

Pennine Care NHS Foundation Trust

Substance misuse services

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RT210	Heathfield House	Pathfinder Stockport	SK1 3QD

This report describes our judgement of the quality of care provided within this core service by Pennine Care NHS Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Pennine Care NHS Trust and these are brought together to inform our overall judgement of Pennine Care NHS Trust.

Summary of findings

Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

Overall rating for the service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Mental Health Act responsibilities and Mental Capacity Act / Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Health Act and Mental Capacity Act in our overall inspection of the core service.

We do not give a rating for Mental Health Act or Mental Capacity Act; however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Health Act and Mental Capacity Act can be found later in this report.

Summary of findings

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Summary of findings

Overall summary

We rated substance misuse services as **GOOD** because:

- The building was clean and well maintained. There was good provision of facilities including consultation rooms and group rooms. A range of information was available to clients in the waiting room.
- Staff assessed clients' needs and risk on admission to the service. Assessments were comprehensive and reflected in treatment plans.
- The service employed staff and volunteers with lived experience of addiction. This was in line with the recommendations of the Strang report (2012).
- There were strong links with external services and the local recovery community. Clients were encouraged and supported to develop recovery capital and access support.
- Staff were knowledgeable around safeguarding and understood trust policies and procedures in this regard. There were good links with local safeguarding bodies.

- Staff treated clients with respect and understanding. Feedback we received from clients was positive. Clients were actively involved in decisions about their care and treatment. Support groups were run for family members and carers of clients.
- There was a process in place to report adverse incidents. Staff knew how to report incidents and there was a process to launch a formal investigation where required. There was evidence of learning from incidents.
- Senior management was a visible presence. Performance monitoring was in place.

However:

- The introduction of a new service model had caused low staff morale. The new model was in response to changed funding levels. Staff had been consulted and invited to submit their own proposed service models.
- Compliance with clinical supervision and annual appraisal was either low or hard to evidence.

Summary of findings

The five questions we ask about the service and what we found

Are services safe?

We rated substance misuse services as **GOOD** for safe because:

- The building was clean and well maintained. Equipment was checked regularly and was fit for purpose.
- Staff assessed client risk. Risk management plans were in place.
- Staff were knowledgeable around safeguarding and understood trust policies and procedures in this regard. There were good links with local safeguarding bodies.
- Compliance with mandatory training was good.
- There was a process in place to report adverse incidents. Staff knew how to report incidents and there was a process to launch a formal investigation where required. There was evidence of learning from incidents.
- Staff understood and followed lone working protocols.

However:

- Compliance with some areas of mandatory training was low. Level one fire safety and basic life support were both below the 75% target.

Good



Are services effective?

We rated substance misuse services as **GOOD** for effective because:

- Staff completed comprehensive assessments of client needs.
- Clients had care plans in place that reflected their assessment and treatment goals.
- Clients were supported to develop their recovery capital and to access external recovery agencies.
- Clients had access to a range of psychosocial therapies through group sessions.
- There was a process in place to identify clients who required one to one interventions.
- Peer mentors and volunteers were used in the service in line with national guidance.

However

- Compliance with clinical supervision and annual appraisal was either low or hard to evidence.

Good



Are services caring?

We rated substance misuse services as **GOOD** for caring because:

- Staff treated clients with kindness, dignity, respect and compassion.

Good



Summary of findings

- The feedback we received from clients was positive. Clients told us they were actively involved in decisions about their care and treatment.
- There was access to support groups for relatives and family members of clients.
- Clients had the opportunity to give feedback on the service they received.
- Clients were involved in decision making about the service.

Are services responsive to people's needs?

We rated substance misuse services as **GOOD** for responsive because:

- The waiting time between referral and treatment was low at 4 days
- Facilities were welcoming and there was a good range of information available on treatments, local services and how to complain.
- Clients had discharge plans in place and were supported to access other services as part of their discharge plan.
- There was access to translation services when required.

Good



Are services well-led?

