

CGL Manchester

Quality Report

43a Carnarvon Street
Manchester
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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location

Good 

Are services safe?

Requires improvement 

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 the service as good because:

- Feedback from clients and carers was very positive. Staff supported clients in a very caring way to participate in activities run by the service and in the community.
- Staff responded to changing risks to clients, or posed by them.
- The service provided a robust prescribing and therapeutic programme tailored to the needs of clients and in line with National Institute for Health and Care Excellence guidelines.
- The service used newly appointed staff to specifically reduce the number of clients not attending appointments by identifying those at risk of disengaging from or experiencing unplanned exit from the service during treatment. They contacted those at risk between appointments and co-ordinated their care and treatment between teams with CGL Manchester.

However;

- There was a breach of infection control with wet mops and cloths not stored correctly to the extent that they were being stored over unopened boxes of needles for the needle exchange. The boxes were wet.
- In one location a security door was damaged allowing the public uncontrolled entry.
- The provider should review its current infection control training to understand whether it is adequate for the needs of the service
- Clients' care records were not always updated in a consistent format. Individual care and recovery plans were not updated as individual plans. Instead staff updated the 'contacts' section with all new information. New users of the system would be unclear were to access current information or assessments.
- Management systems were not always effective. Despite monthly clinical audits being completed the issue of safe storage of cleaning equipment and needles for the needle exchange was not identified. There was a failure to maintain the buildings environments to a safe standard.

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 

CGL Manchester

Services we looked at

Substance misuse services

Summary of this inspection

Background to CGL Manchester

CGL Manchester is a community based service which is registered to provide the regulated activities of 'Treatment of disease, disorder or injury' for people who have drugs and/or alcohol support needs.

CGL Manchester operates from three locations in the city at 43a Carnarvon Street, Bradnor Point and the Zion Centre. Clients can access the service between 9am and 8pm Monday to Friday and Saturday mornings. There are 2,500 clients accessing the service at any given time.

Before it was registered as 'CGL Manchester' the service was registered as part of CGL 'Midlands and North Regional Office', which we inspected in August 2017.

The service has a registered manager.

CGL Manchester was registered by CQC on 29 January 2018 and this is its first inspection since this registration.

Our inspection team

The team that inspected the service comprised two CQC inspectors, one CQC assistant inspector and a specialist adviser with a variety of experience of working in substance misuse services.

Why we carried out this inspection

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

How we carried out this inspection

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

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

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

During the inspection visit, the inspection team:

- received a presentation from the registered manager

- visited 43a Carnarvon Street, Bradnor Point and the Zion Centre and looked at the quality of the care environment at each location and the management of infection control
- spoke with four clients, three carers, two prescribing doctors, the registered manager and the service manager at Carnarvon Street, a nurse prescriber, a project worker, a recovery champion, a peer supporter and three volunteers (all of whom were former clients)
- attended and observed a RAMP (Recovery and Motivation Programme) meeting and a daily 'flash' meeting where staff discussed issues around risk for clients and plan for the day
- looked at 14 clients' care and treatment records
- checked the medication management and infection control procedures

Summary of this inspection

- looked at policies, procedures and other documents relating to running the service.

What people who use the service say

We spoke with four clients and received comment cards from a further nine. Clients said they felt supported and safe visiting the three locations. They felt motivated to recover and said they had made progress during their time in treatment. Clients described it as an essential lifeline as, in addition to treatment for substance misuse, the therapeutic and drop-in activities offered by the provider reduced the challenge of social isolation they felt.

We saw evidence that clients and carers were supported to access other mutual aid groups in the community to help them with their substance misuse including Alcoholics Anonymous (AA), and Narcotics Anonymous (NA).

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as requires improvement because:

- The provider did not always provide care and treatment in a safe way. At Bradnor Point, we found cleaning materials and medical equipment stored together in the same cupboard, creating a risk of contamination.
- At 43a Carnarvon Street, the security door at the bottom of the stairs to the first floor was insecure, allowing visitors unauthorised access to upstairs toilets and a group work room.

However:

- Clients' records contained risk assessments and staff were aware of risk and knew how to update the providers risk register and escalate risk issues.
- Key workers told us and records confirmed that staff recognised and responded to warning signs and deterioration in client's physical and mental health.
- Staff had a good understanding of and responded appropriately to safeguarding concerns.

