

# ReNew

## Quality Report

Trafalgar House  
41-45 Beverley Road  
Hull  
HU3 1XH

Tel: 01482620013

Website: [www.changegrowlive.org/content/cgl-ReNew-hull](http://www.changegrowlive.org/content/cgl-ReNew-hull)

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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

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Requires improvement



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 ReNew as requires improvement because:

- The service did not support clients to formulate a structured and goal driven plan to guide, measure and evaluate their progress towards recovery. Most clients did not have an up to date, personalised, recovery orientated plan and there was limited evidence to suggest staff considered interventions to support the client's needs with a holistic approach.
- The service did not ensure that a client's information was not shared without their consent. Not all clients had an information sharing agreement. The service submitted monthly data to the National Drug Monitoring System for these clients without agreement. This also meant that staff may have, or could potentially share client information with external organisations or people without consent from the client.
- Staff did not clearly record the details for identified risks and it was unclear in the client's electronic records whether all risks had been fully considered due to missing information. Plans to manage or mitigate risks were not always clear in terms of timeliness or whether the actions had been carried out. However, staff discussed risks daily through morning meetings to ensure immediate concerns were addressed.
- Staff satisfaction and morale was varied. Some staff felt that managers did not always listen to their questions and there was a lack of involvement. They were unclear in the direction and structure of the service. They felt communication was limited, this was particularly in relation to the new service model.

However:

- Staff followed the appropriate guidance in prescribing and detoxification for clients. They followed good medicines management processes and considered a

client's physical health needs. They supported clients into mutual aid as per best practice. Clients attended a range of groups which were underpinned by evidence based psychosocial interventions. Staff had a good knowledge of safeguarding and referred their concerns appropriately.

- Staff treated clients with dignity and respect. They were dedicated to providing effective treatment and showed kindness and understanding in all interactions. They knew the organisation's values and their behaviours reflected these.
- Staff were suitably experienced and qualified. Their training levels in mandatory units was high and they had good opportunities to further develop their skills in a specialist area to enhance the delivery of treatment. The service welcomed innovation from staff and considered their wellbeing.
- The service had effective systems in place to record and investigate incidents. Staff knew how and what to record. Investigations were carried out identifying lessons to be learnt which were fed back to staff. Following incidents, staff were supported as needed.
- ReNew had developed good links and pathways with external agencies. These included pathways to encourage Hepatitis C treatment, pathways with the hospital to support clients from accident and emergency into alcohol detoxification treatment and initiatives with the police to meet community needs and improve provisions for vulnerable groups.
- Staff took active steps to engage with diverse groups and ensure that those hard to reach clients were provided with harm minimisation advice.

All locations were clean and tidy with suitable facilities to promote recovery, comfort and dignity. Health and safety requirements were adhered to. Appropriate client information was available.

# Summary of findings

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Requires improvement 

# Location name here

**Services we looked at**

Substance misuse services

# Summary of this inspection

## Background to ReNew

ReNew is a substance misuse service provided by the national charitable organisation Change, Grow, Live. It is commissioned by Hull City Council to provide community services for adults experiencing problems with substances and alcohol use. At the time of our inspection, ReNew were implementing a revised model due to the award of newly commissioned contract which commenced in October 2018. The new model included a change in structure, systems and processes to provide an integrated drug and alcohol service for the Hull area.

ReNew provides both pharmacological and/or psychosocial interventions from three locations:

- Trafalgar House

At the time of our inspection, this location had 967 clients.

- Bransholme

Under the new model, Bransholme location was for alcohol specific clients. At the time of our inspection, this location had 266 clients.

- Gypsyville

At the time of our inspection, this location had 45 clients. This location did not provide pharmacological interventions at the time of our inspection. This was due to a staged implementation of the new contract model.

Clients were seen by a team most appropriate to their needs. These teams were:

- Alcohol Team

This team worked with alcohol only clients at Bransholme.

- Criminal Justice Team

This team worked with clients involved in the criminal justice system.

- Think Family Team

This team comprised social workers and worked with clients living with children and completed family work as part of their treatment.

- Dual Diagnosis Team

This team worked with clients with a significant mental health issue.

