

# CGL Birmingham

## Quality Report

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

### Ratings

#### Overall rating for this location

Good 

Are services safe?	Good 
Are services effective?	Requires improvement 
Are services caring?	Good 
Are services responsive?	Good 
Are services well-led?	Good 

### Overall summary

We rated Change Grow Live Birmingham as Good because:

- Staff knew and could identify adults and children at risk of significant harm. They knew how to protect clients and keep them safe from avoidable harm. They worked well with other agencies to promote safety and attended multi-agency meetings to share information.
- The service had good multiagency team working, it had shared protocols in place to support effective working with GPs and pharmacists. The service also worked well with other agencies and organisations to ensure the needs of the client were met. Staff were

# Summary of findings

kind, friendly, caring and compassionate towards clients. They identified with clients' situations and supported clients' individual needs and supported them to manage their care and treatment recovery.

- Clients, carers and families provided feedback on the service through surveys and feedback forms. The service actively sort feedback on the quality of care they provided. Direct access was provided to clients through the service open access duty system. The service did not operate a specific referral criteria but provided support, advice or signposting to those who required it.
- The service was inclusive and provided care and support to those who were homeless, ensuring they also had direct access to services by visiting them on the streets. The service worked in partnership with the armed forces covenant supporting veterans who experienced issues with drugs and alcohol.

- Managers had the skills, knowledge and experience required to effectively perform and lead in their roles. They had a good understanding of the service and were visible and approachable for staff and clients.

However:

- The organisation acknowledged supervision and appraisal completion rates were low. Between October 2018 to March 2019 60% to 74% of staff had received supervision. The Service had begun work streams to look at improving compliance rates and their electronic systems.
- Staff completed assessments of clients in pods within the duty area. One pod was completely see-through with a broken panel therefore this compromised the client's dignity and privacy.

# Summary of findings

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Good 

# CGL Birmingham

Services we looked at: Community based Substance misuse services

# Summary of this inspection

## Background to CGL Birmingham

Change Grow Live is a charity who provide a range of services across England and Wales. The service described their approach as to innovate and develop new approaches to service delivery that met the changing needs of clients and providing the best opportunities to change their lives. The organisation worked with the most vulnerable people within the community. They provided services to support individuals, families and young people experiencing or affected by homelessness, substance misuse, domestic violence and crime. Support was provided in the community, hostels and in residential rehabilitation units.

Change Grow Live Birmingham provide city-wide services that offers drug and alcohol treatment services for all adults in Birmingham. The service at Scala House in the centre of Birmingham had five other locations based in the north, south and east regions of the city. They had women only services available; due to the nature of some of the issues facing the women the location of this service was not readily available to the public. The service was open Monday to Friday 08:30 to 19:30 providing face to face and telephone support, advice and signposting. Appointments, and drop-in clinics were available within the various locations supported by a multi-disciplinary team. Out of hours and weekend support was operated via a telephone system based at the inpatient unit.

The service was in the process of moving their regulated activities from Scala House to another location in Birmingham that would benefit the client's access to services. All the other locations were also being moved to different venues. This was due to be completed May 2019 to July 2019.

The service provided support such as needle exchange, group and advocacy support, blood borne virus testing including hepatitis C and treatment for the disease. The service provided outreach support and took services to the streets of Birmingham, supporting those who are homeless. They also committed to partnership working one of which was with the armed forces covenant. The service is commissioned by the local authority and is free for people to use.

The service was registered for treatment of disease disorder or injury and had a registered manager.

Change Grow Live Birmingham at Scala House has been opened since 2015 and has not previously been inspected by the Care Quality Commission.

## Our inspection team

The team that inspected the service comprised four CQC inspectors, one of which had previous experience of working in substance misuse services.

## Why we carried out this inspection

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

# Summary of this inspection

## 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, spoke with other organisations involved with the service and held staff focus groups.

During the inspection visit, the inspection team:

- visited the service and one other location and looked at the quality of the environment and observed how staff cared for clients

- spoke with the registered manager and managers working for the service
- spoke with 19 other staff members; including doctors, nurses, substance misuse workers, recovery and engagement workers, administration staff, peer mentors and outreach workers
- received feedback about the service from commissioners
- spoke with an independent advocate
- attended and observed two client group support meetings
- collected feedback from five clients using comment cards
- looked at eight care records of clients using the service
- looked at a range of policies, procedures and other documents relating to the service.

## What people who use the service say

Clients were happy about the service they received and were complimentary about staff. They felt all staff were

courteous, helpful, they were down to earth people who listened and made them feel welcomed. Clients felt that it helped that some staff had experienced what they were going through and therefore offered great support.

# Summary of this inspection

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

We rated safe as good because:

- Staff knew and could identify adults and children at risk of significant harm. They knew how to protect clients and keep them safe from avoidable harm. They worked well with other agencies to promote safety and attended multi-agency meetings to share information.
- Staff were aware of incidents that needed to be reported and when to report them. Staff and managers received feedback from incidents and lessons learnt were cascaded to all staff at various forums. Staff apologised when things went wrong and provided clients with information and appropriate support.
- Managers monitored staff completion of mandatory training and ensured all staff had received training required for their role.
- Staff followed best practice when storing, giving and recording medicines. Staff followed the prescriptions and security policies.
- Staff were aware of the lone working policies and how to keep themselves safe. They raised concerns when they felt their safety was compromised.

Good



### Are services effective?

We rated effective as requires improvement because:

- Although staff told us they received supervision information pertaining to supervision rates were not readily available. The service recognised that supervision completion rates were below the organisations targets of nine per year.
- Appraisal completion rates were low due to an upgrade of the service system and documentation. The service also recognised that work needed to be carried out to improve staff completion rates.