We rated substance misuse services as **GOOD** for well-led because:

- Senior management were a visible presence and known to staff.
- Performance monitoring was in place.
- Team managers were supported in their role.
- The service had consulted with staff and clients over changes in the service model.

However

- Staff morale was low as a result of the proposed changes. Staff felt that the new service model meant they could not deliver the standard of care they had been delivering previously.

Good



Summary of findings

Information about the service

Pennine Care provided community substance misuse services in Stockport, Oldham and Rochdale. We inspected the Stockport service; Pathfinder Stockport.

Within Stockport the commissioners have implemented a three part treatment system. A third sector organisation provides early intervention and recovery service components of the treatment system. Pathfinder Stockport is commissioned to provide the structured treatment component of the system. Pathfinder

Stockport provides treatment to people using both alcohol and illegal substances. The team offers substitute prescribing, medicated detoxes and a programme of either group or one to one work for clients.

As part of the retendering process commissioners has placed an emphasis on moving away from a medical model to a recovery based model. The service has seen a 38% reduction in its funding as part of this process.

The services have not previously been inspected by the Care Quality Commission.

Our inspection team

Our inspection team was led by:

Chair: Aiden Thomas, Chief Executive, Cambridgeshire and Peterborough NHS Foundation Trust

Head of Inspection: Nicholas Smith, Care Quality Commission

Team Leader: Sharron Haworth, Inspection Manager, Care Quality Commission

The team that inspected substance misuse services comprised of two CQC inspectors and one CQC assistant inspector.

Why we carried out this inspection

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

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about these services and asked a range of other organisations for information.

During the inspection visit, the inspection team:

- reviewed the team building and environment
- spoke with six clients who were using the service and observed how staff were caring for clients
- reviewed the clinical records of 12 clients
- spoke with the Directorate manager and Service director
- spoke with the Head of service and team manager
- spoke with five other staff members including nurses, support workers and administrative staff

Summary of findings

- looked at a range of policies, procedures and other documents relating to the running of the service

What people who use the provider's services say

During the inspection we spoke with six clients. Feedback from clients was positive. Staff were described as caring, knowledgeable and committed. Clients were positive about the use of ex clients, peer mentors and volunteers within the service. They told us they felt supported during their treatment and supported to access relevant external services and agencies. Clients told us they were involved in decisions about their care and treatment.

One client told us the service was the best they had received. They considered the service to be essential to helping them conquer their addiction and establish their recovery.

Our observations of staff interaction with clients was positive. Clients were treated in a respectful and dignified manner.

Areas for improvement

Action the provider SHOULD take to improve

Action the provider SHOULD take to improve

- The trust should ensure that all staff complete mandatory training
- The trust should ensure that annual appraisals and clinical supervision is delivered to all staff and recorded.

- The trust should continue to ensure that the implementation of the new service model is delivered in line with trust change management policies. Consultation with staff and management of grievances should be in line with relevant policies.

Pennine Care NHS Foundation Trust

Substance misuse services

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Pathfinder Stockport	Heathfield House

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff had received training on the Mental Capacity Act. There was a trust policy and a central team to support staff if they required it. There was a consultant psychiatrist who inputted into the team and staff could book clients appointments with them if they had concerns.

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Our findings

Safe and clean environment

Pathfinder Stockport was based in a single storey standalone building. The building was clean and well maintained. Cleaning schedules were in place and being adhered to. Cleaning materials were stored in locked cupboards and control of substances hazardous to health assessments were in place. General office equipment was well maintained. Portable appliance testing had been carried out on all relevant equipment and was up to date.

There were a range of workplace assessments in place. These included an annual risk control audit that covered areas such as furniture and décor, heating and ventilation, lighting and slip hazards. There were also additional assessments around ligatures and first aid provision. Assessments were in date and comprehensive.

Staff showed an awareness of infection control. Staff received infection control training as part of their mandatory training programme. The Pathfinder team was fully compliant with level one infection control training and 84% compliant with level two training. Staff had access to protective personal equipment, for example gloves, as required. Posters advertising the correct procedures for the safe management of clinical waste were on display. The procedures were being followed appropriately. There were clinic rooms and facilities to carry out urine testing. Rooms were clean and well maintained. Facilities were appropriate for use and met required standards. Equipment that was used was checked regularly to ensure it was fit for purpose.

