

Change, Grow, Live

# Camden Community Drug Treatment Service

## Inspection report

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

## Ratings

### Overall rating for this location

Inspected but not rated



Are services safe?

Inspected but not rated



Are services effective?

Inspected but not rated



Are services caring?

Inspected but not rated



Are services responsive to people's needs?

Inspected but not rated



Are services well-led?

Inspected but not rated



# Summary of findings

## Overall summary

We undertook a short announced focused inspection of the provider's new service called Camden Integrated Drug & Alcohol Service. The provider added the additional service as a satellite site under their existing registered location Camden Community Drug Treatment Service. We report under the registered location.

This was a focused inspection that covered specific aspects of safe, effective, caring, responsive and well-led. This was due to a variety of risks involved in the transfer of care of clients from the previous provider to this new service. These risks related to continuity of care and safety.

We did not re-rate the overall service following this inspection. It remained good overall. At our inspection in August 2022, we rated the domains of safe, effective, responsive, caring, and well-led as good.

Our rating of this location remained as good because:


- All premises where clients received care were safe, clean, well equipped, well furnished, and well maintained. The overall decoration was personalised and welcoming. The service had a variety of donated items, such as coats, clothes, shoes, and books which clients could take and use as needed. The service had a variety of facilities for clients to use, such as computers and a self-help kitchen and had arranged regular food shops to be delivered for client use.
- The service had made timely progress with completing medical reviews for the clients transferred over from the previous provider. At the time of inspection, 75% of medical and non-medical-prescribing reviews were completed.
- Staff had made good progress towards completing care and treatment records for the clients. Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the clients and in line with national guidance about best practice. Staff engaged in clinical audits to evaluate the quality of care they provided.
- Staff treated clients with compassion and kindness and understood the individual needs of clients. They actively involved clients in decisions about the new service, and co-produced elements of the service.
- The service was well led, and the governance processes ensured that its procedures and transfer of care plan ran smoothly. Staff felt respected, supported, and valued by colleagues and managers. The governance structure, senior management meetings, oversight of service risks and the quality of the service improvement and transfer of care plans, demonstrated that leaders understood the needs of the client group and delivered services to meet them.

However:

- Medicines were not always stored in accordance with the manufacturer's instructions.
- Some clients on certain medicines, were not appropriately offered electrocardiograms (ECGs).
- Staff did not always make sure that clients had required physical health observations carried out during keyworker sessions and did not always know about client's physical health problems.
- Supervision rates were 69%. Some staff we spoke with reported that supervision sessions had been arranged but were postponed.
- The service did not always make sure clients could access additional support. Clients told us that they did not know how to access support during evenings or weekends. Clients felt that there should be a doctor or prescribing nurse available to help at these times, particularly for those on an opiate detoxification.
- The service did not make sure clients could access advocacy services. Clients told us that they did not know how to access an advocate or what an advocate does.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Community-based substance misuse services	Inspected but not rated 	See the summary above for details.

# Summary of findings

## Contents

### Summary of this inspection

Background to Camden Community Drug Treatment Service	5
Information about Camden Community Drug Treatment Service	6

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### Our findings from this inspection

Overview of ratings	8
Our findings by main service	9

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# Summary of this inspection

## Background to Camden Community Drug Treatment Service

Camden Integrated Drug & Alcohol Service is a new service delivered by Change Grow Live (CGL), a nation-wide provider who deliver not-for-profit community drug and alcohol treatment services. The provider added this new service as a satellite site under their existing registered location, Camden Community Drug Treatment Service. We report under the registered location.

This was the first time we have inspected the Camden Integrated Drug & Alcohol Service. The site address is Kings Studios, 43-45 Kings Terrace London NW1 0JR.

The service provides information and advice, a group programme, peer mentoring and volunteering opportunities, psychosocial interventions, prescribing services, needle exchange, harm reduction advice, community detox, substitute prescribing, a hostel in-reach service, blood borne virus testing and supports clients to access inpatient detox and rehabilitation as needed.

The registered location, Camden Community Drug Treatment Service, was previously inspected by the Care Quality Commission in August 2022 and was rated good overall. Camden Community Drug Treatment Service provided community drug treatment and support from two fixed sites: one in Camden and one in Kilburn. However, the provider closed this Camden location when the Camden Integrated Drug & Alcohol Service commenced in April 2023. All clients from this Camden location, were also transferred into this new integrated service.

CGL were awarded the contract to deliver this service. The previous provider had held the service for over 50 years. Whilst in the early implementation phase of the new service, CGL notified us of a variety of risks involved with the transfer process of clients from the previous provider. These risks related to continuity of care and safety.

