

Delphi Medical Consultants Limited

Winstone House - Horizon

Inspection report

Winstone House
199 Church Street
Blackpool
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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 service 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. They provided a range of treatments suitable to the needs of the clients and in line with national guidance about 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. 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:

- Equipment requiring calibration should have an up-to-date sticker confirming calibration.
- Not all clinic rooms had examination beds or were neat and tidy.
- 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.
- Privacy and confidentiality were not always maintained in the reception area.
- 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.

We rated this service as good because it was safe, effective, caring, and responsive, and well led.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Community-based substance misuse services	Good 	

Summary of findings

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Summary of this inspection

Background to Winstone House - Horizon

Winstone House – Horizon provides community substance misuse services for the Blackpool area. The service is run by Delphi Medical Consultants Limited. The service is commissioned by the Local Authority as part of a wider service pathway.

Winstone House – Horizon provides services for specialist substance misuse which include substitute prescribing and recovery coordination. Those whose primary diagnosis is alcohol related are treated by a sister service, that is registered separately.

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

Treatment of disease, disorder, or injury.

The service prior to this registration had been inspected in November 2019 and rated as good in all domains of safe, effective, caring, responsive and well led.

Delphi Medical also provided a sister service which was registered separately and delivered treatment for clients requiring alcohol services. Both services had the same managers, and most staff work across both services. We inspected both services at the same time and that service is subject to a separate report. Within these reports there is some data, that the provider could not separate between the two services.

What people who use the service say

We spoke with 10 clients and 2 carers; all spoke positively about the service citing incidents where staff had in their opinion gone above and beyond normal expectations and supported them physically and emotionally.

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 alcohol 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 Winstone House in Blackpool, looked at the quality of the environment and observed how staff were caring for clients.
- spoke with 10 clients who were using the service,
- spoke with two carers/family members of clients who were using the service,
- spoke with both the service manager, deputy manager and team leaders who had responsibility for service delivery,
- spoke with other staff members including service doctor, nurses, and recovery practitioners.

Summary of this inspection

- looked at 8 care and treatment records of clients, observed two multi-disciplinary team meetings or flash meetings and one group work session,
- 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 **SHOULD** take to improve:

Core/additional service [amend as appropriate – if there is only one service, delete this heading]

- The service should ensure that all equipment requiring calibration should have an up-to-date sticker confirming calibration. Regulation 15(1)(e).
- The service should ensure that all clinic rooms have 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 in reception area. Regulation 10(2)(a).
- The service should record physical health checks for wider physical health issues in accordance with National Institute for Health and Care Excellence guidelines (NICE) within physical health records. Regulation 17(2)(a).
- 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

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.

Winstone house is a large Victorian building which housed other services under the banner of Horizon. It had recently been renovated which included redesigning the foyer into an open plan welcoming space. There were 5 clinic rooms, some shared by other services, a large group work room as well as a therapy room and a sensory room with lights, bubbling water and music for clients who would benefit from a calmer environment.

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.

All interview rooms had alarms and staff available to respond. Staff had access to personal attack alarms and the receptionists had a panic button.

Not all clinic rooms had the necessary equipment for clients to have thorough physical examinations. One clinic room did not have examination bed while in another the bed did not rise. The service was aware of this and had orders in place to replace. On the day of our inspection one of these rooms was being used by a smoking cessation service.

All areas were clean, well maintained, well-furnished and fit for purpose. However, some clinic rooms were cluttered with boxes of medical supplies as there were no cupboards.

Staff made sure cleaning records were up-to-date and the premises were clean. While the building was not the sole responsibility of Delphi Medical, managers did environmental audits and ensured staff-maintained cleaning records.

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.

Community-based substance misuse services

Staff did not always ensure equipment was well maintained, clean and in working order. In the clinic rooms we found weight scales, electrocardiogram (ECG) and blood pressure machines had out of date calibration stickers. However, the provider was able to provide evidence that they had been calibrated by a professional company and that the calibration was in date. They also immediately ordered the company to return and complete another calibration. The environmental audits did not require checks for calibration stickers.

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 and support staff to keep clients safe. The service had 64 staff members. These included 3 doctors, 6 nurses and non-medical prescribers, 1 psychologist, 15 recovery practitioners as well as 4 family practitioners. They also had a safeguarding lead and other managers and support staff.