- Harm Reduction Team

This team worked with clients not in structured treatment and hard to reach groups with the aim of engagement.

- Community Team

This team worked with opiate, cocaine and users of other substances without the above specialist needs.

Staff from the above teams, including peer mentors made up a multi-disciplinary team. This team were based in the reception area to respond appropriately to a client's presenting needs and promote recovery.

The service is registered with the Care Quality Commission to provide the following regulated activities:

- Treatment of disease, disorder or injury.

ReNew has been registered as a location with the Care Quality Commission since January 2018. Prior to this, the service was included in the registration based from a national location. Therefore, the service has not been previously inspected as a single service.

The service has a registered manager.

## Our inspection team

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

# Summary of this inspection

## Why we carried out this inspection

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

## How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about the location, asked a range of other organisations for information and sought feedback from 11 clients and 16 staff at three focus groups.

During the inspection visit, the inspection team:

- visited all three locations, looked at the quality of the environment and observed how staff were caring for clients;

- spoke with 16 clients who were using the service;
- spoke with the registered manager;
- spoke with 11 other staff members; including doctors, nurses and recovery workers;
- spoke with the carer of one client;
- attended and observed one medical review, one individual key work session, one group and one multi-disciplinary meeting;
- collected feedback from nine clients using comment cards;
- looked at 20 care and treatment records of clients;
- looked at 10 prescribing records for clients;
- reviewed five records reporting incidents;
- carried out a specific check of the medication management;
- looked at a range of policies, procedures and other documents relating to the running of the service.

## What people who use the service say

We spoke to 27 clients during our inspection and collected feedback using comment cards.

They told us staff were easy to speak to and approachable and went above and beyond their roles. They told us that the service did everything to make sure they attended their appointments. They told us they felt safe. Alcohol clients now attending Bransholme were pleased with their new location.

However, most clients spoke to were unaware of having a plan in place detailing their goals for recovery. They also felt there had been a lack of communication with regards to the recent changes in the service which caused uncertainties and anxieties.

We also spoke to one carer who told us the service had helped them and pointed them in the right direction.

# Summary of this inspection

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

We always ask the following five questions of services.

### Are services safe?

We rated safe as good because:

- All locations were clean, tidy and well maintained.
- Staff training levels in all mandatory units were high.
- Staff followed good medicines management practice. This included prescribing, storage, dispensing and prescription management.
- Staff were knowledgeable and had good support in both safeguarding adults and children. They knew when and how to refer a concern.
- Staff recorded, investigated and learnt lessons from incidents. They were supported after a serious incident and provided with feedback.

However:

- Some staff and clients felt the reception area at Trafalgar House to be unsafe due to the number of clients and the area's layout.
- Staff did not always fully record risk assessments completely or with sufficient detail on the electronic system. Actions in risk management plans lacked specific detail of how or when actions would or had been carried out.

Good



### Are services effective?

We rated effective as requires improvement because:

- Most clients did not have a structured up to date, personalised, recovery orientated plan.
- There was limited evidence that staff considered interventions to support a client's recovery in a holistic manner.
- Staff did not complete all required boxes in the comprehensive assessment.
- Supervisions and appraisals were not always effective in supporting and directing staff.

However:

- Staff followed the appropriate best practice when prescribing medications to clients and considered physical healthcare.
- Staff were appropriately experienced and qualified; they had opportunities to develop their skills to provide specialist treatment for the client group.
- ReNew had good working links with external agencies to contribute to meeting community needs and improving provisions for vulnerable groups.

Requires improvement



# Summary of this inspection

## Are services caring?

We rated caring as requires improvement because:

- The service did not always ensure that a patient's confidentiality was maintained.
- Staff did not reflect how a client was actively involved in their interventions towards recovery and clients were unable to access a copy of any plans.

However:

- Staff supported clients with a supportive and non-judgemental manner.
- The service offered support for families and carers.