Requires improvement



Are services effective?

We rated effective as good because:

- Clients had comprehensive care and recovery assessments in place. These covered their physical health, their substance misuse and included links between mental and physical health issues.
- Staff provided evidence based treatment interventions.
- Former clients were used as a resource by the provider to support clients as recovery champions and volunteers.

However:

- Staff recorded all new assessments and information within the 'contacts' area used in the client computer system rather than updating the assessments made when clients entered the service. Staff demonstrated that they knew where to access this information and we observed them deal with outside enquiries quickly and comprehensively using the 'contacts' area as the reference point. However, new staff would expect to find new assessments updated as specific plans other than within the generic 'contacts' log.

Good



Summary of this inspection

- The provider should review its current infection control training to understand whether it is adequate for the needs of the service.

Are services caring?

We rated caring as good because:

- Staff treated clients with compassion and kindness. They respected clients' privacy and dignity, and supported their individual needs. Staff involved patients and those close to them in decisions about their care and treatment. The provider included clients when they made changes to the service.
- Staff communicated well with clients so they understood their care and treatment. This included finding effective ways to communicate with clients with communication difficulties.

Good



Are services responsive?

We rated responsive as good because:

- Clients could access the service closest to their home when they needed it. Waiting times from referral to treatment and arrangements to assess, treat and discharge patients were in line with good practice.
- There were newly appointed staff whose role it was to identify clients at risk of disengaging from the provider. They contacted these clients outside the service and between appointments to reduce the incidents of nonattendance at appointments.
- The provider encouraged clients to access community services such as Alcoholics Anonymous and Narcotics Anonymous, education and work opportunities.
- The provider aimed to meet the needs of all clients using it – for example, by facilitating a Lesbian Gay Bisexual Transgender foundation group and a Farsi-speaking Narcotics Anonymous group.

Good



Are services well-led?

We rated well led as good because:

- Managers and leaders had the skills, knowledge and experience to perform their roles.
- Staff had the opportunity to discuss strategies, systems and processes with leaders in a candid way.
- The management of risk, issues and staff performance was effective.

Good



Summary of this inspection

- Engagement between staff, clients, carers, managers and senior leaders was central to the way the provider operated with evidence that all groups were consulted and the way the provider delivered its service.

However

- The provider should review its management procedures to ensure senior managers are aware of all environmental issues and action is taken to resolve them.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff received training in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff we spoke with understood the concept of assuming capacity and that clients can make unwise decisions.






Records reviewed showed evidence of clients giving their consent to treatment and sharing of information. There were no examples where there were reasons to doubt a client's capacity and make decisions in their best interests.

Overview of ratings

Our ratings for this location are:

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

Substance misuse services

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

Are substance misuse services safe?

Requires improvement 

Safe and clean environment

Each of the three locations had accessible rooms to see clients in. Areas that clients had access to were clean and comfortable. However, furnishings and seating were worn in places.

The provider did not always provide care and treatment in a safe way. At Bradnor Point, cleaning materials and medical equipment were stored in the same cupboard. Used wet floor mops and cleaning cloths were stored over unopened boxes of needles for the needle exchange. Fluid from the mops and cloths had dripped onto needle boxes. Fluid from these cleaning materials has the potential to contain blood-borne viruses and bacteria hazardous to human health, leading to possible cross-contamination of sterile needles stored in boxes underneath. The provider immediately destroyed the contaminated boxes.

At 43a Carnarvon Street, the security door at the bottom of the stairs to the first floor was not secure. The door did not close properly and, did not automatically lock on closing allowing patients and the public access the stairs to the first floor without staff knowledge.

Also at 43a Carnarvon Street, both toilets on the first floor had seats and lids that were detached from the toilet unit, posing a risk of injury to staff and clients. Doors to these toilets from the corridor had handles that had become detached from the doors.

Clinic rooms were well-equipped with the necessary equipment to carry out the physical examinations required.

These contained equipment including electrocardiograms, equipment to measure blood pressure, weighing scales, blood testing equipment including for blood borne viruses. All equipment was clean, tested and calibrated if this was required.

While Infection control was delivered within other training modules, the breach in infection control procedures questioned how effective this training was and how it impacted on staff.