However:

- Staff completed timely comprehensive assessments that were holistic and recovery plans were personalised. Staff completed physical health care examinations and ongoing monitoring.
- The service implemented medically assisted treatment forums where staff reviewed clients who continued to use drugs whilst receiving medication from the service. This was to try and reduce the number of client deaths.

Requires improvement



# Summary of this inspection

- The service had good multiagency team working, it had shared protocols in place to support effective working with GPs and pharmacists. The service also worked well with other agencies and organisations to ensure the needs of the client were met.
- The service had a good mix of skilled staff, managers ensured staff were suitably trained to provide high quality care to the client group. Opportunities were available to update or continue to develop their skills.

## Are services caring?

We rated caring as Good because:

- Staff were kind, friendly, caring and compassionate towards clients. They identified with clients' situations and supported client's individual needs and supported them to manage their care and treatment recovery.
- Staff involved clients in completing recovery plans, risk assessments and unplanned exit from the service. Where required staff supported clients to access other services such as housing.
- Clients, carers and families provided feedback on the service through surveys and feedback forms. The service actively sort feedback on the quality of care they provided.

Good



## Are services responsive?

We rated responsive as Good because:

- Direct access was provided to clients through the services open access duty system. The service did not operate a specific referral criteria but provided support, advice or signposting to those who required it.
- The service was inclusive and provided care and support to those who were homeless, ensuring they also had direct access to services by visiting them on the streets. The service worked in partnership with the armed forces covenant supporting veterans who experienced issues with drugs and alcohol.
- Staff supported clients to access education and employment opportunities. The service promoted volunteering and employment opportunities for clients within CGL, when they had successfully completed their treatment.
- The service investigated complaints and ensured feedback was provided for the client and that lessons learnt from outcomes were shared with all staff.

However:

Good





# Summary of this inspection

- Within the open access /duty, when staff identified risk they used a pod that was completely see through to interview clients. Whilst this ensured safety for both clients and staff it compromised privacy as the pod was completely see through and a panel was missing so it was also open.

## Are services well-led?

We rated well-led as Good because:

- Managers had the skills, knowledge and experience required to effectively perform and lead in their roles. They had a good understanding of the service and were visible and approachable for staff and clients.
- Staff had contributed to the services new visions and values and were invested in them as they displayed them through their work.
- Staff monitored the quality of the service they provided through audits, performance indicators, staff and client feedback. The service was very responsive to feedback from clients, staff and external agencies. The results were regularly discussed at senior managers meetings where client representatives also attended. Targets and outcomes were regularly discussed within the organisation and with commissioners.
- Governance processes worked well locally, the service managed risk and performance well.
- There was clear learning from incidents which managers shared with all staff.
- The service had a clear commitment to innovative and creative working, they supported and were involved with research projects.
- The service had an ongoing commitment to assessing quality and sustainability whilst delivering good quality care to clients when budgets were reduced.

**Good**








# Detailed findings from this inspection

## Mental Capacity Act and Deprivation of Liberty Safeguards

Staff were aware of their roles and responsibilities under the Mental Capacity Act 2005 and knew how to support people who lacked capacity. Staff ensured clients consent to care and treatment was assessed documented and reviewed. The service provided staff

training 88% of staff had completed Mental Capacity Act module one and 86 % had completed module two. Staff said mental capacity was assessed as part of the multi-disciplinary team. Staff knew where to seek advice if required concerning capacity.

# Community-based substance misuse services

Safe	Good 
Effective	Requires improvement 
Caring	Good 
Responsive	Good 
Well-led	Good 

## Are community-based substance misuse services safe?

Good 

### Safe and clean environment

#### Safety of the facility layout

Change Grow Live at Scala House had a range of rooms available for staff to see clients, including disabled access. The facility had a needle exchange room, six pods which were used for one to one meetings, group rooms, and two clinics. The service also had other sites across the city where clients could be seen. We also visited the site where women's services were held. They had adequate rooms to see clients. Both sites had CCTV in operation. At the time of our visit the service was in the process of moving out of the current building at Scala House into four separate sites. Regulated activities at these premises were due to cease at the end of April 2019.

The service had health and safety records which were up to date and a fire risk assessment.

Staff had access to alarms, those working within duty had mobile alarms. Managers working within the duty team were responsible for checking the alarms and recharging them. They used the alarm panel which alerted staff to alarms that had a low battery life. The panel also identified the pod or room where the alarm had been raised. Staff told us that the alarms were left in the pods available for use. However, whilst interviewing staff we noticed that one of the pods did not have access to a mobile alarm. We informed staff who replaced the missing alarm.

The service allocated two staff as responders to attend to emergencies, managers told us one member of staff would use de-escalation techniques to manage the situation and one would be used to contact emergency services if required. Designated staff were available so that clients were always supervised.

#### Maintenance, cleanliness and infection control

The service was clean and well maintained. Contracted cleaning services attended daily. They told us they followed a set rota of areas to clean. We viewed this rota which consisted of specific areas to be cleaned.

Furniture within the client waiting areas and group rooms was in good condition.

Staff adhered to infection control principles. Hand washing facilities were available in the clinics and the needle exchange rooms. When washing their hands, staff operated panels on the sink that allowed them to wash their hand without touching the sink. We saw sharps boxes sealed and ready for collection for disposal. Clinic rooms and needle exchange rooms were clean and tidy, and all stock was within expiry dates. Staff completed daily checks and recorded fridge and room temperatures. The service did not stock medication on site other than naloxone, this was suitably stored and kept at the correct temperature.

#### Safe staffing

There were enough skilled staff to meet the needs of the client group. The service had 250 staff covering community services in Birmingham. This consisted of five teams located in the north, south, east and central parts of the city. Staff groups included substance misuse and alcohol workers, administration workers, volunteers, peer support workers, doctors, nurses, service user representatives and

# Community-based substance misuse services

non-medical prescribers. The service supported over 6000 clients per year, who attended for a variety of reasons. Staff said they supported people with substance and alcohol misuse, housing, needle exchange or general health and wellbeing. Other staff worked with the homeless team, criminal justice and women's service within CGL.