There was a fire safety risk assessment in place that had been completed in May 2016. The assessment had identified areas to address. These included ensuring that there were fire action notices next to all fire alarm call points and ensuring regular checks of emergency lighting. A follow up visit had been undertaken by the trust fire safety advisor which confirmed these were now in place. A full follow up assessment was planned for August. Evacuation drills were held annually and recorded. There were signs on display identifying staff who were fire wardens. We spoke to one staff member who was an

identified fire warden. They were aware of the role and responsibilities in the event of a fire alarm and evacuation. However training data showed that only 9% of staff had completed fire safety training.

Safe staffing

There was a head of service and a team manager in post. There were two band six senior recovery workers. One of these was designated as the nursing lead and one was designated as the safeguarding lead. The safeguarding lead post was currently vacant and being filled by agency staff. The post was out to recruitment. There were six band five recovery workers and a band five detox nurse. The detox nurse post was currently vacant and filled by agency staff. The post was out to recruitment.

The service had two band five rapid assessment, interface and discharge workers and a band four rapid assessment, interface and discharge support worker. There were two band two pathway worker vacancies at the time of the inspection. These posts were covered by agency staff and were out to recruitment. There were two doctors who inputted into the team on a sessional basis. The team were supported by three administrative staff including the administration manager, administrative support worker and receptionist.

There had been 69 shifts filled by bank and agency staff in May 2016 and 15 shifts that had not been filled. The use of bank and agency staff was in part to cover vacancies. Vacancies had been placed on hold as a result of the redesign of the service. All vacancies were now out to recruitment.

The service also utilised volunteers who were former clients. Volunteers received training from Pennine Care prior to taking up a role in the team. There were four active volunteers at the time of the inspection. Two of these volunteers had also trained as peer mentors. There were two other former clients who were in the process of completing the required training to volunteer with the service. Volunteers helped to facilitate groups within the service and supported clients to attend other services and community based groups.

The staffing model had been developed through the tendering and bidding process initiated by commissioning

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

bodies. This had seen a reduction in funding of approximately 38% and the introduction of new models of care based on more group work and less one to one work. This was in line with direction of travel for substance misuse services within the region and nationally. Stockport Pathfinder was the last of the Pennine Care substance misuse services to go through this process.

When we spoke to staff and the head of service they confirmed that average caseloads were around 80. Staff caseloads had increased as a result of the new model of care and staffing structure. Staff we spoke felt that new caseload sizes were unmanageable and impacted upon their ability to safely and effectively manage clients. The service was due to meet with staff during June 2016 to undertake a caseload streaming and zoning exercise. However these appointments had been cancelled by union representatives due to ongoing human resource issues and staff grievances about the new models of care and staffing structure.

A programme of mandatory training was in place for staff. Compliance was monitored by management and staff were alerted when they were due to attend training. Overall compliance with mandatory training was 82%. There were some courses where compliance was below 75%. These included level two conflict resolution where none of the eight identified staff had completed the course. Compliance with level one fire safety was 9% (one out of 11 staff) and compliance with basic life support was 20% (one out of five staff). Staff had been booked on to training to address the gaps in compliance.

Compliance with level two infection control was 83% (five out of six staff) and compliance with level one information governance training was 91% (ten out of 11 staff). The team was fully compliant with all other mandatory training programmes.

Clients were primarily seen on site. However some clients were seen in the community. This was particularly relevant to clients undergoing a detox who would be seen by the detox nurse. Where lone working occurred the trust policy was followed. Staff provided details of where they were going and who they were seeing. They phoned the office to confirm arrival and departure from the appointment. Staff we spoke to understood lone working procedures.