The disposal of clinical waste at all three sites was efficiently managed by a contracted waste management company.

Safe staffing

CGL Manchester had enough skilled staff to meet the needs of clients and had contingency plan in place to manage unforeseen staff shortages. They had one hundred staff consisting of a consultant psychiatrist, doctor, four non-medical prescribers, eight nurses, engagement and recovery co-ordinators and recovery champions.

The provider had cover arrangements for sickness, leave and vacant posts, which ensured appropriate cover to ensure clients safety. Levels of sickness and turnover were in line with CGL's national target with 2% long term sick. There was a 9% turnover of staff.

A duty system was in place ensuring there was always a member of staff available to see any clients who arrived at the provider seeking help and support.

The management team proactively assessed current staffing levels and absence to anticipate potential

Substance misuse services

shortfalls. Staff reported that groups and appointments were rarely cancelled. Current caseloads averaged at forty-five clients, staff did not feel this caseload was inappropriate.

CGL Manchester embeds personal safety protocols for staff including lone working policies where necessary.

Staff received and were up to date with appropriate mandatory training. This included basic life support, data protection and equality and diversity. Staff were above 95% compliant in all required units.

Assessing and managing risk to patients and staff

Staff undertook a risk assessment of clients at their start of treatment. They updated them at least every three months or earlier to respond to changes in circumstances. We reviewed 14 care records. While most risk assessments were personalised, comprehensive and understood by all the staff on admittance, three had short one-word answers or were limited in detail.

However, staff recorded the most recent care information or updates on risk on the daily 'contacts' used in records rather than in the existing care records. This meant new staff might access records without realising they had been updated elsewhere. Staff demonstrated that they knew where to access this information and we observed them deal with outside enquiries quickly and comprehensively using the 'contacts' area as the reference point.

Staff recorded actions to mitigate or reduce risks in the records we reviewed. These actions included evidence of harm minimisation advice. We saw evidence of staff recognising and responding to warning signs and deterioration in clients physical and mental health. They discussed individual risks and how to manage them during daily staff meetings and through emails to ensure staff were aware of any imminent concerns.

Clients were made aware of the risks of continued substance misuse and harm minimisation/safety planning was an integral part of recovery plans.

Staff ensured that clients had plans in place should they unexpectedly exit from treatment or disengage from the provider.

The provider had processes such as observed consumption in place. This was implemented when there were suspicions or there was evidence that clients had passed on their medication to a third-party for illicit purposes (an act commonly known as diversion).

Newly appointed staff undertook outreach work to check on the welfare of individuals who were at increased risk of not attending appointments. They utilised the missed appointment protocol to analyse monthly missed appointment data to reduce the number of clients who did not attend appointments.

Safeguarding

Staff were trained in safeguarding and knew how to make a safeguarding referral. It was mandatory for all staff to attend training in safeguarding adults and children. Compliance for both units was at 98%. Staff could give examples of how to protect clients and what constituted a safeguard concern and how they would escalate it.

Managers discussed safeguarding issues within teams, across services and with other agencies to promote safety including systems and practices in information sharing. There was statutory guidance around adults at risk and children and young people safeguarding and all staff had attended safeguarding awareness training.

Staff access to essential information

When clients initially engaged with the provider staff completed and collected a range of assessments, plans and personal data. These were stored electronically.

Staff recorded all updated assessments and information within the 'contacts' area used in the client computer system rather than updating the assessments made when clients entered the service. Staff demonstrated that they knew where to access this information and we observed them deal with outside enquiries quickly and comprehensively using the 'contacts' area as the reference point. However, new staff would expect to find new assessments updated as specific plans other than within the generic 'contacts' log.

The provider had a clear confidentiality policy in place that was understood and adhered to by staff.

Medicines management

Substance misuse services

Staff had effective policies, procedures and training related to medication and medicines management including: prescribing, detoxification, assessing clients tolerance to medication, and take-home medication, for example naloxone.

Staff followed good practice in medicines management including administration, medicines reconciliation, recording and disposal. This was done in line with national guidance.

Staff reviewed effects of medicines on client's physical health regularly and in line with National Institute for Health and Care Excellence guidance.

Track record on safety

CGL Manchester have had one serious incident in the last 12 months. This is still under investigation.

