Partnership

Gateshead Recovery Partnership is a community substance misuse service for people living in Gateshead and the surrounding area. The service provides care and treatment for adults and is based in Jackson Street, Gateshead. The service is provided by a national provider of substance misuse services.

The service accepts referrals from healthcare professionals as well as self-referral.

The service is registered to provide one regulated activity;

- Treatment of disease, disorder and injury.

At the time of our inspection there was a registered manager in post. As the service did not store any controlled drugs, they were not required to have a controlled drugs accountable officer.

There had been one previous inspection of this service, carried out on 21 January 2019. The inspection found the provider to be meeting all of the standards inspected in the domains of safe effective, caring, responsive and well led.

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about the location including information discussed at provider engagement meetings.

During the inspection visit, the inspection team:

- visited the service location, looked at the quality and safety of the environment and observed how staff were interacting with clients
- spoke with 12 clients who were using the service and one family member
- spoke with the registered manager and regional director
- spoke with 15 other staff members; including doctors, nurses, recovery co-ordinators, team leads, the safeguarding lead, a programme facilitator, an administrator and a volunteer

Summary of this inspection

- received feedback about the service from the Commissioner
- attended and observed a morning flash meeting, two multidisciplinary meetings, a friends' resilience group and a client consultation
- looked at the care and treatment records of seven clients
- carried out a specific check of the medication management
- looked at a range of policies, procedures and other documents relating to the running of the service.

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

Areas for improvement

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

- The service should ensure the electronic record system reflects that clients have been offered a copy of their care plan.






Our findings

Overview of ratings

Our ratings for this location are:

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

Community-based substance misuse services

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

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 clinical 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. All health and safety checks and certificates were in place.

All interview rooms had alarms and staff were available to respond.

All areas were clean, well maintained, well-furnished and fit for purpose.

Staff made sure cleaning records were up-to-date and the premises were clean. An external company were responsible for the cleaning and attended the premises daily.

Staff followed infection control guidelines, including handwashing. Staff prompted visitors to wear appropriate personal protective equipment and use hand sanitiser before entering premises. Posters were displayed around buildings to advise staff and clients of good hand hygiene and masks were being worn inside the premises.

Staff made sure equipment was well maintained, clean and in working order.

Clinic room and equipment

The service's clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly.

Community-based substance misuse services

The service had equipment and medicines for dealing with emergency situations. The service kept stocks of naloxone for use in the event of a client overdose. Naloxone is a medicine used to reverse the effects of an opioid overdose. There was also adrenaline stored in clinic rooms ready for people experiencing anaphylaxis.

All clinic rooms had the necessary equipment for clients to have thorough physical examinations.

The service had access to two defibrillators locally and had used these several times in the last year. The service has recently ordered their own defibrillator, so it is readily available to trained staff on site in the event of an emergency. Staff gave examples where the naloxone and the defibrillator had been used to save lives.

Safe staffing

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

The service had enough nursing and support staff to keep clients safe. There was an establishment of 43 whole time equivalent staff with a range of skills and qualifications. Managers reviewed staffing numbers regularly to assess if they were appropriate.

The service had three recovery coordinator vacancies which had been recruited to and an administrator post which they continued to recruit to.

The service did not use bank or agency staff. As the service was well staffed there was enough flexibility within the existing teams to cover sickness and absence. The service sickness rate was 1.47%.

The service staff turnover rate was 9%; in the last year which comprised of four staff members the majority of whom moved to other job opportunities in the area.

Managers supported staff who needed time off for ill health and we saw examples of this.

All staff had up to date Disclosure and Barring Service checks in place. There was a system in place to alert staff and Managers when renewals were due to ensure compliance.

The average number of clients supported per team member was 50/60 depending on the complexity of cases. Staff confirmed this was manageable and cases were closely monitored by team leads. Clients told us they had good access to staff.

Medical staff

The service had enough medical staff. They had 1.8 whole time equivalent doctors.

The service employed 1.8 whole time equivalent doctors consisting of a consultant psychiatrist and three speciality doctors (two GP's and a further psychiatrist). They also subcontracted to six GP surgeries who prescribed within the area. Staff spoke of good joint working between the GP practice and the service.

Managers did not use locums as there was sufficient capacity within the team to cover staff sickness or absence within the service.

Community-based substance misuse services

The service employed three qualified nurses. The lead nurse provided further day to day support to the team with one to one and group supervisions.