The service anticipated problems that were likely to occur such as staffing. The service was in the process of moving to new locations and a new way of working. They were unsure about the amount of staff that would be required once they had moved. Therefore, where vacancies arose the service offered six-month fixed term contracts. If required, they extended the contracts beyond the end date for a further six months. This enabled managers to have a continued ongoing review of staffing to support the needs of the service and through monthly meetings. Managers explained that they had not used bank or agency staff but had a locum staff member covering one of the posts. The service also had apprentices who applied for posts when they had vacancies.

Managers explained sickness levels were low. When staff did call in sick, the team leader ascertained if staff were likely to be on sick leave long or short term. The service had a multidisciplinary approach to covering caseloads. For clients under the shared care scheme, staff contacted GPs to agree a joint plan to manage the clients. Shared care caseloads would be higher as clients were required to be seen every two weeks as the prescriptions needed to be re-written. As caseloads could be up to 70 clients, managers reviewed the cases of staff who were on long term sick and distributed them evenly throughout the team.

Staff completed mandatory training both face to face and e learning. This included health and safety, safeguarding for adults and children and equality diversity and inclusion. Managers monitored staff completion of training on the electronic database and could identify specific staff who had not completed training. We viewed the minutes of the monthly senior managers meetings where mandatory training was monitored. The meeting in March 2019 highlighted completion rates above 85%. This included Mental Capacity Act module one at 88% and module two at 86%.

The service had lone working protocols to ensure staff safety. Staff could access this information on the service database. Staff were required to familiarise themselves with the information and attend training. Most

appointments happened at CGL main locations across the city and at community venues such as hospitals, libraries and community centres. Where necessary staff conducted home appointments which was at the discretion of managers. Staff demonstrated their understanding of lone working protocols and risk assessments. Staff told us about two occasions when they had raised concerns with managers over lone working at one of the locations which managers addressed. At Scala House panic alarms were fitted in each room. Staff also had access to portable alarms when working in the duty area of the service.

## Assessing and managing risk to patients and staff

### Assessment of patient/service user risk

We reviewed the care records of eight clients. Risk assessments, risk management and recovery plans were personalised which included identified protective factors as well as risk factors. Risk management plans also included plans for clients unexpected exit from the service.

Risk assessments we viewed were up to date however, managers had concerns staff were not routinely reviewing and updating risk plans. In the minutes of the senior managers board meeting, March 2019, it was said that overall the service had not reviewed 46% of risk assessments within the clients care plan. This meant that not all risk was identified or updated for clients and staff could not prepare and respond effectively to risk.

Through assessments staff identified any risks such as sexual exploitation, sex working, domestic violence. It would be discussed with the manager and safeguarding lead and forwarded on to other services. Notices on the home screen of the electronic system identified safeguarding issues so that staff were immediately aware of these risks.

Staff recognised and responded to changes in client's health, which they recorded in the care records.

### Management of patient/service user risk

In the recovery plans and risk assessments, there was evidence that staff discussed harm reduction and gave advice to clients on how to manage this.

The service provided clients with optimal doses for those who continued to use drugs or were not on a high enough dose of medication. The service worked with clients to

# Community-based substance misuse services

reach the optimal therapeutic dose required to try and prevent them from seeking more drugs. Staff explained that clients displayed risky behaviour, but they advised and supported them and educated them to reduce the risks.

The service had daily flash meetings and daily correspondence with multi agency safeguarding hub and other agencies concerning vulnerable adults. Staff shared and received all information concerning the client.

Staff responded to unexpected deterioration in a client's physical wellbeing. The service had a doctor and nurses on site who advised the course of action to take such as notifying the emergency services. Staff were also trained to use naloxone for overdose situations.

The service followed their processes when suspicions were raised that clients had passed on their medication to a third party. This is known as diversion. Staff discussed the issue with the doctor and pharmacist and arranged a plan of action such as supervised consumption. This is where clients would be required to attend the pharmacy to be witnessed taking their medication. Pharmacists would inform the service when and if clients had not attended to collect their prescriptions. Staff continued to monitor the situation and discussed this within the multidisciplinary meeting and with the client.

## Safeguarding

The service had an equality and diversity policy available on their database and staff completed mandatory equality diversity and inclusion training. Locally the service had lesbian gay bisexual and transgender leads and a national diversity equality racial leads and champions. The leads and champions pursued aspects of the subject such as women's only services, lesbian gay bisexual and transgender or diversity. Information was used to develop staff awareness and services for clients.

Staff worked effectively with other agencies to share safeguarding information to promote the safety of clients using the service. They attended daily meetings with the multi-agency safeguarding hubs both face to face and teleconferences.

Staff could identify safeguarding concerns for both adults and children and gave examples of referrals they made to the multi-agency safeguarding hubs and Multi Agency Risk Assessment Conference. This was also evident by safeguarding referrals the service forwarded to the Care

Quality Commission. Staff had opportunities to discuss safeguarding cases in specific safeguarding supervision. Staff received group safeguarding supervision as and when required. The safeguarding lead was also available for informal safeguarding discussions. Safeguarding policies and procedures were available for staff to access on the service database along with rapid referrals for safeguarding. Staff gave examples of when they had identified vulnerable adults and children and actions they had taken to protect them.

## Staff access to essential information

The service used an electronic patient records system that could be accessed by all relevant staff. Staff told us that any information recorded on paper was also scanned on to the electronic system. Managers explained they were currently waiting for the arrival of smart phones and laptops which would increase staff access to the service database and client records.

Service user representatives and peer support mentors did not have access to all information on the electronic system, this included lessons learnt from incidents. However, information on safeguarding, incidents and lessons learnt were discussed at daily flash meetings so staff were updated.

