

Grosvenor House







Quality Report

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Date of inspection visit: 4 November 2019
Date of publication: 16/01/2020

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?	Good	
Are services caring?	Good	
Are services responsive?	Good	
Are services well-led?	Good	

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

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

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

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

Summary of findings

Overall summary

We rated Grosvenor House (Inspiring Recovery provide community drug and alcohol detoxification, prescribing and well-being checks for clients) 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.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the clients and in line with national guidance on best practice. 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. Managers ensured that these staff received training, supervision and appraisal. 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.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services	Good 	

Summary of findings

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Good 

Grosvenor House

Services we looked at

Community-based substance misuse services

Summary of this inspection

Background to Grosvenor House

Grosvenor House is one of 15 locations registered by the provider Spectrum Community Health. The service delivered from Grosvenor House is called Inspiring Recovery and provides drug and alcohol services to people living in Wakefield.

This location was registered by the provider on the 12 April 2011. The location has a registered manager and a nominated individual, responsible person. Spectrum Community Health CIC is registered by the CQC to provide the following regulated activities:

- Diagnostic and screening procedure
- Treatment of disease, disorder or injury.

Spectrum Community Health CIC is sub-contracted by another service to work in partnership with them to deliver the service 'Inspiring Recovery' within the Wakefield District. The substance misuse services are commissioned by Public Health England through the local authority. Spectrum Community Health CIC provides both the clinical services and the shared care element of the Inspiring Recovery service. Shared care is where treatment and support are offered in the local GP practices and delivered in partnership with the GP and a recovery worker. This means that clients can attend their local GP service for their substance misuse appointments. The Inspiring Recovery services are for adults aged 18 years and over. The clinical service provision includes the well-being services, blood borne virus and health screening, as well as detoxification and substitute prescribing for drug and alcohol dependence. The clinical provision is delivered by doctors, non-medical prescribers, nurses, and associate practitioners employed by Spectrum. The clinical treatment is delivered from the main Grosvenor House site at Union Street in Wakefield and from two satellite

sites: one in Castleford and one in South Kirby. These three sites are known as the 'hubs.' The shared care provision is delivered by recovery workers employed by Spectrum Community Health CIC. There are currently 10 shared care practices that are included in the Inspiring Recovery provision. They offer treatment for opiate dependence only. However, the recovery workers in these practices will support clients with low level alcohol misuse or other substance misuse alongside their opiate dependence. The Spectrum Community Health CIC recovery workers in these shared care practices co-ordinate all the clients care and treatment.

Grosvenor House was inspected on 15 October 2012 and 10 February 2014 using the previous inspection methodology. On both occasions, the service was found to be meeting all the required standards inspected.

This location was inspected on 12 September 2016 using the new Care Quality Commission inspection methodology. At this inspection, the provider was found to be in breach of Regulation 12 (Safe Care and Treatment), Health and Social Care Act (Regulated Activities) Regulations 2014.

The location was inspected again on 4 May 2017. This was a focused inspection to review the action taken by the provider in relation to the regulatory breach. The provider had made all the required improvements. The provider had improved recording of risk assessment, staff had received additional training in safeguarding and risk management.

At the time of this inspection the local authority was retendering the service and Spectrum had been notified that they had not been successful in securing the contract. Spectrum will continue to deliver the clinical element of the contract until March 2020.

Our inspection team

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

Summary of this inspection

Why we carried out this inspection

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

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about the location, asked a range of other organisations for information and sought feedback from clients at three focus groups.

During the inspection visit, the inspection team:

- visited the main office hub and looked at the quality of the environment and observed how staff were caring for clients;
- spoke with two clients who were using the service;
- spoke with the registered manager and manager of the lead provider for the service;
- spoke with six other staff members; including doctors, nurses and support workers;
- attended and observed three clinic review meetings;
- collected feedback from 15 clients using comment cards;
- looked at four care and treatment records of clients;
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

We observed three clinic review meetings and spoke to clients who said they felt safe and well supported by the team.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good



- The premises where clients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- The service had enough staff, who knew the clients and received 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.
- 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.
- Staff understood how to protect clients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- Staff kept detailed records of clients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medicines on each client's physical health.
- The service had a good track record on safety. 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.

Are services effective?

