MOSAIC

Quality Report

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Date of inspection visit: 23 January 2019
Date of publication: 27/03/2019

This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location	Outstanding ☆
Are services safe?	Good ●
Are services effective?	Outstanding ☆
Are services caring?	Outstanding ☆
Are services responsive?	Outstanding ☆
Are services well-led?	Outstanding ☆

Overall summary

We rated Mosaic as outstanding because:

- We highlighted many areas of outstanding practice relating to integrated schools provision, holistic family work, joint assessments and responsiveness, the emergency team pathway, child exploitation work, flexibility of service, specialised training delivery, trends monitoring and staff development.
- This service has a strong focus on working with families and young people. The way the service links working with families, parents, carers, schools, children and young people is truly inspirational. There were many accounts given to the inspection team of client centred, individualised care for whole families which were difficult to report here due to anonymity, but reflect a service that has changed lives.

Summary of findings

- The schools based team was an established part of the overall service and had workers allocated to all secondary schools in the area, including pupil referral units and other specialised facilities. This was an example of good, integrated provision with the aim of early identification and intervention for young people. Interventions used by workers were individually planned with use of appropriate tools and strategies to engage young people. Feedback for the schools based team included imaginative and sensitive ways to ensure pupils could access services confidentially.
- The family team provided a structure, evidence based service to the families. This was based on evidence that if a family could support the client effectively this will often help reduce drug related harm even if the client does not engage well in the service. Family members were assessed, had a care plan and a keyworker. They received one to one and group work sessions. Feedback about this service was positive and family members felt it improved their coping skills and family situations.
- The way teams and staff were able to work together was highly responsive. We saw examples where treatment staff had been able to attend joint reviews with schools based workers to assess risk and explain treatment options. Family team members had been able to join sessions when carers where present with treatment clients to explain what support was available. Carers had been able to attend complimentary therapies sessions whilst accompanying family members to sessions or groups.
- A pathway had been set up between the emergency department staff team and MOSAIC staff to reduce repeat attendances to the department for young people who were severely intoxicated. This intervention was proving effective but was being monitored for themes and trends with a view to improving this if possible.
- Managers had supported a member of staff to become a specialist in child sexual exploitation. All clients who were at risk were given a specialist assessment and work was carried out with them to reduce the risks of being exploited and to support clients who were being exploited. This work had started several years ago and was now firmly established across Mosaic and the wider provider team. It is testament to the service that this worker still works within the service whilst retaining responsibilities for training and education across the wider service and beyond.
- The service was highly responsive in terms of meetings clients needs. There were innovative approaches to providing integrated person-centred pathways of care, that involved other service providers, particularly for people with multiple and complex needs. Staff worked flexibly to meet clients' needs from accessing the service through to discharge
- Clients could access services in ways and times that suited them. Clients told us that staff were flexible with their appointments and were understanding if clients had to rearrange. Staff offered appointments on two evenings a week and would arrange appointments around work and childcare needs. Clients also told us that staff were discreet when arranging appointments, particularly in schools or when making contact. Staff also offered appointments at alternative places such as the clients home or school if clients could not come to the service. Staff had continued to maintain contact and arranged sessions when clients were in residential treatment services and undergoing detoxification. Clients had been seen urgently on occasion in custody or the emergency department.
- Staff and peer mentors delivered a wide ranging number of standard and bespoke training to other agencies, including primary care staff, providers of care for looked after children, midwives and school nurses. Schools keyworkers provided training to teachers as part of in-service training and to parents as evening sessions as well as to young people as part of core education.
- Staff were actively involved in monitoring emerging trends and concerns alongside other agencies, including working with voluntary and statutory agencies. This was particularly evident in the work being undertaken by Mosaic in relation to increased use of benzodiazepines, particularly Xanax, within the local area and education and information for young people and other services about this.

Summary of findings

- The service was safe, with sufficient well qualified staff to meet client's needs. Staff completed comprehensive risk assessment and risk management plans. Safeguarding was treated as a priority and there were effective systems in place to safeguard clients.
- Leaders had an inspired shared purpose, strived to deliver great care and motivated staff to succeed.

There was a great commitment towards continual improvement and innovation. Staff told us they were supported but also given space to be innovative and devise highly individualistic care. Staff were motivated and passionate about the work they did for MOSAIC.

Summary of findings

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Outstanding ☆

MOSAIC

Services we looked at
Substance misuse services

Summary of this inspection

Background to MOSAIC

MOSAIC is a community substance misuse service for young people under the age of 26.