**Requires improvement**



## Are services responsive?

We rated responsive as good because:

- Staff offered clients an appointment for a comprehensive assessment either on their day of referral or within the same week depending on the client's availability.
- Staff took a proactive approach when clients missed appointments or unexpectedly dropped out of treatment.
- ReNew were responsive to meeting the needs of all groups of people who use the service.
- Clients knew how to complain if needed and felt their complaints were listened to.

However:

- Staff did not deliver a group programme for clients attending Gypsyville.

**Good**



## Are services well-led?

We rated well-led as good because:

- Managers were involved in planning the new service model and its implementation.
- Staff knew the organisation's values and their behaviours reflected these.
- ReNew had systems and processes in place to monitor and manage their objectives, drive improvements and meet the required standards.
- Both staff and clients had opportunities to give feedback about the service

However:

- Some staff felt managers and senior leaders were unapproachable and not visible.

**Good**





# Summary of this inspection

- Some staff and clients felt that communication was limited. This was particularly in relation to the new service model.

# Detailed findings from this inspection

## Mental Capacity Act and Deprivation of Liberty Safeguards

Staff understood the principles of the Mental Capacity Act and assumed clients had capacity. They could give examples of illnesses which affected capacity that may be found in clients with a history of substance misuse.

They attended training relating to the Mental Capacity Act and knew who to speak to if they had concerns.

CGL had an organisation policy on the Mental Capacity Act which staff were mostly aware of.






Deprivation of Liberty Safeguards was not applicable to clients using this service.

## Overview of ratings

Our ratings for this location are:

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

# Substance misuse services

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

## Are substance misuse services safe?

Good 

### Safe and clean environment

All the environments were clean, tidy and well maintained. The locations had the required health and safety assessments and staff carried out appropriate inspections of the premises. Cleaning records demonstrated that domestic staff cleaned the premises regularly.

Clients who attended Bransholme and Gypsyville felt safe visiting the service. Some clients attending Trafalgar House felt the reception area could be too busy and intimidating. Staff also felt the reception area was not always a safe environment due to lack of staff and the layout. This had been identified by managers. The service had plans in place to change the layout of the reception in response to staff concerns. Additionally, the new model based six recovery workers to the reception office to provide more appropriate interventions to any client altercations occurring in the area. Administration staff were previously housed in this office. Both receptionists and staff were able to view the entrance door and waiting area and key coded doors were activated to increase security. The service also staggered group start times and introduced additional waiting areas such as clinical areas to minimise the number of clients waiting in the reception area at the same time. All interview rooms were fitted with alarms.

The clinic room at Trafalgar House was clean and tidy with the necessary equipment to carry out physical examinations. All equipment was in date and calibrated as required. Clinical waste was stored and disposed of in line

with the organisation's clinical waste policy with the correct certifications. At the time of inspection, the clinic rooms at Bransholme and Gypsyville were not fully in use due to the service's staged implementation of the new contract.

### Safe staffing

The service determined staffing levels by the contract laid out with commissioners. Due to the new contract and model, at the time of inspection, it was difficult for staff or clients to consider whether these levels would be sufficient. The new model employed 92 substantive staff. This included one consultant psychiatrist, 1.6 doctors, one non-medical prescriber, three nurses, 27 recovery workers, 11 group facilitators, volunteers and support staff. During the period of contract negotiations with commissioners, turnover and sickness was above the organisation's targets. However, at the time of inspection, both levels were in line with CGL's national average. There were no staff on long term sick. ReNew did not use bank or agency staff.

Managers had the ability to utilise CGL staff from other areas if required. This was done during the first two weeks of the new model to allow service continuation for clients while staff attended training and familiarisation with their new roles.

Staff reported that groups and appointments rarely got cancelled due to staffing. They felt previously caseloads were too high. Staff were in the process of re-allocating clients into the new teams more appropriate to their needs.

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 89% compliant in all required units.

### Assessing and managing risk to clients and staff

# Substance misuse services

Staff undertook a risk assessment of clients at their initial start of treatment. They updated them at least every three months or earlier to respond to changes in circumstances. We looked at the treatment records for 20 clients, all had risk assessments in place. Staff completed 11 of these within the three months. However, nine of the risk assessments were out of date. These nine were between three and six months old. Risk assessments were recorded on the services' electronic system. Staff had not always completed all relevant boxes and there was limited detail recorded against each identified risk. This meant that staff would not necessarily know whether the risk was relevant or whether not considered.