Assessing and managing risk to patients and staff

Clients received an initial assessment from an independent single point of access service based in the local authority. This was completed using the short-term assessment of risk and treatability tool. Clients were referred into the Pathfinder team on the basis of this assessment. Staff within the Pathfinder team completed their own risk assessment on clients referred into the service using the trust approved risk assessment tool. Risk assessments were reviewed in response to changes in the client's presentation or at a minimum of six monthly intervals. Updates and reviews of the risk assessment were captured using the trust approved risk assessment tool update sheet.

We reviewed 12 care records during the inspection. Assessments were in place and completed in all of the client files we looked at. Assessments had been updated and risk management plans were in place which reflected the findings of the risk assessment. These included plans for an unexpected exit from treatment. We spoke to six clients during the inspection. Four clients were able to tell us what was included in their risk management plan. Two clients told us they were aware they had one but were uncertain what was in it.

All staff received safeguarding training as part of their mandatory training programme. At the time of the inspection the service was fully compliant with both adult and child safeguarding training requirements (11 out of 11 staff). Staff we spoke to displayed a sound knowledge of safeguarding procedures and understood their responsibilities in raising safeguarding concerns and alerts. There were safeguarding policies in place to support staff in this regard. The service had good relationships with local safeguarding teams and authorities. Staff attended local multi-agency risk assessment conferences. Multi-agency risk assessment conferences are local victim focused meetings where information is shared on the highest risk cases of domestic violence and abuse between different statutory and voluntary sector agencies and providers. Staff attended case conferences and contributed to safeguarding adult reviews and common assessment frameworks. Common assessment frameworks are a process for gathering and recording information about a child when a health professional has concerns regarding their safety.

Are services safe?

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Care records we reviewed included records from safeguarding meetings and detailed notes regarding conversations held by staff, clients and social workers in relation to child protection issues. The service had a band six nurse who was the identified safeguarding lead. However at the time of the inspection this post was vacant and being filled by an agency staff member. The post was out to recruitment.

The service did not store medication on site. However staff were responsible for generating and handing out prescriptions to clients. When a client was being seen on a one to one basis this was done in the one to one session. Clients who were being seen in group sessions were given their prescriptions at the end of the group. Staff told us they did not feel it was safe to hand prescriptions out at the end of group sessions as they did not get to spend quality time with each individual and review their risks. They also felt that it was inappropriate and unsafe for some staff to do so, for example band two workers. However there is no specific requirement or qualification for staff to dispense prescriptions. Guidance states that staff must see the client before handing out a prescription but does not specify how long this should be for or that it should be in a specific one to one setting. Staff who were involved in doing so had been signed off as competent by the trust following an assessment by a team manager external to Stockport. This had been recorded in the team meeting minutes. Staff were able to breathalyse individuals they thought may be intoxicated and in such cases withheld the prescription.

Track record on safety

There had been no serious incidents reported by Stockport Pathfinder in the 12 months prior to the inspection.

A policy was in place to support the investigation of incidents. We reviewed an incident investigation from March 2015. The investigation was into the unexpected death of a client. The investigation was comprehensive and identified a chronology of events and contributory factors. An action plan was included and had been implemented.

Reporting incidents and learning from when things go wrong

Adverse incidents were reported using an online electronic recording system. Staff we spoke to understood how to report incidents and what should be reported. Incidents were graded on a scale of one to five. Five was the most serious grading and triggered a request for a management report.

In the six months prior to the inspection Stockport Pathfinder had reported 16 incidents. Nine of these were related to client deaths. However the deaths were all by natural causes. There was one category three incident regarding verbal abuse by a relative to staff. The remaining six incidents were category one incidents.

Incidents were reviewed by local team managers and at the monthly directorate governance meeting. Information and learning from adverse incidents and coroners' reports were shared through the governance meeting and within local team meetings.

Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Our findings

Assessment of needs and planning of care

Staff completed comprehensive assessments on new clients entering treatment. Assessment documentation covered a range of domains and captured clients' needs and view point. The assessment included current and historic use of substances, previous treatment, physical health, mental health, social circumstances, forensic history, the client's family situation including children, and client objectives and goals for treatment.