Medical staff had direct access to the summary care record linked to the NHS system. This provided additional information about clients required prior to starting a prescription and reduced waiting times. Staff located in certain teams with CGL shared locations with external partners and had access to their information systems. This also supported gathering information for referrals in to the service.

## Medicines management

An effective system was in place regarding the storage and processing of prescriptions. Staff followed the prescription and security policies and one staff member oversaw the process to ensure consistency and efficiency. Prescriptions were processed by the team administrator and checked and signed by the prescriber. Unused prescriptions were stored safely, and staff signed them out as per the policy. There were good lines of communication between the service and pharmacists including when clients did not collect their prescriptions.

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The service had clear protocols for clients who had stopped taking their medication and required the prescription to be restarted. Clients who needed to be restarted on their prescription were seen on the same day, unless they required a medical review. In line with clinical guidance any client who had not received a medical review for three months would need to be reviewed prior to restarting the prescription. The service provided ten emergency slots per week to support this however, if the slots were full clients were able to see staff through the open access /duty team.

The service had a mobile clinical team for the homeless who prescribed medication on the street. Outreach workers would go out at 7:30 each morning to get people up and remind them to attend the mobile clinic. The service also provided mobile printing of prescriptions for use when working with homeless clients or in rural areas. This was a national procedure for CGL. The prescriber generated a printable prescription using a portable printer. The form would be generated from the service electronic prescribing system used by CGL.

The service did not store controlled drugs or other medications, except for naloxone which was dispensed to clients, or used within the building. Naloxone is a medication used to block the effects of opioids, especially in overdose. The naloxone doses we saw were within their expiry dates and appropriately stored. Staff had received training in teaching clients how to use naloxone.

Nurses in the service administered hepatitis B vaccines. The vaccines were kept within a fridge to ensure their efficacy was maintained. Adrenaline was readily available for injection should clients have an extreme reaction to the vaccine.

Where medicines were stored, we saw that staff checked the room and fridge temperatures daily when the service was open to ensure they remained within range to maintain their efficacy.

Staff provided clients with children with safe storage locked boxes if required. This minimised the risk of children and others accessing and consuming medication that would be harmful for them.

## Track record on safety

The service reported 40 death notifications in 2018 and up to 14 since the start of 2019. The service looked at the

circumstances of each individual and the cause of death if known. In the minutes of the senior management meeting March 2019 managers listed the cause of death, age, gender ethnicity. They looked at any trends that may be apparent. A team leader was selected at random to investigate the death. Staff were also involved through learning meetings. The service had six weekly death review meetings with other agencies to analyse deaths and look at improvements and preventative measures.

As part of the death reporting process, staff received a debrief following a client's death or serious incident. Staff received offers of counselling and support at regular intervals.

## Reporting incidents and learning from when things go wrong

Staff knew how to report incidents and used the electronic system or reported issues to their line manager. They gave examples of incidents they had reported and the changes that had been implemented. Managers investigated incidents and shared lessons across the service using the shared drive, or daily flash meetings, team meetings or supervision. Managers explained reoccurring risks were put on the risk register. Staff outlined control measures for the risk which was updated as required.

## Are community-based substance misuse services effective?

(for example, treatment is effective)

Requires improvement 

## Assessment of needs and planning of care

We reviewed the care records of eight clients using the service. All records showed staff completed timely comprehensive assessments that were holistic, and recovery focussed. They included evidence of physical health checks, doctors completed reviews and ongoing monitoring where necessary. Recovery plans included, risk assessments, risk management plans and both planned and unplanned discharge from the service. Staff completed this with clients therefore they were aware of their targets and goal setting achievements and plans. Care plans had



# Community-based substance misuse services

been written in the first person. It was clear clients had been involved in creating their plans and it met the needs identified in the assessment. Staff regularly reviewed care plans. Risk assessments were reviewed every 12 weeks.

## Best practice in treatment and care

The service offered group intervention for all clients at different phases of their treatment and recovery. We observed two of these groups, staff provided clients with information concerning lifestyle, education, employment, physical health, nutrition and finances.

Staff worked with clients to reduce harm or risky behaviour connected with substance misuse. This included needle exchange provided by the service, (Department of Health recommendations and drug misuse guidelines), safer storage boxes to protect children from accessing medication. This was also recorded in the clients care records when staff assessed risk. When conducting home visits, staff checked the location of the boxes and if they were locked. Staff provided clients with advice on harm reduction which they documented in the client records.

To reduce drug related deaths the service had implemented medically assisted treatment forums. Clients who used drugs on top of their prescription or who were not on an optimal dose of opiate substitute medication were reviewed by a prescriber. Staff who were trained to administer naloxone provided training to clients and provided them with naloxone kits.

The service had good multiagency team working, it had shared protocols in place to support effective working with GPs and pharmacists.

The service promoted healthy living and provided information to clients on how to access services such as dental drop in clinic.

Staff regularly offered clients testing for blood borne viruses. We saw evidence of this through completed audits. The service provided a HIV clinic once a month and weekly Hepatitis C clinics, supportive information was also available for clients on these viruses. The service also co-located with other agencies to provide Hepatitis C screening. The co-location with hospitals supported the attendance of clients so that treatment could be provided in the same place. Monthly senior managers meetings

showed figures for clients who had been offered and received tests during the month. They also recorded the number of clients who declined the offer and those who had not been offered the test.

Clients who took methadone or buprenorphine were required to have supervised consumption. This involved clients collecting their medication at the pharmacy and be observed taking it. Staff explained this was required to continue for 28 days after which it would be reviewed. Some clients would remain on supervised consumption depending on their circumstances. If clients did not collect their medication at the pharmacy after three days, they were required to be reviewed by a nurse prior to restarting the medication. This was due to some implication's medication could have with the persons health if not taken for a length of time and risk of overdose.