This was a focused inspection, reviewing the care of clients transferred over solely from the previous provider. There were 518 clients transferred from the previous provider.

The service is registered for the following regulated activity: Treatment of disease, disorder, or injury. There was a registered manager at the service.

### **What people who use the service say**

We gathered feedback from 11 clients who used the service. Clients were very complimentary when talking about staff, reporting they were friendly, polite, respectful, and knowledgeable. One client told us they found staff inspiring, and this made them become a peer mentor.

Clients told us the group programme was helpful, with a range of staff and service-user led groups. Clients found the courses around opiate overdose and goal setting workshop, particularly helpful.

Clients told us that they felt the provider managed the transfer of care from the previous provider well, and that clients felt it has been a smooth journey.

# Summary of this inspection

Clients told us that the provider encouraged co-production with clients, for example, by employing peer support workers, and involving clients in the decoration of the service. Clients told us that they did not know how to access support during evenings or weekends, when the service is closed. Clients felt that there should be a doctor or prescribing nurse available to help at these times, particularly for those on an opiate detoxification.

Clients told us that they did not know how to access an advocate or what an advocate does.

## How we carried out this inspection

The team that inspected this service consisted of two CQC inspectors, one CQC pharmacist specialist, one specialist advisor who had experience working within substance misuse services, and one expert by experience.

To get to the heart of patients' experiences of care and treatment, we asked the following 5 questions:

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

These questions therefore formed the framework for the areas we looked at during the inspection. This was a focused inspection that covered specific aspects of safe, effective, caring, responsive and well-led.

During the inspection visit, the inspection team:

- visited the service and observed the environment and how staff were caring for clients
- spoke with 11 clients who were using the service
- spoke with the registered manager and 1 deputy manager
- spoke with 19 members of staff including, team leaders, doctors, a non-medical prescriber, nurses, a recovery coordinator, a clinical administrator and recovery practitioners, a quality and governance lead, a data lead and the implementation lead.
- observed a client non-dependence group
- reviewed 4 client's care and treatment records, as well as 7 client records specifically looking at medicines
- reviewed how medication was managed and stored
- reviewed information and documents relating to the operation and management of the service

# Summary of this inspection

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>.

## Outstanding practice

We found the following outstanding practice:

- The facilities were very welcoming, person-centred, supportive and co-produced with clients. In particular, homeless clients felt it was very supportive, by providing refreshments, small meals, coats, clothes, shoes and books for them to use.
- A past client, who was now a peer mentor, was providing naloxone training to members of the public who visited the service. (Naloxone is a medicine that rapidly reverses an opioid overdose).

## Areas for improvement

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

### Action the service **SHOULD** take to improve:

- The provider should review the management of records relating to the temperatures of medicines storage areas.
- The service should review which clients are offered electrocardiograms (ECGs).
- The service should ensure that clients have full physical health observations during keyworker sessions, and the staff are aware of any physical health problems.
- The service should ensure that staff have regular supervision meetings.
- The service should consider how clients could access additional support during evenings or weekends, particularly for those on an opiate detoxification.
- The service should ensure that clients are able to access advocacy services.

# Our findings






## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community-based substance misuse services	Inspected but not rated	Inspected but not rated	Inspected but not rated	Inspected but not rated	Inspected but not rated	Inspected but not rated
Overall	Inspected but not rated	Inspected but not rated	Inspected but not rated	Inspected but not rated	Inspected but not rated	Inspected but not rated



# Community-based substance misuse services

Safe	Inspected but not rated 
Effective	Inspected but not rated 
Caring	Inspected but not rated 
Responsive	Inspected but not rated 
Well-led	Inspected but not rated 

## Is the service safe?

Inspected but not rated 

We did not re-rate the Safe domain following this focused inspection. Its rating remained as good, from our previous inspection in August 2022.

### Safe and clean environment

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

Staff completed and regularly updated thorough risk assessments of all areas and removed or reduced any risks they identified. The service had completed a ligature risk assessment in March 2023. This assessment stated observation of clients was a mitigation to the ligature points in areas such as the corridors and gardens.

All interview rooms had alarms fitted for staff to use. The alarm system enabled support from the staff within the service and the local police. The alarms were tested weekly.

The service carried out a fire risk assessment, as well as weekly fire alarm tests and regular fire drills. Fire wardens were confirmed in the morning staff meeting.

The service had a contract with an external company to maintain the lift. We saw evidence that it was recently maintained.

