Change, Grow, Live

Change Grow Live - Brighton & Hove

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	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

Change Grow Live – Brighton & Hove provides specialist community treatment and support for adults affected by substance misuse who live in Brighton and Hove.

We rated it as good because:

- Staff went above and beyond to support, inform and involve families or carers. The Families and Carers Team had a programme delivered by the service which supported individuals affected by someone suffering with addiction(s). They provide signposting, advice and guidance, one to one counselling, and psychosocial intervention in order to support these individuals who are indirectly impacted by substance misuse.
- The service was in discussion with the local police force to hold naloxone pens whilst on patrol. The service was setting up five needle exchange dispensers across the city.
- People could access services and appointments in a way and at a time that suited them. The service ensured accessibility to the service for all clients and arranged taxis or conducted home visits for those clients who had difficulty accessing the service. The service ran groups on Thursday evenings and ran assessments on Saturday mornings for those in work or who could not attend at any other time.
- Staff from different disciplines worked together as a team to benefit clients. They supported each other to make sure clients had no gaps in their care. The team had strong, effective working relationships with other relevant teams within the organisation and were committed to working collaboratively with other relevant services outside the organisation to ensure joined up care for people who use services.
- Staff assessed and managed risks to clients and themselves well. They responded promptly to sudden deterioration in clients' physical and mental health. Staff made clients aware of harm minimisation and the risks of continued substance misuse. Safety planning was an integral part of recovery plans.
- Staff completed comprehensive assessments with clients on accessing the service. They worked with clients to develop individual recovery plan and updated them as needed. Recovery plans reflected the assessed needs, were personalised, holistic and recovery oriented.
- Staff treated clients with compassion and kindness. Clients told us that staff treated them well and behaved kindly towards them. We observed staff engaging in a compassionate and non-judgemental manner with clients.
- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.
- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for clients and staff. All staff we spoke with were complimentary about the leadership and support provided by the service manager and the deputy manager. Staff felt there was a strong and consistent management structure, who were emotionally supportive and genuinely cared about the wellbeing of staff as well as the service.

However:

- Most clients that we spoke to told us that they did not have a copy of their care plan.
- Staff had variable understanding of what to do if a client's capacity to make decisions about their care might be impaired.
- We observed that conversations could be heard through the wall of the interview room located within the reception waiting area.

Summary of findings

Our judgements about each of the main services

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

Summary of findings

Contents

Summary of this inspection

Background to Change Grow Live - Brighton & Hove

Change Grow Live – Brighton & Hove (also known as Brighton and Hove recovery service) is part of a national Change Grow Live provider who deliver a not-for-profit drug and alcohol treatment service.

The service provides specialist community treatment and support for adults affected by

substance misuse who live in Brighton and Hove.

They offer a range of services including initial advice; assessment and harm reduction services including needle exchange; prescribed medicines for alcohol and opiate detoxification and stabilisation; naloxone dispensing; group recovery programmes; one-to-one key working sessions and doctor and nurse clinics which includes health checks and blood borne virus and hepatitis C testing.

The service works in partnership across Brighton and Hove and with other agencies, including social services, probation, GPs and pharmacies.

This was the first time we have inspected Change Grow Live – Brighton & Hove.

The service was registered for the following regulated activity: Treatment of disease, disorder or injury. The service was registered on 16 September 2020. There was a registered manager at the service.

What people who use the service say

Clients told us that staff were respectful and polite. They said staff were caring and genuinely interested in their wellbeing. Clients felt that the service and the staff were non-judgemental. Clients told us that staff are always visible and they could access a doctor in a timely way.

Clients told us that they received advice from the doctor about medications and that their care was reviewed regularly. Clients felt involved in their reviews on a regular basis.

However, Clients told us that they were unaware of how often they should be contacted by their recovery co-ordinator. One client had not been contacted since their triage appointment four months previous. Another client told us that they would like to be contacted more than every two weeks.