Good



We rated effective as good because:

- 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 provided prescribing 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.

Summary of this inspection

- Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.
- 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.
- 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 supported clients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and knew what to do if a client's capacity to make decisions about their care might be impaired.

Are services caring?

We rated caring as good because

- 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 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.
- Clients felt safe and supported by the service.
- Staff informed and involved families and carers appropriately.

Good



Are services responsive?

We rated responsive as good because

- The service was easy to access. Staff planned and managed discharges well. The service had alternative care pathways and referral systems for people whose needs it could not meet.
- The design, layout, and furnishings of treatment rooms supported clients' treatment, privacy and dignity.
- The service met the needs of all clients, including those with a protected characteristic or with communication support needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and the wider service.

Good



Summary of this inspection

Are services well-led?

We rated well-led as good because:

- 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 knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued. They reported that the provider 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.
- Our findings from the other key questions demonstrated that governance processes operated effectively and that performance and risk were managed well.
- Teams had access to the information they needed to provide safe and effective care and used that information to good effect.
- Staff collected and analysed data about outcomes and performance.

Good



Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

The service had a policy on the Mental Capacity Act which staff were aware of and could refer to. Staff were aware that a client's capacity could change from each appointment to the next and if intoxicated this could affect the client's ability to make decisions. Staff considered whether clients could retain and understand their care and treatment at each appointment to ensure that the client

People were supported to make decisions where appropriate and when they lack capacity, decisions were made in their best interest, recognising the importance of the person's wishes, feelings, culture and history.

Staff ensured clients consented to care and treatment, this was assessed, recorded and reviewed in a timely manner. Staff had training in the mental capacity act and compliance was 87%.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Substance misuse services	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Notes

Substance misuse services

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

Are substance misuse services safe?

Good 

Safe and clean environment

Staff did regular risk assessments of the care environment. The provider shared the premises with another provider who were responsible for the building. However, staff ensured that clinic areas were safe clean and tidy. Interview rooms were fitted with alarms and there were staff on site to respond to alarms.

Clinic rooms were well-equipped with the necessary equipment to carry out physical examinations including a couch, scales and emergency equipment. Vaccines were stored in a fridge and temperatures were checked daily. There was a separate room used for urine screening with separate facilities. All areas were clean, had good furnishings and were well-maintained.

Cleaning records were up to date and demonstrated that the premises were cleaned regularly. Clinical waste bins were used and appropriately managed.

Staff adhered to infection control principles, including handwashing. Staff maintained equipment well and kept it clean. Any 'clean' stickers were visible and in date. Staff ensured that the hubs were also clean and tidy and had the appropriate equipment to see clients. Clients in shared care were seen in local GP surgeries which were the responsibility of the practice, but staff worked closely with GPs.

Safe staffing

There were enough staff to meet the needs of clients. The service had been reconfigured several times and reductions in budget had meant that staff had become more generic rather than having specialist roles. The team consisted of a clinical operations manager, two band 7 nurses, four band 6 nurses and four band 4 support workers. Staff worked across three teams which were the shared care team, wellbeing team and the prescribing team. The average caseload for the shared care recovery worker was 44 clients per worker. The other teams did not hold a caseload and saw clients on an appointment basis.

The service delivered 17 clinics per week which were led by either a GP with specialist interest or the nurse medical prescriber within the team.

Staff had received and were up to date with mandatory training. Overall, 85% of staff had completed their mandatory training. Training included adult basic life support; 85.7%, conflict resolution 91%, data security 91%, equality and diversity 96%, fire safety 87%, health and safety 91%, infection control 83%, moving and handling 79%, prevent awareness 91%.

Assessing and managing risk to clients and staff

Staff did a risk assessment of every client at the initial assessment and updated it regularly, including after any incident. Staff from the lead provider were responsible for the overall risk assessment and any prescribing risks would be discussed with the recovery worker. We reviewed four records and found that all records reviewed had an up to date risk assessment. Staff from both agencies were working together to identify and manage risks.

Staff used a recognised risk assessment tool.

Substance misuse services

Staff responded promptly to sudden deterioration in a client's health. Wellbeing nurses were part of the team and completed a health assessment and could signpost clients who required further support.

Staff monitored clients on waiting lists to detect and respond to increases in level of risk.