The service provided both inpatient and community detox. Staff used recommended alcohol audit tools such as severity of alcohol dependence questionnaire and Alcohol use disorders identification harm reduction and motivation to change. The inpatient services for CGL were inspected separately from the community teams.

## Monitoring and comparing treatment outcomes

The service compared their performance against Public Health England and other services across the country with a similar population. This enabled the service to measure their progress and look at areas of improvement. Reports from February 2019 showed in four out of five drug and alcohol categories, CGL Birmingham performed above the national average. They were below the national average and their own targets for any opiate successful completion rate.

## Skilled staff to deliver care

The service provided all staff with a comprehensive induction which included compulsory completion of mandatory training prior to beginning their role. Following this staff and managers identified training related to their roles. All staff accessed training through the electronic database.

Managers considered feedback and suggestions made by staff through staff surveys and other feedback methods. Staff reported that most training was completed online, this included de-escalation techniques. However, staff felt ill equipped to manage aggression. They asked managers

# Community-based substance misuse services

for face to face training where scenarios and role play could be used to provide a better understanding of how to manage aggressive behaviour. Managers explained staff had raised concerns in the staff assemblies and at team meetings. The service had arranged to have face to face training available. We viewed the training portal where face to face training was on the data base, but a date and venue was yet to be confirmed. Some groups of staff told us they felt progression within their roles was limited and not all training was available to them.

There were also opportunities for nurses who received training on site from doctors to become nurse prescribers. Front line staff also had the option of completing the NVQ level three in opiates substitute therapy, so they could run their own lower level cases. Managers explained that admin staff would be able to do the NVQ level three.

The service followed robust recruitment processes. They ensured all staff working within CGL received checks that confirmed they were suitable to work with the client group. The service recruited and trained volunteers who had previously used the service. They went through the appropriate recruitment process and staff supported them with their new roles.

At the time of the inspection the service had 196 staff of which 163 were responsible for delivering regulated activity. Within this group of staff 104 appraisals, that is 64% had been completed. This meant not all staff had received a formal evaluation of their performance within their role. The service explained that they had released new guidance that allowed frontline staff to complete their own mini appraisal from January to March 2019.

Not all staff received supervision. The service reported completed supervision rates of between 60% and 74% from October 2018 to March 2019. The organisation had identified supervision and appraisals as a priority due to low completion rates and had begun a work stream to improve and refocus the importance of supervision and appraisals.

Staff we spoke to said they received regular supervision. In addition to this, managers said staff had weekly clinical team meetings and peer supervision which was facilitated by the staff. The safeguarding lead provided supervision for

staff who had clients with safeguarding concerns. Managers and staff recorded completed supervision on the services online system. Staff also said they had completed their appraisals.

The service had a process to follow when managing poor staff performance. This included, supporting staff through supervision and human resources, offering shadowing experience, and time limited action plans. In the minutes of the senior management meeting in March 2019 we saw how team performance was monitored using a Red Amber Green (RAG) rating system. Any team performance rated as red were a priority for managers to ensure an overall improvement.

The service recruited peer support mentors, volunteers and service user representatives who had previously used the service. We spoke with some of them who told us about their journey through services and they were passionate about 'giving something back'. Their roles included meet and greet and group work. They all went through the appropriate recruitment and selection process and had received support and training from CGL to develop their roles.

## Multi-disciplinary and inter-agency team work

The service had a multidisciplinary team that included, recovery workers, non-prescribers, doctors, nurses, volunteers and peer support workers. The service worked with local agencies and teams involved with the clients. This included local authorities, the multi-agency safeguarding hub and criminal justice teams. The service also had specialised teams such as probation, hospital liaison, homeless and women and families teams. The liaison and co working with other services supported staff to provide multi-disciplinary input to the clients' comprehensive assessments. Managers explained they would like to have a more robust joint working relationship with mental health services. They highlighted the inter-agency death review meetings as an area where attendance from mental health representatives would strengthen the group.

Staff had regular multi-disciplinary team meetings to discuss clients progress, staff took minutes that were available on the service database. The service also had daily flash meetings that involved all staff. Information about clients, cases, risk, incidents, learning amongst others would be passed on to staff.



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The service had shared care protocols which gave staff access to GP summaries. This way of working reduced risks, ensured a seamless transfer of care of clients and shared information.

## Good practice in applying the Mental Capacity Act

Staff were aware of their roles and responsibilities under the Mental Capacity Act 2005 and knew how to support people who lacked capacity. Staff ensured clients' consent to care and treatment was assessed documented and reviewed. We saw evidence of consent to treatment and information sharing documented in all but one of the care records. The service provided staff training and 88% of staff had completed Mental Capacity Act module one and 86 % had completed module two. Staff said mental capacity was assessed as part of the multi-disciplinary team. Staff knew where to seek advice if required concerning capacity.

## Are community-based substance misuse services caring?

Good 

## Kindness, privacy, dignity, respect, compassion and support

Staff were friendly, kind, supportive and compassionate towards clients. We observed open and honest behaviours from staff within groups that clients told us they welcomed. Clients reported staff were, helpful, made them feel at ease and could identify with their situation. One client felt inspired to work for the service once they had completed their treatment.

We observed the input from volunteers, peer support and recovery workers during groups. Their presence was important to service users who were still going through their own recovery.

Staff raised concerns over abusive and disrespectful behaviour they had encountered from clients without fear of consequences. Managers told us they followed their policies and procedures in managing these concerns. Staff said they felt that sometimes managers were slow to implement action. Minutes of senior management meetings saw discussions around the progress of concerns

raised by staff. In the minutes of multidisciplinary team meetings, we saw the management plans and risk assessments incorporated for clients who displayed this behaviour.

We saw within the group sessions clients were supported to understand their treatment and condition. Clients reported that staff used words they could understand when explaining their care or treatment.