Services provided are

- Treatment service
- Education and schools based service
- Family service
- Complementary therapies
- Multi-agency support and liaison
- Counselling

The service was inspected in April 2016 and was found to be meeting all the standards that were inspected at that time.

There is a registered manager in post for this service.

Our inspection team

The team that inspected the service comprised one CQC inspector, one assistant inspector and a specialist advisor.

Why we carried out this inspection

We inspected this service as part of our inspection programme to make sure health and care services in England meet fundamental standards of quality and safety.

How we carried out this inspection

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

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

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

During the inspection visit, the inspection team:

- looked at the quality of the environment and observed how staff were caring for clients
- spoke with eight clients who were using the service
- spoke with two carers
- spoke with the registered manager
- spoke with 13 other staff members; including doctors, keyworkers, team leader, and peer mentors
- received feedback about the service from six stakeholders
- attended and observed two team meetings
- attended two client sessions with keyworkers
- attended two client sessions with the service doctor
- collected feedback from 10 clients and two carers using comment cards
- looked at six care and treatment records
- looked at a range of policies, procedures and other documents relating to the running of the service.

Summary of this inspection

What people who use the service say

We spoke with eight clients and two carers including those using treatment and family services. We reviewed 14 comment cards received from clients and carers during this inspection. Feedback from clients, family members, carers and stakeholders was continually positive. Clients felt well supported by staff and felt involved in their care and treatment.

Carers and families felt that the support they received from the service had made a difference to their lives and had helped them develop increased coping skills.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

We rated safe as **good** because:

- There were sufficient, well qualified staff to meet the needs of clients.
- All clients had comprehensive risk assessment and risk management plans.
- Safeguarding was treated as a priority and there were effective systems in place to safeguard clients.
- All staff had completed the mandatory training programme
- There was an effective system in place for managing and learning from incidents.

However

- Clinical equipment was overdue for maintenance.

Are services effective?

Outstanding

We rated effective as **outstanding** because:

- Staff worked in truly holistic ways with everyone involved in the client's life and treatment.
- All clients had a person-centred care plan which was recovery focused and based on the individual needs and wishes of the client.
- Staff carried out separate assessments for children at risk of child sexual exploitation and carried out specialised work to reduce this risk.
- Staff had developed a referral pathway to reduce repeated attendances at the emergency department.
- Multi-agency working was embedded in all aspects of the service and there was a team of people supporting clients and their families.
- The service worked collaboratively and found innovative and efficient ways to deliver joined up care.

Are services caring?

Outstanding

We rated caring as **outstanding** because:

- There is a strong, visible person centred culture within this service.
- Feedback from clients using the service was continually positive about the way they were treated.
- Clients feel the staff go the extra mile and the care they receive exceeds expectations.

Summary of this inspection

- Staff provided an individual service to each client considering their individual needs, thoughts, feelings and backgrounds.
- Staff provided an innovative, creative service to the families and carers of clients and provided holistic support to the whole family to improve clients lives.
- Relationships between people who use the service, those close to them and staff are strong, caring and supportive.
- Staff were passionate about their work and cared about those they worked with.
- Staff worked to empower clients who used the service and to realise their potential.
- There was a well resourced, valued peer mentor programme with peer mentors working effectively within the service whilst also developing their own skills and knowledge.

Are services responsive?

Outstanding 

We rated responsive as **outstanding** because:

- Client's needs and preferences were central to the planning and delivery an individually tailored service.
- There were innovative approaches to providing integrated person centred pathways of care, that involved other service providers, particularly for people with multiple and complex needs.
- Clients could access services in ways and times that suited them.
- Staff worked flexibly to meet clients needs from accessing the service through to discharge.
- Staff worked together with clients/ family and carers to meet the needs of those with protected characteristics. Staff were client led and recognised that the individual knew how to meet their own needs best.
- Managers and staff continuously worked on ways to improve services for all including the most vulnerable groups in the community.

Are services well-led?

Outstanding 

We rated well-led as **outstanding** because:

- The service was very well led at service level.
- Leaders have an inspired shared purpose, strive to deliver and motivate staff to succeed.
- Managers and staff were proactive in gathering feedback from those who used the service and responsive to feedback gained.
- There was great commitment towards continual improvement and innovation.