The service had developed good personal safety protocols, including lone working practices, and there was evidence that staff followed them. Clients were seen at two satellite bases and measures were in place to keep staff and clients safe which included lone working policies and procedures.

Safeguarding

Staff were trained in safeguarding adults and children, knew how to make a safeguarding alert, and did so when appropriate. Safeguarding adults' level 1 83%, safeguarding adults' level 2 91%, safeguarding children level 1 78%, safeguarding children level 2 86%.

Staff gave clients advice and information on the safe storage of medicine at home especially where children were present. The service had raised 16 safeguarding concerns with the local authority between August 2018 and July 2019. Staff worked closely with children's services where clients were pregnant and put measures in place to support clients.

Staff could give examples of how to protect clients from harassment and discrimination, including those with protected characteristics under the Equality Act. The service had disabled access and promoted equality and diversity in their day to day work through involvement with local groups and supporting clients to access to mutual aid.

Staff knew how to identify adults and children at risk of, or suffering, significant harm. This included working in partnership with other agencies such as children's services and local authority safeguarding teams.

Staff access to essential information

All information needed to deliver client care was available to all relevant staff when they needed it and in an accessible form. This included when clients moved between teams. The service used a shared electronic system which was owned by the lead provider. All staff had access to this system including when they were working in the hubs.

Medicines management

Staff had effective policies, procedures and training related to medicine and medicines management including prescribing, detoxification, assessing people's tolerance to medicine and take-home medicine. Naloxone an emergency drug which reverses the effects of opiates to prevent overdose was given to clients to take home. Clients and their families had training on the use of naloxone and when and how to use it. We found that the process for writing prescriptions was safe and managed appropriately. We reviewed the days prescriptions ready for the clinic on the day of the inspection and found that prescribers were working closely with recovery workers and checking that prescriptions were correct.

There were no controlled drugs held on site. Systems were in place to manage client prescriptions. All dispensing was done through arrangements with local pharmacies. GPs prescribed medicine for alcohol detoxes and ongoing support was provided by staff.

Staff reviewed the effects of medicine on client's physical health regularly and in line with national institute for health and care excellence guidance, especially when the client was prescribed a high dose medicine.

Track record on safety

There had been no serious incidents at the service in last 12 months.

Reporting incidents and learning from when things go wrong

All staff knew what incidents to report and how to report them. Staff reported all incidents that should be reported. We reviewed an incident where an ambulance had been called to a client who had overdosed and found that staff responded appropriately. Staff gave examples of where clients aggressive behaviour had meant that clients had to be seen by two staff.

Staff understood the duty of candour. They were open and transparent and were aware of the need to give an explanation to clients and families a full explanation when something went wrong. However, at the time of the inspection there were no incidents to review.

Staff received feedback from investigation of incidents both internal and external to the service. Staff met to discuss that feedback. Mortality review meetings identified lessons

Substance misuse services

learnt and discussed any trends including the increase in use of drugs that were causing harm to clients in the community. Staff had identified an issue with pregabalin and were in discussions with clinical commissioning groups and secondary mental health services to find ways of reducing risks to clients.

There was evidence of change having been made because of the service identifying issues with clients not taking methadone and storing it at home. Clients were moved to supervised consumption if staff suspected that this was an issue.

Are substance misuse services effective? (for example, treatment is effective)

Good 

Assessment of needs and planning of care

Staff completed a comprehensive assessment of each client the overall assessment was completed by staff from the lead provider. Clients were booked into a clinic if a clinical need was identified during the assessment. We reviewed four records and found that each client had an assessment completed.

Staff ensured that any necessary assessment of the client's physical health had been undertaken and that they were aware of and recorded any physical health problems. Wellbeing nurses completed a health assessment. Staff were aware of the chronic health problems faced by some clients and pathways were in place to offer support. The four records we reviewed contained evidence of health and wellbeing screening. The health and wellbeing nurse spoke to us about the systems they had put in place. Care plans were personalised, holistic and recovery-oriented and were updated when necessary.

Staff contributed to the overall care plan which the recovery workers managed. Any clinical interventions were included in the client's overall recovery plan.