Mandatory training

Staff had completed and kept up to date with their mandatory training. The provider did not set a target for Mandatory training however expects compliance to be as high as possible. The overall compliance at the time of our inspection was 95%. Mandatory training data was recorded on an electronic system which alerted staff and managers when training was expiring or not completed. Training data was also a standard agenda item at the monthly staff governance meeting agenda, staff supervision meetings and staff received follow up emails as reminders to complete courses and ensure compliance.

The mandatory training programme was comprehensive and met the needs of clients and staff. Training included Mental Capacity Act, safeguarding adults, safeguarding children, equality and diversity, information governance, and health and safety. Medical staff also completed basic life support training and the service had 15 qualified first aiders who had completed a three-day British Red Cross training to fulfil the role of first responders on site.

Managers monitored mandatory training and alerted staff when they needed to update their training.

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 a client's health. When necessary, staff worked with clients and their families and carers to develop crisis plans. Staff monitored clients on waiting lists to detect and respond to increases in level of risk. Staff followed good personal safety protocols.

Assessment of client risk

Staff completed risk assessments for each client on admission / arrival, using a recognised tool, and reviewed this regularly, including after any incident.

We reviewed seven care records and found clients had a full and detailed risk assessment and risk management plan in place. Risk assessments were reviewed every six months as a minimum or following any changes in circumstance, presentation, medicine or any other issue that could affect risk or recovery. Staff understood the risks of clients and especially those at higher risk such as those leaving prison or pregnant and worked with clients to reduce any risks to themselves and others.

Staff could recognise when to develop and use crisis plans according to client need. We saw evidence of risk management plans in the records which included the identification of protective factors.

The service had a duty team whose role it was to triage new referrals. There was a process by which the duty team lead checked all new triages to ensure a consistent approach to risk management.

Management of client risk

Staff responded promptly to any sudden deterioration in a client's health. Staff were able to identify the signs that clients' health may have deteriorated and respond accordingly.

Community-based substance misuse services

Staff made clients aware of the risks of continued substance misuse and harm minimisation / safety planning was an integral part of recovery plans. We saw evidence in care records that harm minimisation advice was provided to clients. Naloxone was offered and issued to clients and the service provided a needle exchange. Out of hours needle exchange was offered in local pharmacies.

There were no waiting lists within the service despite the restrictions and pressures caused by the COVID pandemic.

Staff followed clear personal safety protocols, including for lone working however staff have not worked alone since the start of the pandemic.

Clients had plans in place for the unexpected exit from treatment or there were protocols in place for dealing with this. Staff made numerous attempts to contact the client, and if unsuccessful followed individualised client plans to re-establish contact. Examples included contacting pharmacies, families and carers, probation services, social care and if there were serious concerns, the service arranged for the police to undertake welfare checks.

The service had processes in place for what to do when there were suspicions or there was evidence that clients had passed their substitute medicine to a third-party for illicit purposes (an act commonly known as diversion). This included testing clients to ensure they were complying with their medicine, discussing possible diversion with the client and placing the client back on supervised consumption when necessary.

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.

The service had made 22 safeguarding referrals in the last 12 months comprising of 17 adults and five children's referrals

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The service had a dedicated safeguarding lead to support staff and staff reported good links with the local authority and felt able to ring colleagues for advice if needed.

Staff received training on how to recognise and report abuse, appropriate for their role. At the time of our inspection safeguarding training was at 100% compliance. The local authority also provided additional safeguarding training to all staff as part of the local authority contract.

Staff could give examples of how to protect clients from harassment and discrimination, including those with protected characteristics under the Equality Act.

There had been no serious case reviews in the 12 months prior to the inspection.

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, up to date and all staff could access them easily.

Records were stored securely on the providers electronic system.

Community-based substance misuse services

Medicines management

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

Staff followed systems and processes to prescribe and administer medicines safely. Staff completed medicines records accurately and kept them up to date.

The provider did not store controlled drugs on site. Prescriptions were written by the doctor and then sent to the pharmacy for clients to collect.

Naloxone, Anaphylaxis treatment and Hepatitis B vaccinations were stored on site with regular audits in place conducted by the lead nurse and recorded on the online system. All medication was in date and stored safely at the time of the inspection.

Staff reviewed each client's medicines regularly and provided advice to clients and carers about their medicines.

Staff stored and managed all medicines and prescribing documents safely.

Staff reviewed the effects of each client's medicines on their physical health according to NICE guidance.