All clinic rooms had the necessary equipment for clients to have thorough physical examinations. Clinic rooms were clean, spacious, and equipped with handwashing facilities. Staff made sure equipment was well maintained, clean and in working order.

All areas were clean, well maintained, very well-furnished and fit for purpose. The overall decoration was personalised and welcoming. Staff told us that clients were involved in designing the interior of the service.

# Community-based substance misuse services

The service had an area for donated items such as coats, clothes, shoes, and books which clients could take and use as needed. The service had computers available for clients to use on the basement floor. The service had a self-help kitchen and had arranged regular food shops to be delivered for client use. It had facilities to make hot drinks and snacks such as noodles and sandwiches. On the day of inspection, two clients who had just completed their food hygiene training, made sandwiches and snacks for the weekly client lunch.

Staff made sure cleaning records were up-to-date and the premises were clean. The service manager carried out monthly premises inspections. The service had a high touch cleaning rota, which included light switches, door keypads and kitchen surfaces. The service had a contract with an external cleaning company who cleaned the premise every weekday.

## 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, varied. Some staff had high caseloads.**

Safe staffing levels was one of the service's priority risk areas, when the new service commenced on 1 April 2023. This was because only 5 of 30 members of the previous provider transferred into the service. This included a doctor, a nurse and 3 frontline workers. The provider reported that there was a risk that this would impact the continuity of care clients received. However, the risk was rated as low as the service had appropriate mitigations in place. For example, to bring some continuity of care, 2 agency workers who worked for the previous provider joined the service in April 2023 to cover long term vacancies. Additionally, there was a provider support team made up from employees across the country, which was in place for 2 months, and a senior leader who was seconded to be an Implementation Lead for the first 6 months of the new service. The whole workforce from the original CGL Camden site also transferred into this new service. This team provided support with unplanned presentations at the service, meeting and greeting clients, introducing them to the new building and the service, and making them feel comfortable.

The service had enough staff to keep clients safe. The number and grade of staff matched the service's staffing plan. At the time of our inspection there were 64 members of staff working within the service and there were 16 vacancies. These vacancies were for a receptionist, 3 recovery co-coordinators, a specialty doctor, a nurse, a hostel in-reach worker, 2 hospital liaison workers, 2 mental health liaison workers, 2 psychologists, a social worker, a recovery motivator, and an employment specialist. The nurse, specialty doctor, 2 recovery co-ordinators and the employment specialist had been recruited but were awaiting their employment checks prior to starting.

The service was attempting to recruit into the remaining 9 positions. The service reported that there were advertising vacant posts on a range of different websites to increase the chances of more people seeing their vacancies. At the time of inspection, experienced agency staff were covering some vacancies.

Managers made arrangements to cover long term staff sickness with agency staff. At the time of the inspection there were four members of staff on long term sick leave.

Caseloads varied across staff depending upon their type of role. The average caseload for a recovery practitioner was 50-60 clients. Service managers told us the aim was 50 clients per caseload. A recovery practitioners caseload contained clients who were in structured treatment, awaiting assessments and those in post treatment aftercare. Some staff felt caseloads were too high to allow them to carry out their full role, for example, some staff reported not having time to do more community outreach work with their clients as they had a lot of record keeping and administration tasks to

# Community-based substance misuse services

complete. Service managers were aware of this challenge and were in the process of carrying out caseload reviews with each staff member. However, other teams did have smaller caseloads which staff felt were more manageable. For example, practitioners in the high intensity team have average caseloads of 25-30 clients and felt this allowed them to invest more time in each client who experience multiple disadvantages.

The service had 1 full time psychiatrist and 2 non-medical prescribers. The service also had 1 part time doctor, and four agency doctors. The agency doctors were working in the service until the end of August 2023.

The service aimed to see all transferred clients in medically assisted treatment by the end of September 2023. At the time of inspection, 75% of medical and non-medical-prescribing reviews were completed. The service reported it would then aim to see clients for a medical review every 6 months.

## Mandatory training

Managers made sure all staff, including bank and agency staff, had a full induction and understood the new service. The service had a comprehensive four-week induction programme for staff about the new service. Staff were provided with a staff guide which contained essential information about the new service such as key policies and procedures, meetings and staff support. Staff had access to a comprehensive training programme as part of their induction.

The mandatory training programme was comprehensive and met the needs of clients and staff. Compliance with mandatory training was 84%. This included topics such as basic life support, health and safety, and equality and diversity. Managers monitored mandatory training and alerted staff when they needed to update their training.