Due to the COVID-19 pandemic, therapeutic interventions were being facilitated over zoom. Clients told us that they would prefer face to face interventions but acknowledged that video calls were better than telephone calls. Face to face meetings had been interrupted due to the COVID-19 pandemic.

Most clients told us that they had not received a copy of their recovery plans.

Summary of this inspection

How we carried out 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.

The team that inspected the services comprised three CQC inspectors and a specialist advisor who had experience in substance misuse.

On this inspection we looked at:

- A range of Clinical governance minutes, service user meeting minutes, safeguarding logs, incidents
- We interviewed a range of staff: the service manager, the lead nurse, the LGBTQ+ lead, a clinical psychologist, consultant, nurses, recovery co-ordinators, partner organisation representatives, peer worker, Quality and governance leads, interventions facilitator, community outreach team leader,
- Tour of the environment
- Reviewed five most recent complaints
- Review of six care records
- Observed two client assessment with the consultant.
- Interviewed eight clients
- Observed one group intervention.
- Observed a morning meeting

Outstanding practice

We found the following outstanding practice:

Staff went above and beyond to support, inform and involve families or carers. The Families and Carers Team had a programme delivered by the service which supported individuals affected by someone suffering with addiction(s). They provided signposting, advice and guidance, one to one counselling, and psychosocial intervention in order to support these individuals who are indirectly impacted by substance misuse.

The service was in discussion with the local police force to hold naloxone pens whilst on patrol. The service was setting up five needle exchange dispensers across the city.

Areas for improvement

Action a provider 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 service should ensure that staff know how to apply the Mental Capacity Act and how this applies to their role.
- The service should ensure that the clients receive a copy of their recovery plan.

Summary of this inspection

- The service should ensure that client confidentiality is protected when meeting in the side room, by addressing the soundproofing of the room.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community-based substance misuse services	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Good

Community-based substance misuse services

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

Are Community-based substance misuse services safe?

Good

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. Staff were trained as first aiders and fire wardens. The rota was confirmed with all team members during the daily morning meeting. The names of wardens on duty were updated daily on a white board in the communal office area for all staff to see.

All interview rooms had alarms and staff available to respond. Clients and visitors were expected to sign in and out at reception. Keyworkers would meet clients in the reception room and support them when in the building. Areas, where only staff were allowed access, had keypads fitted to the doors.

All clinic rooms had the necessary equipment for clients to have thorough physical examinations. Staff made sure equipment was well maintained, clean and in working order.

All areas of the service were clean, well maintained, well-furnished and fit for purpose. Staff made sure cleaning records were up-to-date and the premises were clean.

Staff followed infection control guidelines, including handwashing. The service had Covid-19 measures in place across the service. This included antibacterial hand gels and signs reminding staff and clients to wear a mask and distance. Staff told us that only three clients were booked in for face to face appointments at any one time.

Safe staffing

The service had enough staff, who knew the clients and received basic training to keep them safe from avoidable harm. However, the number of clients on the caseload of the teams, and of individual members of staff, was high.

The provider had established staffing levels required through consultation with the service commissioners.

Good

Community-based substance misuse services

Most clients reported that care and treatment was rarely cancelled by staff.

The service had one full time and two part time nurse roles vacant at the time of the inspection. These positions had been recruited to. The service was in the process of recruiting a part time Preceptorship Psychologist and a speciality doctor. The service was fully recruited to recovery co-ordinator roles. The service had a recruitment plan in place to fill vacant shift and to fulfil extra roles within the service.

At the time of our inspection, the service had an annual staff sickness rate of 3.72% and the annual turnover rate was 29.4%. The service went through a consultation process in October 2020 as part of the new service opening. Staff decided whether they would like to stay or take redundancy.

Due to recent contractual changes, caseload sizes had increased across the service and were between 70 and 80 per recovery co-ordinator. Staff told us that this was high, and they were struggling to manage their workload. Managers we spoke with told us they reviewed caseloads each month and staff felt able to approach a team leader if they were unable to manage their caseload.

The service used peer mentors to support clients in their recovery. Peer mentors were people who had lived experience of recovery and were drug and alcohol free. All peer mentors completed training to enable them to support clients in recovery in groups or individual sessions.