The service had low vacancy rates. The service had 6 vacancies; 2 wellbeing practitioners were waiting for a start date. They were in the process of recruiting a cognitive behavioural therapist, another therapist, and a family recovery practitioner. There was also a vacancy for the clinical manager and at the time of inspection the service was actively recruiting to that role.

Managers made arrangements to cover staff sickness and absence. The service sickness rate between December 2022 to 2023 was 4.68%.

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 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 supported staff who needed time off for ill health.

Managers used a recognised tool to calculate safe staffing levels. The service was split into different teams. The access to treatment team did initial assessments and at the time of inspection there was a core coordinator supported by 3 apprentice support workers, that team had a total of 42 clients. The core team had responsibility for clients who were not high risk and this team had 7 recovery practitioners (1 of whom was part time) with an average case load of 61. The prison link worker had a caseload of 12.

The Oasis team who carried those clients with a higher risk had 8 recovery practitioners, but three of those were new members of staff and therefore had low numbers of clients. The 5 remaining had an average caseload of 22.

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

Community-based substance misuse services

Medical staff

The service had enough medical staff. There were 3 doctors supported by 3 nurses and 3 non-medical prescribers.

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 psychologist 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

Staff had not completed and had not kept up to date with their mandatory training. The service had a target of 90% completion for all training packages. 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 reviewed this regularly, including after any incident. After the access to treatment workers had completed this assessment, initially via the phone and then face to face, clients were then allocated a recovery practitioner and a clinic appointment where appropriate.

We reviewed 8 care records and found that clients had a risk assessment and risk management plan in place. Risks concerning clients' physical and mental health were assessed, in addition to specific risks regarding substance misuse. With clients using opiates, the risk assessment included the risk of overdose, naloxone training and how to manage this.

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.

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.

Community-based substance misuse services

Management of client risk

Staff responded promptly to any sudden deterioration in a client's health. Clients receiving opiate substitution treatment, such as methadone, had varying levels of medicines supervision, based on assessed risks. Some clients attended a community pharmacy daily for a pharmacist to supervise them taking medicine. Other clients, with lower assessed risks, collected their medicine weekly from the pharmacy. When clients took methadone home, they were provided with lock boxes to minimise the risk of children or others getting access to it.

Staff made clients aware of the risks of continued substance misuse and harm minimisation / safety planning was an integral part of recovery plans. We saw evidence in care records that harm minimisation advice was provided to clients. Naloxone was offered and issued to clients and the service provided a needle exchange.

Staff continually monitored clients on waiting lists for changes in their level of risk and responded when risk increased. The access to treatment team could arrange appointments immediately and there was also a rota for emergency appointments.

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.

The service had processes in place for what to do when there were suspicions or there was evidence that clients had passed their substitute medicine to a third-party for illicit purposes.

Staff followed clear personal safety protocols, including for lone working. There was a lone workers policy and alarms available when interviewing individually.

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.

Community-based substance misuse services

They had implemented a safeguarding “Risk Pod” 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.

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.

Staff followed systems and processes to prescribe and administer medicines safely. There was a mixture of nurses and non-medical prescribers responsible for the prescribing, monitoring of medicines and physical health checks. Prescriptions for clients' medicines were carefully controlled and a system was in place to record changes to prescriptions and to track each prescription. There was a system for pharmacies to collect weekly prescriptions from the service.

Naloxone was stored on site and regular checks were in place.

Staff reviewed each client's medicines regularly and provided advice to clients and carers about their medicines.

Staff completed medicines records accurately and kept them up to date. However, the service had been without a clinical lead. While supervision of staff was sourced from another service, staff told us they felt that this was not adequate. Staff were concerned about protecting their professional development and ensuring they were maintaining appropriate standards required.

The service had actively recruited and were about to appoint a new clinical lead.

Community-based substance misuse services

Staff stored and managed all medicines and prescribing documents safely. Staff reviewed prescribing regularly and provided advice to clients about their medicines. Staff stored and managed all medicines and prescribing documents safely.

Staff learned from safety alerts and incidents to improve practice.

Staff reviewed the effects of each client's medicines on their physical health according to NICE guidance. However, they did not record wider physical health advice, which could have been used to identify more wide-ranging health issues. This is highlighted by NICE as good practice within patient notes in this service type.

We did see some of this being provided, within the service and recorded elsewhere for example fibro liver scans and lung checks taking place, but these were not however 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.