## Assessing and managing risk to clients and staff

**Staff assessed and managed risks to most clients and themselves. 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.**

## Assessment of client risk

The service had 518 clients transfer in from the previous provider. One of the main risk areas for the service was the risks to client safety due to the volume, quality and timeliness of the data received from the previous provider. The service only received summary care records for 25% of clients. This meant that 75% of clients were transferred to the service without a treatment plan. To manage this risk the service prioritised initial face to face contact, medical reviews, and full risk reviews for clients without a treatment plan.

At the time of inspection, the new service had been operating for just over 3 months. The service had face to face contact with 93% of clients transferred to them. The service reported that the remaining number of clients were on the re-engagement pathway or in criminal justice services.

Medication assisted treatment involved the use of medicines, in combination with other treatments such as psychotherapy, counselling and group therapy. Some clients were only receiving psychosocial support. At the time of the inspection, the service had completed 75% of medical and non-medical-prescribing reviews. The service aimed to review all transferred clients in medically and non-medically assisted treatment by the end of September 2023. However, staff had discussed the progress of each client in multidisciplinary meetings and many of these individuals had engaged with key workers and substance misuses nurses. The service reported it would then aim to see clients for a medical review every 6 months, which is more frequent than the national target of seeing all clients for a medical review every 12 months.

# Community-based substance misuse services

Staff had completed risk assessments for most clients entering the service. We reviewed 4 care records and found that 3 records had a risk assessment in place. The risk management plans included any risks or potential risks, such as substance misuse and overdose, risks associated with mental health and any safeguarding concerns.

Staff could recognise when to develop and use crisis plans and advanced decisions according to client need. We saw evidence of comprehensive crisis plans in place for 2 service users who were at risk of overdose and suicide.

## Management of client risk

Staff responded to changing risks to clients. Clients were reviewed at daily handover meetings and at weekly clinical meetings. Staff shared key information such as incidents, new risks, and safeguarding concerns with the multi-disciplinary team.

Staff followed clear personal safety protocols. There were alarms available for staff to use when seeing clients in the office. When staff made home visits to clients they did so in pairs and ensured that their diaries were updated with their whereabouts.

Staff offered clients advice and support to keep as safe as possible. Clients who took certain medicines such as methadone were offered a safe storage box so that children and other people could not access it. When needed, staff completed home visits to assess the home environment to ensure safety boxes were used correctly.

## 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. Staff were required to complete online safeguarding training, as well as face to face training. At the time of the inspection, staff were able to access online training and some face-to-face safeguarding training modules. For safeguarding children, 84% of staff had completed online training and for safeguarding adults 83% had completed online training. The service reported that all face-to-face safeguarding modules would be completed by October 2023.

As part of the transfer of care from the previous provider, the service had identified clients with safeguarding concerns and was supporting partner agencies to help keep adults and children safe. The service was implementing a monthly safeguarding meeting, with the first meeting scheduled for August 2023.

In July 2023, the provider's national safeguarding lead and service managers carried out a safeguarding governance audit against organisational quality standards. The service has a schedule of safeguarding governance meetings, with an audit taking place every 2-3 months. This was to ensure the leadership team has oversight of safeguarding in the service.

All staff we spoke to were able to identify risks related to clients. Staff told us how they would make a safeguarding referral and who to inform if they had concerns. Staff gave examples of where they had to make a safeguarding referral, such as concerns about children in the home environment, or self-neglect. However, we saw one client record, where a client had been admitted to hospital following an assault. The client record did not detail the incident, whether a safeguarding referral had been raised and what staff support the client had received. We raised this with the provider, who investigated fully and put immediate actions in place to support the client and ensure the staff member was supervised to make improvements.

# Community-based substance misuse services

## Staff access to essential information

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

The service only received summary care records for 25% of clients. This meant that 75% of clients were transferred to this service without a treatment plan. The service was still gathering information to complete risk assessments and care plans for all clients.

The service reported that all clients will have a full risk review and individualised risk management plan by the end of July 2023. The service reported that all care plans will be completed by the end of September 2023.

Staff used a secure electronic records system. Staff used this system to record and access each client's progress notes, care plans, risk assessments and other information relating to care and treatment. We looked at 4 records, and 3 records were clear, up-to-date and all staff could access them easily.

Staff had their own mobile phones and laptops which allowed them to work from home and access information when visiting clients.

## Medicines management

**The service used systems and processes to safely prescribe, administer, and record medicines. However, some improvements were needed in how staff record temperatures of medicine storage areas. Staff regularly reviewed the effects of medicines on each client's mental health. However, some improvements were needed in how staff reviewed the effects of medicines on client's physical health.**

Clinical rooms were clean, spacious, and equipped with handwashing facilities. Staff had access to emergency medicines, equipment, and medicines disposal facilities.