Where medication incidents occur, these were recorded on the incident reporting system reviewed, and the learning circulated to the wider team to improve practice.

Track record on safety

The service had a good track record on safety.

The provider had a policy for managers and staff to follow if serious incidents occur, however there had not been any in the twelve months prior to the inspection.

The service had 24 unexpected deaths in the 12 months leading up to the inspection which was a reduction in the previous year's figure of 31 deaths. All deaths were fully reviewed with input from all services the clients had been involved with. All learning from deaths was shared within the service and Nationally within Change Grow Live.

Reporting incidents and learning from when things go wrong

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

Staff knew what incidents to report and how to report them. The service had an online reporting system and incidents recorded included client death, safeguarding issues, concerns about client's welfare and prescribing issues. Managers reviewed incidents and the electronic system automatically alerted relevant managers according to the incident type and severity and provided any relevant updates in progress.

Staff raised concerns and reported incidents and near misses in line with provider policy.

Community-based substance misuse services

Staff understood the duty of candour. They were open and transparent and gave clients and families a full explanation if and when things went wrong. There had been no incidents requiring the use of the duty of candour in the last 12 months.

Managers investigated incidents thoroughly. Clients and their families were involved in these investigations.

Staff received feedback from the investigation of incidents, both internal and external to the service. Staff met to discuss the feedback and look at improvements to client care. Guidance and learning from incidents were issued to staff via staff meetings, supervision, daily flash meetings and in client multi-disciplinary meetings. For example, we saw the service made changes in response to incidents and had reviewed the way in which the waiting area was managed as a result.

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

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 assessed the mental health needs of all clients. They worked with clients and families and carers 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 with each client. We reviewed seven records and found that all clients had a full assessment completed.

Staff conducted a full physical health assessment with clients, so that they knew about any physical health problems. Records we reviewed contained information about the management of long term health conditions and actions were taken by staff to support clients to attend health appointments.

Staff developed a comprehensive care plan for each client that met their mental and physical health needs. Care plans were personalised, holistic and recovery-orientated and each plan identified the multi-disciplinary team involved in client's care, such as; recovery navigators. However, client records evidenced only one client out of the seven records we looked at had been offered a copy of their care plan. All 12 clients we spoke with felt fully involved in the decisions about their care and treatment.

Staff regularly reviewed and updated care plans when clients' needs changed.

Best practice in treatment and care

Staff provided a range of treatment and care for clients based on national guidance and best practice. They ensured that clients had good access to physical healthcare and supported them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.

Community-based substance misuse services

The percentage of clients who had successfully completed their treatment with the service within the last 12 months was 17.3% (i.e. 303 patients) with 8.8% representations. Clients were encouraged to access the service again if they needed it with the acceptance that relapse could happen.

Staff provided a range of care and treatment suitable for the clients in the service. Staff provided harm reduction, community detoxification, substitute prescribing, and psychosocial interventions. Clients had access to a needle exchange on site and were offered hepatitis B and C testing.

Staff delivered care in line with best practice and national guidance (from relevant bodies e.g. National Institute for Health and Care Excellence).

Staff made sure clients had support for their physical health needs, either from their GP or community services. The service considered clients' healthcare needs at the wellbeing checks and during medical reviews or milestone appointments. The service completed Electro Cardiogram's for clients on site. These were forwarded to a cardiologist for analysis and reporting and the results provided to GP's.

Staff supported clients to live healthier lives by supporting them to take part in healthy living groups and days or by giving advice. Clients were encouraged to take part in exercise, smoking cessation and group work to support their recovery. The service had recently taken on an allotment and had a minibus to transport client to this and other appointments or activities.

Staff used recognised rating scales to assess and record the severity of client conditions and care and treatment outcomes. Staff routinely recorded information relating to treatment and outcomes and reported these to the National Drug Treatment Monitoring System for monitoring and as a comparison to other services.

The service used technology to support clients. This included the use of online meeting platforms and phone-based appointments, which had been a response to COVID -19 and preferred by many clients. Staff used social media to provide information about the service and substance misuse issues and associated problems. The service also provided mobile phones to clients who were without a primary source of contact such as the homeless or people recently released from prison to help support treatment.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. Medicines management checks were carried out monthly, these included; prescription security management medication administration, clinical stock checks, safe storage and clinical equipment checks. Other audits were for infection prevention control, health and safety, safeguarding, cleaning schedules, client's case records and risk and recovery planning. Results were retained electronically and discussed at clinical and performance and quality meetings. Managers used results from audits to make improvements.