Managers had an understanding around their duty of candour. They gave examples of being open and transparent when explaining to a client when something went wrong.

Reporting incidents and learning from when things go wrong

All staff knew what incidents to report and how to report them.

Staff were clear about their roles and responsibilities for reporting incidents, were encouraged to do so and reported in a consistent way. We observed clients raising a concern about the environment and this was recorded on the maintenance incident reporting system. Minutes confirmed that incidents were discussed at team meetings.

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

Good 

Assessment of needs and planning of care

Staff carried out comprehensive assessments of clients coming into treatment with the provider. These identified the clients key worker/care co-ordinator. The assessment looked at a client's drug and alcohol use, physical health, mental health, social factors, criminal involvement,

previous treatment experiences, children and families. We looked at 14 treatment records. Clients felt that staff had considered their needs during the assessment process and that this was regularly discussed in key work sessions and groupwork.

Outcomes were monitored through a three-monthly review process called Treatment Outcome Profile (TOP). This assessed more social outcomes in relation to physical health, social connectedness, and housing.

Systems were also in place to allocate staff who provided post discharge support and recovery check-ups were in place to maximise recovery and respond where necessary.

Best practice in treatment and care

Staff provided a range of care and treatment interventions which were evidence based. The interventions were those recommended by, and were delivered in line with, guidance from the National Institute for Health and Care Excellence. These included medicines and psychological therapies, activities, training and work opportunities intended to help clients.

The provider identified and embedded relevant and current evidence-based best practice and guidance, for example National Institute for Health and Care Excellence guidance and National Treatment Agency for Substance Misuse tools, to provide quality care.

Staff provided groups and key work sessions underpinned by recommended interventions including cognitive behavioural therapy, motivational interviewing and solution-focused brief therapy. In line with the Department of Health's guidance that treatment for drug misuse should always involve a psychosocial component.

Staff supported clients by using evidence based best practice methodologies such as mutual aid groups in the community. There was information available throughout the locations of available groups in the area and clients were also able to attend groups delivered by CGL Manchester.

Staff supported clients to live healthier lives. For example, through participation in smoking cessation schemes, healthy eating advice, exercise and dealing with issues relating to substance misuse. Staff assessed a client's status for blood borne viruses at the point of entry into the service and during medical reviews.

Substance misuse services

The CGL organisation had a framework for services to complete audits at local and national levels. CGL Manchester also had a local audit programme focussing on health and safety, safeguarding and information governance.

Skilled staff to deliver care

CGL Manchester had a range of disciplines to provide treatment and support. This included doctors, nurses, recovery and group workers, social workers and volunteers who had their own experience of substance abuse.

All staff were provided with a comprehensive induction. The staff were appropriately experienced and qualified. They had opportunities to develop their skills and knowledge in training beyond the organisation's mandatory requirements. The appraisal rate was 100%.

Staff received supervisions, and regular team meetings. Clinical staff attended additional clinical supervision to their management supervision and compliance was 100%. Volunteers were assigned to recovery workers who provided their supervision.

Mandatory training had been completed by staff. The lowest percentage was 87%.

The provider ensured that robust recruitment processes were followed as well as systems to address poor staff performance.

A job role had recently been created to liaise between teams co-ordinating improved engagement and support ensuring clients accessed support. They also monitored clients identified to be at risk of not attending appointments conducting outreach visits to support clients to access the service.

Multi-disciplinary and inter-agency team work

A range of disciplines attended regular and effective multi-disciplinary meetings to discuss clients which staff felt would benefit from a detailed multi-disciplinary approach. These included for example, community mental health teams, children and family services, social workers and criminal justice services.

All disciplines appropriately contributed to well-balanced discussions which included consideration of prescribing needs, current drug or alcohol use, safeguarding, physical health, mental health, client preferences, engagement,

risks and social factors. Key workers were clearly identified with agreed actions and plans recorded in minutes and into the client's records. The provider had effective protocols in place for the shared care of clients.

The provider had introduced daily flash meetings. Staff attended the meetings that lasted approximately 15 minutes each morning. The meetings discussed staff issues, the day's activities, incidents from the previous day, and any key concerns about clients. Staff spoke positively saying the introduction of the meetings had brought a new focus and clarity for the objectives for that day.

The provider discharged clients when specialist care was no longer necessary and worked with relevant supporting services to ensure the timely transfer of information.

