CGL Pathways to Recovery

Quality Report

14-16
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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location	Outstanding ☆
Are services safe?	Good ●
Are services effective?	Good ●
Are services caring?	Outstanding ☆
Are services responsive?	Good ●
Are services well-led?	Outstanding ☆

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

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

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

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

Summary of findings

Overall summary

We rated CGL Pathways to Recovery as outstanding because:

- The service provided safe care. The premises where clients were seen were safe and clean. The number of clients on the caseload of the teams, and of individual members of staff, was not too high and staff ensured that people who required urgent care were seen promptly. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the clients and engaged in clinical audit to evaluate the quality of care they provided.
- The teams included or had access to the full range of specialists required to meet the needs of the clients. Managers ensured that these staff received training, supervision and appraisal. Staff worked well together as a multi-disciplinary team and with relevant services outside the organisation.
- Staff treated clients with dignity, respect, compassion and kindness and understood the individual needs of clients. There was a strong person-centred culture. The service had a culture of coproduction which ensured clients were active partners in their care. Staff empowered clients to have a voice and realise their potential. Clients individual needs and preferences were reflected in the way care was delivered. Clients were supported to access community support services and networks.
- Clients were active partners in the delivery, review and development of the service. There was a developing service user forum and clients held service user representative roles. The service was proactive in securing client feedback and used this to inform service development.
- The service was easy to access. Staff assessed and treated people who required urgent care promptly and those who did not require urgent care did not wait too long to start treatment. The service did not exclude people who would have benefitted from care.
- There was compassionate, inclusive and effective leadership at all levels. Managers were a visible presence. There were clear vision and values embedded within the service. Effective governance processes ensured that managers had a clear overview of service performance. There was a commitment to service improvement and innovation. Clients and staff were active participants in service development projects. Service improvement plans had been developed and delivered.
- There were high levels of staff satisfaction. Staff reported that they felt empowered, recognised, valued, supported and were encouraged to develop their knowledge and skills. Team morale was strong, and staff worked collaboratively within the team and with external agencies. There was an open and honest culture. Staff felt able to raise concerns without fear of reprisal.
- The service was well led, and the governance processes ensured that procedures relating to the work of the service ran smoothly.

Summary of findings

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Background to CGL Pathways to Recovery

CGL Pathways to Recovery are part of a national charity who provide treatment and support to vulnerable people facing addiction, homelessness and domestic abuse. The service in Warrington in Cheshire specifically provides support with substance misuse.

The service operates from the main Warrington hub which is open five days a week. The hub has a late opening evening and opens on Saturday morning to support clients who work or have daytime commitments.

The service has a single point of contact which is staffed 24 hours seven days a week. Out of office hours the single point of contact is managed by the locality staff on a roster basis. It provides support, advice and signposting for clients and information for professionals about shared care clients. This service is not an emergency service line.

The service is commissioned by Warrington Borough Council, Public Health.

The service has a registered manager who was registered in April 2019 for the regulated activity Treatment of disease, disorder or injury.

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

This was CGL

Our inspection team

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

Why we carried out this inspection

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

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about the location.

During the inspection visit, the inspection team:

- visited the main hub in Warrington and looked at the quality of the environment and observed how staff were caring for clients.
- spoke with thirteen people who were using the service.
- spoke with the registered manager.
- spoke with 53 other staff members including a doctor, nurses, project workers, service user involvement lead, team leaders, coordinators, recovery workers, prescribing administrator, partnership manager, duty worker, hidden harm coordinator, volunteers and peer mentors.
- attended and observed a daily flash and risk meeting, the reception area and visited a homeless project.
- looked at eight care and treatment records.

Summary of this inspection

- received eight 'tell us about your care' comment cards.
- carried out a specific check of the medication management, checked the clinic and treatment rooms and the needle exchanges.
- looked at a range of policies, procedures and other documents relating to the employment and development of staff and running of the service.

received a presentation on the service from the registered manager.

What people who use the service say

Clients we spoke with praised the service and said that they were always treated with dignity and respect by all staff they met and did not feel judged. Clients said staff went above and beyond their roles to support them in their recovery. A frequent statement received from clients was "The service saved my life". They said the hub gave them a warm welcome and the service had given them hope for the future. Clients stated they could always discuss things in private and liked the fact that they had continuity with the same recovery worker for every appointment. The service offered a breakfast club for homeless and vulnerable people that was staffed by volunteers. This was offering up to twenty people a hot breakfast. Clients told us this was an idea the clients had suggested and reflected the close links the service had with the local community.

Clients talked about the service having a 'family community' and offering them opportunities to volunteer in the service and other community projects, and be supported into education, training and employment.

Clients we spoke with praised the staff team in supporting recovery-based events in the Warrington area. Client representatives who attended the service user forums in the North West told us there was opportunities for the representative role to develop and work was in progress to develop them in this role. Clients told us they were able to raise concerns with managers and that these were responded to and addressed. They felt their contribution to service development was appreciated and spoke highly of the provider listening and involving them in service development.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

We rated safe as good because:

- All clinical premises where clients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- The service had enough staff, who knew the clients and received training to keep people safe from avoidable harm. The number of clients on the caseload of the teams, and of individual members of staff, was not too high.
- Staff assessed and managed risks to clients and themselves. They developed recovery and risk management plans when this was necessary and responded promptly to sudden deterioration in a client's health.
- Staff understood how to protect clients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- Staff kept detailed records of clients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service managed client safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents with staff, peer mentors and volunteers. Lessons learnt were shared with the whole team. When things went wrong, staff apologised and gave clients honest information and suitable support.

Are services effective?

Good

We rated effective as good because**:**

- Staff assessed the treatment needs of all clients. They developed individual care plans and updated them when needed. Care plans reflected the assessed needs, were personalised, goal focussed and recovery-oriented and staff updated them when appropriate.
- Staff provided a range of care and treatment interventions suitable for the client group. They ensured that clients had good access to physical healthcare and supported clients to live healthier lives.
- 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 they had staff with a range of skills needed

Summary of this inspection

to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

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

Are services caring?