Staff recorded actions to mitigate or reduce risks in 16 of the 20 records we reviewed. These actions included evidence of harm minimisation advice, liaising and referrals to other professionals and dual working. The actions were not always clear with missing timescales or detail. However, staff were aware of those clients that presented with an immediate risk. 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.

The service issued out naloxone kits for clients with a high risk of overdose from opiates. Naloxone is an injectable medicine that reverses the effects of an opiate induced overdose. Staff provided training to the client and their relatives for all kits offered.

We saw some evidence of harm reduction advice being discussed with clients. On the day of our inspection, Trafalgar House commenced a new needle exchange provision offering clients clean drug paraphernalia and the opportunity to safely dispose of used equipment. This meant that staff had a further opportunity to discuss harm minimisation strategies with clients and to reduce the risks to communities caused by unsafe disposal of equipment.

The organisation had an up to date Lone Working Policy. However, staff did not visit client homes alone.

## 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 above 95%. Staff were able to describe what constituted a safeguarding concern and how they would escalate this. Managers and team leaders

discussed safeguarding with staff in supervisions and the services' safeguarding lead facilitated monthly group discussions. ReNew were represented on Hull's safeguarding children's board and had established pathways in place to refer to local safeguarding authorities as needed. The service issued locked medication boxes to clients if there were children in the house and the client was on a take home medication prescription.

## Staff access to essential information

All information needed to deliver care was stored securely on an electronic system and available to staff when needed and in an accessible form.

## Medicines management

The service had effective policies, procedures and training in place relating to medicines management. This included prescribing, storage, dispensing and prescription management. Staff stored vaccinations in a locked fridge in a locked clinical room with limited access. Fridge temperatures were checked daily and staff carried out regular audits. Naloxone was stored in line with guidance. The service had the appropriate patient group directions in place. Controlled drugs were not stored or dispensed from any of the locations.

Blank and populated prescriptions were stored securely. The service had experienced a high number of prescription incidents earlier in the year. This related to the recording and audit trails for issued, missing or lost prescriptions. As a result, managers improved systems which resulted in removal of these occurrences.

## Track record on safety

There were no serious incidents requiring investigation that occurred 12 months prior to our inspection.

## Reporting incidents and learning from when things go wrong

The service effectively reported incidents, investigated appropriately, learnt lessons from their findings which they shared and supported those affected.

Staff knew what constituted an incident and how to report it. They told us the reporting system was easy to use.

We reviewed the records for five incidents. All were reported within 24 hours and investigated thoroughly within timescales. Staff had clearly recorded lessons learnt

# Substance misuse services

in every case. All detailed next stage management reports. Staff recorded evidence of how this fed back into a client's multi-disciplinary notes and disseminated information via general email to staff summarising the incidents.

Managers and medical staff had received training in root cause analysis. CGL's Quality and Governance directorate supported the collation and analysis of incident data to determine local and organisational themes. Staff at ReNew assisted with investigations relating to client deaths if they were involved with that client.

Staff received debriefs and support after a serious incident.

Most staff 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.

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

Requires improvement 

## Assessment of needs and planning of care

Staff carried out comprehensive assessments of clients coming into treatment with the service. The new model enabled staff to carry these out on either the day of the referral or within the same week depending on the client's availability. 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 20 treatment records. We were only able to evidence comprehensive assessments for seven of these clients. This was because the remaining 13 clients had entered treatment with a previous provider and had been transferred over to CGL in June 2017. Their service had no paper records from the previous provider and not all historic information was on CGL's electronic system. Staff had not completed all boxes in the assessment records for the seven records with comprehensive assessment. However, clients felt that staff had considered their needs during the assessment process and that this was regularly discussed in key work sessions and groupwork.