Staff followed systems and processes to prescribe and administer medicines safely. Prescriptions were either given directly to clients or posted to the appropriate community pharmacy. Staff logged all prescriptions which enabled follow up if there were any issues of loss or theft. Staff trained as clinical administrators were responsible for producing printed prescriptions.

Staff monitored temperatures of medicines storage areas. However, there were gaps in the records where no temperature readings were recorded. The risk to medicines was minimal as the documented temperature readings were all within the required range. There were multiple fridges in the medicine storage area. The fridge temperature records did not make it clear which fridge the records related to. The impact of this was minimal as only one fridge was in use.

Staff had reviewed most client's medicines on transfer to this new service and provided advice to clients and carers about their medicines. Staff discussed the progress of each client in multidisciplinary meetings.

Staff were provided with training regarding naloxone and encouraged clients to have access to naloxone. (Naloxone is a medicine that rapidly reverses an opioid overdose). Clients were given information on how to use and dispose of it. A previous client, who was now a peer mentor, was also providing naloxone training to members of the public who visited the service.

Staff completed medicines records accurately and kept them up to date. When prescriptions were generated by the service, they were added to the client's medical record.

# Community-based substance misuse services

Staff stored and managed all medicines and prescribing documents safely. Medicines related documents were stored electronically in password protected computer systems accessible only by staff. Any medicines related paperwork was also stored in locked areas with controlled access. Staff stored medicines and controlled stationary securely. They kept records of their use. Access to medicines storage areas was appropriately restricted. Staff supplied medication boxes to clients for locking and storing medicines at home.

Staff followed national practice to check clients had the correct medicines when they were admitted, or they moved between services. However medical records received from the previous provider were extremely limited. The service received a paper copy of the GP summary record which had to be inputted manually into the electronic record system, by the service. Some clients did not have any medical record handed over. Staff tried to obtain summary care records before prescribing medicines. Clients were asked for their consent before their own GPs were contacted. The service employed 8 medical staff to carry out medicine reviews as quickly and safely as possible. The provider was working on accessing summary care records for priority patients. Staff wrote to GP practices to keep them informed of the treatment being provided by the service.

Staff learned from safety alerts and incidents to improve practice. Medicines incidents were reported on an electronic system and investigated by the senior leadership team. They were discussed at governance meetings and learning was shared with staff. Staff took action to prevent reoccurrence of medicines incidents. For example, a new clinic focusing on patients being prescribed a specific injection was initiated to minimise the risk of errors. The provider had a system for managing patient safety alerts and ensuring that information was disseminated appropriately.

Staff reviewed the effects of each client's medicines on their physical health according to NICE guidance. Staff offered urine drug screens to clients on initiation and during their time with the service. Staff also offered blood borne virus tests to clients prior to treatment (i.e., hepatitis B, hepatitis C, and HIV). If a client tested positive for hepatitis B, nurses were able to administer the hepatitis B vaccine on site via a Patient Group Directions (PGD). A PGD allows specified health professionals to supply and/or administer medicine without a prescription or an instruction from a prescriber). PGDs were in date and had been signed by the nurses using them. Staff conducted electrocardiograms (ECGs) where appropriate, for example, clients who were taking high doses of methadone. However, we saw records of one client on high dose methadone who had not been offered an ECG. We advised the provider to review this.

## Is the service effective?

Inspected but not rated 

We did not re-rate the effective domain following this focused inspection. Its rating remained as good, from our previous inspection in August 2022.

## Assessment of needs and planning of care

**Staff had completed a proportion of comprehensive assessments with clients transferring into the service. Care plans reflected the assessed needs, were personalised, holistic and recovery oriented.**

The service received summary care records for 25% of clients transferred in from the previous provider. This meant that 75% of clients were transferred to this service without a treatment plan. The service was still gathering information to complete new risk assessments and care plans for all clients. The service reported that all clients would have had a comprehensive risk review and individualised risk management plan by the end of July 2023. This was detailed in the service improvement plan.

# Community-based substance misuse services

We looked at 4 care and treatment records. Staff had completed assessments for 2 of these clients, and the other 2 clients had assessments which were transferred over from the previous provider. The 2 assessments from the previous provider contained minimal information. The 2 assessments carried out by the service were comprehensive and covered a range of areas, such as history of substance abuse, safeguarding concerns, mental health, and physical health needs. However, in the four care records we reviewed, staff did not always make sure that clients had regular physical health observations during keyworker sessions. This could prevent staff being aware of any physical health problems. However, if the client had received their initial medical review when transferred to the service, physical observations were measured and recorded here. The provider was aware of this, and it was detailed as an area for improvement in their service improvement plan.

