Delphi Medical Consultants Limited

The Lighthouse - Horizon Drug and Alcohol Recovery

Inspection report

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

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

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

- The service provided safe care. The premises where clients were seen were safe and clean. The number of clients on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each client the time they needed. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- The service had improved risk assessment and care plans since the last inspection and had developed holistic, recovery-oriented care plans informed by a comprehensive assessment. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The teams included or had access to the full range of specialists required to meet the needs of clients under their care. Staff worked well together as a multidisciplinary team and relevant services outside the organisation.
- Staff treated clients with compassion and kindness and understood the individual needs of clients. They actively involved clients in decisions and care planning.
- The service was easy to access. Staff planned and managed discharge well and had alternative pathways for people whose needs it could not meet.
- The service was well led, and the governance processes ensured that its procedures ran smoothly.

However:

- Some equipment requiring calibration did not have an up-to-date sticker confirming when calibration was due.
- The clinic room was cluttered and did not have an appropriate examination bed.
- Not all clients had received a medical review every 6 months in line with the providers policy.
- The service had not reached its 90% target of its staff completing mandatory training.
- The service did not always complete wider physical health checks as recommended by the National Institute for Health and Care Excellence. Where the service was providing checks, for example fibro liver scans and lung checks these were not captured as part of the physical healthcare notes.
- At the time of our inspection the service was not delivering a community detoxification programme. The service was in the process of reestablishing the programme.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Community-based substance misuse services	Good 	Our rating of this location stayed the same. We rated it as good because: • The service provided safe care. The premises where clients were seen were safe and clean. The number of clients on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each client the time they needed. Staff assessed and managed risk well and followed good practice with respect to safeguarding. • The service had improved risk assessment and care plans since the last inspection and had developed holistic, recovery-oriented care plans informed by a comprehensive assessment. Staff engaged in clinical audit to evaluate the quality of care they provided. • The teams included or had access to the full range of specialists required to meet the needs of clients under their care. Staff worked well together as a multidisciplinary team and relevant services outside the organisation. • Staff treated clients with compassion and kindness and understood the individual needs of clients. They actively involved clients in decisions and care planning. • The service was easy to access. Staff planned and managed discharge well and had alternative pathways for people whose needs it could not meet. • The service was well led, and the governance processes ensured that its procedures ran smoothly. However: • Some equipment requiring calibration did not have an up-to-date sticker confirming when calibration was due. • The clinic room was cluttered and did not have an appropriate examination bed. • Not all clients had received a medical review every 6 months in line with the providers policy.

Summary of findings

- The service had not reached its 90% target of its staff completing mandatory training.
- The service did not always complete wider physical health checks as recommended by the National Institute for Health and Care Excellence. Where the service was providing checks, for example fibro liver scans and lung checks these were not captured as part of the physical healthcare notes.
- At the time of our inspection the service was not delivering a community detoxification programme. The service was in the process of reestablishing the programme.

Summary of findings

Contents

Summary of this inspection

Background to The Lighthouse - Horizon Drug and Alcohol Recovery

The Lighthouse – Horizon, provides community alcohol services to residents of the Blackpool area. It is part of the wider Horizon programme which is the framework for all substance misuse and support services commissioned in the area. The Lighthouse is run by Delphi Medical Consultants Limited.

Delphi Medical also runs a sister community drug service within the Horizon framework. The community drug service is operated from a different building to the Lighthouse. The two services have the same management, governance structure, policies and several shared staff. However, the services are registered separately with the CQC and as a result we have completed a separate inspection and report for the community drug service.

Some of the data submitted by the service also covers both the drug and alcohol teams and could not be broken down further. As a result, this report refers to some data that covers the drug service as well as the Lighthouse.

The Lighthouse is registered with the CQC to provide the following regulated activities:

Treatment of disease, disorder, or injury.

The service was last inspected in November 2019. It was rated as good overall and in the safe, caring, responsive and well led domains. The service was rated requires improvement in effective and issued a requirement notice in relation to the quality of client care plans.

What people who use the service say

We spoke with 4 clients who were using the service and 1 family member of people who were using the service. Clients and family members we spoke with gave positive feedback on both the service and staff. They felt that staff were supportive and generally felt involved in their care and treatment. They considered staff to be caring, professional and respectful.

How we carried out this inspection

We inspected this service as part of our inspection programme to make sure health and care services in England meet fundamental standards of quality and safety.

This service was inspected at the same time as the sister community drug service and the team that inspected the service comprised of two CQC inspectors and two special professional advisors.