Outstanding 

We rated caring as outstanding because:

- Clients were truly respected and valued as individuals and were empowered to be partners in their care, practically and emotionally, by an inclusive service.
- Staff treated clients with dignity, respect, compassion and kindness. They understood the individual needs of clients and supported clients to understand and manage their care, treatment or condition.
- Feedback from clients and commissioners was consistently positive about the way staff treat people. Clients told us their care and support surpassed their expectations.
- Staff involved clients in care planning and risk assessment and actively sought their feedback on the quality of care provided. Relationships between clients and staff were strong, caring, mutually respectful and supportive. These relationships were highly valued by staff and clients. Clients told us they felt really cared for and that they mattered.
- There was a visible person-centred culture, with highly motivated and inspired staff who offered care that was kind and promoted clients' dignity. Relationships between people who use the service, those close to them and staff are caring, respectful and supportive. These relationships are highly valued by staff and managers.
- Staff were fully committed to working in partnership with clients and empowered them to have a voice and to realise their potential. Clients contributed toward the development of and improvements to the services provided.
- Clients' emotional and social needs were recognised as being as important as their physical needs.
- Staff informed and involved families and carers appropriately in clients' care and treatment. The service offered opportunities for clients to be involved in their care through educational,

Summary of this inspection

vocational and personal development courses through a partner agency to deliver education and training support to clients and their families to access employment or voluntary work. Clients are supported by two employment training workers and or staff to complete applications for education courses, employment and voluntary work.

- The service had access to, and strong links with, support networks in the community and staff supported clients to use them. The service recognised clients needed to have access to, and links with, their advocacy and support networks in the community and they supported clients to do this. works Pathways to recovery provided clients with information about community projects and courses available in Warrington and signposted clients to other agencies offering training and employment. It also provided a tutor from the local college to support clients to complete their BTEC Level 2 in Health and Social Care.
- The service found innovative ways to enable clients to manage their own health and care when they could and to maintain independence as much as possible. In August 2019 the service ran a four week's event based on a well know children's storey. The project was suggested at a service user forum, which highlighted that during school holidays clients found difficulty in attending the service due to childcare commitments. The project was discussed with the management team whom supported the idea. Activities were designed and supported by clients, volunteers, peer mentors and staff. The project had a total number of 58 attendees over the four weeks.

Are services responsive?

Good

We rated responsive as good because:

- The service was easy to access. Its referral criteria did not exclude people who would have benefitted from care. Staff assessed and treated people who required urgent care promptly and people who did not require urgent care did not wait too long to start treatment. Staff followed up people who missed appointments.
- The teams met the needs of all people who use the service, including those with a protected characteristic. The hub had access for those with disabilities, access to interpreters and information in other languages, as well as easy read versions for clients.

Summary of this inspection

- The service supported clients to engage with their communities. Staff offered clients opportunities to volunteer in the service and other community projects and be supported into education, training and employment.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

Are services well-led?

Outstanding 

We rated well-led as outstanding because:

- The leadership, governance and culture in the service was used to drive and improve the delivery of high-quality person-centred care.
- There were compassionate, inclusive and effective leaders at all levels. Leaders had the skills, knowledge and experience to perform their roles and deliver high level sustainable care. Leaders had a good understanding of the teams they managed and were visible in the service and approachable for clients and staff.
- Leaders had a creative and shared purpose which fostered a culture of partnership within the service, that ensured clients were active participants in their own care, and the delivery of the service.
- There was a culture of understanding the challenges the service faced and prioritising service development for the future with a limited budget. There was a commitment to modernise and improve the service. Service development plans were based on working in partnership with stakeholders on what was achievable within the local area. Service development plans were consistently monitored and delivered.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team. Vision and values were embedded in the delivery of care. Staff were proud of the organisation as a place to work and spoke highly of the culture. Staff at all levels were actively encouraged to speak up and raise concerns. There were high levels of staff satisfaction across the service.
- Staff felt respected, supported and valued. Team morale was good and there was collaborative team working and support across the service. Staff reported that the provider promoted equality and diversity in its day to day work and in providing opportunities for career progression.

Summary of this inspection

- Staff at all levels were actively encouraged to speak up and raise concerns, and all policies and procedures positively support this process. Staff
- Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well. The service had a systematic approach to working with other organisations to improve care outcomes.
- Teams had access to the information they needed to provide safe and effective care and used that information to good effect. Managers had access to up to date and robust information on service performance.
- An innovative approach was taken to working with clients and stakeholders to introduce new models of care. There was a strong record of sharing work locally with stakeholders and commissioners.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff received mandatory training in the Mental Capacity Act. This was delivered through e learning and came in two modules. At the time of the inspection we found 96% of staff had completed module one and 94% of staff module two.

Staff understood their responsibilities under the Act and knew who to contact for advice and guidance. The hub displayed the guiding principles of the Act and staff gave examples of how they would use this to support the clients in their care.

Overview of ratings

Our ratings for this location are:

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

Outstanding ☆

Community-based substance misuse services

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

Are community-based substance misuse services safe?

Good

Safe and clean environment

CGL Pathways to Recovery provided a range of rooms for staff to see clients in at the location inspected. All areas of the building and annexe were clean and well maintained. Managers had health and safety records for the site including fire safety procedures. Named fire marshals and first aiders were identified at the daily flash meetings and a notice board in reception reflected staff roles.

Staff ensured the clinic and needle exchange rooms were clean, tidy and the equipment was up to date and checked regularly. Fridge and room temperatures were monitored, and any concerns were discussed with managers. The service did not keep medication on site except naloxone and vaccinations. These were stored appropriately and at the correct temperature.

Staff adhered to infection controls principles. They had access to handwashing gel and displayed posters about handwashing. They had the equipment they needed for managing cleaning and appropriate bins for disposal of clinical waste which was collected on a weekly basis.

Safe staffing

At the time of the inspection Pathways to Recovery provided structured treatment support to 883 clients. From the data supplied from 31 October 2018 to 31 October 2019 the average caseload per worker was 42 clients. The average number of clients seen per week was 436. These figures did not include one off appointments or people using the needle exchange. Staff reported that caseloads were manageable and reviewed regularly with managers.

The service had a clear structure for offering support where staff were split into teams which focussed on clients with a specific issue. Specialist teams included an alcohol team, recovery and abstinence team, opiates team, family team and engagement and open access team. Teams included substance misuse practitioners working as part of a multi-disciplinary team. Teams had links to provide hospital and prison in reach services, a service for pregnant women, and women working in the sex trade and a hostel liaison worker providing rapid access to treatment for drug and alcohol users living in hostels and other supported accommodation. The services had enough staff with a wide range of skills to meet the needs of the clients. The service had no vacancies at the time of the inspection.

Managers could use agency staff to cover vacancies and long-term sickness. Between 31 October 2018 to 31 October 2019, the service used no bank or agency staff.

Staff understood the lone working policy. They had access to mobile phones and rooms used at the hub to see clients had alarm call buttons. In areas of the building that did not have alarm call buttons staff had access to personal alarms. Staff identified responders to the alarms in the daily meetings held at each site and first responders were detailed in the reception area, so everyone knew who this would be. We observed volunteers greeting people who accessed the service regularly or for the first time. Volunteers explained the safety procedures for the building and clients were not allowed into the main building until they were met by a staff member. Volunteers described

what their role was in the event of an emergency, including dealing with people under the influence of alcohol or drugs. They told us the procedures were included in their induction training as a volunteer.