Staff developed a care plan for most clients that met their mental and physical health needs. Care plans were holistic and recovery-orientated, and clients felt involved in their care. There was evidence that clients had been offered and given copies of their care plans. However, care plans did not record the client's voice.

The service had a comprehensive service improvement plan in place. All caseloads were being audited by senior members of staff. The audit was to ensure that all clients had a full risk review completed, all risk assessments and care plans had been in place, and that a treatment pathway had been identified. The audit also ensured that staff were supported to improve the content and quality of full risk reviews.

## 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 delivered care and treatment in line with best practice and national guidance from relevant bodies such as the National Institute for Health and Care Excellence (NICE). This included training staff in motivational interviewing, 1:1 key working, substitute prescribing, community alcohol detoxification, psycho-social therapy groups and voluntary work opportunities.

Staff supported clients to live healthier lives by supporting them to take part in programmes or giving advice. The service had a psycho-social therapy group timetable for clients, which included groups such as non-dependent groups, pre-detox groups, post-detox groups, and aftercare groups.

Staff made sure clients had support for their physical health needs either from the service, their GP or community services. Staff offered urine drug screens to clients on initiation and during their time with the service. Staff also offered blood borne virus tests to clients prior to treatment (i.e., hepatitis B, hepatitis C, and HIV). If a client tested positive for hepatitis B, nurses were able to administer the hepatitis B vaccine on site via a Patient Group Directions (PGD). (A PGD allows specified health professionals to supply and/or administer medicine without a prescription or an instruction from a prescriber). The lead nurse referred any clients with a positive result, to Hepatology at the Royal Free Hospital. We saw evidence that clients had been referred to the GP after their medical review found the client had high blood pressure.

A Liver Health Check van visited the service regularly. This service allowed a registered nurse to offer a simple non-invasive test, called a fibro scan, to people aged 35-70 who may be at increased risk of liver disease based on their medical history. This early screening allowed clients to get an early diagnosis and benefit from specialist treatments that may not be effective at a later stage.



# Community-based substance misuse services

Staff used recognised rating scales to assess and record severity and outcomes. Clients seeking treatment for alcohol misuse were assessed using the Alcohol Use Disorder Identification Test (AUDIT). Staff used the Clinical Opiate Withdrawal Scale (COWS) to monitor the severity of opioid withdrawal during opioid detoxification. Staff also completed a Treatment Outcome Profile (TOP) with clients during keyworker sessions. TOP is a national outcome monitoring tool for substance misuse services, that can aid improvements in clinical practice by enhancing assessment and care plan reviews. It can also help ensure that each client's recovery care plan identifies and addresses his or her needs and treatment goals.

Staff participated in clinical audits monthly. There was also a monthly premises audit, and a 6-monthly health and safety audit. Other audits and benchmarking initiatives were on hold until the end of the implementation phase of this transfer. The service was carrying out a comprehensive service quality improvement plan, to ensure all standards were met following the transfer of care.

## Is the service caring?

Inspected but not rated 

We did not re-rate the caring domain following this focused inspection. Its rating remained as good, from our previous inspection in August 2022.

## 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.**

Clients were very complimentary of staff, reporting they were respectful, polite, friendly, and knowledgeable. One client told us that they've been so inspired by staff, and this made them want to become a peer mentor.

Staff supported clients to understand and manage their own care treatment or condition. Clients told us that they were encouraged to attend courses such as opiate overdose and goal setting workshops. Clients told us that they found the group timetable helpful to understand their health, care, and treatment. However, clients told us that the service could offer more tailored groups such as 'Sober Sundays' and more unstructured group such as a coffee morning or movie night. The service manager told us these groups are going to start in September 2023.

Staff directed clients to other services and supported them to access those services if they needed help, for example, psychology and counselling services. Clients told us that the communication between this service and other services was good.

Staff understood and respected the individual needs of each client. Clients told us that the service was particularly helpful to homeless clients, by providing refreshments, small meals, clothes, shoes, and books for them to use.

Staff followed policy to keep client information confidential. Clients told us that staff asked for their consent around sharing of information with other professionals supporting them.