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

- visited the providers premises The Lighthouse in Blackpool, looked at the quality of the environment and observed how staff were caring for clients.
- spoke with 4 clients who were using the service.
- spoke with 1 carer/family members of clients who were using the service.
- spoke with the service manager, deputy manager and team leader who had responsibility for service delivery.

Summary of this inspection

- spoke with the medical and clinical leads for the service.
- spoke with 6 other staff members including a psychologist, recovery practitioners, support worker, nurse, volunteer, and volunteer co-ordinator.
- looked at 8 care and treatment records of clients.
- looked at a range of policies, procedures and other documents relating to the running of the service.

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

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a service SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service SHOULD take to improve:

- The service should ensure that all equipment requiring calibration has an up-to-date sticker confirming calibration. Regulation 15(1)(e).
- The service should ensure that clinic rooms have appropriate examination beds and are neat and tidy. Regulation 15(1)(e).
- The service should ensure that all clients have blood borne virus testing. Regulation 12(2)(e).
- The service should ensure that all clients receive a medical review every 6 months in line with the providers policy. Regulation 12(2)(e).
- The service should ensure 90% of its staff complete mandatory training in line with the providers policy. Regulation 18(2)(a).
- The service should ensure privacy and confidentiality is maintained when using the interview rooms. Regulation 10(2)(a).
- The service should record physical health checks for wider physical health issues in accordance with National Institute for Heath and Care Excellence guidelines (NICE) within physical health records. Regulation 17(2)(a).
- The service should ensure that it reestablishes its community detoxification programme. Regulation 9 (1)(b)
- The service should consider mechanisms to allow all performance data to be broken down by service type. Regulation 17(1)

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Community-based substance misuse services

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

Is the service safe?

Good

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

Safe and clean environment

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

The Lighthouse was a single storey building. There was a reception, waiting area, three interview rooms, a clinic room and staff offices.

Staff completed and regularly updated thorough risk assessments of all areas and removed or reduced any risks they identified. All health and safety checks and certificates were in place. An annual fire risk assessment had been completed.

The clinic room did not have all the necessary equipment and was disorganised. The examination bed in the clinic room was an older static bed which did not rise or lower. The service was aware of this and had orders in place to replace the bed. The clinic room was cluttered and we saw a waste bin and sharps box that were due for collection. We discussed this with staff who arranged for this to take place and explained the policy that was in place to support this.

The location was clean, well maintained, well-furnished and fit for purpose. However, staff did not always ensure equipment was well maintained, clean and in working order. In the clinic room we identified some equipment that showed out of date calibration stickers. This included a temperature monitor and a blood glucose monitoring machine. Some of the strips for the blood monitoring machine were also out of date. However, the provider was able to provide evidence that the equipment had been calibrated by a professional company and that required maintenance and calibration had been completed. However, new up to date calibration stickers had not been placed on the machines. The environmental audit completed by staff did not require checks on calibration stickers.

Staff made sure cleaning records were up-to-date and the premises were clean. Staff followed infection control guidelines, including handwashing. Posters were displayed around buildings to advise staff and clients of good hand hygiene and to use hand sanitiser before entering premises.

Good

Community-based substance misuse services

Safe staffing

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

Nursing staff

The service had enough nursing, recovery practitioner and support staff to keep clients safe. Within the Lighthouse community alcohol service there was a team leader, a care co-ordinator, 3 recovery practitioners and a support worker. These were supported by an alcohol nurse and a non-medical prescriber. In addition, the medical lead and lead nurse worked across both the alcohol and drug services. The service manager and deputy also worked across both services.

The service had low vacancy rates. The service had 1 vacancy, this was for a recovery practitioner. The vacancy was due to go out to advert. Cover was being provided by the other recovery practitioners and by extending the role of an existing volunteer. There was also a vacancy for a clinical manager who worked across both the drug and alcohol services. The service was actively recruiting to that role.

Managers made arrangements to cover staff sickness and absence. The service sickness rate (across both the drug and alcohol services) between December 2022 to 2023 was 4.68%. The service had arrangements in place to cover leave, absence and vacant posts. Staffing and cover arrangements were discussed in daily 'flash' meetings each morning. Managers supported staff who needed time off for ill health.

Managers limited their use of bank and agency staff and requested staff familiar with the service. The service had used 4 agency staff in 12 months (December 2022 to December 2023). These included a single agency nurse and 3 locum doctors.

Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift.