Mandatory training

Staff had completed and kept up to date with their mandatory training. All staff training completions rates were in line with the provider targets. The training included children and adult safeguarding, health and safety, equality and diversity, and the Mental Capacity Act. Some staff had additional basic life support training as part of their mandatory training. 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 clients and themselves well. They responded promptly to sudden deterioration in clients' physical and mental health. Staff made clients aware of harm minimisation and the risks of continued substance misuse. Safety planning was an integral part of recovery plans.

Assessment of client risk

We reviewed six care records, including care plans risk assessments and risk management plans. Areas of risk looked at; risk to self and others, physical health, substance misuse and safeguarding concerns including child protection and domestic abuse.

In the six care records we reviewed, we found thorough risk assessments and risk management plans in place for all clients. All records showed plans for unexpected treatment exit and all records we looked at showed involvement with other agencies where needed. Staff we spoke with were very aware of the risks and safeguarding concerns for their clients and told us what action was being taken to support clients.

Risk information was shared and discussed as part of the morning meeting and discussed at wider multidisciplinary team meetings. We saw appropriate action being taken as a result of risk.

Staff told us that opiate clients, those rough sleeping, leaving prison or being discharged from hospital were prioritised for assessment at triage.

Management of client risk

Staff responded promptly to any sudden deterioration in a patient's physical and mental health. The service employed two mental health liaison nurses, who worked alongside the local mental health trust.

Staff continually monitored clients for changes in their level of risk and responded when risk increased. Clients at risk of safeguarding and high-risk clients were identified at every morning briefing with the whole service. Clients that were identified as high risk were put onto a complex coordinator's caseload, which was smaller.

Staff followed clear personal safety protocols, including for lone working. Staff made sure their diaries were up to date and had work panic alarms to use when out in the community which would contact an external organisation.

Staff made clients aware of harm minimisation and the risks of continued substance misuse. All client records we looked at evidenced harm minimisation advice and had an assessment for motivation to change.

Safety planning was an integral part of recovery plans.

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 kept up-to-date with their safeguarding training. At the time of the inspection, 87% of staff employed by the service had completed their training. Those staff employed by the service for individually funded pathways had all completed safeguarding training.

Staff could give examples of how to protect clients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. We reviewed the safeguarding logs for the service and saw multi-agency action being taken to address safeguarding concerns.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The service manager was the safeguarding lead and staff we spoke with all knew where to find support if concerns were raised.

Managers took part in serious case reviews and made changes based on the outcomes.

Staff access to essential information

Good

Community-based substance misuse services

Staff kept detailed records of clients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care. Patient notes were comprehensive, and all staff could access them easily. All records were uploaded onto the electronic system and then the paper copy destroyed.

Managers told us that they were commissioned to use a different system to the rest of the Change Grow Live organisation. This made it difficult to share reports with the providers senior management team and made the providers oversight of the location more complex.

Medicines management

The service used systems and processes to safely prescribe, record and store medicines. Staff regularly reviewed the effects of medications on each client's physical health.

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. All medicines were stored securely and checked as required. The provider did not store controlled drugs on site. Scripts were written by doctor/prescriber and then sent to the pharmacy for clients to collect. The lead nurse conducted weekly audits of all medications.

Staff reviewed clients' medicines regularly and provided specific advice to clients and carers about their medicines.

The service had a protocol in place to ensure medicine prescribing was in line with guidance and liaised with GPs and pharmacies about medicines prescribed.

Staff reviewed the effects of each patient's medication on their physical health according to NICE guidance. Most care records we reviewed, detailed staff monitoring clients' physical health. We saw evidence that electrocardiogram (ECG) were obtained if methadone was above 100mg or if a client's physical health declined. However, one client on high dose methadone had not been seen for physical health checks in six months. We saw that this had been reviewed at MDT and efforts had been made to review the client face to face. We raised this with the provider and an immediate plan was put in place to review this client. The provider had a plan to review all clients who had not been seen for more than three months.