Best practice in treatment and care

Staff delivered the clinical element of the treatment pathway for those clients requiring substitute prescribing. Staff ensured that clients' physical healthcare needs were being met. A health care assessment was carried out on all clients referred to the team and this included referral to GP

or hospital if required. Staff gave clients advice and information on harm prevention and supported clients with blood borne virus testing and treatment. This was revisited at each appointment.

Staff supported clients to live healthier lives through harm reduction advice, participation in smoking cessation schemes, acting on healthy eating advice, managing cardiovascular risks, and any other presenting issues.

Staff used recognised rating scales and other approaches to rate severity and to monitor outcomes. Staff were using the treatment outcomes profile to monitor clients progress every 12 weeks, this included an overall review of client's progress including clinical goals.

Staff participated in clinical audit, benchmarking and quality improvement initiatives. Managers completed audits on the detox pathway, wellbeing health checks and safeguarding adults and children. An audit plan was in place for the service which was monitored by the provider. Mandatory rolling audits included infection prevention and control, medicine management, record keeping, and client experience.

Skilled staff to deliver care

The team included registered nurses and support staff who were experienced and had the right skills and knowledge to meet the needs of the client group.

Managers provided new staff with appropriate induction and training. Roles had become more generic due to budget pressures and staff had been supported to increase knowledge in areas where they did not have specialist skills.

Managers provided staff with supervision (meetings to discuss case management, to reflect on and learn from practice, and for personal support and professional development) and appraisal of their work performance. Managers ensured that staff had access to regular team meetings which took place fortnightly. We reviewed the last three team meeting minutes and found that these were well attended and structured. Staff discussed the overall service, any training needs and complex cases to support staff.

All staff had received an appraisal in the last 12 months and staff were receiving regular supervision by managers and with peers informally.

Substance misuse services

Managers identified the learning needs of staff and provided them with opportunities to develop their skills and knowledge. Staff had received further training in chronic health issues to further support clients, training in steroids and how to support clients using these drugs and further training in managing alcohol detox.

Managers ensured that staff received the necessary specialist training for their roles. Staff had moved from specialist roles to more generic roles working with both drug and alcohol user and staff had been supported through this transition

Managers dealt with poor staff performance promptly and effectively and a policy was in place.

Peer support workers were employed by the service to support clients in their care and treatment. These were ex clients who were trained and supported by the staff from the lead provider. Volunteers applied to the service, had an intensive training course and then inducted into the service. Volunteers continued to be supported by staff throughout their placement. Several volunteers had secured full time employment.

Multi-disciplinary and inter-agency team work

Staff held regular and effective team meetings. Complex case review meetings took place to discuss any clients who the service had concerns about. Meetings were attended by members from the lead provider, Spectrum, the local mental health service, and social services. A quarterly mortality review meeting also took place attended by members from both services.

Staff shared information about clients with recovery workers and workers attended clinic reviews, so clients were supported by both teams.

Staff had good links with the community mental health teams and effective working relationships. A specialist mental health worker worked across the service. A social worker from the local authority also attended the service.

Staff had good working links, including effective handovers, with primary care, social services, and other teams external to the organisation.

Good practice in applying the Mental Capacity Act

The service had a policy on the Mental Capacity Act which staff were aware of and could refer to. Staff were aware that a client's capacity could change from each appointment to

the next and if intoxicated this could affect the client's ability to make decisions. Staff assessed clients at each appointment to ensure that the client could retain and understand their care and treatment.

People were supported to make decisions where appropriate and when they lack capacity, decisions were made in their best interest, recognising the importance of the person's wishes, feelings, culture and history.

Staff ensured clients consented to care and treatment, this was assessed, recorded and reviewed in a timely manner.

Are substance misuse services caring?

Good 

Kindness, privacy, dignity, respect, compassion and support

Observations and client satisfaction reports (by people who use services) of staff attitudes and behaviours, when interacting with people who use services, demonstrated compassion, dignity and respect, and provided responsive, practical and emotional support; as appropriate. We observed three clients during clinic and found staff were understanding of client's needs.

Staff said they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes to clients without fear of the consequences.

Staff supported clients to understand and manage their care, treatment or condition. Clients were given advice and information during clinic reviews about the impacts of using both legal and illegal drugs whilst on medicine and the effects on their overall health.