Skilled staff to deliver care

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

The service included or had access to a full range of specialists to meet the needs of the clients. Managers made sure staff had the right skills, qualifications and experience to meet the needs of the clients in their care.

Community-based substance misuse services

Managers gave each new member of staff a full induction to the service before they started work. The induction included all mandatory training requirements and shadowing opportunities of different roles within the service.

Managers supported staff through regular, constructive appraisals of their work. At the time of our inspection, appraisal compliance was 92% consisting of three staff outstanding. Two were already scheduled for appraisals and the other was not currently in work.

Managers supported staff through regular, constructive clinical and management supervision of their work. Overall supervision compliance at the end of March was 78%, which consisted of both one to one supervision and quarterly group supervision. Staff told us they had regular supervision and at times informal supervision with clinical staff and managers.

Managers made sure staff attended regular team meetings and gave information from those they could not attend.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

Managers made sure staff received any specialist training for their role. Examples included treating older people with high alcohol use, training in the prevent duty and training to support staff treat clients with a brain injury. Staff who attended specialist training presented this to colleagues upon their return to share learning.

Managers recognised poor performance, could identify the reasons and dealt with these. The provider had a performance management system policy in place which included a process for addressing staff performance issues.

Managers recruited, trained and supported volunteers to work with clients in the service. The service currently had one volunteer, who had previously worked for the service and five ambassadors who were all up to date with training at the time of our inspection. Volunteers and Ambassadors supported with groups, reception areas and one to one appointments. There were a further four ambassadors in training.

Multidisciplinary and interagency teamwork

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 had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.

Staff made sure they shared clear information about clients and any changes in their care. Staff held regular multidisciplinary meetings to discuss clients and improve their care. There was a 'flash' meeting held daily for all staff to discuss client risk, caseload and outstanding actions. There was also two more in-depth multidisciplinary meeting held weekly with the doctor, recovery co-ordinators, lead nurse, and representatives from external agencies, if required, to discuss more complex client cases.

Staff collected information from other teams such as community mental health teams, GPs, maternity services, children and family services, social workers and criminal justice services to inform clients' comprehensive assessments

Recovery plans included clear care pathways to other supporting services. Staff worked with health, social care and other agencies to plan integrated and coordinated pathways of care to meet the needs of different groups.

Staff had effective working relationships with other teams in the organisation.

Community-based substance misuse services

Staff had effective working relationships with external teams and organisations. Staff had good links with the safeguarding teams, the local mental health trust, the acute hospital, GP's, pharmacies, housing, and the prison service. Managers had worked with the local police around the development of harm minimisation practices and this work was ongoing.

Good practice in applying the Mental Capacity Act

Staff supported clients to make decisions on their care for themselves. They understood the providers policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for clients who might have impaired mental capacity.

Staff received and were consistently up-to-date training in the Mental Capacity Act and had a good understanding of at least the five principles. 100% of staff within the service had completed their Mental Capacity Act training.

There was a clear policy on the Mental Capacity Act, which staff could describe and knew how to access on the providers intranet.

Staff knew where to get accurate advice on Mental Capacity Act. The service had a consultant psychiatrist who carried out mental health assessments as required.

Staff assessed capacity at each client appointment and recorded this in client records. All seven records we reviewed had capacity assessments. Staff gave clients all possible support to make specific decisions for themselves before deciding a client did not have the capacity to do so.

When staff assessed clients as not having capacity, they made decisions in the best interest of clients and considered the client's wishes, feelings, culture and history.

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

Are Community-based substance misuse services caring?

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

Kindness, privacy, dignity, respect, compassion and support

People were truly respected and valued as individuals and were empowered as partners in their care, practically and emotionally, by an exceptional and distinctive service.

Staff treated clients with compassion and kindness. They went the extra mile, above and beyond expectations in order to support and meet the needs of clients.

There was a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. Relationships between people who used the service, those close to them and staff were strong, caring, respectful and supportive. These relationships were highly valued by staff and promoted by leaders.

Community-based substance misuse services

We saw staff were discreet, kind and responsive when caring for clients putting the client at ease at all times. Staff were clearly driven to enhance care for clients to help them achieve their individual goals.

Clients we spoke with were very positive about the service, where they said they were well treated and felt safe. Clients told us staff were 'fantastic', 'they give you trust in yourself to be proud', 'that they really went the extra mile to help them and they trusted the staff at the service. They said they valued their relationships with their recovery workers who were caring and took time to understand all of their needs. All clients said they could contact their recovery worker quickly and easily when they needed them or wanted to talk. Clients said they were fully involved in their care and said staff supported them to understand their condition and manage their own care and treatment.