We reviewed 12 care records during the inspection. Assessments were in place and completed in all of the client files we looked at. Assessments had been updated and were reflected in the clients' recovery plans. All of the 12 records we reviewed had a recovery plan in place. Recovery plans were comprehensive and up to date. They were personalised and captured the individual's views. They were recovery focused and captured information on the client's strengths and goals.

Records were stored in both electronic and paper form. Paper based records were stored securely in lockable cabinets. Electronic records were password protected. This meant that records were stored securely and that information and data was protected.

Best practice in treatment and care

The service prescribed medications as recommended by the Department of Health's UK Guidelines on Clinical Management for Drug Misuse and Dependence. Clinicians conducted face-to-face appointments for clients starting a prescribing regime. Clients were screened routinely for drug use during treatment. We reviewed 12 care records and saw evidence of appropriate clinical checks. In care records for clients receiving clinical support for an alcohol detox there was evidence of appropriate risk assessments and clinical checks prior to the commencement of Librium therapy. Case notes also confirmed that there had been clinical intervention from an alcohol nurse during the first five days of detox. In case notes for poly drug users there was evidence of appropriate clinical checks. These included liver function tests, screening for blood borne viruses and updated mouth swabs and urine analysis following initial consultation and review.

The 2012 Strang Report, commissioned by the National Treatment Agency, highlighted the need to develop

substance misuse treatment beyond the focus on maintenance through prescribed medication. The report placed a focus on the concept of recovery. The concept of recovery takes a holistic approach that places greater emphasis on health and social functioning. The ultimate goal is not to use medication to achieve stabilisation but to achieve a substance free status and exit treatment completely. Records we reviewed captured clients goals and the development of recovery capital. Recovery capital refers to social, physical, human and cultural resources a client needs to develop to in order to help them to achieve and sustain their personal recovery. Clients we spoke to told us that staff referred them onto appropriate services and groups to help them develop their recovery capital. The reception area also had a wide range of information leaflets for support groups and organisations including mutual aid groups. There were pathway workers and volunteers in the team who supported clients to attend these groups. This included accompanying them to their first sessions.

The National Institute for Health and Care Excellence recommends that staff routinely provide information about mutual aid groups and facilitate access for those who want to attend. Mutual aid groups bring together people with similar problems and experiences to help each other manage and overcome their issues. The evidence base shows that clients who engage with mutual aid are more likely to sustain their recovery.

Alongside engagement with mutual aid the Strang Report recommended that services use peer mentors to make recovery a visible presence to those still struggling with addiction. Peer mentors are individuals who have been through their own substance misuse treatment and are now in recovery. They provide a positive example to clients of the benefits and possibilities of recovery and use their own experiences to engage with and support clients in their own recovery. Pennine Care ran a peer mentor course that former clients could access. At the time of the inspection there were two active peer mentors. One of the pathway workers was also a former client.

Department of Health guidance states that treatment for drug and alcohol misuse should include a psychosocial component. Staff at Pathfinder Stockport had been trained in evidence based psychosocial interventions including motivational interviewing. The service ran groups including a kick start group, a pre-detox group, staying sober group,

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choose change group and support groups for relatives. There was also a Build group ran by pathway workers and volunteers. This group helped clients link in with community resources and the local recovery network. The service was looking to establish cognitive behavioural therapy and mindfulness groups but was able to refer clients to the trust psychological therapies service for these options. The majority of psychosocial interventions were delivered through group work. This was as a result of a reduction in funding and the new service models proposed by commissioners. This meant that 80% of clients received these interventions in group settings. The remaining 20% of clients were seen on a one to one basis. Pennine Care substance misuse directorate had carried out a benchmarking exercise to identify the percentage of clients who required 1:1 work. A sample of 10% of active cases had been selected and reviewed. The exercise showed that between 10% – 15% of clients were unlikely to be suitable to participate in a group work programme. The directorate took the decision to work to a 20% estimate to allow for local variation within teams. Clients we spoke to had attended group sessions and told us they found them to be valuable. However some staff we spoke to raised concerns about the reduction in one to one work and the impact this could have on care and treatment.