The service had seen a turnover of staff since the last inspection. Both the registered manager and deputy had started since the last inspection in November 2019. In the calendar year 2023, across the drug and alcohol services there had been 18% of staff resign, which was the equivalent of 11.52 staff. Staff told us a number of long-term staff had left and the service had been redesigned by the new managers.

Managers used a recognised tool to calculate safe staffing levels. The two recovery practitioners had an average caseload of 73. This was higher than usual due to the vacancy for a recovery practitioner post. Caseload and caseload complexity was reviewed in meetings and supervision. Support for the two recovery workers was in place and the vacancy was out to advert. Once the vacancy had been filled caseloads for the recovery practitioners would be between approximately 30 and 40.

The number and grade of staff matched the service's staffing plan.

Medical staff

The service had enough medical staff. There were 3 doctors supported by 3 nurses and 3 non-medical prescribers. There was a nurse and non-medical prescriber allocated to the alcohol service. Staff also worked across the drug and alcohol services to provide support and cover where required.

Managers could use locums when they needed additional support or to cover staff sickness or absence. We saw the service had used locum doctors to cover when there were gaps in provision. This had been for one period to provide cover.

Managers made sure all locum staff had a full induction and understood the service.

The service could get support from a medic quickly when they needed to. There were 2 mental health practitioners and partnership working within the Blackpool community was well established to ensure support could be accessed when required.

Mandatory training

Not all staff had completed and kept up to date with their mandatory training. The service had a target of 90% completion for all training packages. The service provided combined mandatory training data for both the alcohol and drug services. The overall percentage was 81%. Basic life support was at 68% for face-to-face training and we did see that all staff were booked to complete the training by March 2024. Managers told us that the overall figure was affected by the introduction of 2 new modules recently which were at 47% and 53% respectively as well as new employees who had yet to complete the mandatory training courses.

The mandatory training programme was comprehensive and met the needs of clients and staff.

Managers monitored mandatory training and alerted staff when they needed to update their training. Managers were aware of the training figures and had implemented an action plan to ensure staff compliance with mandatory training.

Assessing and managing risk to clients and staff

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

Assessment of client risk

Staff completed risk assessments for each client, using a recognised tool, and generally reviewed this regularly, including after any incident. Risk information was identified from the point of referral onwards. We reviewed 8 care records and found that all clients had a risk assessment and risk management plan in place. Risk assessments covered all relevant areas and risk management plans reflected the findings of the risk assessment. However, we found that two of the risk assessments we looked at were overdue a review. In one instance the client had not attended a planned review appointment.

Staff used a recognised risk assessment tool. Staff used a checklist developed by the provider to identify a range of risks relevant to the client group. The assessment tool was reviewed and adapted on a regular basis.

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

Good

Community-based substance misuse services

Management of client risk

Staff responded promptly to deterioration in client's health and responded to changing risks. Staff identified these changes through regular engagement with clients, reviews of assessments and care plans and through liaison with other stakeholders such as pharmacies, GPs, safeguarding authorities and other health services. Staff understood processes for responding to a deterioration in health or a change in risk.

Staff made clients aware of the risks of continued alcohol use and harm minimisation / safety planning was an integral part of recovery plans. We saw evidence in care records that harm minimisation advice and support to manage and reduce levels of drinking was provided to clients.

Staff continually monitored clients on waiting lists for changes in their level of risk and responded when risk increased. At the time of our inspection the service did not have a waiting list but managers were able to explain how this would be managed, the level of contact required to assess risk and how a rota for emergency appointments would operate.

There were protocols in place for dealing with the disengagement of treatment of clients. Recovery practitioners consulted with team managers with a clear protocol in place. This included outreach attempts, safeguarding actions, and contacting external agencies.

Staff followed clear personal safety protocols, including for lone working. There was a lone workers policy in place to guide staff.

Safeguarding

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

Staff received training on how to recognise and report abuse, appropriate for their role. The service had made 96 safeguarding referrals in the last 12 months.

Not all staff kept up to date with their safeguarding training. At the time of the inspection 72% had completed safeguarding adults training.

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

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. The safeguarding lead and other staff members could all recount examples where they had raised safeguarding's for adults and children, for example as a result of domestic violence or cohabiting with a person known to be a danger.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. There was a full-time safeguarding lead who had links with local safeguarding bodies including the local MARAC (Multi-Agency Risk Assessment Conferences). Working closely with the safeguarding lead were 4 family practitioners who also worked with recovery practitioners to identify and support those in need.

They had implemented a safeguarding "riskpod" which took place daily where staff could speak with safeguarding regarding any client for advice and safeguarding could also ensure staff attended who had previously been tasked with safeguarding actions ensure they had been followed.