Staff recognised the totality of clients' needs gave clients help, emotional support and advice when they needed it. We saw staff directed clients to other services and supported them to access those services. At times staff took client's to appointments outside the service. These included housing, mental health and primary care services. Staff also attended the local acute trust weekly to visit any clients who had been admitted and to discuss any discharges or potential referrals into the service with the staff and clients. Staff we spoke with knew client's well and constantly looked and regularly corroborated with other staff for ways as to how best to improve the client's care provision for a more positive result. For example, for expectant mothers there was a new pregnancy pathway where a midwife attended the service weekly to provide care to clients and provide maternity services to clients on site.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards clients and staff. Most said they were comfortable to raise issues with their recovery worker who they were confident would solve these. Although, if not clients were happy to raise issues with other staff or managers as the culture in the service was described as very open and transparent.

Staff followed policy to keep client information confidential.

Involvement in care

Staff involved clients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that clients had easy access to independent advocates. Staff informed and involved families and carers appropriately.

Involvement of clients

Staff created a recovery plan and risk management plan for all clients who used the service that demonstrated the client's preferences, recovery capital and goals. However Client records showed only one client out of the seven records we looked at had been offered a copy of their care plan however all 12 clients we spoke with felt fully involved in the decisions about their care and treatment.

Staff made sure clients understood their care and treatment (and found ways to communicate with clients who had communication difficulties).

Staff involved clients in decisions about the service, when appropriate. Clients were consulted on service changes and developments to ensure they were fit for purpose and met their needs.

Community-based substance misuse services

Clients could give feedback on the service and their treatment and staff supported them to do this. The service ran a monthly 'points of view' meeting for service users to attend and the feedback together with actions taken to address any issues are posted in a monthly newsletter for all service users. The findings of the points of view meeting was also an agenda item at the monthly governance meeting. Other feedback could be provided face to face, via comments cards, a survey at the end of any course of treatment the use of the service's complaints process.

Staff made sure clients could access advocacy services this included a local carers organisation, a foodbank, an acquired brain injury service and supported housing.

Involvement of families and carers

Staff supported, informed and involved families or carers where consent had been given. We saw evidence in records of where family members were involved, and important contact numbers were contained within client records.

Staff helped families to give feedback on the service. Feedback could be provided face to face, via comments cards and the use of the service's complaints process.

Staff gave carers information on how to find the carer's assessment. A carer's assessment is used to determine whether a person qualifies for support from their local authority in their role as an unpaid carer.

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. Its referral criteria did not exclude clients who would have benefitted from care. Staff assessed and treated clients who required urgent care promptly and clients who did not require urgent care did not wait too long to start treatment. Staff followed up clients who missed appointments.

The service had clear criteria to describe which clients they would offer services to and offered clients a place on waiting lists. At the time of our inspection the service did not have a waiting list. Clients could self-refer or be referred by a third party and all referrals were assessed.

The service had robust alternative care pathways and referral systems in place for people whose needs could not be met by the service. For example, the service had robust alternative care pathways and referral systems in place for a range of other support services. These included ethnic minorities group, LGBTQ inclusivity, asylum seekers, bereavement support, sex workers, domestic abuse, sexual abuse and rape, talking therapies, mental health crisis team and links with a suicide prevention service. The service worked in partnership with criminal justice teams in supporting clients with behaviours that challenge and were difficult to engage with, by offering joint appointments.

Staff offered clients alternative treatment options if they were unable to comply with specific treatment requirements. Clients who are unable to attend the recovery centre in person, due to physical or mental health issues were offered home visits or visits at alternative locations.

Community-based substance misuse services

Staff saw urgent referrals upon presentation such as prison releases, pregnant women and acutely unwell clients, other referrals were within two or three days at the time of our inspection, which was usual for this service.

The service had processes in place for when clients arrived late or failed to attend their appointments which were fair and reasonable and did not place the client at risk. Staff made efforts to see clients, even when they arrived late, and the registered manager had promoted a culture in which client care and welfare was always the first consideration.

Staff tried to contact people who did not attend appointments and offer support. Staff were proactive in their attempts to re-engage with clients who had failed to attend their appointments and there was a clear 'did not attend' process in place that staff could follow which advised them of who they needed to contact such as friends, families, pharmacies and the police.