# Community-based substance misuse services

## Involvement in care

**Staff involved clients in care planning and risk assessment and actively sought their feedback on the quality of care provided. However, the service did not always ensure that clients had easy access to additional support.**

## Involvement of clients

Clients told us that staff made sure they understood their care and treatment and it was person centred. The four care records we reviewed evidenced that clients were offered copies of their care and treatment plans, however they refused a copy. However, we spoke to 11 clients, and most clients told us they have not been given care or treatment plans. They told us this was because the service stated were not available yet, as they were not transferred over from the previous provider. Clients told us that staff reassured them that they would receive them in the next step of the implementation.

Staff involved clients in decisions about the service, when appropriate. Clients told us that co-production is promoted in the service. For example, the provider has a monthly co-production meeting for clients and staff. The service employs peer support workers and the service involved clients in the interior decoration of the service.

Staff kept clients informed about this new service. Clients told us, that although initially it was quite anxiety provoking to be changing providers, the transfer from the previous provider to this new service has been relatively smooth for them, and they felt staff managed the transfer well. However, one client told us they had not had a medical review and they had been at the new service for 4 months.

The service did not always make sure clients could access additional support. Clients told us that they did not know how to access support during evenings or weekends, when the service as closed. Clients felt that there should be a doctor or prescribing nurse available to help at these times, particularly for those on an opiate detoxification.

The service did not make sure clients could access advocacy services. Clients told us that they did not know how to access an advocate or what an advocate does.

## Is the service responsive?

Inspected but not rated 

We did not re-rate the responsive domain following this focused inspection. Its rating remained as good, from our previous inspection in August 2022.

## 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. The premises was large, welcoming, and newly refurbished. Clients had access to a kitchen where they could make hot drinks and food. Clients and staff had co-produced the design of the treatment rooms.

Interview rooms in the service had sound proofing and glazed windows to protect privacy and confidentiality.

# Community-based substance misuse services

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

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

The service could support and make adjustments for people with disabilities, communication needs or other specific needs. The service was wheelchair accessible, with a lift accessing all floors, a disabled toilet and large door frames for wheelchair access. However, there was no hearing loop for clients who may have hearing difficulties. We raised this with the provider who arranged for it to be fitted as soon as possible.

Staff made sure clients could access information on treatment, local service, their rights and how to complain. Clients told us staff encouraged them to ask any questions about their care and treatment. We saw a variety of leaflets in the client area of the service, for example, on safeguarding, volunteering opportunities, community meals, complaints, and compliments.

The service was not yet providing information in a variety of accessible formats or languages so the clients could understand more easily. There were no pictorial guides or leaflets in different languages available on the day of inspection. However, service managers told us they have been ordered and awaiting delivery.

Clients were provided with an infographic roadmap to inform them of the journey through the new service. This was shared with clients during keyworker sessions, co-production meetings, and available in client areas.

## 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 knew how to complain or raise concerns. Clients told us that there are very few concerns about the service, but any concerns and complaints were dealt with quickly and effectively. The clients we spoke with felt able to raise concerns if they needed to.

Since the start of this service in April 2023, the service received 6 complaints. Managers investigated complaints and clients received feedback from managers after the investigation into their complaint. Clients usually received the outcome letter within 28 days of making the complaint unless there were unforeseen delays. There was 1 occasion where the service responded late to a complaint. The service kept the complainant updated on the response delay and offered an apology.

Staff understood the policy on complaints and knew how to acknowledge and handle them. Staff told us they are open and transparent if mistakes have been made, and they encourage clients to raise their concerns. Staff told us they felt able to raise concerns with senior management if they needed to.

Managers investigated complaints and identified themes. For example, 2 complaints were related to the medicine Buvidal. Buvidal is a prolonged-release injection to treat opioid dependence. We saw that managers shared feedback from these complaints with all staff in weekly meetings and learning was used to improve the service. For example, the service re-delivered Buvidal training to the whole team, and set up additional weekly Buvidal clinics for clients.

The service used compliments to learn, celebrate success and improve the quality of care.

# Community-based substance misuse services

## Is the service well-led?

Inspected but not rated 

We did not re-rate the well-led domain following this focused inspection. Its rating remained as good, from our previous inspection in August 2022.

### Leadership

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

The local leadership was strong, and they had worked for the provider for many years in a variety of roles. They had the knowledge, skills, and experience to perform their roles. The service manager had previously worked at another CGL service in Camden before transferring over to this new integrated service. There was also a member of CGLs regional management team, who was seconded to this new service as an implementation lead. All leaders had a good understanding of the new service they managed. They could clearly explain the challenges the service faced and the plans in place to meet the aims of the service.

Leaders were visible in the service and approachable for clients and staff. All staff felt able to approach leaders with any concerns. Staff were complimentary about the leadership and support provided by the managers. They felt the managers kept staff and clients up to date with the implementation processes and worked quickly to reduce anxieties.