Track record on safety

The service had a good track record on safety.

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.

Delphi Medical was the provider who managed this service as well as a sister service which provided care for alcohol clients from a separate location. However, staff worked with both client bases and each service was managed by the same managers.

This meant that the provider had some difficulty in separating data between the two services.

Staff knew what incidents to report and how to report them. A range of incidents were reported, and these were discussed at team meetings and daily 'flash' meetings. Staff were involved in feedback from incidents and had the opportunity to discuss incidents.

Staff raised concerns and reported incidents and near misses in line with the service's policy.

There had been no serious incidents and staff raised concerns and reported incidents and near misses in line with the service's policy.

The service had no never events.

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. There had been 5 duty of candour incidents in the last 12 months. Three of these were incorrect dosage of Buvidal and two were breaches of general data protection regulations.

Community-based substance misuse services

Managers debriefed and supported staff after any serious incident. One staff member told us they had been supported by the managers during a traumatic case which involved protecting a young child.

Managers investigated incidents thoroughly. Clients and their families were involved in these investigations. There was now 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. One incident when staff had breached professional boundaries resulted in professional boundaries training being delivered to the whole team. The 3 most common incidents in the 6 months prior to the inspection were, safeguarding incidents (47), client deaths (23) and medicine management, which included lost/stolen prescriptions (12).

Managers shared learning with their staff about never events that happened elsewhere.

Is the service effective?

Good 

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

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.

Staff made sure that clients had a full physical health assessment and knew about any physical health problems. Clients had a full 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. They did not always contain wider physical health checks as recommended by National Institute for Health and Care Excellence (NICE).

Staff developed a comprehensive care plan for each client that met their mental and physical health needs. When clients needed a prescription for opiate substitution treatment they were assessed in person. Physical health checks including blood and urine drug screen tests were part of clients' assessment.

Community-based substance misuse services

Staff regularly reviewed and updated care plans when clients' needs changed. We saw clients reviewed and updated care plans whenever there was a change in circumstances.

Care plans were personalised, holistic and recovery orientated.

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 provided a range of care and treatment suitable for the clients in the service. Staff provided harm reduction, community detoxification, substitute prescribing, and psychosocial interventions. Clients had access to a needle exchange on site and were offered hepatitis B and C testing. Blood Born Virus (BBV) testing at the time of inspection had been completed or offered to 68.7% of clients, 12.5% were overdue a test and 18.8% 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). 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.

Staff supported clients to live healthier lives by supporting them to take part in programmes or giving advice.

Staff used recognised rating scales to assess and record severity and outcomes. Staff routinely recorded information relating to treatment and outcomes and reported these to the National Drug Treatment Monitoring System for monitoring and as a comparison to other services.

Staff used technology to support clients. Staff told us they often supported clients who did not want to attend group sessions with contact through online communication applications.

Staff took part in clinical audits, benchmarking, and quality improvement initiatives. These included audits concerning consent, safeguarding, infection control, risk and recovery planning, and prescriptions.

Managers used results from audits to make improvements.

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.

Community-based substance misuse services

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, access to treatment workers who did initial risk assessments, family workers and administrative staff. There were also staff from other organisations who provided support outside the scope of registered activity such as group work.

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.

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 monthly average over the last 12 months was 69.25% of staff received a monthly meeting. 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. Those who would complete 12 months of employment are also invited to meet the chief executive of the larger group of companies that Delphi Medical belong to.

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. Delphi Medical is owned by a large social profit organisation specialising in housing, healthcare, employability, and construction. As such they have their own academy which offers additional training about mandatory training, there is also mentoring and coaching support and a specialist development plan for managers.

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 currently 22 volunteers supporting the provider. The provider intended to increase this role by arranging for volunteers to become greeters at the foyer of the building.

Multidisciplinary and interagency teamwork

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.

Community-based substance misuse services

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.

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.

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 gave clients all possible support to make specific decisions for themselves before deciding a client did not have the capacity to do so.

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?

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

Community-based substance misuse services

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. We spoke with 10 clients and 2 carers who all praised the service.

Staff gave clients help, emotional support and advice when they needed it. At Winstone House the reception had been redeveloped and now had a on space casual atmosphere with displays and television providing information. There was a de-stimulation room next to the foyer for those clients who were agitated. We witnessed several staff members meet clients in this environment. Clients told us they had “called in for support” and appreciated the less formal arrangements within the reception area.