Most clients did not have a structured up to date, personalised, holistic recovery orientated plan. Of the 20

client records reviewed, only three had a plan in place which included goals towards the client's recovery and which to measure and evaluate progress. Three further records had a specific goal relating only to a reduction in the client's prescribing. Fourteen clients had no evidence of a plan to work towards. Only one client spoken to had an awareness of a plan to achieve their goals towards recovery. There was limited evidence that staff considered interventions to support a client's recovery in a holistic manner, for example, social factors such as education, employment and housing.

## Best practice in treatment and care

Staff followed guidance when treating clients and prescribing medications for their drug and alcohol misuse. This included Drug misuse and dependence UK guidelines on clinical management from the Department of Health and guidance from the National Institute for Health and Care Excellence.

We looked at the prescribing records for ten clients. All showed prescribing and detoxification rationale and regimes in line with guidance, evidence of regular clinical reviews and a multi-disciplinary input.

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

Best practice guidance recommends that treatment includes encouragement for clients to engage with mutual aid support. Mutual aid groups provided a platform for clients to integrate into their community and develop their wider assets needed to achieve recovery. Staff at ReNew supported clients to access mutual aid groups. There was information available throughout the locations of available groups in the area and clients were also able to attend groups delivered from Trafalgar House.

The service considered healthcare needs including testing, vaccinating and treatment for blood borne viruses. Staff assessed a client's status for blood borne viruses at the point of entry into the service and during medical reviews. Following this, the clinical team offered vaccinations and screening in line with Public Health England's target to eliminate Hepatitis C by 2025. CGL launched a Hepatitis C strategy. This strategy involved staff from ReNew working

# Substance misuse services

with a regional co-ordinator, the introduction of Hepatitis C champions, key staff trained to carry out dry blood spot testing and event days to encourage the uptake of testing and treatment. They had good links with Hull's hepatology nurses to provide clinics within the service.

Clinicians assessed and discussed physical health needs with clients during their clinical reviews.

Staff used recognised measures and approaches to measure severity and outcomes. These included the Severity of Alcohol Dependence Assessment, Generalised Anxiety Disorder Assessment and the Clinical Institute Withdrawal Assessment for Alcohol. ReNew could monitor their performance nationally. Staff completed periodic treatment outcome profiles for the clients. This information reports into the National Drug Treatment Monitoring Service. The National Drug Treatment Monitoring Service collects, collates and analyses information from and for those involved in the drug treatment sector. Public Health England manages the National Drug Treatment Monitoring Service; producing activity reports for providers to give a full picture of activity nationally.

The CGL organisation had a framework for services to complete audits at local and national levels. ReNew also had an audit programme relating to the implementation of the new contract. Completed local audits included audits focussing on health and safety, safeguarding and information governance.

## **Skilled staff to deliver care**

ReNew had a range of disciplines to provide treatment to the client group. This included a consultant psychiatrist, doctors, nurses, recovery and group workers, social workers and volunteers who had their own experience of substance misuse.

The staff were appropriately experienced and qualified. They had opportunities to develop their skills and knowledge in training beyond the organisation's mandatory requirements. Additional training included advanced alcohol awareness, managing challenging behaviours, appreciative enquiries and making every contact count training.

Staff received supervisions, appraisals and had access to regular team meetings. During the period August 2017 to July 2018, supervision compliance was 100%. Clinical staff attended additional clinical supervision to their

management supervision. Volunteers were assigned to recovery workers who provided their supervision. The appraisal rate was 78%, this was lower due to some staff not requiring appraisals due to being recently employed with the organisation. Some staff felt that supervisions were ineffective and carried out through requirement rather than for support and direction. They felt this was dependent on the line manager and had recently escalated their concerns to managers. Not all team leaders had received training in delivering effective supervision and appraisals. However, this training was planned for team leaders in the month of our inspection. Staff attended monthly integrated governance team meetings. This included organisational and local discussions including incidents, quality improvements, policies, treatment options, health and safety and complaints and compliments.

## **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. This included attendance by the consultant psychiatrist, nurses and the recovery workers. 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. Agreed actions and plans were recorded in minutes and into the client's records. The meeting formulated plans and identified missing information in client records which was required.

The service 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 about the introduction of the meetings.