The service had good working relationships with local pharmacies including sharing information about titration of medicines and reporting if a client had not collected a prescription.

A service representative attends the Controlled Drugs Local Intelligence Network meetings.

Where medication incidents occur, these were recorded on the incident reporting system reviewed, and the learning circulated to the wider team. Incidents which were relevant to local pharmacies were communicated with them and with the pharmacy contract provider.

Reporting incidents and learning from when things go wrong

The service had a good track record on safety. The service managed client safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service, including clients and carers. When things went wrong, staff apologised and gave clients honest information and suitable support.

Good

Community-based substance misuse services

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with provider policy.

Managers debriefed and supported staff after any serious incident. The clinical psychologist would offer a psychologically informed debrief to those involved in any incidents. There was evidence that staff welfare after incidents was considered when discussing difficult or traumatic experiences.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards clients and staff. Staff told us that they felt comfortable escalating concerns and felt reassured that these were recorded and managed well.

Senior managers attend bi-monthly Local Deaths in Treatment Meetings with Public Health England where individual cases were reviewed with local partners.

Are Community-based substance misuse services effective?

Good

Assessment of needs and planning of care

Staff completed comprehensive assessments with clients on accessing the service. They worked with clients to develop individual recovery plan and updated them as needed. Recovery plans reflected the assessed needs, were personalised, holistic and recovery-oriented. However, clients had not received a copy.

Staff made sure that clients had a full physical health assessment and knew about any physical health problems. Of the six records we looked at, most clients had a physical health assessment on admission and there was evidence that of ongoing physical health care for most of these clients.

Staff developed a comprehensive recovery plan for each patient that met their mental and physical health needs. Staff regularly reviewed and updated recovery plans when clients' needs changed. In the six records we reviewed, recovery plans were present and up to date. They were personalised, holistic and recovery orientated.

Of the eight clients we spoke with, six had not received copy of their care plan.

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 used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.

Staff provided a range of care and treatment interventions suitable for the clients in the service, as recommended by the National Institute for Health and Care Excellence (NICE) including acceptance and commitment therapy (ACT) groups; self-management and recovery training (SMART) groups); and, motivational interviewing. The service had a timetable of group interventions available to clients to attend. Other interventions offered to clients were outreach work, needle exchange and support relating to training, housing and benefit needs.

Good

Community-based substance misuse services

Staff used recognised rating scales to assess and record the severity of patient conditions and care and treatment outcomes. Mental Health Questionnaires and Alcohol Audits were completed as part of every initial assessment. Staff measured the treatment and recovery outcomes of each client using the treatment outcomes profile (TOPS) tool. Staff used the TOPS tool to measure change and progress in key areas of clients' lives such as substance use, mood, crime, social life and physical health.

Managers took part in clinical audits, benchmarking and quality improvement initiatives. Managers used results from audits to make improvements and shared outcomes with staff.

Skilled staff to deliver care

The teams included or had access to the full range of specialists required to meet the needs of clients under their care. Managers made sure that staff had the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

The service employed a clinical psychologist who was reviewing the psychosocial interventions delivered from the service. The service employed two GP shared care nurses in primary care settings across Brighton and substance misuse nurses with specialisms in dual diagnosis and health and well-being.

Managers made sure staff had the right skills, qualifications and experience to meet the needs of the clients in their care, including bank and agency staff. New members of staff were given a full induction to the service before they started work.

Managers supported staff through regular, constructive appraisals of their work. Staff were up to date with their appraisals.

Managers supported medical and non-medical staff through regular, constructive clinical supervision of their work. Staff told us that they could speak to their line manager outside of these supervisions when needed. The service was following the provider policy in relation to supervision and appraisals.

Managers made sure staff attended regular team meetings and gave information to those who could not attend. Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

Managers made sure staff received any specialist training for their role. Staff had access to a comprehensive catalogue of extra specialist training, such as Cuckooing training provided by an external organisation, managing change and emotional labour, naloxone and overdose training, Impact of Parental Substance Misuse and Adverse Childhood Experiences.