Good practice in applying the MCA

The provider had a policy on the Mental Capacity Act which staff were aware of and could refer to.

Clients were supported to make decisions where appropriate and when they lacked 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, that this was assessed, recorded and reviewed in a timely manner.

CGL included two modules on mental capacity as part of staff's mandatory training requirements. These were supporting clients to make their own decisions and making day to day decisions about care and support. Staff were compliant in these at 89% and 87% respectively.

Are substance misuse services caring?

Good 

Kindness, privacy, dignity, respect, compassion and support

Clients reported that staff were compassionate and treated them with dignity and respect at all times. They emphasised that staff provided them with responsive, practical and emotional support when needed. We observed staff interacting with clients with kindness and patience during appointments and groups. Staff spoke about clients in a respectful manner.

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Involvement in care

Staff communicated well with clients so they understood their care and treatment. This included finding effective ways to communicate with clients with communication difficulties.

Each client had a recovery plan and risk management plan in place that demonstrated their preferences, for recovery goals.

Staff actively engaged clients, and their families/carers in planning their care and treatment. They encouraged clients to engage with their families and carers in that planning process.

Clients feedback was gathered through a variety of mediums including surveys, meetings and discharge interviews. Responses and changes to services was acknowledged through a 'you said, we did' approach.

There was client involvement in recruitment processes and attendance at team meetings. Feedback was gathered by clients' representative groups offering advice, opinions, and ideas on the provider.

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

Good 

Access and discharge

CGL had a strong admission process, there was clearly documented acceptance and referral criteria that had been agreed with relevant services and key stakeholders.

The provider had a set a target for time from referral to triage to comprehensive assessment and from assessment to treatment/care. There was also a process for urgent referrals.

There were alternative care pathways and referral systems in place for clients whose needs could not be met by the provider. There was evidence that staff had discussed alternative treatment options with clients if the provider was not able to meet with specific treatment requirements.

The provider 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 clients at risk.

Recovery and risk management plans reflected the diverse/complex needs of clients. These included clear care pathways to other supporting services, for example maternity, social, housing or other mental health providers.

The provider was discharge-oriented with evidence staff planned for clients discharge on entry, which included good liaison with GPs. Staff supported clients during referrals and transfers between services.

The facilities promote recovery, comfort, dignity and confidentiality

All locations had sufficient rooms and equipment to support treatment and see clients. Rooms were mostly quiet and private.

Clients could access drinks at all locations and breakfast clubs were utilised to encourage engagement. Staff delivered a range of groups for clients. These varied depending on the stage of a client's treatment and depending on the client's substance of misuse. There was information available or displayed by posters relating to support groups, local services, health based information, medications and current drug warnings.

Patients' engagement with the wider community

Staff encouraged clients to access positive and meaningful opportunities in the community with social, recreational and educational activities. Staff worked on this throughout their involvement with clients so that they could have the networks and meaningful activity to support their recovery in the longer term.

Staff encouraged clients to develop and maintain relationships with people that mattered to them, both within the services and the wider community.

When appropriate, staff ensured that clients had access to education and work opportunities.

Meeting the needs of all people who use the service

The provider demonstrated an understanding of the potential issues facing vulnerable groups, (for example, lesbian gay bisexual transgender, black minority and ethnic

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groups, older people, people experiencing domestic abuse and sex workers) and offered appropriate support. They supported these groups by holding clinics in locations these groups already utilised.

CGL recognised the need to consider the needs and diversity of sexuality and gender identity based cultures. They had a transgender equality policy for both staff and clients. There were staff leads to support not only staff but also clients around lesbian, gay, bisexual and transgender issues. There was a dedicated transition worker for younger adults, and also a family worker to support the children of clients.

Listening to and learning from concerns and complaints

Staff protected patients who raised concerns or complaints from discrimination and harassment.

The provider had a clear complaints system to show how complaints were managed and lessons were learnt and were acted upon to improve the quality of the service.

While there had been three complaints there was no identifiable theme. Records demonstrated that these had been responded to in accordance with the providers complaint policy, with one being upheld. There had been six compliments.

Are substance misuse services well-led?

Good 

Leadership

Leaders provided clinical leadership through regular staff supervision, mentoring and holding specific workshops and meetings to disseminate new national and provider clinical best practice guidelines.