Managers had not taken part in any serious case reviews but did attend monthly Mortality and Prevention Panels where deaths were reviewed by all services across Blackpool.

Staff access to essential information

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

Client notes were comprehensive, and all staff could access them easily. Staff used electronic clients records to record and access information concerning clients.

When clients transferred to a new team, there were no delays in staff accessing their records. As part of the Horizon delivery team, they were easily able to arrange support for clients with other teams such as sexual health or employment support.

The provider was also part of shared care record service. A shared care record is a source of an individual's past records, and care plans (current and future), connected across multiple health and care organisations accessible in one place. Therefore, the service had live access to records such as GPs records, hospital discharge information and other health providers were able to access the providers records.

Records were stored securely, and electronic records were password protected.

Medicines management

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

At the time of our inspection the service was not offering substitute prescribing and did not have medications stored on-site. The service was in the process of reestablishing its community alcohol detoxification programme.

Staff followed systems and processes to prescribe and administer medicines safely. There were established policies and procedures for staff to follow. These were under review at the time of our inspection. The provider's medical lead and the service's non-medical prescriber where leading on this work. There were existing procedures for the safe management of prescriptions which was operational in the community drug service. There was a system for pharmacies to collect weekly prescriptions from the service.

Staff stored and managed all medicines and prescribing documents safely. There was a medication fridge onsite. Although the fridge did not contain medications at the time of our inspection, staff were still completing daily temperature checks to ensure the fridge was in working order.

Track record on safety

The service had a good track record on safety. [MW1]

Reporting incidents and learning from when things go wrong

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

Good

Community-based substance misuse services

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with the service's policy. Staff used an electronic system to report incidents. Staff we spoke with were aware of the providers incident policy and were able to discuss the type of incidents they would report.

A range of incidents were reported, including health and safety incidents, incidents of violence or aggression and safeguarding incidents. Reported incidents were reviewed by managers. Incidents were discussed at team meetings and daily 'flash' meetings. Staff were involved in feedback from incidents and had the opportunity to discuss incidents.

The service provided adverse incident data for the period 1 January to 31 December 2023. The data covered both the drug and alcohol services. Although the data did identify a location for the incident, the fact that some staff worked across both services and sites meant that incidents involving alcohol clients, could be captured under the drug service location. This meant that the provider had some difficulty in separating data between the two services. In total the service reported 244 incidents over the period. 32 of those incidents were recorded under the Lighthouse location.

Staff understood the duty of candour. They were open and transparent and gave clients and families a full explanation if and when things went wrong.

Managers debriefed and supported staff after any serious incident. Staff we spoke with told us they had been supported following incidents. There was a process to support this.

Managers investigated incidents thoroughly. Clients and their families were involved in these investigations. There was an electronic database for monitoring the investigation of incidents so that not only managers could monitor how investigations were being completed but also those managers who managed Delphi Medical from a more strategic position. This also included lesson learnt and actions taken to prevent a recurrence.

Staff received feedback from investigation of incidents, both internal and external to the service. Managers provided feedback in various formats, personally at meetings or in appraisals, through email or at management meetings.

Staff met to discuss the feedback and look at improvements to client care. We saw staff discussing incidents in the morning flash meeting where support and advice was given.

There was evidence that changes had been made as a result of feedback. Incidents within the alcohol service had led to actions to improve the documentation of missed appointments, the delivery of training sessions around conflict resolution and positive reengagement and the addition of a Mental Capacity Act proforma to the electronic records system.

The service had no never events. Managers shared learning with their staff about never events that happened elsewhere.

Is the service effective?

Good

Our rating of effective improved. We rated it as good.

Good

Community-based substance misuse services

Assessment of needs and planning of care

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

Staff completed a comprehensive mental health assessment of each client. We reviewed 8 records and found that all clients had a full assessment completed. Assessments were generally comprehensive and covered all key areas including physical and mental health, safeguarding, substance misuse history, social needs and forensic history.

Staff made sure that clients had a physical health assessment and knew about any physical health problems. Clients had a physical health assessment on admission to the service and staff knew about any physical health problems. Records contained information of ongoing physical health problems and actions taken to support clients to attend appointments. However, they did not always contain wider physical health checks as recommended by National Institute for Health and Care Excellence (NICE), which could have been used to identify more wide-ranging health issues. NICE highlights this as good practice within patient notes in this service type.

Some checks were carried out and recorded elsewhere for example fibro liver scans and lung checks, however these were not recorded as part of the wider physical health checks.