Staff directed clients to other services when appropriate and, if required, supported them to access those services. This included a social café where clients could go to meet other people and socialise in a safe environment.

The service had clear confidentiality policies in place that were understood and adhered to by staff. Staff maintained the confidentiality of information about clients.

The service had a record that confidentiality policies have been explained and understood by people who use the service.

Substance misuse services

Involvement in care

Staff involved clients in their own care and treatment. Clients were given an overview of the service and what treatment options were available. Staff communicated with clients so that they understood their care and treatment, including finding effective ways to communicate with clients with communication difficulties.

Staff engaged with people using the service, their families and carers to develop responses that met their needs and ensured they had information needed to make informed decisions about their care.

Staff encouraged clients to give feedback on the service they received. Client feedback forms were given out and collated by the service. The two providers took turns to complete these with clients and their families.

Staff enabled families and carers to give feedback on the service they received. Families could contact the service and speak to staff if clients gave consent. Staff worked with the local carers service who offered support to client's families.

Staff provided carers with information about how to access a carer's assessment. The service signposted families to services that could support them.

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

Good 

Access and discharge

The service was open access and clients could self-refer either by phone or in person or through a third party such as mental health team or GP. All referrals were managed by the recovery team who would complete a comprehensive assessment and if the client required medicine then a referral to the clinical team was made. The clinical service offered 17 clinics per week across three locations.

The service had a clearly documented admission criteria and alternative treatment options were discussed if a person was not able to comply with specific treatment requirements.

The service had a set a target for time from referral to triage to comprehensive assessment and from assessment to treatment/care which was consistently met at 21 days.

The service could see urgent referrals quickly, either prison releases or hospital discharges.

The service had processes in place for when clients arrived late or failed to attend their appointments which were fair and reasonable and did not place the client at risk. If a client missed two appointments, they were passed to the recovery team to engage and the prescription was held back until the client had been seen.

Recovery and risk management plans reflected the diverse and complex needs of the person including clear care pathways to other supporting services such as maternity, social, housing mental health services.

Staff worked with the client and recovery worker to agree treatment goals at point of entry into treatment, and at review meetings at least every three months. In the records we reviewed we saw evidence that this was happening.

The facilities promote recovery, comfort, dignity and confidentiality

The service had a range of rooms and equipment to support treatment and care. There was a clinic room to examine clients, enough chairs in the waiting area, individual therapy rooms and group rooms. The main hub was in Wakefield and the staff used two satellite facilities to see clients who could not attend the hub.

Clients' engagement with the wider community

Staff supported clients to maintain and improve relationships with family members. The service engaged with family members where consent had been obtained. Clients were encouraged to attend recovery groups, group work, mutual aid meetings and the social café.

Staff encouraged clients to access education and training dependant on their stage of recovery. Volunteering opportunities were available with the main provider and ex-clients were employed at the service. Clients were encouraged to attend peer support groups to help develop and maintain relationships, both within the services and the wider community.

Meeting the needs of all people who use the service

Substance misuse services

Staff demonstrated an understanding of the potential issues facing vulnerable groups. Any needs were identified during assessment and the service offered flexibility to meet needs. Clients could be seen away from the service in the local community and home visits could be arranged. The service had links with lesbian, gay, bisexual, and transgender groups, a specialist midwife service and domestic violence services. Records could be restricted if needed to protect clients.

Staff ran late night clinics for those people who couldn't attend during the day.

Listening to and learning from concerns and complaints

The service had received one complaint which was in relation to prescribing. The complaint was fully investigated and although it was not upheld a full explanation was given to the client. The service received 26 compliments in the last year. Clients were given information on how they could make a complaint and posters were visible in client areas. Managers tried to resolve client concerns but would investigate further if needed. Managers from other services could be used to carry out investigations if needed.

Are substance misuse services well-led?

Good 

Leadership

Leaders had the skills, knowledge and experience to perform their roles. The manager was supported by the service manager from the lead organisation. The management team worked well together to ensure the safe and effective running of the service. The service was supported by senior managers within both organisations.

The service had a clear definition of recovery and this was shared and understood by all staff. Leaders had a good understanding of the services they managed. They could explain clearly how the teams were working to provide high quality care.

Leaders were visible in the service and approachable for clients and staff.