The service had 127 cancelled appointments in the last 12 months however, this data included staff from other providers coming into the service such as local nurses to attend the Hepatitis clinics. Staff worked hard to avoid cancelling appointments within the service but when they had to, they gave clients clear explanations and offered new appointments as soon as possible.

Staff supported clients when they were referred, transferred between services, or needed physical health care. We saw evidence in clients' care records that staff had supported them to access maternity services, a gender dysphoria group, fiancé support groups and other specialist support services.

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. The location had a large reception area, clinic rooms, one to one rooms and large rooms suitable for groups. There was also a variety of good-sized working areas for staff and kitchen.

Interview rooms in the service had sound proofing to protect privacy and confidentiality.

Near to the facility the service also had an allotment which was clients said they enjoyed attending

Meeting the needs of all people who use the service

The service met the needs of all clients – including those with a protected characteristic. Staff helped clients with communication, advocacy and cultural and spiritual support.

There was a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that met their needs, which was accessible and promoted equality. This included people with protected characteristics under the Equality Act and people who were in vulnerable circumstances or who had complex needs.

The service could support and make adjustments for people with disabilities, communication needs or other specific needs. For example, the main premises in Gateshead was located on the first floor with a large number of stairs leading up to the two entrances at the top of the stairs. There was a stair lift provided however staff generally organised an alternative location for appointments for clients with impaired mobility such as a home visit or an appointment at their local GP's.

Community-based substance misuse services

Staff made sure clients could access information on treatment, local service, their rights and how to complain. Public areas within the service displayed information for clients relating to care and treatment both within the service and information about services in the surrounding area. Leaflets were also available, however the range of these was currently reduced due to infection prevention due to the COVID -19 Pandemic. Clinic rooms also displayed other information to assist clients in their care.

The service provided information in a variety of accessible formats so the clients could understand more easily. Managers made sure staff and clients could get hold of interpreters or signers when needed. There was also easy read information available and the service had access to braille services. The provider had information leaflets available in languages spoken by the clients and local community. The area's highest foreign national clients were Polish, and the service had two Polish staff who would also converse with clients and assist in any translations needed.

Listening to and learning from concerns and complaints

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

Clients, relatives and carers knew how to complain or raise concerns. There were posters on the noticeboard and comment cards available throughout the service building which informed people how to make a complaint.

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. There had been no formal complaints in the last 12 months. However there had been some negative feedback through comment cards and the monthly points of view meeting.

Managers had taken action to resolve concerns raised. For example, negative feedback was due to the closure of the Hubs in the localities which happened due to the COVID 19 pandemic to minimise risks to staff and clients. The service is looking at ways these can be reopened with the ongoing risks. The other theme was access to the building. Clients said that the COVID restriction whereby they waited in the hallway until staff were ready for the appointment was a concern for them. Since the inspection, the service has risk assessed and changed this measure to ensure up to six clients can safely wait in allocated wait areas inside the reception.

Staff protected clients who raised concerns or complaints from discrimination and harassment. Where possible, complaints and concerns about staff were dealt with through discussion between the associated parties.

Managers shared feedback from complaints with staff and learning was used to improve the service. An example for this client feedback was around the presentation and content of the newsletter. The service has amended this in line with the clients' requests.

The service used compliments to learn, celebrate success and improve the quality of care. In the last 12 months, the service had received 26 compliments. Common themes for compliments were staff 'going the extra mile' to help clients and the zoom and telephone call appointments which clients found very convenient.

Are Community-based substance misuse services well-led?

Community-based substance misuse services

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. They had a good understanding of the services they managed and were visible in the service and approachable for clients and staff.

Leaders provided clinical leadership. Managers and medical staff provided day to day leadership in relation to prescribing, physical and mental health.

Leaders had the skills, knowledge and experience to perform their roles. Staff felt supported and the team worked well together. The manager had a good understanding of the service and the issues faced by the client group. The service had adapted well to changes in the last two years due to COVID-19. All staff we spoke with were complimentary about the leadership and support provided particularly by the service manager. Staff felt there was a strong and consistent management structure, who were emotionally supportive and genuinely cared about the wellbeing of staff and clients. Clients said they felt comfortable in approaching the managers if they needed to.

The provider had a clear definition of recovery and this was shared and understood by all staff.

Leaders had a good understanding of the services they managed. They could explain clearly how the teams were working to provide high quality care.