Staff provided clients with naloxone kits. Naloxone is a medicine used in emergency treatment to reverse the life-threatening effects of an opioid overdose. Staff trained clients on the use of naloxone before issuing the kit. The storage and issuing of naloxone were included in medicine audits.

Staff developed comprehensive care plans for each client which reflected their assessment and met their needs. Each of the 8 records we reviewed contained a care plan. Care plans were generally personalised, holistic and recovery orientated. Care plans were written collaboratively with clients and identified the clients' goals, recovery capital and the support and interventions they required. Staff regularly reviewed and updated care plans when clients' needs changed. All 8 of the records we reviewed had an up-to-date care plan in place.

Best practice in treatment and care

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

Staff were not providing a full range of care and treatment suitable for the clients in the service. Staff provided harm reduction, care co-ordination and psychosocial interventions. However, at the time of our inspection the service was not offering a community alcohol detox programme supported by substitute prescribing. The service was in the process of reestablishing this programme and had non-medical prescribers in place to support this.

Staff provided a 4-week intervention programme utilising psychosocial interventions. This covered key areas such as triggers for drinking, behavioural change and coping strategies. There was a third sector organisation contracted as part of the wider Horizon programme who provided additional and longer term psychosocial therapies. There were good links and pathways with that organisation.

Good

Community-based substance misuse services

Clients had access to Blood Borne Virus (BBV) testing for hepatitis B and C. Across both drug and alcohol services BBV testing at the time of inspection had been completed or offered to 69% of clients, 13% were overdue a test and 19% had not been tested. We saw correspondence with an approved laboratory for testing confirming that it had been unable to process any BBV testing for over 3 months. Managers had implemented an action to increase testing.

Staff delivered care in line with best practice and national guidance (from relevant bodies such as NICE). Across both the drug and alcohol services the number of clients who had successfully completed their treatment within the last 12 months was 294 out of 910 who started treatment. Clients were encouraged to access the service again if they needed it with the acceptance that relapse could happen.

The service had completed medical reviews of client's treatment every 6 months and had completed those reviews in 70% of cases. The service had an action plan in place to capture those not yet reviewed.

Staff made sure clients had support for their physical health needs, either from their GP or community services. We saw evidence of good liaison with GPs in the case notes we reviewed. Staff supported clients to live healthier lives by supporting them to take part in programmes or giving advice. This included around areas such as smoking cessation, healthy eating and exercise.

Staff used recognised rating scales to assess and record severity and outcomes. Staff took part in clinical audits, benchmarking and quality improvement initiatives. Staff completed treatment outcome profiles and submitted these to the National Drug Treatment Monitoring System for monitoring and as a comparison to other services. The service had a programme of audit, including audits of assessment caseloads, care records and safeguarding. Managers used results from audits to make improvements. Findings of audits were discussed and fed back via email and in team and governance meetings.

Staff used technology to support clients. Staff were able to complete sessions and appointments remotely through video calls where required.

Skilled staff to deliver care

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

The service had access to a full range of specialists to meet the needs of each client. Managers made sure staff had the right skills, qualifications, and experience to meet the needs of the clients in their care. These included non-medical prescribers, nurses, recovery practitioners, family workers and administrative staff. A third sector organisation was commissioned as part of the Horizon programme to deliver psychosocial interventions such as one to one and group work. There were good links and pathways with that organisation.

Managers made sure staff had the right skills, qualifications, and experience to meet the needs of the clients in their care, including bank and agency staff. Managers gave each new member of staff a full induction to the service before they started work. Staff had access to a comprehensive mandatory training programme and induction. They completed probation periods as part of their employment.

Managers supported staff through regular, constructive clinical supervision and constructive appraisal of their work. The provider did not have a separate supervision and appraisal system but combined both functions into a monthly

meeting. All staff told us they received regular clinical and managerial supervision at least monthly. The average monthly compliance with supervision over the last 12 months (across both the drug and alcohol services) was 69.25%. At the time of our inspection that figure had grown to 98% of staff receiving their monthly supervision and appraisal meeting.

Managers made sure staff attended regular team meetings and gave information to those who could not attend. The service held daily flash meetings to review new assessments, risk and planned activity. We observed 2 flash meetings. Both meetings were well structured and demonstrated effective information sharing, risk management and service planning.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge and received any specialist training for their role. The provider company ran its own academy programme which incorporated the delivery of mandatory training as well as additional specialist training. The service supported staff through tier non-medical prescribing qualifications.