Managers and staff had completed mandatory training including health and safety and the Mental Capacity Act.

Assessing and managing risk to patients and staff

We reviewed eight client records. All records included an up to date risk assessment and demonstrated good use of crisis and risk management plans.

Staff understood how to identify warning signs of deterioration in a client's health and protocols were in place for contacting families, carers or other professionals, if staff had concerns. Indicators of this could be missed appointment, not collecting prescriptions, increased alcohol or substance misuse and changes in physical health and wellbeing.

Staff discussed harm minimisation with clients at every meeting and this was documented in the records. Information about risks relating to drugs and alcohol were displayed in reception area.

The service had provided lockable home medicine boxes to clients to keep their medicines safe at home, especially where children were living at home. Staff completed a risk assessment of clients' understanding of risk of keeping medicines at home and the decision to provide a home medicine box was only agreed by the doctor after reviewing the client and signing off the risk assessment.

Staff implemented CGL's smoke free policy at the site. The wellbeing nurse provided advice and support in smoking cessation so that support could be offered to clients around this issue.

Safeguarding

All staff received training in safeguarding for children and adults. At the time of the inspection data showed that 86% of staff had completed training for adults and 85% for children, though some staff were in the process of completing training at the time of the inspection. The hub had a safeguarding lead who had received safeguarding adults and children training to level 3. Staff gave us several examples of recognising and reporting safeguarding issues. Staff were open with clients about making safeguarding referrals and this helped them to maintain their working relationships with the clients concerned. Staff understood the need to protect clients from harassment and discrimination including those with protected characteristics under the Equality Act 2010.

Staff worked well with the safeguarding teams in Warrington and liaised with Warrington hospital, mental health teams, police and probation when they had safeguarding concerns.

The service had a contract with a local charity whose workers were based at the hub and supported clients with families. The service had two workers who were co-located on a rotational basis in the multiagency safeguarding hub, which contained the police and local authority staff. CQC received no notifications about abuse, alleged abuse or whistleblowing concerns between 31 October 2018 and 1 November 2019.

Staff access to essential information

Staff used an electronic recording system for client records. All staff had access to desktop or laptop computers. They had their own encrypted log in detail for the system so that they could have access to relevant and up to date information as they needed it.

Medicines management

Staff adhered to CGL's policies relating to medicine. They had a doctor and non-medical prescribers who issued and reviewed prescriptions for clients. They ensured clients were properly monitored when on medicines and supported clients who were on a medical detoxification programme. This took place in specially prepared and equipped room on site. All treatment was reviewed and prescribed following guidance from the National Institute for Health and Care Excellence and we saw prescribing rationale was recorded in client records. They used this alongside the orange book Drug misuse and dependence: UK guidelines on clinical management. Medicine other than naloxone and vaccinations was kept on site and dispensed as the medicines and healthcare products agency guidelines of labelled product dispensed to patients. Vaccines were administered to clients by the health and wellbeing nurse on site.

Staff provided training to clients in the use of naloxone which is a medicine used to block or reverse the effects of opioid drugs if an overdose was taken. Clients were encouraged to keep this with them, and staff signed it out,

so they knew who it had been allocated to. Staff displayed posters about the use of naloxone and advertised dates when it would be going out of date so that clients who had not used it could exchange it.

Track record on safety

Pathways to recovery reported 10 deaths between April and November 2019. Only two of the deaths reported were expected ones. Managers shared information from reported deaths to team meetings to learn lessons and improve interventions. The registered manager told us the service aim to improve and further develop the pathway for clients around chronic pulmonary obstructive disease (COPD), with the lead nurse working to improve referral pathways to other services.

Reporting incidents and learning from when things go wrong

The service used an electronic system for recording incidents. Staff knew what to report and how to do this. Team leaders reviewed incidents with team members, peer mentors and volunteers to provide a staff and client perspective on the investigation and challenge the process and investigation and outcome. Feedback was provided to peer mentors, volunteers and staff through incident debrief sessions, management and team meetings and supervision. Incidents were also reviewed through the weekly integrated governance team meetings held for Warrington. Clients and staff told us how positive their involvement in incident reviews had been and provided examples of how positive feedback had improved their confidence. Staff could seek further support after distressing incidents through CGL's employee assistance programme or from managers within the service. Staff apologised to clients when things went wrong, and we saw evidence of this in the client records.

During the period 1 April 2019 to 1 November 2019 we received 15 statutory notifications including deaths. All notifications received were completed as required. The service reported no serious incidents in this period.

The service reported incidents to the local intelligence networks for controlled drugs. A local intelligence network is a process to share information between organisations and agencies regarding the handling and use of controlled drugs. Pathways to Recovery had reported 21 incidents by community pharmacy providers to the local network. As a result, Pathways to Recovery management team met with the local authority pharmacy commissioning team to share errors occurring June to August 2019 and provided supervised consumption training for all community pharmacy staff in September 2019.

Managers provided feedback and support to clients and families following deaths of clients using the service, especially if other family members were in receipt of a service from Pathways to Recovery.

Are community-based substance misuse services effective?

(for example, treatment is effective)

Good

Assessment of needs and planning of care

We reviewed eight sets of care records. We found that all staff completed a comprehensive assessment of each client's needs in a timely manner. Care plans had been developed to ensure the individual needs of each client had been met. Care plans were recovery focussed, holistic, included goal setting and completed to a good standard. The plans set out who the recovery worker for the client was and how they could access support if they needed to. The care plans included risk assessments and management plans and had been updated regularly.

Staff used a template to record clients' preferences for if they became unwell or unexpectedly exited from the service. These were clear and contained contacted details of who to contact. Clients gave consent for this information to be used when necessary.

Best practice in treatment and care

The records demonstrated that staff offered a range of care and treatment to clients which was individualised and suitable for their needs. This was in line with guidance from the National Institute for Health and Care Excellence. This included the completion of the severity of alcohol dependence questionnaire and the alcohol use disorder identification test.

Staff ensured treatment was in line with best practice guidance for the National Institute of Health and Care Excellence. This included the prescribing of methadone for the treatment of opioid dependence. The service employed

a wellbeing nurse who ensured that physical health checks such as electrocardiograms for those clients on over 100mls of methadone took place. This monitored abnormalities in heart rate and followed guidance set out by the Department of Health (2007) and Royal College of General Practitioners (2011). The service also employed a healthcare assistant in the needle exchange service who provided advice and guidance leaflets as well as condoms.