ReNew had good external links with other organisations. They worked closely with the police, probation and social services and attended regular multi-agency meetings to contribute to meeting community needs and improving provisions for vulnerable groups. They had identified a need to improve communication and information sharing with GPs. In response to this, staff carried out a consultation event in September 2018 and had further events planned to continue improvements. Additionally,



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the new model included a hospital pathway which involved staff being based at the local hospital accident and emergency department seven days a week and a hospital to home detoxification pathway.

## Good practice in applying the MCA

Staff demonstrated a good awareness of the principles of the Mental Capacity Act. Where there were concerns, they would raise these with the consultant. They considered capacity in the assessment process and could give examples of illnesses which affected capacity that may be found in clients with a history of substance misuse.

CGL included two modules on mental capacity as part of staff's mandatory training requirements. These were supporting people to make their own decisions and making day to day decisions about care and support. Staff were compliant in these at 99% and 97% respectively.

CGL included the Mental Capacity Act in their Adults Safeguarding policy which staff were mostly aware of.

## Are substance misuse services caring?

Requires improvement 

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

Staff showed a caring and supportive attitude to clients. They were sensitive to their needs and showed a good understanding of the issues they faced. We observed staff interacting with clients with kindness and patience during appointments and groups. Staff spoke about clients in a respectful manner. All clients we spoke with felt staff listened to them and treat them with dignity and a non-judgemental approach.

The service did not always ensure that a patient's confidentiality was maintained. Some clients had no information sharing agreements available. We looked at the records for 20 clients. We saw signed information agreements in 12 of these records. However, the remaining eight records had no evidence of information sharing agreements available to see. All these eight were clients who commenced their treatment prior to a contract change in June 2017. We were told during the inspection that there were no archived paper records available for clients before this date and there was no evidence of revisited

agreements for these clients. The service submitted individual client information to the National Drug Treatment Monitoring Service monthly. This meant that the service was sharing client information for those clients without an information sharing agreement and therefore without the client's consent. This also meant that potentially staff may breach a client's confidentiality where they may have liaised with external agencies or significant others.

## Involvement in care

Clients told us they felt involved in their treatment and were given options relating to groups and prescribing choices. They felt encouraged to achieve recovery. However, there was a lack of evidence to support their involvement in an individual recovery plan. Fourteen of the 20 records looked at had no structured plans in place. Of the remaining six records, the plans were not suitably structured or recorded to evidence active involvement. Of the goals seen, there was no details to reflect client involvement. CGL had identified that their electronic system was not designed for clients to receive copies of any plans and did not offer copies in any policies. This meant that during our inspection we were unable to verify client's comments with regards to involvement.

ReNew offered support to families and carers. This offer was available to all relatives and carers whether the person they had concerns about was in treatment with ReNew or not. Group sessions and support were independent from the treatment of the clients and delivered by an external provider at ReNew locations.

During the service's recent changes, staff consulted with 128 clients as part of the system redesign. They engaged in a Public Health England deep dive, which involved clients and the findings from this resulted in the dedicated alcohol team and building. During implementation of the changes, the service provided regular bulletins to all clients.

Clients were involved in decisions about the new provision. For example, clients were consulted and chose the colours for refurbishments. They could do this through the service user representatives. The representatives held meetings to discuss items brought to them from the client group. Recent meetings included discussions around fundraising and treatment options. Recovery workers supported the meetings and shared the content with managers for consideration.

# Substance misuse services

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

Good



## Access and discharge

ReNew's new model aimed to ensure clients could be seen for a comprehensive assessment in a timely manner from their initial referral. Previously, clients could be waiting for up to 21 days. In the week prior to our inspection, the service implemented a new process to offer a client a comprehensive assessment appointment slot on the day of their referral or within the same week depending on the client's availability. There was a waiting list from the previous process. However, staff were working additional hours to reduce this with an expectation that there would be no waiting list within the two weeks following the new process. Clients who previously had to wait for their assessment were offered harm minimisation advice and the option of attending a group prior to their appointment.

The service had recently introduced the harm reduction team to take active steps to engage with people reluctant to enter structured treatment. Staff from this team encouraged hard to reach groups such as the homeless, to access services. They provided advice with the aim of reducing the risks which their alcohol or drug use may have for them or the community.