Staff directed clients to other services if it became apparent that they did not meet the criteria for their service. Some of the group's clients attended were facilitated by outside agencies. This included advocacy services, staff also supported clients with referrals to housing, employment and physical health.

Staff explained the confidentiality agreement and information sharing to the client and recorded it within the electronic care record.

## Involvement in care

Staff effectively communicated with clients, so they understood their care and treatment. Leaflets and other information on the service were available for clients to read. Staff told us the leaflets were available in a range of different languages and could be provided as and when required. Staff used interpretation services to translate information to clients; staff who spoke a particular language also translated information for clients. The service published a magazine explaining the type of support they provided and the work they did. Staff working for the service locally completed articles on various matters such as domestic violence, women and families and client involvement.

Advocacy services attended and regularly facilitated groups for clients.

Clients and staff completed recovery plans and risk assessments that demonstrated their strengths and areas for development. It highlighted their goals and preferences in terms of their recovery and unplanned exit from the service. The service had a combined care plan, goals and risk assessment document. Staff completed an audit of the documents and found there was more focus on risk and not the client's goals. Staff discussed this with the client group who decided to opt for smaller amounts of goals. Staff and clients worked together and designed a new document that they now used.

# Community-based substance misuse services

Staff engaged with clients and where possible families to ensure they had the relevant information to make informed decisions.

The service regularly encouraged clients, families and carers to give feedback on their experiences through staff and surveys. The recent survey showed 112 people took part. Managers explained that although it was a national survey it mostly concentrated on Birmingham services. The results were still under review at the time of our visit.

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

Good 

## Access and discharge

The service had locations within Birmingham that served the north, south east and central regions of the city. Clients were accepted from these areas, staff stated that they also saw a transient population of people such as the homeless. The service provided a mobile clinical team that took services to clients living on the streets. The service worked in partnership with the armed forces covenant supporting veterans who experienced issues with drugs and alcohol.

At the time of our visit the service was in the process of relocating their offices in central Birmingham and other locations to different venues within the city. This was to deliver services more closely to the local community and made it more accessible for clients to attend. The opening hours for the service were, Monday to Friday 09:00am to 19:30pm. Staff at the service's inpatient unit, operated a phone line out of hours and on weekends. They provided advice and signposted to other agencies and services. Referrals were received from professionals, other agencies and self-referrals.

The service had an open access /duty referral system where staff would see clients that presented in crisis on the same day. Staff reported that they saw service users from across the region. They provided direct access in to the service or signposting and alternative care pathways for those whose needs could not be met by the service. The service reported between forty to sixty service users attending the building daily.

Managers explained that locally the service tried to complete assessments within 48 hours. If they were low on staff numbers due to holidays, vacancies or sickness it would increase to 72 hours. In the minutes of the senior management meeting March 2019, staff identified a backlog of referrals and issues with triage that would impact on the client's entry in to the service. Staff arranged light touch clinics to reduce waiting times and worked overtime to clear the backlog. They also provided a telephone triage.

Clients who arrived late for their appointments were still seen by staff. Doctors had 45-minute appointments to see clients. If the client completely missed their appointment staff asked them to wait to be seen. Staff considered the clients risk to determine how and when they could be seen such as pregnant clients. As per service policy new appointments were sent to clients who did not attend their first appointments in to the service. Following this if the client did not attend subsequent appointments, the service closed the referral and invited clients to re-refer at a time of their choosing. Where clients were referred by professionals, staff advised of their non-attendance and provided the same advice to re-refer at any time.

## Discharge and transfers of care

Staff completed recovery and risk management plans with clients that reflected their diverse and complex needs. Staff supported clients to access other services, such as housing, employment and debt management. Staff within homeless teams, had internal transfer lists available for clients who wanted to move to other areas.

Clients discharge was planned with them from the beginning of their journey with services. Staff liaised and included other services involved with the client so that everyone was aware of the discharge plans.

## The facilities promote recovery, comfort, dignity and confidentiality

When attending the facility, service users were greeted by reception staff. Service users would be invited to either wait for the member of staff to meet them in reception or continue to the offices.

# Community-based substance misuse services

Disabled access at Scala House was available to clients who required it. Staff operated lifts to support clients to reach the levels of the building required. Staff explained the service also had other accessible venues where they would arrange to meet clients.

The clients waiting room was very busy and could be intimidating to new people accessing the service for the first time. Volunteers and peer support mentors were available to provide support and guidance. Service users attending the access and duty were seen in pods. This was six circular rooms that were see through, five of which had a privacy coloured film across the middle. The sixth one was completely see-through and had a panel missing which compromised client's privacy. Managers and staff explained this pod was used for clients deemed as high risk, however it compromised privacy. A radio played within the assessment area to provide confidentiality when discussing service user information.

A kitchen was available, so service users could have hot and cold drinks while they were waiting to be seen by staff. This was facilitated by volunteer or patient representatives. All areas within the building were locked and could only be accessed by staff therefore service users were accompanied around the staff offices and group and duty areas.

## Patients' engagement with the wider community

Staff provided clients with opportunities for employment and education as part of group work and as identified in assessments. Managers told us that the service had applied to be part of an employment trial providing support for clients to gain employment. The trial looked at the outcome of clients who had received support and those who had not received support in obtaining employment. Managers explained they had employers that were willing to work with the service in providing employment for one day or more. The service continued to provide support to those who were in continual employment or still seeking work for up to nine months.

## Meeting the needs of all people who use the service

Staff demonstrated an understanding of potential issues facing vulnerable groups. An example of this was the provision of a woman only service and venue. The criteria for those accessing the service were substance misuse, pregnancy or parenting, sex worker or a mental health diagnosis. The location of this venue was not advertised

and there was controlled access to the building. Staff used CCTV and intercom prior to letting anyone on to the premises. The service was also aware of the issues facing those who were subject to domestic violence. A warning marker was added against the name of the client on the electronic care record. This identified clients subject to abuse or the person alleged to have caused harm. It informed staff if both service users were accessing services at the same time. The service acted on this information and provided a safe space, so the client had privacy away from their partner whilst receiving care and treatment.