Vision and strategy

Staff understood the vision and strategy of the service. Senior managers had communicated the vision of the provider and the joint vision of the service. Inspiring recovery was the overall service and was a partnership between two different providers who shared the vision of recovery. The service provided a personal approach to substance recovery and tailored treatments to suit the needs of clients.

Culture

Staff felt respected, supported and valued by the organisation. The service was going through a retendering process and all staff remained positive about the service they were delivering to clients.

The provider recognised staff success through staff recognition and staff awards. Staff had development plans in place that included conversations about career development and how it could be supported. Staff were supported to explore training needs.

The service had a policy in place to respond proactively to bullying and harassment cases. Staff had access to support for their own physical and emotional health needs through an occupational health service.

Staff reported that the provider promoted equality and diversity in its day to day work and in providing opportunities for career progression. Teams worked well together and if issues arose then a process was in place to resolve them appropriately.

Governance

There were systems and procedures in place to ensure that the premises were safe and clean; there were enough staff; staff were trained and supervised; clients were assessed and treated well. Incidents were reported, investigated and learned from.

There was a clear framework of what must be discussed in team meetings to ensure that essential information, such as learning from incidents and complaints, was shared and discussed. Management meetings took place regularly to ensure oversight of the service. Quarterly contract meetings took place with commissioners. Informal meetings took place weekly or whenever needed between senior managers in both organisations.

Substance misuse services

Staff had implemented recommendations from reviews of deaths, incidents, complaints and safeguarding alerts at the service level. Incidents where clients had died whilst accessing treatment were regularly reviewed, and improvements made.

Staff undertook or participated in local clinical audits. The audits were enough to provide assurance and staff acted on the results when needed. Audits included client records to ensure that risk assessments were up to date, clients had received and were up to date with physical health checks.

Data and notifications were submitted to external bodies and internal departments as required. This included notifications to CQC, local safeguarding teams and Public Health England.

Management of risk, issues and performance

There was a clear quality assurance management and performance framework in place. The provider was subcontracted to deliver the shared care and prescribing element of the contract. Key performance indicators had been agreed with the lead provider and the local authority. The manager was required to submit a performance return to the lead provider for discussion before the quarterly performance meetings with the local authority. Performance reports were available to managers who used this information to improve the service.

Staff maintained and had access to the risk register at a local level and this fed into the organisation risk register. Staff at the service could escalate concerns when required. The key performance indicator regarding clinic delivery was on the risk register as the current contract ends on 31 March 2020.

The service had plans for emergencies such as adverse weather or a flu outbreak.

Information management

The service used an electronic case management system that allowed data to be collected for case management audits and contractual performance reports. The system allowed information to be collected in ways that were not over-burdensome for frontline staff. The lead provider kept a database of all clients and could run reports to notify staff when clients were due for reviews and appointments.

The manager had access to information to support them with their management role. Systems allowed them to run bespoke performance reports and reports relating to staffing and client caseloads. Information was in an accessible format, and was timely, accurate and identified areas for improvement.

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

Staff made notifications to external bodies as needed. All information needed to deliver care was stored securely and available to staff, in an accessible form, when they needed it.

The service ensured service confidentiality agreements were clearly explained including in relation to the sharing of information and data. A policy was in place and clients were asked to give written consent to share information.

Engagement

Staff, clients and carers had access to up-to-date information about the service and the services they used through the intranet, provider website and the notice boards in the reception area.

Clients and carers had opportunities to give feedback on the service they received in a manner that reflected their individual needs. Clients were encouraged to complete feedback forms.

The lead provider engaged with local commissioner's in regular contract review meetings. The commissioner for the service was the lead provider who subcontracted with Spectrum to deliver the shared care and prescribing interventions. We spoke to staff from the other provider during the inspection who did not raise any concerns.

Learning, continuous improvement and innovation

Staff had done work with clients around blood borne virus testing and worked with primary care to get blood test results much quicker. The service had worked with primary care around a Chronic Obstructive Pulmonary Disease pilot and had used handheld monitors in the clinics to identify clients who may need further treatment. Staff had received further training to support clients who may be at risk.

Staff had attended alcohol groups and were delivering training on what to expect from a detox.

This section is primarily information for the provider

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.

This section is primarily information for the provider

Enforcement actions

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.