Staff took a proactive approach when clients missed appointments or unexpectedly dropped out of treatment. They liaised with pharmacies and other agencies with the aim of re-engagement. They requested welfare checks with the police if they had significant concerns about the client's safety.

Staff could see clients from three locations depending on their needs. Trafalgar House and Gypsyville were mostly for non-alcohol only clients whereas Bransholme provided a location for those clients with alcohol specific needs. Trafalgar House and Bransholme offered late night appointments. We were told that appointments ran to time and rarely got cancelled.

## 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. However, in Trafalgar House some of the client rooms had limited sound proofing which meant conversations from adjoining rooms could be heard during quieter times. Staff mitigated this by playing background music if required.

Clients could access drinks at all locations. Trafalgar House offered a daily breakfast club for clients and for those who would benefit from accessing treatment.

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. However, at the time of our inspection, staff were not delivering groups at the Gypsyville location requiring clients to travel to Trafalgar House.

The service displayed posters or had information available, for example, relating to support groups, local services, health based information, medications and current drug warnings.

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

The service was responsive to meeting the needs of all groups of people who used the service. All client rooms in Trafalgar House and Gypsyville were at ground floor level with accessibility for those with limited mobility. At Bransholme, the group room was located on an upper floor. The service had plans in place to convert a ground floor room for this purpose. Staff told us, that whilst this was in progress, they would utilise a ground floor room for a group session if this were required.

Staff had access to interpreters and a language line. Information was not displayed in other languages around the locations. However, we were informed that this could be requested organisationally if needed.

Public Health England analysis showed an increase in alcohol prevalence in the Hull area and a reduction in the numbers of problematic alcohol users accessing treatment. ReNew responded to this in their new service model with the introduction of the alcohol team.

CGL recognised the need to consider the needs and diversity of sexuality and gender identity based cultures. They had recently published a transgender equality policy for both staff and clients. ReNew had staff leads specifically



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to support other staff and clients around lesbian, gay, bisexual and transgender issues. We saw evidence in client records of staff effectively working with a transgender client.

Clinical staff offered family focused clinics for pregnant clients and for those with children under five years old. These could be at alternative venues to the ReNew locations with the aim of promoting engagement, for example at a primary care setting. This meant women could attend with their children and away from other clients.

Staff from the harm reduction team visited community venues for differing ethnic groups with the aim of engaging and offering early interventions.

## Listening to and learning from concerns and complaints

During the period August 2017 to July 2018, ReNew received 16 complaints. Of these, four were fully upheld and three partially upheld. No complaints had been referred to the Ombudsman.

Clients told us they knew how to complain if needed and felt their complaints were listened to. The service had notices advising how to complain and complaints and suggestion boxes throughout.

Staff generally tried to resolve complaints informally in the first instance. For formal complaints and compliments, the service used an electronic feedback module where they could enter details which would then be automatically sent to manager. If required this then instigated an investigation. Staff told us they felt complaints were fully investigated and feedback was provided.

## Are substance misuse services well-led?

Good



### Leadership

Managers had a good understanding of the new service model and the staff roles to deliver this. CGL ensured their involvement in changes and supported them to implement transformation in a staged and planned way. The

organisation offered management training to develop existing and potential managers. The manager had enough administrative support and authority to carry out the role as needed.

Staff varied in their opinions about the visibility and approachability of managers at ReNew and senior organisational leaders. Some staff told us that managers and leaders were available and responded well to questions, whilst others felt their questions were dismissed and there was a lack of involvement. The Services Manager was based at the service's locations and told us the director visited the project regularly. Team Leaders sat within their teams to encourage open conversations.

### 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. All staff had recently attended cultures and values workshops as part of the new model's implementation. Values were encompassed in the appraisal process and into the service's recruitment considerations.

### Culture

Staff morale varied across the service. The service was in a period of transition and staff were still adapting to the changes. Sickness rates and staff turnover had improved since the confirmation of the new commissioned contract. All staff felt supported by their peers and most staff felt they could raise concerns if needed without fear of victimisation. All staff demonstrated dedication and passion in providing support to the client group.