Pathfinder Stockport measured outcomes using the national drug treatment monitoring service and treatment outcome profiles. Treatment outcome profiles measure the progress of clients through treatment. They are completed at least every three months and form part of the national drug treatment monitoring system. The national drug treatment monitoring service (NDTMS) is managed by Public Health England. It collects, collates and analyses information from those involved in the drug treatment sector. All drug treatment agencies must provide a basic level of information to the NDTMS on their activities each month. Providers are able to access reports and compare performance against the national picture.

Skilled staff to deliver care

The team's staff included a head of service, team manager, nurse medical prescriber, detox nurse, recovery workers, rapid assessment, interface and discharge workers and pathway workers. Staff had the required skills and experience to provide effective treatment. The trust had

supported nurses to become nurse medical prescribers. There was one nurse prescriber in the team in the new service model. This was a reduction from four in the previous model.

Staff had been able to access specialised training around skills such as phlebotomy, nurse prescribing and national drug and alcohol occupational standards training. However staff we spoke to told us that access to specialised training had become more difficult. This was as a result of reduced funding and staffing levels which made it harder to access courses. The team was working with a third sector provider to deliver training on illicit substances formerly referred to as legal highs and the management of clients who used them.

Staff received managerial supervision in line with the trust policy. Data provided by the trust showed that compliance with supervision was 67%. Supervision compliance excluding agency and staff currently off sick was 92%. However staff told us that supervision had only been restarted recently due to grievances that had been taken out over the new service model. We reviewed eight supervision files. These showed that staff had received supervision within the past two months but that supervision rates prior to that had been varied. Future supervision dates had been booked in.

Compliance with clinical supervision was variable. Nurse medical prescribers were able to access support and supervision from the trust nurse medical prescriber forum. However not all other staff were receiving clinical supervision. In part this was due to a dispute between staff and management. Nursing staff did not feel they should receive clinical supervision from the team manager as she was not a nurse herself. The team manager was a qualified psychiatric social worker and possessed a masters degree in addiction. The service was looking to establish group based clinical supervision but this had not yet been embedded.

There was a trust policy in place to manage poor staff performance and disciplinary issues. The team manager was able to access support from the trust's human resources team when required.

Multi-disciplinary and inter-agency team work

The team operated within a multidisciplinary framework and we observed a collaborative approach to care and treatment. There was a weekly team meeting for staff. This

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Good 

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covered planned activity for the week, the duty rota, training requirements, planned annual leave and cover, safeguarding and adverse incidents and any other issues. There was also a weekly flow and compliance meeting. The meeting was used to audit each case file over a period of time. The review process was triggered by different stages of the treatment outcome profile.

The service had strong links with other local services, external agencies and the local recovery network. There were strong links with other local providers. Managers within the team and pathways workers met with other providers to develop links and effective pathways between the services.

The service also worked with several external agencies to help embed recovery. The service had commissioned external agencies to help deliver groups to clients. These included a local substance misuse recovery agency who delivered a reduction and motivation programme. The programme ran from between four to 12 weeks and which covered areas such as relapse prevention and overcoming negative thoughts. The service also commissioned a national substance misuse recovery organisation to deliver a four day course.

Adherence to the Mental Health Act and the Mental Health Act Code of Practice

Staff received training on the Mental Capacity Act as part of level one adult safeguarding and Prevent training. Staff were fully compliant with this training. Staff we spoke to displayed an understanding of the Mental Capacity Act. There was a central trust team in place who could provide support and a trust policy on the intranet. Staff we spoke to were aware of those resources.

Questions on mental health and capacity were part of the assessment paperwork. If staff needed support in assessing capacity they could book the client in to see the consultant psychiatrist. There were also good links with Pennine Care mental health services and community mental health teams. The team worked with staff in community mental health teams to manage dual diagnosis clients. We saw evidence of this liaison within care records.

If a client attended the team either intoxicated or under the influence of substances staff postponed decisions until the individual regained capacity.

Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Our findings

Kindness, dignity, respect and support

Staff demonstrated a caring and empathetic attitude towards clients. We observed positive and productive interactions between staff and clients during the inspection. Staff dealt with clients in a respectful and dignified manner.

We spoke to six clients. All six were positive about the care they received and positive about the staff. We were told that staff were approachable and listened to client concerns. Staff were considered to be helpful. One client we spoke to described how staff had supported and encouraged them to attend support groups in the community. They stated they felt they wouldn't have been able to make the progress they had without their help. One client we spoke to referred to the peer mentors within the service and stated that it was what they wanted to be. They viewed the peer mentor as an example of what could be achieved.

The involvement of people in the care that they receive

We spoke to six clients during the inspection. All six reported that they were involved in decisions about their care. However only three told us they had a copy of their recovery plan. We reviewed 12 care records and they evidence client involvement in decisions about their care. However it was not always clear from the records if the client had been offered a copy of their recovery plan.

The team involved clients in decisions about the service. There was a client forum in place and clients had sat on staff interview panels. Clients had the opportunity to give feedback on the service they received. This included completing the friends and family test. Copies of this were available in the reception area. We reviewed the most recent results of the friends and family test. In total 89% of respondents (84 out of 94) stated they would be extremely likely or likely to recommend the service. Seven percent of respondents (seven out of 94) stated they would be unlikely or extremely unlikely to recommend the service. The remaining six percent (five out of 94) either did not answer the question or stated they did not know.

Are services responsive to people's needs?

Good 

By responsive, we mean that services are organised so that they meet people's needs.

Our findings

Access and discharge

Access to Pathfinder Stockport was through the single point of access service based in the local authority.

Pathfinder Stockport ran an open access assessment system. This was available between Monday to Friday from 13:15 until 16:00. There was also a later clinic that ran on Thursdays from 17:00 to 18:00. This was an open access drop in system and clients were not routinely offered set appointments for assessment. However specific appointment times were available to clients unable to attend at these times, for example those in work. This was arranged in conjunction with the single point of access service. The decision to end set appointment times for assessment was taken in response to the number of appointments set up where the client did not attend. The trust provided data on the waiting time between referral and the commencement of treatment. At the time of the inspection the average wait was 4 days. The team ran an introduction to the service group for new clients when they first accessed the service.

Discharge plans were in place for clients. The team ran a Build group that helped clients develop their recovery capital and links with other services. The group was ran by pathway workers and volunteers. They supported people to attend aftercare groups and local recovery agencies. This included the provision of information and attending first sessions with clients. We spoke to six clients. Three clients were approaching discharge and were able to tell us about their discharge plan. Each client told us they had been supported by staff and volunteers to link in with the other providers and agencies.

The service had a duty worker system that meant they could respond promptly to clients who rang in. Clients we spoke to told us staff were always available if they needed them and would respond to requests for calls.

The facilities promote recovery, comfort, dignity and confidentiality

The building that housed Pathfinder Stockport was well maintained, clean and had appropriate furniture. Rooms were available for individual consultations. Interview rooms were adequately soundproofed to maintain people's privacy. There was a range of rooms available for group sessions.

The waiting area was spacious and featured appropriate seating and furniture. There was a range of information available in reception areas and throughout the building. This included information on services and treatments, local advocacy services and participation groups, general health care and client rights.

Meeting the needs of all people who use the service

The building was a single storey building and had full disabled access. However although there was parking available there were no parking spaces allocated for disabled individuals.

Teams had access to translation services. This included face to face and telephone translation. Staff told us translation services were responsive and of a good quality. Information leaflets were not routinely displayed in other languages. However staff were able to access services to have documents translated where required. Language needs were identified through referral and assessment information.

Listening to and learning from concerns and complaints

Data provided by the trust showed that the service had not received any formal complaints in the previous 12 months. There was a complaints policy in place and staff were aware of this. Information on how to complain was available to clients. Clients we spoke to told us they were either aware of the complaints process or felt confident that they could speak to staff to raise any concerns they may have. There was a Patient Advice and Liaison Service available. This was advertised on site.