Managers recognised poor performance, could identify the reasons and dealt with these. We saw evidence that performance issues were dealt with in supervision and in line with the provider policy.

Multidisciplinary and interagency team work

Good

Community-based substance misuse services

Staff from different disciplines worked together as a team to benefit clients. They supported each other to make sure clients had no gaps in their care. The team had effective working relationships with other relevant teams within the organisation and were committed to working collaboratively with other relevant services outside the organisation to ensure joined up care for people who use services.

Staff held regular multidisciplinary team (MDT) meetings to discuss clients and review their care. The service had two separate MDT's. One for clients on an alcohol pathway and one for the rest of the client group.

The service had good links with external partners such as the local authority social care team, supported housing providers, mental health services and commissioners.

The service was in discussion with the local police force to hold naloxone pens whilst on patrol. The service was setting up five needle exchange dispensers across the city.

Good practice in applying the Mental Capacity Act

Staff supported clients to make decisions on their care for themselves. They were up to date with their training in the Mental Capacity Act. However, staff had variable understanding of what to do if a client's capacity to make decisions about their care might be impaired.

Staff knew where to get accurate advice on Mental Capacity Act and could seek support from the service manager.

Staff gave clients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so. This was reflected in the six records we reviewed.

Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision. In all six records we reviewed, we saw evidence that consent had been obtained.

Are Community-based substance misuse services caring?

Good

Kindness, privacy, dignity, respect, compassion and support

Staff treated clients with compassion and kindness. Clients were treated with dignity by all those involved in their care, treatment and support. We observed staff engaging in a compassionate and non-judgemental manner with clients. Staff were caring and showed a genuine interest in client's wellbeing. Clients told us that staff treated them well and behaved kindly towards them. Clients told us that they felt valued, important and supported.

Staff understood the individual needs of clients and supported clients to understand and manage their care and treatment. Group programmes were delivered in smaller segments so that clients could engage around childcare, home-schooling and home working. Staff we spoke with were highly motivated and inspired to offer care that is kind and promotes people's dignity.

Good

Community-based substance misuse services

Staff supported clients to understand and manage their own recovery and treatment. Clients told us that they were able to make their own choices and that they had guidance from their recovery coordinators and/or doctor in making these choices. Information leaflets were available to explain interventions to clients.

Staff directed clients to other services and supported them to access those services if they needed help. Staff told us that they signpost and refer onto other agencies in order to address a client's additional needs. Staff provide clients with a resource sheet which includes information on additional support. We saw positive multiagency working with agencies including Mental Health teams, Street Outreach Services, Supported Housing Services, Residential Rehab's, and Adult Social Care. These working relationships enable staff to support client's needs more holistically.

Staff followed policy to keep client information confidential. Staff told us that they always seek consent to share information when working with clients.

Involvement in care

Staff involved clients in creating their recovery plans. However, clients reported that they had not always received a copy of the plan. The service actively sought client and carer feedback on the quality of care provided. They ensured that clients and their families or carers had easy access to additional support. Staff involved families and carers appropriately.

Involvement of clients

Staff involved clients in creating their recovery plans. However, clients reported that they had not always received a copy of the plan. Whilst we saw that client's recovery plans were personalised, we did not find any evidence of recovery plans being shared with clients.

Clients could give feedback on the service and their treatment, and staff supported them to do this. Clients had a service user forum which operated a social media group and monthly meeting, that enabled clients to feedback.

The service had peer mentors who assisted in both delivering interventions and engaging with clients. These individuals helped reduce potential barriers for clients, including raising concerns. Clients that we spoke to told us that they would feel comfortable reporting concerns.

Involvement of families and carers

Staff went above and beyond to support, inform and involve families or carers. The Families and Carers Team had a programme delivered by the service which supported individuals affected by someone suffering with addiction(s). They provide signposting, advice and guidance, one to one counselling, and psychosocial intervention in order to support these individuals who are indirectly impacted by substance misuse. If the client consented, families and carers could be involved in the client's care by attending appointments and having direct communication with recovery co-ordinators.