Managers recognised poor performance, could identify the reasons, and dealt with these.

Managers recruited, trained, and supported volunteers to work with clients in the service. There was a volunteer manager who recruited, supported, and placed volunteers within the service. There were policies and procedures to ensure effective recruitment (including disclosure and barring checks) and ongoing support for volunteers including a regular supervision and appraisal. There were currently 22 volunteers supporting the provider across both drug and alcohol services. We spoke with one volunteer within the alcohol service who worked in a role providing support to the recovery practitioners. They told us they felt supported in the role and had received appropriate training.

Multidisciplinary and interagency team work

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

Staff held regular multidisciplinary meetings to discuss clients and improve their care.

Staff made sure they shared clear information about clients and any changes in their care, including during transfer of care. There was a daily “flash” meeting. These were used for staff to share updated information regarding clients and to ensure that staff sickness or absence did not affect clients’ appointments or treatment. This was also an opportunity for managers to discuss incidents and changes to service.

There were several multidisciplinary meetings held in the service. Every morning after the flash meeting there was a safeguarding meeting for staff to discuss with safeguarding managers any clients they were supporting. There were governance meetings focused on a specific area, such as incidents, performance, client deaths, business continuity, performance, staffing and operational risk management.

Staff had effective working relationships with other teams in the organisation. The drug and alcohol teams worked well together and provided a shared pathway when required.

Good

Community-based substance misuse services

Staff had effective working relationships with external teams and organisations. Managers and staff in the service developed and maintained effective links and joint working with a wide range of organisations. There was a strong relationship with Police and specialist midwives for example. The service provided outreach work for those staying in a local hotel who had recently come to the UK to live. Managers attended many multi-agency meetings for services within the Blackpool area.

Good practice in applying the Mental Capacity Act

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

Staff received and kept up to date with training in the Mental Capacity Act and had a good understanding of at least the five principles. 78% of staff had completed Mental Health Act training (across both drug and alcohol services).

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

Staff assessed and recorded capacity to consent clearly each time a client needed to make an important decision.

When staff assessed clients as not having capacity, they made decisions in the best interest of clients and considered the client's wishes, feelings, culture, and history. Where staff had a concern about capacity the service had processes in place to assess the client. If intoxication was the issue another appointment would be made, if there were concerns about capacity due to a mental health condition staff could seek professional help for a fuller assessment.

The service monitored how well it followed the Mental Capacity Act and made changes to practice when necessary.

Is the service caring?

Good

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

Kindness, privacy, dignity, respect, compassion and support

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

Staff were discreet, respectful, and responsive when caring for clients. Clients said staff treated them well and behaved kindly. We spoke with 4 clients during the inspection. Feedback from clients was positive. They described staff as considerate, caring and supportive. They felt staff were discreet, respectful and responsive when engaging with them. Staff and client interactions we observed during the inspection were conducted in a caring and respectful manner. Clients said they were able to speak privately with staff when needed, and most clients said staff were responsive in returning calls and messages. Staff gave clients help, emotional support and advice when they needed it.

Staff understood and respected the individual needs of each client. Staff supported clients to understand and manage their own care treatment or condition. Staff directed clients to other services and supported them to access those

services if they needed help. Care records we reviewed generally demonstrated a holistic and personalised approach to care. There was evidence of staff and client conversations around treatment and treatment options. Clients we spoke with told us staff had a good understanding of them and their needs. Care records evidenced referral into other support services.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards clients and staff. Staff that we spoke to said they are aware of how to raise concerns and said they would be confident to do so. Clients said they feel safe attending the service and could raise concerns if they did not.

Staff followed policy to keep client information confidential. Client records were stored securely, and computer systems were password protected. However, the interview rooms in the building were not sound proofed. Staff were aware of this and worked to ensure adjoining rooms were not in use at the same time. The service was looking at solutions for the issue.

Involvement in care

Staff involved clients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that clients had easy access to additional support.

Involvement of clients

Staff involved clients and gave them access to their care plans. Records we reviewed showed clients were generally involved in developing their care plans. However, records were not always clear if a client had been offered a copy of their care plan.

Staff made sure clients understood their care and treatment and found ways to communicate with clients who had communication difficulties. Clients we spoke with told us they were supported to understand information on their treatment if they struggled to understand. We observed 2 client appointments during the inspection. Staff encouraged clients to contribute to discussions around their care and facilitated them to do so by providing appropriate information. We did not review any records where the client had a communication difficulty but staff we spoke with were able to describe how they could access support for clients with learning difficulties and address communication needs.