Leaders were visible in the service and approachable for clients and staff. Senior managers visited the teams and were known to staff. There was also a regular National Workers Forum led by directors of Change Grow Live which were online sessions for all staff to attend and have open dialogue with senior managers, for staff to raise any issues or concerns. The Chief Executive also ran fortnightly @Lunch online sessions which were described as informal for staff to update on any new developments and to have an unscripted question and answer session.

Vision and strategy

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

The organisations vision was to believe in people. The values were to be open, be compassionate and be bold. Staff knew, understood and believed in the vision and values of the team and organisation and what their role was in achieving them.

All staff had a job description.

Staff had the opportunity to contribute to discussions about the strategy for their service, especially where the service was changing with regular forums where these were discussed. Managers within the service welcomed feedback and encouraged staff to share their ideas as to how the service could be improved. For example, the needle exchange service had recently changed to being run by the same member of staff rather than a rota system of staff, to help to build relationships and trust for clients to encourage them to join the service. In getting to know client's staff have also been able to connect them to other services where needs were identified, for further support.

Community-based substance misuse services

Culture

Staff felt respected, supported and valued. They said the provider promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.

Leaders had worked hard to deliver a high-quality service and had embedded and promoted a culture which focused on a positive client experience. Staff felt motivated to deliver high quality care and treatment.

Staff felt respected, supported and valued. They felt proud to work at Gateshead Recovery Partnership, satisfied in their roles and felt part of the organisation's future direction. Throughout our inspection, we observed good relationships between staff and positive attitudes towards each other and their work, which evidenced there was a happy and encouraging culture within the service. Several staff commented that it was the best place they had worked due to the supportive team locally and the strong organisation behind this.

Staff appraisals included conversations about career development and how it could be supported. Staff reported that the provider promoted equality and diversity in its day to day work and in providing opportunities for career progression. We saw an example whereby a Recovery Worker was being supported to complete a full-time master's degree and attended regularly as a volunteer to support their studies. A further example was for staff who had expressed an interest in progressing to management were receiving coaching, mentoring and training to support their goal.

The provider recognised staff success within the service. The provider previously had a staff award and recognition scheme however this is currently under review. In the mean while we heard examples from staff of being recognised locally by management and senior management for hard work and innovative ideas to improve the client care and experience.

The provider had a whistle blowing policy in place that was accessible to all staff. There was also a National Freedom to speak up Guardian available for staff should they have concerns. Staff said they felt able to raise concerns at all levels without fear of reprisals.

Staff had not reported any bullying and harassment cases in the last 12 months.

Staff had access to support for their own physical and emotional health needs through an employee assistance programme and occupational health programme which also extended to family members. Staff also had a wellbeing hour each week which they were encouraged to use for their own wellbeing. Staff really appreciated and valued this time and used this for a variety of activities such as leisure, gym and extra family time. Staff taking their hour is mentioned in daily flash meetings as part of the daily updates for all staff.

Managers monitored staff morale, job satisfaction and sense of empowerment. Staff told us that managers encouraged and supported people in their requests for flexible working arrangements as they recognised how these benefited staff health and wellbeing.

There was strong collaboration, teamworking and support across all functions and a common focus on improving the quality and sustainability of care and people's experiences. Staff told us they were confident managers would deal with any difficulties appropriately as they arose.

Community-based substance misuse services

Governance

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

Governance systems policies, procedures and protocols were regularly reviewed and improved to reflect best practice.

There were systems and procedures in place to ensure that the service was safe, clean and well equipped, that there were enough staff, that staff were trained and supervised, and had the skills and experience appropriate for the client group to whom they were delivering care to. Clients were assessed and treated well developing key relationships for their recovery. Client feedback was positive, and clients commented how supportive and fundamental their role was in their progress. Processes ensured that clients risks were managed and that successful discharge from treatment were well planned.

There was a clear framework of what must be discussed at a local and national level in team meetings to ensure that essential information, such as learning from incidents and complaints, was shared and discussed.

The service used an electronic system to record and monitor incidents, complaints, safeguarding referrals and client deaths. The system ensured all relevant parties such as clients, family members, social services and senior managers within the organisation were involved and kept informed, actions were completed, and lessons learned were identified. Lessons learned were then shared with staff through compliance meetings, team meetings and supervision to improve practice within the service. The service was also involved locally in a monthly review of substance misuse deaths involving people who were not part of the service. This was attended by all key providers and the Commissioner to try to further understand and learn from all substance misuse deaths locally and consider these in view of the service provision and any improvements which could be made.