Staff offered blood borne virus testing to clients. This was in line with best practice guidance (Department of Health, 2007). The service had built partnership working with the hepatitis C nurse and a consultant from the local hospital, so clients could access blood borne virus testing on site or through an NHS clinic if they preferred.

The service displayed information about healthy lifestyles and the wellbeing nurse supported this through offering support on smoking cessation and guidance about healthy eating. Staff ensured clients were referred to their GP for health checks.

Staff regularly reviewed treatment outcomes and recovery plans with clients and adjusted these to ensure they remain person centred and had goals which focussed on recovery. Staff provided information to Public Health England through the national drug monitoring system. This helped staff to compare progress with other areas in the country with a similar demographic and to look at areas for improvement.

The National Drug Treatment Monitoring System (NDTMS) provides national statistics about drug and alcohol misuse treatment, including the quarterly Diagnostic Outcomes Monitoring Executive Summary (DOMES) report. The DOMES report 2019-2020 for Pathways to Recovery provided data on performance against Public Health England national averages on treatment outcomes:

- Successful completion of opiate treatment pathway was 7.3%, which meant the service was in the top quartile range when compared against comparator local authorities commissioning similar services.
- Unplanned exits from opiate treatment pathway was 10% compared to the national average of 17%.
- Completion of non-opiate treatment pathway was 53%, which meant the service was in the top quartile range.
- Unplanned exits from non-opiate treatment pathway was 4% compared to the national average of 19%. Completion of alcohol treatment pathway was 45%, which meant the service was in the mid quartile range.
- Unplanned exits from alcohol treatment pathway was 5% compared to the national average of 14%. Completion of alcohol and non-opiate treatment pathway was 36%, which meant the service was in the mid quartile range.
- Unplanned exits from alcohol and non-opiate treatment pathway was 8% compared to the national average of 18%.
- Planned exit from treatment as a percentage of all exits was 67% against the national average of 48%.
- The percentage for clients maintaining abstinence from opiates was 38% against a national average of 36%.

Since 2015 the service has offered and supported alcohol withdrawal through local GP's. Through a self or a referral from a GP an assessment is carried out by pathways to recovery. If a client is identified as needing detoxification via their GP and appointment is made between the service wellbeing nurse, client and GP, at the client's GP surgery. The GP then issues a prescription of the appropriate medicine, which the client then manages. Pathways to Recovery staff monitor the clients' wellbeing during the detoxification process. In addition, the service provides peripatetic in-reach services to 6 GP practices to facilitate meetings with clients who require the anonymity of attending primary care for their alcohol misuse.

Skilled staff to deliver care

Pathways to recovery provided staff with a range of learning to meet their needs. This included mandatory training which was completed when someone started at the organisation and was updated regularly in line with CGL's policy. During the inspection we found 97% of staff had completed mandatory training. Managers used a dashboard to ensure that staff kept up to date with training and gaps were identified, for example staff who had been on long-term sickness. All new staff received a comprehensive induction for at least four weeks, and this was adjusted to meet the needs of individuals who needed longer especially if they had not worked in this type of service previously.

Managers used a one to one session and the annual appraisal system to identify learning and development needs for staff. For example, safeguarding leads had

identified that they would benefit from level 3 training and this had been agreed by managers. Supervision took place monthly. From October 2018 to November 2019 data provided by Pathways to Recovery showed that 97% of staff had received regular supervision and an appraisal. In interviews and focus groups with peer mentors, volunteers and service user representatives they told us supervisions were booked at the end of each session and appraisals were now completed more frequently with the introduction of a new system on mini and annual appraisal.

The service used robust recruitment processes in line with the polices set out by CGL nationally.

Managers ensured that poor staff performance was addressed promptly through supervision and if required the formal process with support from CGL's national human resources team.

The site used volunteers. The service had 21 whole time equivalent volunteer posts. There were 5 peer mentors and five service user representatives. Volunteers, peer mentors and service user representatives came from different places, including former service users and people wanting to gain experience in substance misuse. The building recovery in communities team leader recently took on the role for overseeing the development of the service user representatives. They also managed the volunteer coordinator, who managed the volunteers. Volunteers, peer mentors and service user representatives all completed the same induction and training specific to their role. At the time of inspection 37% of the whole staff team were either former clients or had lived experience of substance misuse.

Multi-disciplinary and inter-agency teamwork

The service had a full range of staff to support clients. This included: a doctor, nurses, team leaders, recovery workers and a healthcare assistant. The service also provided support to people within the criminal justice system with two teams supporting local prison services. We saw from the client records that a multidisciplinary approach had been taken to support clients and this had been recorded appropriately. Each client had a clearly identified key worker. The services had regular team meetings. Staff attended a range of internal meetings depending on their role. These included clinical governance, integrated governance, strategic planning and performance and quality meetings.

Staff liaised with a range of professionals working for other services. This included probation, alcohol liaison nurse, police, local safeguarding teams for both children and adults, specialists in hepatitis c, housing, benefits agencies and mental health teams. Staff attended a range of meetings to help promote the service and build partnerships with other organisations. The service has strong integration with local services and included multi-agency safeguarding hub meetings and the multi-agency risk assessment conference meetings which discuss issues relating to domestic violence. The service supports the hard to house panel and rough sleepers' initiative. The service is represented at or chairs multiagency meetings. For example, the local substance misuse group and repeated attendees meeting for frequent attendees at Warrington hospital

The services offer collocated onsite clinics from the Warrington specialist nurse in Hepatitis C and specialist midwife service for pregnant clients. Pathways to Recovery run a special clinic for pregnant women attended by a specialist drug liaison midwife as well as a health visitor. The clinic is held everytwo weeks for pregnant clients who are currently using substances or who have a history of substance misuse. Priority appointments were offered to pregnant women. Antenatal care was provided at this clinic. Clients have access to antenatal care with specialist midwife until the unborn is delivered, postnatal care for 4 weeks after birth and home visits to the family home by the pathways worker and the Midwife to ensure clients have all the essential baby equipment. They also receive additional substance misuse advice and support from the Pathways nurse prescriber and the medical officer, information and support from specialist health visitor, fortnightly drug testing and multiagency working between Pathways staff and the specialist midwife and GP and social care as required.

The hospital in reach service is provided by Pathways to Recovery in partnership with Warrington Hospital's alcohol liaison nurse to offer advice and encourage patients to access the support in the community for their alcohol misuse once discharged from Warrington Hospital. The hospital in reach service attend ward rounds at Warrington hospital. Recovery coordinators take part in ward rounds with an alcohol liaison nurse, to offer advice, guidance and referral for patients and support the home to detoxification pathway on discharge.

Outstanding ☆

Community-based substance misuse services

The service discharged people who had completed treatment but encouraged clients to engage with groups in the community such as gamblers anonymous, narcotics anonymous, cocaine anonymous and alcoholics anonymous.