Are Community-based substance misuse services responsive?

Good

Access and waiting times

Good

Community-based substance misuse services

People could access services and appointments in a way and at a time that suited them. The service ensures accessibility to the service for all clients and have arranged taxis or conducted home visits for those clients who have difficulty accessing the service. The service ran groups on Thursday evenings and ran assessments on Saturday mornings, for those in work or those who could not attend at any other time. A partner organisation offered childcare to those attending appointments at the service.

Technology was used innovatively to ensure people have timely access to treatment, support and care. During the COVID-19 pandemic, the service sought funding to obtain tablets and mobile phones for clients in order to afford accessibility to interventions and keyworkers.

Staff planned and managed discharge well. In the records that we observed, we saw that all plans were recovery orientated and there were also plans for unexpected treatment exit. The service has a staff member whose role is to manage the discharges and disengagement pathway.

The service had alternative care pathways and referral systems for people whose needs it could not meet. We saw evidence within recovery plans that included the involvement of other agencies where needed. The service had direct access to two local detox services they could refer clients to and sat on panels with the adult social care substance misuse team to decide on out of area detox placements. The service utilises a subcontracted service to provide specific substance misuse intervention and support to women and their children.

The service had clear criteria to describe which clients they would offer services to. Referrals into the service were managed by the service user engagement team. This was a central point of contact for the service. The average referral to first contact is three working days, with the average referral to triage of clients being seventeen working days. The service prioritised opiate users for triage and assessments so that prescribing could be commenced as soon as possible. They prioritised those with higher risk factors including those who are pregnant, under 18, homeless and prison leavers. The service was working in line with their contractual obligations and in line with the National Drug Treatment Monitoring System (NDTMS) performance framework.

The service had a mental health liaison team who facilitated access and liaison to mental health support for clients. The team dual diagnosis nurses who identified clients needing mental health support and referred them to mental health support and supported those already receiving support from mental health services.

Staff contacted people who do not attend appointments and offer further support. Staff followed up on all failed appointments both with the client and other involved agencies. Staff asked clients about the risks and triggers of disengagement and how they would like to be re-engaged. The service audited failed appointments.

Clients had some flexibility and choice in the appointment times available. Staff sent reminders to clients and advise to call if they need to rearrange appointments. Clients told us that the staff were flexible. They delivered groups on Saturday mornings and Thursday evenings for those who had work commitments.

Staff worked hard to keep cancelled appointments to a minimum and when appointments were cancelled, they gave clients the reasons and a new appointment date. Appointments ran on time and staff informed clients when they did not. Clients told us that staff were visible and that appointments were not often cancelled.

The facilities promote comfort, dignity and privacy

Good

Community-based substance misuse services

The design, layout, and furnishings of treatment rooms supported client's treatment, privacy and dignity. The service had a full range of rooms and equipment to support treatment and care. Waiting and treatment rooms had accessible toilets and a kitchen area with drinking water and refrigeration facilities. The environment was welcoming and interactional with a memorial tree for clients to attach messages for the deceased, a blackboard wall where clients could draw and write, as well as artwork of clients displayed on the walls. COVID measures were in place to protect clients visiting the site and staff. There was a specific titration area for clients.

Most interview rooms in the service had sound proofing to protect privacy and confidentiality. However, we observed that conversations could be heard through the wall of the interview room located within the reception waiting area. This compromised the confidentiality of clients.

Meeting the needs of all people who use the service

The service met the needs of all clients, including those with a protected characteristic or with communication support needs. Staff understood and respected the individual needs of each client. The service had specific teams and recovery coordinator specialisms to tailor to the needs of different clients. The service had a LGBTQ+ recovery co-ordinator lead and cuckooing lead.

The service could support and adjust for people with disabilities, communication needs or other specific needs. Clients' communication needs were recorded on their alert system and staff told us that they were currently developing an accessible resource pack for clients with learning disabilities. Some clients told us that they would appreciate having more contact with their recovery coordinators and more face-to-face meetings.