Staff involved clients in decisions about the service, when appropriate. The service encouraged clients, when appropriate, to become volunteers. There was a volunteer co-ordinator and 22 volunteers working within the drug and alcohol service. We spoke with one volunteer working at the Lighthouse. They had lived experience and had previously been a service user. Volunteers also came from other groups such as students from local colleges. With spoke with volunteers and they told us they felt their input was listened too and acted upon. They felt they helped shape the service.

The volunteer co-ordinator told us all volunteers completed the same induction program as other staff and there was an opportunity to progress to paid work of 10 hours a week.

Clients could give feedback on the service and their treatment and staff supported them to do this. They engaged clients well in providing feedback and encouraged them to provide suggestions for improvement. Staff gave us examples of improvements they had made to the service because of client feedback. The service had also included a QR code on appointment cards so clients could give instant feedback.

Good

Community-based substance misuse services

Staff informed and involved families and carers appropriately. We saw where appropriate staff had engaged with carers and offered support.

Involvement of families and carers

Staff informed and involved families and carers appropriately. We saw evidence in records of where family members were involved, and important contact numbers were contained within client records. The service had four family support workers who while managing a safeguarding workload did support clients to keep in touch with families or carers.

Staff helped families to give feedback on the service. Family member and carers could access feedback surveys through staff, QR codes or an onsite tablet in the waiting area.

Staff gave carers information on how to find the carer's assessment. Staff were able to signpost family members and carers into support services and make referrals for carers assessments.

Is the service responsive?

Good

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

Access and waiting times

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

The service was easy to access. Clients could self-refer or be referred by a healthcare professional or services. The service had clear criteria to describe which clients they would offer services to and clients could access the service without delay as there was no waiting list. Staff saw urgent referrals quickly and non-urgent referrals within the service's target time. Staff could prioritise referrals in response to specific needs or risk indicators. The service met the service's target times for seeing clients from referral to assessment and assessment to treatment.

Staff tried to engage with people who found it difficult, or were reluctant, to seek support from substance misuse services. There was a third sector organisation who were contracted to provide outreach as part of the wider Horizon programme. The service also had a criminal justice worker that worked alongside the police to provide interventions to people that had been arrested for drug and/or alcohol related offences.

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

Clients had some flexibility and choice in the appointment times available. The service ran satellite clinics and offered home visits where this was required. The service operated late night clinics for those unable to attend during the working day.

Appointments ran on time and staff informed clients when they did not. Staff worked hard to avoid cancelling appointments and when they had to, they gave clients clear explanations and offered new appointments as soon as possible.

Staff supported clients when they were referred, transferred between services, or needed physical health care. When clients were ready to be discharged from the service, staff ensured that other agencies had relevant information to support clients. Any safeguarding concerns were also communicated to other relevant agencies before a discharge took place.

The facilities promoted comfort, dignity and privacy.

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

The service had a full range of rooms and equipment to support treatment and care. There was a reception and waiting area for clients. These areas displayed relevant information for clients, including information on the service, on support services and mutual aid within the wider community and harm reduction. Clients had access to clinic rooms and group rooms.

Interview rooms in the service did not have sound proofing to protect privacy and confidentiality. Staff we spoke with were aware of this and worked to ensure adjoining interview rooms were not used at the same time.

Meeting the needs of all people who use the service

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

The service could support and make adjustments for people with disabilities, communication needs or other specific needs. The service was accessible for clients using wheelchairs and clients with other mobility needs. Interpreters were available for clients who did not speak English. Leaflets and information in other languages and easy read versions could be downloaded by staff to provide to clients.

The service had staff whose first language was not English and had a proven record in engaging with a migrant population living in hotel accommodation.

Staff made sure clients could access information on treatment, local service, their rights and how to complain. Public areas within the service displayed information for clients relating to care and treatment both within the service and information about services in the surrounding area. Leaflets were also available.

The service provided information in a variety of accessible formats so the clients could understand more easily.

The service had information leaflets available in languages spoken by the clients and local community.

Managers made sure staff and clients could get hold of interpreters or signers when needed.

Listening to and learning from concerns and complaints

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

Good

Community-based substance misuse services

Clients, relatives and carers knew how to complain or raise concerns. Information on how to complain was advertised on sites and available in leaflet form. None of the clients we spoke with had reason to raise a complaint but told us they would feel comfortable doing so if they needed to. Staff understood the policy on complaints and knew how to handle them.