Good practice in applying the Mental Capacity Act

Staff received training via e learning in the Mental Capacity Act. Ninety six percent of staff had completed module 1 and 94% module 2 at the time of the inspection. The hub displayed the guiding principles of the Mental Capacity Act for staff to refer to.

Staff showed an awareness of the policy on the Mental Capacity Act and knew where to find this. They understood their responsibilities under the Act and could give examples of supporting people who lacked capacity to make decisions for themselves in a way that recognised the needs to include the client's wishes, feelings and beliefs. They knew who to contact for advice and guidance if it was required.

The records we looked at showed that staff ensured clients had given their consent to treatment and that this was reviewed regularly.

Are community-based substance misuse services caring?

Outstanding ☆

Kindness, privacy, dignity, respect, compassion and support

Clients, peer mentors, volunteers and service user representatives all reported that staff treated them with compassion, dignity and respect. We received eight 'tell us about your care' comment cards. These were exceedingly complimentary and positive about the respect, compassion, support and interest received from all the staff and volunteers. Comments praised the service as being supportive, engaging, lifesaving, caring and services being developed or improved because of client contribution and feedback. Feedback from commissioners and stakeholders was the service was well thought of by partner agencies. The view of partner agencies was the service went above and beyond what was asked to deliver a service locally and deliver commissioned work to a consistently high standard. Partner agencies told us the service went the extra mile to deliver services working with hard to reach families, assertive outreach in relation to community safety hotspots, social care support with adults and children and work with the local hospital on in-reach and dual diagnosis. Local health partners told us the service offered support to clients to access services before they were discharged from hospital and worked with clients to access the right support services to reduce frequent attendance at hospital.

In the focus groups with clients, volunteers, peer mentors and service user representatives we were told staff were genuinely interested in the health and welfare of clients. Steff were described as caring, respectful, compassionate and inspirational. Clients shared their experiences of their anxiety in attending a substance misuse service, but the reception they received from volunteers who had a lived experience helped reduce their anxiety. Clients told us there was a shared care approach and support from staff had provided a positive life experience in supporting their recovery. In focus groups with clients, peer mentors, volunteers, service user representatives and staff, the language used was about working together as a family and supporting clients to recover and rebuild relationships and lives. Staff offered practical and emotional support while maintaining the boundaries of their role. Relationships with clients were built on trust and a good understanding of the clients' concerns. Clients told us having staff who had a lived experience of substance misuse helped break down the disapproval of addictions.

Staff stated they could raise concerns at any time about disrespectful, discriminatory or abusive behaviour or attitudes about their clients and managers would listen to them.

Staff supported clients to understand and manage their care and treatment and we could see from the records and the things clients told us that they were fully involved in all aspects of their care. For example, clients were aware of their rights not to have information about them shared without their consent and this was documented in care records we reviewed. The family team linked to the charitable workers on site to provide early support and intervention to clients with families, so they did not have to wait for a referral process to be completed to statutory agencies. Staff told us how treatment was adapted for clients with additional needs and those who needed a different care pathway, for example ambulatory

detoxification or clinics at GP services for people who did now wish to attend a community substance misuse service. We observed volunteers taking calls from agencies or individuals involved in clients' care. Volunteers would not disclose information by telephone to enquiries about clients and checked on the electronic client records system if clients had consented to information being shared about them.

Staff had a wide knowledge of services in their local areas and used this to provide clients with information about what would be available to them in the wider community. If clients needed support to access these staff would help them to do so.

Pathways to Recovery had clear polices on confidentiality. This was explained to clients coming into the service and staff went back over this during a client's time in treatment. Staff kept records safe and did not share information about a client outside of the service unless there was a need to do so to keep someone safe.

Involvement in care

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Staff communicated with clients so that they understood their care and treatment. They had access to interpreters and signers for deaf people and provided information and feedback slips in an easy read format.

Pathways to Recovery had access to an independent advocacy service. Managers, staff, volunteers and peer mentors were aware of how to access the service and direct clients to information about it. We saw this information displayed so that clients could see it.

Every client using the service had their own personalised recovery and risk management plan in a format which was easy for them to use. These focussed on the client's preferences, goals and the resources they needed to start and sustain recovery. Recovery and risk management plans showed that clients and their families where appropriate, were involved in the planning of their treatment. This helped staff to ensure clients had the information they needed to make informed decisions and choices about their care.

Staff enabled families and carers to give feedback on the service via forms and directly to managers and this information was collated to help support service development. Feedback could be provided through the 'Have your Say' section on the service website, or you said we did feedback forms. There was also an opportunity for feedback from professionals, clients or family members, through stakeholder meetings and the service user forum. For example, the foundations to recovery programme was provided in the evenings so working families or families with children can attend the hub. The service offered a breakfast club for homeless and vulnerable people that was staffed by volunteers after this was raised as a need in the local community by the service user representatives. This was offering up to twenty people a hot breakfast.

Carers could access support through the service even if their family member was not a client. Staff understood the needs of carers.

The service offered opportunities for clients to be involved in their care through educational, vocational and personal development courses based at Bold Street. The service uses a partner agency to deliver, vocational and personal development courses. Pathways to Recovery subcontract to an agency to deliver education and training support to clients and their families to access employment or voluntary work. Clients are supported by two employment training workers and or staff to complete applications for education courses, employment and voluntary work. This involves supporting clients with achievable goals to support their recovery. For example, motivational interviewing, first aid or food hygiene courses and volunteer work. The service supports clients to identify what personal development they need to achieve in working toward education, employment and voluntary work.

Clients complete an action plan to support their goals. For example, wanting to complete an NVQ 2 and become a forklift truck driver, but would need to improve their literacy skills. The partner agency provided clients with information about community projects and courses available in Warrington and signposted clients to other agencies offering training and employment. It also provided a tutor from the local college to support clients to complete their BTEC Level 2 in Health and Social Care. From January to December 2019 161 referrals were made to Recovery Works. One hundred and nine clients achieved a qualification. Sixteen clients accessed voluntary work and 27 found employment.

The service had a service user forum and representatives. The number of service user representatives had recently

been increased from one to five. Service user representatives told us how they were supported to develop the role. This included a further meeting with a team leader to discuss how service user representatives would engage with clients locally and the training and skills they needed to develop. Service user representatives told us they had been involved in and encouraged clients to support value-based interviews and the appointment of staff. Some service user representatives had a dual role as peer mentors, so had completed training, which included understanding drug and alcohol abuse.