Staff made sure clients could access information on treatment, local services, their rights and how to complain. The service had information leaflets available in languages spoken by the clients and local community. Managers made sure staff and clients could get hold of interpreters or signers when needed. The service has translator services available and were able to access services to translate information leaflets to meet clients' communication needs.

Staff made sure clients could access advocacy services. Clients received information on advocacy services within the resource pack shared with them at initial triage. Staff told us that they work closely with a Substance Misuse Independent advocate and a LGBTQ+ advocate who provide feedback to the service and attend working groups.

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 the wider service.

Clients, relatives and carers knew how to complain or raise concerns. Information on making a complaint was displayed clearly within the reception waiting area. Staff understood the policy on complaints and knew how to handle them. We found evidence that complaints had been dealt with appropriately and in line with duty of candour. Staff knew how to acknowledge and investigate complaints and clients received feedback from managers after the investigation into their complaint.

Managers shared feedback from complaints with staff and learning was used to improve the service. Staff told us that any learning taken from concerns, complaints and compliments were discussed within one-to-one supervision (if relevant) and shared both within team meetings which staff attended regularly, and Integrated Governance Team Meetings (IGTM) which shares learning across the entire service. Debriefs were available for staff.

Good

Community-based substance misuse services

Are Community-based substance misuse services well-led?

Good

Leadership

Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for clients and staff. All staff we spoke with were complimentary about the leadership and support provided by the service manager and the deputy manager. Staff felt there was a strong and consistent management structure, who were emotionally supportive and genuinely cared about the wellbeing of staff as well as the service.

Vision and strategy

Staff knew and understood the provider's vision and values and how they were applied in the work of their team.

Culture

Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.

Staff told us that the culture was very approachable and supportive. They felt they had good team working and staff shared of best practice throughout the team. It was evident that all colleagues wanted the best outcome for the client. Staff stated that this was a happy service.

As a result of staff stress throughout the COVID-19 pandemic and the contractual changes to the service, a staff wellbeing service group was created set up. The service implemented a virtual book of appreciation, a paid wellbeing hour each week, Mindfulness activities, and check-in groups. The provider granted all staff a Well Being Day in 2020 to thank the staff for their hard work.

Governance

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

The service had an up to date risk register, which reflected concerns about the delivery of the service.

Management of risk, issues and performance

Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

Information management

Good

Community-based substance misuse services

Staff collected and analysed data about outcomes and performance. The Services Manager carries out a quality and quantitative review of all outcomes and performance quarterly and reports back to the Commissioner and Team Leaders. This included the number of clients in treatment, the number of discharges and the content of safeguarding concerns. Commissioners were aware of the high caseload services and were monitoring this with the service managers. Commissioners were happy with the service being provided by Change Grow Live -Brighton and Hove.

The provider shared data and information proactively to drive and support internal decision making. The Service Designated Safeguarding Lead attended monthly National Safeguarding Meetings with the National Safeguarding Leads to discuss safeguarding policies and procedures as well as individual cases for learning and good practice.

The services manager was kept up to date of new clinical guidance via a weekly Regional Leadership Team Meeting and a CGL monthly registered managers meetings chaired by the Nominated Individual for the organisation.

Prescribers were updated via the weekly Pharmacotherapies team meetings chaired by the South East Consultant Lead. Prescribers can take complex cases to review, seek advice about the next course of action and share best practice.

Engagement

Managers engaged actively other local health and social care providers to ensure that people with substance misuse problems experienced seamless care. The service is transparent, collaborative and open with commissioners about performance. They are open and honest about the challenges to the system and the needs of the population and to design improvements to meet them.

The service was currently in discussion with the local police force to hold naloxone pens whilst on patrol. The service were setting up five needle exchange dispensers across the city.

Learning, continuous improvement and innovation

There was a strong focus on continuous learning and improvement at all levels of the organisation. The service makes effective use of internal reviews, and learning is shared effectively and used to make improvements. A clear framework of meetings was in place which facilitated sharing of learning from incidents, complaints and safeguarding across the organisation.