Managers investigated complaints and identified themes. The service had received 2 complaints in the period 1 January to 31 December 2023. Of those complaints 1 had not been upheld and 1 was under investigation at the time of our inspection. There had been a further 19 complaints about the wider Horizon service.

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

Managers shared feedback from complaints with staff and learning was used to improve the service. The findings and learning from complaints were discussed in team meetings and supervision sessions.

The service used compliments to learn, celebrate success and improve the quality of care. The service collected compliment data. In the period January 2023 to January 2024 the Lighthouse had recorded 91 compliments. During the inspection we observed compliments and thank you cards displayed in the building. Managers shared these with staff at flash meetings. The core theme of compliments was around staff support for clients and carers.

Is the service well-led?

Good

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

Leadership

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

Staff we spoke with generally felt supported and the team worked well together. The manager had a good understanding of the service and the issues faced by the client group. The service manager worked across all teams with a deputy manager and there were team leaders providing the operational leadership to staff. The service was supported by other organisations within the Horizon framework who delivered activities such a group work, which fell outside the scope of registered activities provided by the service.

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

Vision and strategy

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

The organisations vision was “With passion and excellence, we make a difference to people’s lives by providing innovative and specialist addiction services that lead the way from dependence to freedom”.

They also had values or behaviours which included delivering outcomes, develop relationships, look after yourself and others, work together, learn, grow, and do the right thing.

Staff had the opportunity to contribute to discussions about the strategy for their service, especially where the service was changing. Several staff members gave examples where they had approached managers with ideas on how to improve the service and they had been encouraged to deliver change.

Culture

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

Staff felt proud, positive, satisfied, valued and part of the organisation's future direction. Some staff told us the service had changed, with new managers and a restructuring of the treatment teams. Some staff had felt this was a difficult transition but one that was now viewed positively.

Staff appraisals included conversations about career development.

Staff felt able to raise concerns at all levels without fear of reprisals. All staff told us they had no concerns about raising concerns with managers.

Managers were open and approachable at all levels. The registered manager had introduced staff meetings where there was no agenda and staff could just turn up and discuss any issue with them.

The provider had a whistle blowing policy in place that was accessible to all staff.

Staff had access to support for their own physical and emotional health needs. There was an employee assistance programme which gave live and on demand health and wellbeing support. There was also an amount of money that staff could claim for private health treatment.

Managers monitored staff morale, job satisfaction and sense of empowerment.

The manager fully understood the issues faced by the staff team and encouraged staff to raise issues and concerns with senior managers within the organisation.

Teams worked well together and where there were difficulties managers dealt with them appropriately.

Governance

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

There was a clear framework of what must be discussed at team meetings to ensure that essential information, such as learning from incidents and complaints, was shared, and discussed. Staff had implemented recommendations from reviews of deaths, incidents, complaints, and safeguarding alerts at the service level.

Good

Community-based substance misuse services

There was an annual audit plan, a service risk register, and a business continuity plan. Systems and tools, such as staffing levels and the business continuity plan, were reviewed and tested to ensure they continued to reflect the service. When there was a continuous absence of a key role, lead nurse, arrangements had been made for clinical supervision to be provided from elsewhere in the organisation.

Staff undertook or participated in local clinical audits. The audits were enough to provide assurance and staff acted on the results when needed. Managers regularly audited patient records to ensure that risk assessments and management plans were up to date. The quality-of-care plans was regularly reviewed, and managers worked closely with staff to make improvements in the quality-of-care plans. These audits had ensured the areas of concern found at the last inspection had been improved upon. However, checking calibration dates on equipment had not previously been on the environmental audits for clinic rooms and this had now been added.

Staff understood the arrangements for working with other teams, both within the provider and externally, to meet the needs of the clients. Staff understood the importance of having good links with safeguarding and domestic violence staff.

Regular governance meetings took place where policies and procedures and audit outcomes were discussed and tracked.

Management of risk, issues and performance

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

There was a clear quality assurance management and performance framework in place that was integrated across all organisational policies and procedures. The service had a contract in place with commissioners and had good links with the local public health community. The contract contained key performance indicators which were regularly reviewed.

Staff maintained and had access to the risk register at a service level. Staff felt able to escalate concerns when required to the manager who either dealt with them locally or escalated if needed. Staff were able to submit items to the provider's risk register which was accessible online. Staff concerns matched those on the risk register.

The service had plans for emergencies – for example, adverse weather or a flu outbreak.

Information management

Staff collected analysed data about outcomes and performance.

The service reported to the National Drug Treatment Monitoring Service. The service used these collated reports to review their performance compared to national findings.