Managers told us the service had champions/leads for protected characteristic groups.

We had an equality and diversity policy and had lesbian gay bisexual transgender leads and a national diversity equality racial leads and champions. They looked at their own work streams such as specialism in women only services. Staff provided feedback to the workforce to improve and support of clients with protected characteristics.

## Listening to and learning from concerns and complaints

The service had suggestion boxes for clients to provide feedback. They also encouraged them to have their say through the services complaints and compliments feedback system. The feedback from complaints was on notice boards in areas used by the clients. This was in the form of "You said", "We did". Service user representatives supported clients to make complaints when required. They attended senior management meetings with the peer support mentors to input in to the discussions. Locally managers looked at complaints and discussed them in meetings and informed staff of any lessons learnt and changes that were made to working practices.

## Are community-based substance misuse services well-led?

Good 

## Leadership

Managers at all levels had the right skills, knowledge and experience to complete their roles and provide good leadership. Managers had worked within the service for

# Community-based substance misuse services

several years and were confident in their roles. Managers had support from mentors and were enrolled on development programmes to support them with career progression. Managers demonstrated clear understanding of the of the client group and the organisations definition of recovery which they shared with all staff.

Managers had a good understanding of the services they managed. They were able to clearly explain the direction of the service and what they wanted to achieve to benefit clients. This included moving to a locality model which would provide more local accessible services for clients. Also, the provision of mobile services for the homeless displayed a true understanding of the demographics in the areas they worked in.

The manager and team leaders were visible and approachable. Staff reported they felt able to approach them for advice, guidance and support. Managers said that regional managers attended the service once a week and there were weekly managers meetings.

## Vision and strategy

Staff understood Change Grow Live visions and values as a team and part of the wider organisation. Managers explained that locally they discussed and looked at the values through the quality improvement plans for the service. Values were also discussed at team meetings, supervision and information governance team meetings.

Managers said the visions and values began at the recruitment process where potential staff completed a competency values-based interview. This supported the recruitment panel to make decisions on employing the right person for the role. The service values were focused on the client to enable them to achieve positive change. Empowerment – allowed clients to reach their full potential. Social justice – demonstrated a shared commitment as individuals and as an organisation. Respect – for each person they engaged. Passion – to be driven by innovation and determination to bring about outcomes for individuals and communities and vocation. Managers explained that the visions and values were under review. Nationally staff and clients were involved in identifying what the values should be. The service was waiting for the results of the votes to progress. Staff attended regional assemblies where common themes from statements made by staff were discussed. Also feedback on what staff thought the priorities should be.

All staff had job descriptions and knew what their roles and responsibilities were within the service and the boundaries of that role when working with clients.

Staff had opportunities to contribute to discussions about the strategy for their service. This was apparent from the feedback from staff concerning the imminent move to the locality model. All staff told us they had been involved and consulted at every stage of the development. They felt managers accepted and welcomed their feedback and input. Staff had regional workers forums with a staff representative who fed back issues to local managers meetings and the regional staff worker forums chaired by the area director. The service was also implementing local staff forums due to start when the service restructured to the locality model.

## Culture

All staff we spoke to felt respected, valued and supported.

Staff were passionate about the support they provided to clients and loved their roles and job satisfaction they received. They felt valued as part of their team and positive and proud about the service and organisation they worked for. Staff acknowledged that the work was busy and stressful, but they had a good work ethic of positivity, support and respect towards one another. Managers said morale was ok, however it depended on the team and what was happening for them at the time. Managers felt morale would be improved when staff received their new information technology equipment as it would make their roles easier. One staff member felt there was a lot of pressure on services, which impacted on the success of the services quality and ability to respond. Others felt they had not been fully consulted on the imminent move to the locality hubs and that their choice of location had not been approved.

The service reported a low completion rate of appraisals, due to reviewing staff appraisal documents and a redesign of their systems. Staff reported that previous appraisals were not focused enough but the new mini appraisals were better. However, although staff had discussions about career progression, some groups of staff felt opportunities were limited. Staff said this was because there were no other posts open within their roles. Managers gave examples of peer support mentors who could potentially progress to team leaders and admin staff progression to become personal assistants. Managers acknowledged

# Community-based substance misuse services

further development for groups of staff was required. Where possible the service created new posts and there would be more options for implementing new roles in the new locality model.

The service had procedures in place to effectively manage cases of bullying and harassment and responded promptly.

Staff had daily wellbeing hours. The service had implemented this in recognition of how at times the nature of the work could be stressful and the need for staff to maintain their wellbeing. Staff told us this was encouraged by managers. They used their hour in a variety of ways from attending the gym to retail therapy or relaxation mindfulness. Only one staff member stated they missed their wellbeing hour once due to the demands within the team.

The service worked with black Asian and minority ethnic community engagement organisations to develop an application. This was to support Muslim clients with the twelve-step approach to drug and alcohol treatment, which used motivational quotes from the Qur'an.

As part of their leadership programme the service had a model aimed at inclusive leadership. Staff who participated in the programme would be a mentor. They would support women, black Asian and minority ethnic staff, disabled staff and lesbian, gay, bisexual and transgender staff.

The Stonewall index showed the service were in the top 100 most inclusive employers reaching 88th place in 2019. The Stonewall index allowed employers to benchmark their progress on lesbian, gay, bisexual and transgender inclusion in the workplace. The service felt the progression was due to their involvement in pride events.