There was regular service user forum called 'Jumpstart' sessions. These commenced in July 2019 based on a service user representative idea. This is an informal drop-in session over lunch where hot drinks and pastries were served and an opportunity to share ideas, opinions and views on the service and suggest improvements and changes. The session was also used for service user representatives to engage with clients and feedback to the management team. Feedback from Jumpstart sessions and you said we comment cards were shared with the management team. Information was shared in the monthly 'You said, we did' newsletter on what changes had been agreed, actioned and implemented by the management team so changes within the service were fed back to clients.

Service user representatives and clients told us they were involved in the service quality improvement plans throughout 2019. Their input was to develop the services being offered in Warrington. We saw the service user consultation on female and family focus from August to November 2019. Clients were involved in the design of the survey questionnaire, which was carried out by service user representatives and volunteers. Seventy-eight complete surveys were received, and questions asked about group development and support for female clients to access groups and support services specific to their needs. Clients said they wanted for example, women only recovery groups, groups for women and single mums and women's health & wellbeing (smear testing, pregnancy and healthy eating). As a result, the service developed a woman only recovery group which meets weekly.

In August 2019 the service ran a four week's school holiday scheme based on a children's book. The project was suggested at a service user forum, which highlighted that during school holidays clients found difficulty in attending the service due to child care commitments. The project was discussed with the management team whom supported the idea. Activities were designed and supported by clients, volunteers, peer mentors and staff. The project included the five ways of wellbeing so clients' recovery continued . One hundred and fifty four clients who had children received letters inviting them to the project. The project included a day out with picnic to the themed trail at a local forrest. Children received their own copy of the children's book and a certificate for completing the trail. The project had a total number of 58 attendees over the four weeks.

Pathways to Recovery completed a service user survey from January to March 2019 and produced a detailed report from 164 respondents. The findings of the survey 98% of clients said the service was very good or good. 96% said it was accessible, 96% said they were treated with fairness, dignity and respect, 91% said they had trust and confidence in staff support and 94% said the service provided them with what they needed.

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

Good

Access and discharge

The service was easy to access. CGL Pathways to Recovery provided services across Warrington. The service was recommissioned in October 2015 by Warrington Borough Council, Public Health on a 5 year plus two additional years contract. The service was a free service for adults over the age of 18. The service was open from 9am to 5pm every weekday other than Tuesday when the service was open until 7pm and on Saturday from 10am to 1pm.

The service was easy to access and clients who needed to be seen immediately could walk into the service and self-refer and if needed could be seen urgently or within 24 hours

New clients could drop into the service during opening times, phone in or book appointments online. Commissioners reported the service was commissioned as an open access service and clients were seen at the time they presented at the service. Urgent referrals were seen on

the day they were referred to the service. Clients who required other services would be referred on and supported to access these. The service had clearly defined admission criteria which was set up with the commissioners of the service.

Clients did not wait for appointments unless they had been booked when the client requested a specific time and date slot. Time slots were always available for urgent referrals to be seen as soon as possible. The service did not have a waiting list. The key performance indicators for how long clients waited to be seen were set by the commissioners of the service and the manager regularly gave feedback on this data to them. Feedback from the service and commissioners was that waiting times were within the National Drug Treatment Monitoring System and Diagnostic Outcomes targets of three weeks.

The service had alternative care pathways and referral systems for people whose needs it could not meet. Recovery and risk management plans reflected the needs of the client. They provided clear pathways to other services such mental health and social services through the local authority one stop service.

Staff included recovery goals with the clients so that they were clear about being discharged from the service and the reasons for this. Where possible they ensured clients had a support network in place and understood that they could come back to the service for advice and guidance if they needed it.

Pathways to Recovery had a policy for contacting clients if they did not attend appointments. This would include using the emergency contacts documented at assessment and contacting the local pharmacy if that was where a client collected their prescription from. Clients at high risk of not attending would be asked to collect prescriptions from the service to help encourage engagement with staff and the service. From August 2018 to July 2019 the average number of people not attending in Warrington was 31% for non- medical and medical appointments, reviews, prescribing and one to one review. The service used a missed appointment matrix to record and follow up missed appointments. A booking system was introduced to all services linked to the electronic case management system and clients received a text messaging appointment reminder. In the same period 791 clients were discharged, including those discharged from individual brief or non-structured support.

The service offered clients a choice of an ambulatory detoxification from alcohol model as an alternative to a residential or home based model. The model supports the client to commence detoxification with support from home by working in partnership with clients' families or significant others, were entering a residential detoxification placement is not an option. Ambulatory detoxification allows clients to both engage in other recovery programmes or activities taking place at the service. The facilities offer clients a private room to rest, ensuring they have immediate access to medical and nursing staff to monitor client's physical and mental health during alcohol withdrawal. Since April 2019, 7 ambulatory detoxification pathways have been completed with all clients remaining abstinent from alcohol.

The facilities promote recovery, comfort, dignity and confidentiality

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

Disabled access was to the ground floor only via the rear exit, where a portable ramp was provided. The reception area was welcoming and offered clients access to a cold-water dispenser. The reception area also included information on the four recovery pathways, recovery groups, harm reduction, other services/stakeholders and how to make a complaint.

Clients were offered drinks when attending appointments or groups as drinks making facilities were provided in the rear annexe building. Volunteers were available to greet clients when they came to the service and had access to several rooms for one to one and group work in the main building and annexe. The service was located centrally in the town centre.

Patients' engagement with the wider community

Staff encouraged clients to maintain contact with their families and carers. They provided families with support through groups and individually and gave them general information to help them provide support to the client. Staff supported clients to access the wider community for support for their substance misuse issues such as alcoholics anonymous and narcotics anonymous groups.

The service took part in Alcohol Awareness week in November 2019. The theme of this years Alcohol Awareness week was 'Alcohol and Me'. The service held a week of

events to reflect the services provided. The themes were chosen during planning meetings and were; Alcohol and healthy relationships, alcohol and the heart, alcohol and diabetes, alcohol and wellbeing, alcohol and the liver, alcohol and hepatitis and ended with an alcohol awareness celebration. Events included clients and staff promoting the weeks events on the local radio and night time initiative event in a popular entertainment area of Warrington. The night time event was supported by clients and staff. A stall promoted the awareness week as well as services offered by pathways to recovery. Positive experiences through engagement with the wider community during Alcohol Awareness week were and increased awareness with external agencies and building a stronger community network to support clients. During alcohol awareness week six new volunteer applications were received by the service. Increased referrals were received by the family support team. A meeting organised with other stakeholders to highlight access to mental health services were substance misuse is present, so clients have a better care pathway.

The service provided an area with computers for clients to use to find out information and access education and work opportunities. Clients could gain experience in the workplace by becoming volunteers or peer support mentors for Pathways to Recovery.

Meeting the needs of all people who use the service

Staff showed an understanding of the issues affecting their clients. This included those from vulnerable groups such as the homeless and sex workers.