Are services well-led?

Good 

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Our findings

Vision and values

Management staff we spoke to were aware of the trust's vision and values. However not all of the staff at lower levels were able to tell us what these were. The trust's vision was to 'deliver care to clients, people and families in our local communities by working effectively with partners, to help people live well'.

Staff knew who the senior managers within the substance misuse services were. The managers were a visible presence in the team due to the ongoing work around the service model and proposed changes to the staffing establishment. Senior executives within the trust had visited the team and were due to visit again in November. The Chief Executive was aware of the issues the new service model and funding agreement had on the team and staff morale. There was regular contact between the Chief Executive and the Directorate manager.

Good governance

Systems were in place for managers to monitor training, supervision and annual appraisals. Compliance with mandatory training was good. However compliance with clinical supervision and annual appraisal was not as high. Staff were aware of the processes for reporting adverse incidents and safeguarding concerns.

Managers received a monthly performance report that included key governance themes. Performance was discussed within team meetings and at directorate wide governance meetings. The service was also monitoring safety against a range of indicators including adverse incidents and medication errors. The service benchmarked performance against other services within the local region and nationally.

Managers within the team told us they were supported by management within the wider directorate. They felt us they had sufficient authority and administrative support to fulfil their role. However they acknowledged that it was a difficult time due to the changes that were being implemented and unhappiness amongst staff as a result.

Leadership, morale and staff engagement

Staff morale within the team was low. This had been caused by the ongoing changes to the service model and

staffing structure. Staff expressed concerns about the impact of the changes on the safety of the service and their own workloads. The changes also meant that some staff were being re-banded to a lower wage.

The trust had engaged with staff over the changes. The trust was initially informed that there would be a 20% cut in funding for the service. Between April and June 2015 a paper had been presented to the trust Joint Negotiating Council and there had been both group and individual meetings with staff. Staff were provided with a copy of the tender document and the financial parameters. They were encouraged to submit their own service model to meet these requirements. Staff submitted a service model. At the end of June 2015 the trust was informed that the reduction in funding would be 38% and not 20%. Between August 2015 and June 2016 there was a further presentation to the Joint Negotiating Council, five consultation meetings with staff groups and a series of individual consultations with staff. Staff had submitted a second proposed service model which reflected the new funding level a week prior to our inspection. This involved removing the 8a band manager post and protecting the pay of staff currently in band six posts. The process of change was ongoing and being managed in line with the trust's organisational change policy.

There had been four individual grievances taken out by staff in response to the process of organisational change. Two grievances had been withdrawn by the staff who submitted them. One grievance had been heard and was not upheld. The remaining grievance was ongoing.

There was also a collective grievance taken out by staff. As part of the grievance a request for a work place stress assessment had been made. However the process of managing the grievance and completing the assessment was complicated by the fact that it covered staff who were employed by the local authority as well as staff employed by Pennine Care. There had been discussion between the two bodies over how to handle the grievance. The local authority felt that the grievance was stage two but Pennine Care had disagreed and was taking advice from legal and human resource departments. At the time of the inspection the work place stress assessment had not been completed as staff wanted to undergo this collectively. Pennine Care had stated they were only able to complete the assessment for staff they employed and were not able to complete it for

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staff employed by the local authority. Plans were in place for each body to complete a risk assessment prior to the grievance being heard in August 2016. Each body was to hold their own separate grievance process.

In the previous 12 months seven permanent staff had left the service. The current vacancy rate was 23%. Vacancies had been held at the request of Union representatives due to the ongoing human resources issues. Vacancies had now been put out to advert. Data submitted by the trust showed that the current sickness rate for the previous 12 months was seven percent.

Despite staff unhappiness at the changes that were being made and the process involved in implementing them staff continued to show a high level of commitment to the clients and the service. Staff were supportive of each other. However relations between the staff and team and directorate managers was strained as a result of the changes.

Commitment to quality improvement and innovation

The substance misuse service was not involved in any national innovations or quality improvement programmes at the time of our inspection.