Leaders had the skills, knowledge and experience to perform their roles.

The organisation has 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 patients and staff.

Vision and strategy

CGL's values were focus, empowerment, social justice, respect, passion and vocation. Staff knew the organisation's values and their behaviours reflected these. They could explain how they were working to deliver high quality care within the budgets available.

Values were encompassed in the appraisal process and into the service's recruitment considerations.

Culture

Staff reported that they felt positive, satisfied and had low levels of stress. They were respected and valued. They were positive and proud about the organisation they worked in. They pointed to staff awards events where staff success was celebrated and rewarded.

Staff appraisals included conversations about career development and how it could be supported. They included the organisations vision and values. All staff felt supported by their peers and most staff felt they could raise concerns if needed without fear of victimisation. Staff had access to support for their own physical and emotional health needs through an occupational health service, and equality and diversity was promoted in the workplace.

The provider monitored staff morale, job satisfaction and sense of empowerment through workplace surveys

Governance

CGL Manchester had governance policies, procedures and protocols in place to monitor and manage their objectives and meet required standards. These were regularly reviewed and improved and included an equality impact assessment. Staff undertook or participated in local clinical audits. The audits were used to provide assurance and staff acted on the results when needed.

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

Data and notifications were submitted to external bodies and internal departments as required.

Substance misuse services

The provider had a whistle blowing policy in place and staff told us they felt confident they could raise issues with their managers.

While there was evidence that procedures were in place for environmental audits, and these audits were taking place there were several issues around maintenance and infection control which should have been resolved if these were audits were accurate and acted upon.

Management of risk, issues and performance

Risk management and themes were discussed within CGL's governance structures both within the CGL Manchester but also within the wider group of CGL. All staff had the ability to submit items to the local risk register. These would be discussed through monthly governance meetings which staff attended. If appropriate, risks could then be escalated to the organisation's corporate risk register.

There were clear quality assurance management and performance frameworks in place that are integrated across all organisational policies and procedures.

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

Information management

Staff had access to the current information and equipment required to complete their roles and to provide client care. They used electronic systems to maintain client records. Staff felt confident in using the systems and could demonstrate an awareness of information governance.

Engagement

Staff, patients and carers had access to up-to-date information about the work of the provider and the services they used – for example, through the intranet, social media, posters and leaflets available at each location.

Patients and carers had opportunities to give feedback on the service they received in a manner that reflected their individual needs.

Patients and staff could meet with members of the provider's senior leadership team and governors to give feedback.

Directorate leaders engaged with external stakeholders such as commissioners, GPs, the relevant mental health trust and the probation service.

Learning, continuous improvement and innovation

The organisation encourages creativity and innovation to ensure up to date evidence based practice is implemented and imbedded. Staff could contribute ideas to drive improvements in the service. They told us that they could do this through their team meetings, via vocational meetings such as the nurses forum and that innovation was welcomed and considered. Quality improvement was included as an agenda item in monthly meetings.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that the security door at the bottom of the stairs to the first floor at 43a Carnarvon Street is repaired.
- The provider must ensure that medical equipment and cleaning materials are stored appropriately to remove the risk of contamination.

Action the provider **SHOULD** take to improve

- The provider should consider updating clients care records and assessments in line with records and assessments completed on entering the service to ensure a consistency of approach.

- The provider should review its management procedures to ensure senior managers are aware of all environmental issues and action is taken to resolve them.
- The provider should review its current infection control training to understand whether it is adequate for the needs of the service.

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.

| Regulated activity | Regulation |
|---|---|
| Diagnostic and screening procedures Treatment of disease, disorder or injury | Regulation 12 CQC (Registration) Regulations 2009 Statement of purpose Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Safe care and treatment Medical equipment and cleaning materials were stored together at Bradnor Point. This led to possible infection control issues and cross contamination. This was a breach of Regulation 12 (2) (e) and (h). |

| Regulated activity | Regulation |
|---|--|
| Diagnostic and screening procedures Treatment of disease, disorder or injury | Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Premises and equipment The security door at Carnarvon Street was in a poor state of repair and was unable to lock securely. This allowed clients and the public to gain access to the first floor of the building without staff knowledge. This is a breach of Regulation 15 (1) (e). |