Staff understood the arrangements for working with other teams, both within the provider and external, to meet the needs of the clients. Staff and managers reported excellent links with other local services, safeguarding teams and the local commissioners

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 was integrated across all organisational policies and procedures.

National and local electronic risk registers were in place and reviewed up to service board level. Managers discussed the risk register in monthly team governance meetings and input any new concerns for escalation to the appropriate risk level. Staff told us they felt able to escalate concerns when required through managers who either dealt with them locally or escalated if needed. Staff did not currently have direct access to the electronic register. However, the service was currently involved in a pilot to move the risk register across to a more familiar electronic system to which all staff have access. If successful, this will be rolled out nationally and the previous system obsolete. Staff concerns matched those on the risk register for example access to the building and the reducing local pharmacy provision.

The service had plans for emergencies such as adverse weather conditions, loss of IT services, pandemics and other issues that could negatively impact on service delivery. Business continuity plans were in place across the locations.

Community-based substance misuse services

Managers monitored staff sickness and absence rates and ensured there was enough cover within the service to meet clients' needs.

The service had not been asked to make cost improvements and had actually had additional funding to deliver care and treatment.

Information management

Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.

The service used systems to collect data that were not over-burdensome for frontline staff.

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

Information governance systems included confidentiality of client records. Staff ensured the service confidentiality agreements were clearly explained to clients in relation to the sharing of their information and data. Confirmation of clients' confidentiality agreements were recorded in all patient records reviewed.

Team managers had access to information to support them with their management role. This included information on the performance of the service, staffing and client care. Information was in an accessible format, and was timely, accurate and identified areas for improvement.

Staff submitted data and notifications to external bodies as needed such as the local safeguarding team and Care Quality Commission.

All information needed to deliver care was stored securely and available to staff, in an accessible form, when they needed it.

The service had developed information-sharing processes and joint-working arrangements with other services where appropriate to do so.

Staff participated in accreditation schemes, peer review and research to improve the quality of the service. The provider encouraged creativity and innovation to ensure up to date evidence-based practice was implemented and embedded. For example, pregnancy service user research and Pathway development was presented by the service primary care lead in the service to peers and implemented. The service worked with two local hospital trust pregnancy leads/ midwives who have monthly meetings and formulated a pathway specifically for this service. The acute hospital midwives attend multidisciplinary meetings and patient appointments at the service. This work was also presented by the service primary care lead to the Royal College of Practitioners in March 2022 at the Royal College as an example of excellent working. The service has a clinic every Friday for pregnant clients.

Staff identified an issue in how prescriptions for buprenorphine were generated by the system which was not helpful for clients. The staff member raised this, the prescribing system was re programmed nationally resulting in significant administrative and pharmacy efficiencies and a better service for clients. The providers Chief Executive Officer visited and congratulated the staff member for driving improvements. The staff member presented this work nationally at a CGL conference for learning across the organisation.

Community-based substance misuse services

Staff and Managers also take every opportunity to participate in new projects and further improve partnership working to enhance patients care and treatment. The service were involved in a number of key partnership working arrangements as follows:

- The service received funding for a senior practitioner in substance misuse to work as part of the Changing Futures Programme for homeless services. This is a new programme to support those not accessing primary care aiming to deliver interventions as part of a multi-disciplinary team.
- The service is part of the Gateshead Integrated care systems work (ICS) for shaping and developing an integrated care system in the borough of Gateshead. The registered manager attends meetings looking at how healthcare services will be delivered under the new system. The service manager is embedded into the national work of the provider such as being part of the workforce development partnership board'.
- The service has implemented the individual placement support (IPS) scheme as a further provision for clients. IPS is a scheme to support people looking for employment, using trained employment specialists alongside treatment for substance misuse as part of a multi-disciplinary team.
- Mental health partnership working has involved training for both substance misuse and Mental health staff to understand partners services care and treatment. This has also resulted in developing a Talking therapies service as a new mental health group delivered onsite by the Mental Health community treatment team. This has strengthened current pathways and approaches already in place with wider MH services
- The service has continued to be part of a project to strengthen partnership working across the criminal Justice System including police, community safety, public health, prison, probation etc.

Organisationally and locally the service has been awarded the Better Health at Work Award (Bronze award). The Better Health at Work Award recognises the efforts of employers in addressing and supporting health issues within the workplace. The award includes developing a planned and integrated approach to improving health, safety and wellbeing at work.