Staff worked to reduce the length of time people had to wait to be seen following their initial appointment. The engagement/assessment team was available to provide low level support while clients were being allocated to a key worker. The family team provided specialist support for families that needed early intervention and worked with the co-located family charity to provide early support and intervention.

The service met the needs of all clients, including those with a protected characteristic or with communication support needs. Equality and diversity were integrated into the governance of the service using the organisations equality, diversity and inclusion policy. Organisationally local service demographic information is collected to ensure the service reflected the local population of people with protected characteristics. This helped the service coproduce services with clients and identify training for staff at all levels within the organisation and locally. For example unconscious bias workshops to the board of trustees. Locally Pathways to recovery supported the Warrington Pride event in 2019. The service hosts activities in community services for clients who may have mobility or difficulty travelling. For example, working in GP practices so people with protected characteristics or disability can be seen locally. The service can provide a mini-bus collection service for clients who may have difficulty accessing the site and a pharmacy collection service for clients with reduced mobility. Equality and diversity was promoted within the service by clients and service user representatives who had representation on the regional service user forum. As a result of working with clients the service developed separate women's and men's groups.

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 the wider service.

From August 2018 to July 2019 the service received 12 complaints. Eleven of these were upheld. There were no main themes or trends other than peer mentors and volunteers developing into their role and minor misunderstandings around communication linked to the complaints the service received.

Staff supported clients to make complaints and protected those who did from discrimination and harassment. Clients were encouraged to give feedback about the service through suggestion boxes, the service user forum, and online via the intranet. The information from these was inputted into a system which allowed managers to make changes and develop the service.

Pathways to Recovery had a clear complaints procedure which was followed for all formal complaints. Service user representatives and peer mentors were involved in the complaint audit process via the integrated governance and strategic management meetings. They participated in mini focus group topics for discussion and to provide feedback. For example, the integrated governance and strategic management meeting minutes for October 2019 recorded their participation in discussing outcomes of complaints

learning and sharing compliments from clients. The service did not provide data on the number of compliments it had received, though the integrated governance and strategic management meeting minutes for October 2019 recorded numerous compliments thanking staff for being informative, polite and taking their time. Clients felt they were treated with dignity, respect and well supported. Volunteers were complimented for their time and supporting clients and the service was complimented for the hope it gave them and ambition to change their lives. For example, supporting the reception of clients into the service, sharing information technology gained in their fulltime employment and supporting alcohol awareness week.

Feedback and learning from the integrated governance and strategic management meeting was shared through team meetings and supervision.

Clients provided feedback about the service they received through the 'you said we did' process. We saw 24 recent responses to these. Examples included:

- You said, "more activities, are there anymore retreats planned", 'we did organise a trip to York on 4 December to the Christmas market, and the men's group bowling night and women's group afternoon tea on 11 December'. Outcome, 'we are already making the retreat an annual activity taking place in August.'
- 'You said, "can we have the bike rack moved? "We can't get as many bikes in and they have been stolen when we have chained them over at the library", 'we did move the bike rack to the wall next to the hub doors freeing up space'. Outcome, 'In addition the bins have been moved creating a much more welcoming and open space'.
- 'You said, "we would like the foundations to recovery programme to be provided in the evenings so working families or families with children can attend the hub", 'we did, peer mentors are currently undertaking training to facilitate the programme'. Outcome, 'we have two volunteers and one peer mentor in training to facilitate these groups on Tuesday evenings and Saturday morning'.

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Are community-based substance misuse services well-led?

Outstanding ☆

Leadership

Leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care. Managers and the clinical lead for the service provided leadership to the team. They demonstrated they were knowledgeable about the service provided and had the experience and skills to lead the team and support clients.

Managers at all levels demonstrated the high levels of experience, capacity and capability needed to deliver excellent and sustainable care. The service had a clear definition of recovery and how this impacted on the support provided to clients. They did this by offering a tailored package of treatment and care to anyone experiencing difficulties with drugs or alcohol.

The manager and team leaders had a visible presence within the service. Staff knew who they were and stated that both they and clients could approach them at any time.

Vision and strategy

The vision and values of the organisation included focus, empowerment, social justice, respect, passion and vocation. It was clear from the manager and staff we spoke with that these values underpinned the work of everyone in the service. Clients were involved in value-based interviews of staff. All staff had a job description that included the values.

Staff stated that they felt included in service development. They spoke of introducing new ideas clients had suggested and being able to develop these with the support of the manager. They said they were trusted to do their job, and this contributed toward a shared vision of Pathways to Recovery having a presence within the community of Warrington.

Culture

The management team had an inspired shared purpose and strive to deliver and motivate staff to succeed. There were high levels of satisfaction across all staff, including those with protected characteristics under the Equality Act. Staff felt respected, supported and valued by managers. They spoke highly of the managers and the improvements

that had been made as the service developed. Several staff had transferred under the Transfer of Undertakings (Protection of Employment) Regulations 2006 from the previous providers and were positive about their roles with Pathways to Recovery. Staff and managers had a professional approach toward the service they delivered. For example, they talked about clients as partners and the service having a family feeling to it. Staff spoke positively about the development of services continuing, for example the storey book project to support clients with families through the summer holidays.

Staff appraisals and supervision included conversations about career development and staff felt there were opportunities for this within the organisation. All staff we spoke with felt empowered to do their jobs and had time allocated for continuous professional development. They were passionate about their work and morale in the service was good.

The culture of the service was that of being open, honest and transparent and managers said that they would always deal with cases of bullying and harassment if reported to them using polices set out in national CGL policies. They did not have any cases at the time of the inspection.

CGL as an organisation provided an employee assistance service for staff who needed additional support and staff could be referred to this or access it themselves if they needed to. Pathways to Recovery encouraged staff to take an hour each week to support their wellbeing. Staff could use this for exercise, shopping or to pursue a hobby. Staff stated that they appreciated being given this time and felt it was important that Pathways to Recovery recognised how stressful their jobs could be at times.

In focus groups staff told us about the supportive culture within the service and gave examples of strong collaboration, team-working and support across all functions with a common focus on improving the quality and sustainability of care and client's experiences. For example, staff told us there was a focus on staff wellbeing, with managers acknowledging their work could be demanding and stressful. As a result, staff were supported to rearrange their diaries to deescalate their stress levels. Staff told us they were given an administration day every fortnight to complete paperwork and review care and risk assessments. Staff told us this was a service where it was safe to say they needed support, which was readily available.

Staff reported that Pathways to Recovery promoted equality and diversity in its day to day work and none felt discriminated against when opportunities arose for career progression.