CGL considered staff welfare and offered them one hour per week to engage in an activity to promote their wellbeing. This was seen positively by staff and was used for activities such as exercise or driving lessons.

### Governance

ReNew had systems and processes in place to monitor and manage their objectives, drive improvements and meet the required standards. The governance structure at ReNew was incorporated into CGL's governance framework which aimed to ensure the organisation meets regulations, best practice, continually improves and safeguards those using their services. The structure was underpinned by an audit

# Substance misuse services

schedule, risk management and training with a programme of meetings from board to local services. Managers were aware of the concerns relating structure goal driven plans for clients and had an action plan in place to address this.

Staff at ReNew attended daily, weekly and monthly meetings to enable information from local level and from board level to be disseminated.

## Management of risk, issues and performance

All staff had the ability to submit items to the local risk register. These would be discussed through ReNew's monthly integrated governance meeting which staff attended. If appropriate, risks could then be escalated to the organisation's corporate risk register. Risk management and themes were discussed within CGL's governance structures and committees.

Managers at ReNew had identified local current risks relating to the implementation of the new model.

ReNew had a business continuity plan to help ensure that they could continue to support clients during a time of emergency or disaster.

## 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 were able to demonstrate an awareness of information governance. They were 99% compliant in the mandatory training unit Data Protection and Information Security. However, the service did not ensure client information was not shared without agreement.

The service made notifications to external bodies as needed and had developed good working relationships and arrangements with other services where appropriate to do so.

## Engagement

Managers at ReNew used the monthly staff meetings to engage and inform staff about the service. They aimed to keep clients informed and engaged in service developments through monthly client bulletins and client meetings. However, some staff and clients felt that communication was limited. This was particularly in relation to the new service model. Staff told us there was a lack of clear guidance from managers. Clients did not always feel fully informed which left them anxious about future changes.

Staff had access to the CGL's intranet system which enabled them to access key documents, policies and information.

Everyone had opportunities to give feedback about the service. This could be through staff meetings, supervisions, service user representatives or within key work sessions for clients.

## Learning, continuous improvement and innovation

Staff could contribute ideas to drive improvements in the service. They told us that they could do this through their team meetings, the staff suggestion box or via an organisational workers forum and that innovation was welcomed and considered. Quality improvement was included as an agenda item in monthly meetings.

The service submitted data to Public Health England. This meant that they received national information and data for comparisons and analysis which they could use for future planning and direction.

# Outstanding practice and areas for improvement

## Areas for improvement

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

- The provider must ensure that staff support clients to formulate a structured and goal driven plan to guide, measure and evaluate a client's progress towards recovery.
- The provider must ensure that there are clear information sharing agreements in place between the client and the service to maintain confidentiality.

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

- The provider should ensure that the layout for the reception area at Trafalgar House be altered to allow greater visibility for staff.
- The provider should ensure that staff consider a client's recovery capital and key social factors in their interventions.

- The provider should ensure that staff fully complete all comprehensive assessment and risk assessment sections and provide details of any identified risk.
- The provider should ensure that all clients have an up to date risk management plan in place with clearly detailed actions.
- The provider should ensure team leaders and managers are trained to deliver effective supervisions and appraisals.
- The provider should ensure the service can evidence a client's active involvement in their plans for recovery.
- The provider should ensure that staff and clients are kept fully communicated with service developments.
- The provider should consider the delivery of group sessions at Gypsyville.

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>Regulation 9 Health &amp; Social Care Act 2008 (Regulated Activities) Regulations 2014 - Person-centred Care</p> <p>How this regulation was not being met:</p> <p>Clients did not have an up to date structured, holistic, personalised and goal driven plan to guide, measure and evaluate their progress towards recovery.</p> <p>This was a breach of regulation 9 (3) (b)</p>
Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect</p> <p>Regulation 10 Health &amp; Social Care Act 2008 (Regulated Activities) Regulations 2014 - Dignity and Respect</p> <p>How this regulation was not being met:</p> <p>The service did not always ensure that a patient's confidentiality was maintained.</p> <p>This was a breach of regulation 10 (2) (a)</p>