Managers within the service met weekly to discuss any updates or concerns.

### Vision and strategy

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

The organisation's vision is to develop, deliver and share a whole person approach that changes society. The organisation's values are to be open, compassionate, bold and to make a difference.

Staff knew and demonstrated the service's vision and values and how they applied to the work of their team. Managers regularly discussed the service values in the morning briefing meetings. Staff felt well updated about the new service through supervisions, meetings, and the transfer website, which was regularly updated.

The provider wanted to transform lives and co-produce this with the people they help. We saw evidence of co-production, such as the design of the service interior, multiple client forums, and peer mentors leading training initiatives in the service. For example, a peer mentor was carrying out naloxone training for staff and members of the public who visited the service.

### Culture

**Staff felt respected, supported, and valued. They felt able to raise concerns without fear of retribution.**

Staff we spoke with felt respected, supported, and valued. Staff felt that the transition programme into this new service had been busy and very challenging at times, but they felt well supported and informed by managers.

# Community-based substance misuse services

Staff worked well together as a team and reported good team working. Staff met daily to discuss clients informally as well as at the monthly team meetings. It was evident from speaking with staff that they wanted the best outcome for clients and were trying to ensure that appropriate care and treatment records were in place for them as quickly and safely as possible.

There was a clear supervision and appraisal structure in place, however only 69% of staff had received these scheduled supervisions. Some staff we spoke with said that supervision sessions had been arranged but had been postponed. As the service had only been open for three and a half months at the time of the inspection, one untimely supervision per staff member could cause this reduced supervision rate. Therefore, we have advised the service of action it should take to improve this, as it would be disproportionate to find a breach of regulation.

Staff stated that they felt able to raise concerns when needed and were aware of the whistle blowing procedure.

Staff could access some support for their own well-being through the service. The service offered a weekly wellbeing hour for staff. The service was also in the process of arranging a monthly wellbeing day. However, some staff felt that their own illness or recovery was not always well supported. They told us that some reasonable adjustments in place to support them were lost when they transferred into the new service and changed managers.

## Governance

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

The provider had a clear framework of what had to be discussed during team meetings to ensure essential information was shared amongst the staff. The service held daily morning meetings to discuss pertinent information such as staffing, daily duties, activities/groups for the day, and any clients of concern or high risk. We reviewed minutes from recent morning meetings and saw evidence that each area was discussed in full, with associated learning shared.

There was a clear framework for communication, this enabled staff to be kept updated about the service, incidents, safeguarding, complaints and essential information through regular team, clinical governance, safeguarding, performance and daily meetings.

The service had appropriate systems to evaluate the safety and effectiveness of the service. There was a comprehensive service improvement plan in place. Managers had identified priority risk areas since the beginning of the transfer from the previous provider, and ensured there was a clear plan in place of how each risk would be mitigated and minimised over time.

Staff participated in a variety of audits to provide assurance on the performance of the service. There were monthly clinical, premises, safeguarding and health and safety audits. There were action plans in place for any gaps identified.

Staff knew to submit notifications to external bodies as required, for example to social services.

Staff also knew to make notifications to the Care Quality Commission in accordance with regulations.

## Management of risk, issues, and performance

**Teams were provided with access to minimal information from the previous provider. The service had a clear plan in place to gather the necessary information to ensure they could provide safe and effective care for the clients who transferred into the new service.**

# Community-based substance misuse services

The service maintained a risk register and quality improvement plan to address the corresponding risks. These included general risks for the service and risks associated with the transfer of clients from the previous provider.

Managers identified the 3 critical risks associated with the transfer of clients. These were the risks to client safety due to the volume, quality and timeliness of the data received from the previous provider; unexpected complications around people's mental health treatment; and the low number of staff transferring over from the previous provider. Leaders had put in place comprehensive plans to mitigate risks, minimise them over time, and ensured these were communicated with clients and staff in a timely manner.

## Information management

**The service used an electronic confidential client record system. Staff collected analysed data about outcomes and performance.**

The service used systems to collect data about performance. Managers had access to a range of dashboards which provided them with essential data on team performance as well as client care. For example, managers had access to dashboards about mandatory training rates, care records and staff caseloads, which allowed them to be easily reviewed and audited. Managers monitored the progress of client transfers by having clear oversight of the number of medical and risk reviews undertaken and completed.

Staff had access to equipment and information technology to support clients. They were given the technology needed to work outside of the office at home or during community visits, such as mobile phones and laptops.