Staff supported clients to understand and manage their own care treatment or condition. All clients said they could contact their recovery worker quickly and easily when they needed them or wanted to talk. Clients said they were fully involved in their care and said staff supported them to understand their condition and manage their own care and treatment.

We saw one client who had called in seeking help provided with an immediate treatment appointment, with staff juggling clinic appointments to accommodate the needs of that client.

Staff directed clients to other services and supported them to access those services if they needed help. The Horizon branding for support services in Blackpool provided the service with direct access to other services such as housing. Recovery practitioners all told us of incidents where they had attended locations to look for clients they were concerned about, often finding them in places of personal danger, and being able to rehouse them immediately.

We saw examples of clients being encouraged to access mental health services, attend GP and/or hospital appointments. Staff frequently advocated for their clients with other agencies to ensure their wider psychosocial needs were met. Staff clearly knew their clients and spoke very positively about them, challenging stereotypes. Staff were passionate about their work.

Clients said staff treated them well and behaved kindly.

Staff understood and respected the individual needs of each client. We spoke with staff members who had personal life experience to draw upon when supporting clients. There was specialist clinic for pregnant clients and a close relationship with specialist midwives.

Staff felt that they could raise concerns about disrespectful, discriminatory, or abusive behaviour or attitudes towards clients and staff.

Staff followed policy to keep client information confidential.

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.

Community-based substance misuse services

Involvement of clients

Staff involved clients and gave them access to their care plans.

Staff made sure clients understood their care and treatment.

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 service. 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. A survey of clients reported that 95% of them described the service a positive light. The service had also included a QR on appointment cards so clients could give instant feedback.

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.

Staff gave carers information on how to find the carer's assessment.

Is the service responsive?

Our rating of caring 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.

Community-based substance misuse services

The service had clear criteria to describe which clients they would offer services to and offered clients a place on waiting lists. Clients could self-refer or be referred by a third party and all referrals were assessed. Staff assessed and treated clients who required urgent care promptly and clients who did not require urgent care did not wait too long to start treatment. There was a dedicated assessment team who triaged all referrals before clients were given appointments to see recovery co-ordinators and/or prescribers.

The service met the service's target times for seeing clients from referral to assessment and assessment to treatment. At the time of our inspection the service did not have a waiting list.

Staff saw urgent referrals quickly and non-urgent referrals within the service's target time.

Staff tried to engage with people who found it difficult, or were reluctant, to seek support from substance misuse services. The service 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.

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.

Appointments ran on time and staff informed clients when they did not.

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 service followed national standards for transfer.

The facilities promote 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.

Interview rooms in the service had sound proofing to protect privacy and confidentiality. However, the new open plan foyer where staff met clients was large and on occasion, we heard a welcoming chat and engagement become about personal care and treatment before the clients was in a confidential space. This was a new space, and both staff and clients were adjusting. Managers had already noticed this trend and had sent out reminders to protect confidentiality.

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.

Community-based substance misuse services

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.

Clients, relatives, and carers knew how to complain or raise concerns.

Staff understood the policy on complaints and knew how to handle them. Staff knew how to acknowledge complaints and clients received feedback from managers after the investigation into their complaint.

Managers investigated complaints and identified themes. The service had received 15 complaints about Winstone House and 19 complaints about the Horizon service in general during the previous 12 months. The Horizon complaints were about staff/issues from services delivered by other organisations than Delphi medical. Of the complaints made about Delphi Medical 3 were upheld. The 3 complaints concerned staff communication and the wrong dosage of medication.

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 service used compliments to learn, celebrate success and improve the quality of care. The service did collect compliment data, they had recorded 46 compliments for 2023. We saw numerous compliments and managers shared these with staff at flash meetings. The core theme was around staff support from clients and carers.

Is the service well-led?

Community-based substance misuse services

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 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 who delivered activities such as 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.

There was a positive staff culture in the service. Leaders took action to improve the quality of care by providing intensive support for those who needed it. Staff told us leaders were emotionally supportive and care about the wellbeing of staff and clients.

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.

Community-based substance misuse services

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.

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, clinical lead, 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.

Community-based substance misuse services

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 which included staff absence. It also reflected the issues around BBV testing and the lack of an available laboratory for part of the year.

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.