## Governance

Overall governance at this service was good. The service was proactive in providing services that met client's needs. Managers completed six monthly health and safety reviews. We reviewed the most recent document October 2018, which did not highlight any actions to be addressed. The next audit was due in April 2019. The service had previously identified that their current premises in the centre of Birmingham did not meet the needs of the client. This was also documented on the risk register. They sort more suitable premises for new locations within the city that would benefit both clients and staff.

All staff completed mandatory training and were provided opportunities to attend other training pertinent to their roles and as identified in their supervision and appraisals. Staff with professional qualifications were provided with time to complete continued professional development to ensure registrations were kept up to date. Staff had good knowledge and understanding of safeguarding and adhered to the principles of the Mental Capacity Act.

Staff knew what incidents to report, the service investigated and reported on incidents at every level. Lessons learnt from incidents and complaints were shared with all staff at different forums. Minutes of meetings we viewed had a clear agenda. This included, reports on mandatory training, performance indicators, feedback on complaints, staffing, risks, safeguarding, feedback from staff and clients.

Managers said that all staff were involved in completing audits. This included daily audits, medicine management and clinical site audits completed monthly. Information from audits were fed in to various meetings within the service for discussion and action such as learning from audits and incidents meetings. We saw evidence following audits of client's care plans that staff reviewed and acted on the results to improve the quality of the plans. The service notified internal and external organisations as required such as Public Health England and CQC.

## Management of risk, issues and performance

The service developed reporting tools and audits that provided information about the service on a weekly and monthly basis. We saw evidence of this in the minutes of meetings provided by the service. Managers said, where performance concerns were raised, staff were supported through supervision, action learning sets and buddy support. If concerns continued a six-week formal action plan would be implemented and following that human resources support. The service met regularly with the commissioners to measure both performance and financial performance.

Managers had access to the risk register. Staff raised issues and concerns with managers to add to the risk register. Any incidents captured on the service database were also placed on the risk register.



# Community-based substance misuse services

The service monitored staff sickness rates and reported 6.03% total permanent staff sickness as of the 28 December 2018. Managers explained that the service worked with staff and provided the support required to return to work.

The service explained that the reduction in budgets was always an ongoing concern. Staff also expressed their concerns as they felt staff were not being replaced when they left due to decreased funding. The service were constantly seeking ways to save money. Their forward planning ensured they continued to provide good quality service for the clients whilst they made cost improvements.

## Information management

Staff had access to equipment and information technology to do their roles. They had access to essential information as required. The service was seeking to improve the technology by updating the equipment so that staff would have updated laptops and new smartphones.

Information was accessible for managers to support them in their role, this included staffing and patient care. However, the service experienced difficulties with accessing accurate completion rates for supervision due to the electronic system they used. Managers were aware of this and the service were making improvements to the system for both supervision and appraisals.

All information required to support and deliver client care was available to relevant staff and stored securely on the service database. Information pertaining to client prescriptions were on a safe and secure prescribing system. Not all staff had access to the room where prescriptions were printed, this was limited to prescription staff and open access/duty workers only. Once printed prescriptions were contained in two large safes.

The service developed information sharing protocols with external organisations such as the local authority, probation and housing providers. They joint worked with commissioners and Public Health England to lead on developing an improved drug alert warning system. The service were responsible for sharing information with other agencies concerning unconfirmed or confirmed drug alerts. The information could be provided to the service on an

informal basis from clients, staff and partners. The service emailed information on to agencies on their distribution list and printed it so it could to be used in GP surgeries and other communal venues. The types of information received included, harm reduction, cold weather provision at churches and other venues. Formal information came via third party feedback from toxicology, coroners and police which public health England would share with the group.

As part of the service commitment to integrated working, safeguarding leads within the service attended daily multi agency safeguarding hubs. They participated in facilitating early and better information sharing. Staff used a rota system to share attendance at the meetings. The service chaired a local death enquiry group that involved a number of key partners such as the coroner. They looked at their service delivery and how it could be improved to try and reduce drug related deaths.

## Engagement

Clients and carers were provided with opportunities to give feedback on the care they received from the service. Information was gathered through surveys and feedback forms were available. The service had recently completed a survey however at the time of our visit the data had not been analysed. Client representatives also fed back information to information governance meetings, managers meetings and other forums.

Information on the service was available on the service website. Clients, carers, staff and other professionals and agencies could sign up to receive the service newsletter. There was a list of information such as job vacancies, harm reduction information, news, recovery and support advice, research and reports. We saw that information concerning the move was also on the service website.

## Learning, continuous improvement and innovation

As an organisation they had a research oversight committee. The service was a part of research projects with other agencies and services to benefit the experience of clients accessing the service and developing further understanding of the issues facing the client group.

# Outstanding practice and areas for improvement

## Outstanding practice

The service provided a mobile clinical team for the homeless, who prescribed medication on the street. Outreach workers went out at 7:30 each morning to get people up and remind them to attend the mobile clinic. The service also provided mobile printing of prescriptions for use when working with homeless clients or in rural areas. This was a national procedure for CGL

The organisation provided staff with daily wellbeing hours. The organisation had provided this in recognition of how at times the nature of the work could be stressful and the need for staff to maintain their wellbeing.

## Areas for improvement

### Action the provider **MUST** take to improve

- The provider must ensure that staff have regular supervision as outlined by the organisations policies. To support staff in their individual role's development and learning and provision of good quality care for the clients.

- The provider must ensure that staff receive appraisals, to enable a formal assessment of their performance, support career progression, training and development

### Action the provider **SHOULD** take to improve

- The provider should ensure privacy for clients when completing assessments within the open access and duty areas.

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing</p> <p>How the regulation was not being met:</p> <p>Staff supervision was not regular. The service did not provide staff with regular supervision to enable staff to effectively carry out their roles.</p> <p>This was a breach of regulation 18 (1) (a)</p>

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <p>The service did not provide staff with regular appraisals. Staff did not have a formal assessment of their performance or career progression.</p> <p>This was a breach of regulation 18(1)(a)</p>