Governance

Managers provide good governance at this service. Governance arrangements are proactively reviewed and reflect best practice. There were systems and procedures in place to ensure the service ran efficiently and staff were supervised and well supported. These were reviewed regularly and updated. Clients received assessments and treatment in a timely manner from staff who were professional and had the necessary skills to fulfil their roles.

Service user representatives and peer mentors were involved in the audit process via the integrated governance and strategic management meetings. They participated in mini focus group topics for discussion and to provide feedback. For example, the integrated governance and strategic management meeting minutes for October 2019 recorded their participation in discussing audits of Assessment, Risk and recovery, Case Records, Consent and supervision. An outcome of the meeting was to discuss if volunteers and peer mentors could help staff to support clients to complete or update client consent forms.

Managers had a clear framework for use at meetings. This included team meetings, and integrated governance meetings. Agenda items included incidents and complaints and staff received feedback and actions were implemented to improve the service for clients.

Staff participated in clinical audits. These included client records where managers identified gaps and put actions in place for staff to make changes.

The service complied with the requirement to inform external bodies such as the Care Quality Commission of incidents within the service such as deaths. These notifications were detailed and gave a full picture of what had occurred. Pathways to Recovery took part in the Warrington Council locality death reviews. However, Warrington Council is now participating in the Liverpool quarterly drug related deaths panel, involving a university, commissioners and clinicians. This will involve Pathways to recovery attending these meetings. Learning from drug related deaths and other lessons learnt were shared through the services management and team meetings.

Community-based substance misuse services

A systematic approach was taken to working with other organisations to improve care outcomes.

Staff were committed to working with other organisations for the benefit of their clients. Where they felt it was needed staff and managers worked to improve these relationships and develop pathways to make it easier for clients to access a full range of services.

CGL as an organisation had a policy for staff to use if they wanted to raise a concern anonymously and did not feel they could raise it at a local level. All staff we spoke with stated they would not need to use this as managers listened well and acted on concerns raised.

Management of risk, issues and performance

The service had regular meetings between senior managers and staff to ensure quality assurance and performance frameworks were integrated across all organisational policies and procedures. Managers spoke with confidence about quality assurance and how this was implemented.

The service had a local risk register and improvement plan which staff could contribute to through team meetings and supervision. Managers could escalate concerns so that they were considered for or put on the organisation's risk register at a national level.

The service had plans for emergencies such as staff sickness and adverse weather. So that clients could still receive support.

Managers monitored sickness and absence rates. From January to December 2018 the total permanent staff sickness rate was 7% (short term sickness 3% and long-term sickness of 4%). Managers discussed issues around sickness on a fortnightly basis with CGL's human resources director to ensure this was being managed correctly.

Managers and staff worked together to ensure that cost improvements had not affected clients' care or delivery of the service.

Information management

The service had dedicated data analyst in post to ensure the smooth collection and entry of data. This was used to monitor the service and to complete the national data that substance misuse organisations were required to provide nationally.

Staff had access to laptops and mobile phones to ensure they could complete their work and access information as they needed to. The service had a lead administrator and a full administration team who supported staff as they needed it. Policies were in place to ensure clients' information remained confidential and this was stored on an electronic system which staff accessed with their own log in details and passwords.

Staff ensured that they had discussions with clients about who they would need to contact in an emergency or if the client was unwell and it was clearly documented and recorded that consent had been given. This was reviewed regularly with clients by key workers who also discussed confidentiality and the policy used for this.

Engagement

Staff, clients and carers had access to up to date information about the service. This was displayed in the reception area and on CGL's website. Staff had representation at the regional CGL workers' forum and feedback from this was given at team meetings. The service had provided substance misuse training packages for associated professionals in Warrington helping to promote their work and raise awareness and understanding of substance misuse.

Clients and carers could give feedback in several ways. They could speak to a manager or team leader directly, or complete simple feedback forms at the end of every session they attended. They could also feedback through the service user forum in Warrington.

Managers engaged with external stakeholders on a regular basis. This included the local authority in Warrington who commissioned the service. Managers attended the frequent attender forum with the local NHS trust and stakeholders. They supported a decrease in the number of hospital admissions for clients who regularly used NHS services.

Pathways to Recovery provided support and contribution to the local area suicide prevention strategy. This included sharing best practice approaches and tools. The service also held joint reviews with the local mental health NHS trust and local safeguarding children and adults safeguarding boards.

Learning, continuous improvement and innovation

Outstanding ☆

Community-based substance misuse services

Pathways to Recovery encouraged creativity and innovation with clients, staff, peer mentors and volunteers and supported them to develop and implement ideas.

Alcohol Awareness week was 'Alcohol and Me'. The service held a week of events to reflect the services provided. The themes were chosen during planning meetings and were; Alcohol and healthy relationships, alcohol and the heart, alcohol and diabetes, alcohol and wellbeing, alcohol and the liver, alcohol and hepatitis and ended with an alcohol awareness celebration. Events included clients and staff promoting the weeks events on the local radio and night time initiative event in a popular entertainment area of Warrington. The night time event was supported by clients and staff. A stall promoted the awareness week as well as services offered by pathways to recovery. Positive experiences through engagement with the wider community during Alcohol Awareness week were and increased awareness with external agencies and building a stronger community network to support clients. Six new volunteer applications were received by the service.

Increased referrals were received by the family support team. A meeting organised with other stakeholders to highlight access to mental health services were substance misuse is present, so clients have a better care pathway.

In August 2019 the service ran a four week's school holiday scheme based on a children's book. The project was suggested at a service user forum, which highlighted that during school holidays clients found difficulty in attending the service due to child care commitments. The project was discussed with the management team whom supported the idea. Activities were designed and supported by clients, volunteers, peer mentors and staff. The project included the five ways of wellbeing so clients' recovery continued . One hundred and fifty four clients who had children received letters inviting them to the project. The project included a day out with picnic to the themed trail at a local forrest. Children received their own copy of the children's book and a certificate for completing the trail. The project had a total number of 58 attendees over the four weeks.

Outstanding practice and areas for improvement

Outstanding practice

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In June 2019, Pathways introduced a half a day continuing professional development time monthly for all staff members. Work activities is led by individual and their line manager working collaboratively to identify areas for their own personal and professional development. In focus groups staff told us about the supportive culture within the service and gave examples of strong collaboration, team-working and support across all functions with a common focus on improving the quality and sustainability of care and client's experiences. Staff told us there was a focus on staff wellbeing, with managers acknowledging their work could be demanding and stressful. Staff were able to be flexible in their work and were supported to rearrange their diaries to deescalate their stress levels. Staff told us they were given an administration day every fortnight to complete paperwork and review care and risk assessments. Staff told us this was a service where it was safe to say they needed support, which was readily available.