Summary of this inspection

- Staff told us they were supported but also given space to be innovative and devise highly individualistic care.
- Staff were motivated and passionate about the work they did for MOSAIC.
- Staff were proud to work for the service and spoke highly of the culture.
- There was clear learning from incidents.
- Multi-agency working was embedded throughout the service to improve the care offered to clients, their families and carers.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

The service had a policy on the Mental Capacity Act which staff are aware of and could refer to

Staff ensured service users consented to care and treatment, that this was assessed, recorded and reviewed in a timely manner.

All staff had a good understanding of the Mental Capacity Act 2005 (MCA) and Children's Act 1989. Staff also understood the Gillick competencies and Fraser guidelines and had clear guidance about how to use them to assess whether a client was able to consent to treatment.

Staff could identify if a client had impaired capacity and capacity to consent was assessed and recorded appropriately. Clients sometimes lacked capacity due to being under the influence of drugs or alcohol. Staff would make sure the person was safe and would then rearrange the appointment to a time when they were able to make informed decisions.

The team worked with parents, social workers and mental health practitioners where there were concerns about clients lacking capacity. We saw evidence where staff had supported clients to access appropriate mental health services when they had been concerned about a client's mental health and their capacity to make decisions.

Outstanding ☆

Substance misuse services

Safe	Good ●
Effective	Outstanding ☆
Caring	Outstanding ☆
Responsive	Outstanding ☆
Well-led	Outstanding ☆

Are substance misuse services safe?

Good ●

Safe and clean environment

The environment was clean and well maintained. We saw thorough cleaning records and cleaning audits.

Safety of the facility layout

Mosaic was based in a building along with a variety of other services including the youth offending team, midwives and social workers.

The building had two reception areas that were bright and clean and well maintained. This enabled staff to manage clients' risks and provided a separate space for children. Information leaflets were displayed on the walls and there was a drinks machine which reception staff provided tokens for.

There were accessible rooms to see people in. The building had a lift and an accessible toilet. All rooms were accessible and there were arrangements for evacuating people with limited mobility in an emergency.

We saw up to date health and safety and fire risk assessments. Staff were trained as fire marshals and fire alarm tests and evacuations took place regularly. Each room had a panic alarm. These were linked to a clock in the main office, which displayed digital information regarding which room the alarm had been set off in. Staff accessed all rooms with a secure fob.

We saw detailed plans in place to manage higher risk clients, which enabled those clients to be seen safely.

Maintenance, cleanliness and infection control

The service was clean, comfortable and well-maintained. Staff adhered to infection control principles, including handwashing and the disposal of clinical waste. The clinic room was clean and surfaces were free from clutter. Staff completed cleaning records and audits of cleaning.

Safe staffing

There were sufficient staff on duty to meet identified needs. Staff operated a duty rota, to respond to urgent calls. Staff could usually see people who had been referred within a week. Clients had access to staff who could support their physical and mental health needs. Clients almost always saw their own keyworker and appointments were rarely cancelled or changed.

The service had three teams consisting of a school's team who worked with children in schools, a treatment team who worked with clients under 26 and a family team who worked with the families of drug and alcohol users. There was also a counsellor, a complementary therapist, a therapeutic support worker and a volunteer counsellor. There was a detoxification nurse who had recently left and this post was being recruited to. Managers were using adult services to cover this work whilst the position was vacant.

The doctor for the service saw new patients and carried out reviews on Wednesdays. We saw examples where staff had made and attended appointments with clients own GP's if they had concerns between appointments or for physical health issues.

Staffing levels and mix

MOSAIC had 23 staff. The service had 10% vacancies at the time we inspected and was actively recruiting. There was

an 8 % sickness rate which was related to long term sickness rather than short term absence. The service had enough skilled staff to meet the needs of clients and had contingency plans to manage unforeseen staff shortages.

Staff came from a variety of backgrounds including social work, criminal justice, teaching and housing. Many staff had specialisms which they were supported to pursue. One member of staff specialised in child sexual exploitation and trained and supported other staff to work with this issue. Another member of staff was training to be a nurse. Staff regularly shared their knowledge with one another and staff felt the variety of experience in the team enabled them to provide a better service.

Caseloads were well managed. Staff felt they had enough time to see the clients on their caseload and told us that complexity of cases and other commitments were considered when allocating clients. We observed that where possible clients were allocated to workers with the best skills or expertise to manage the client's needs.

Staff managed cover for sickness, leave and vacant posts amongst themselves. Cover was discussed in team meetings and staff expressed a preference to cover clients between themselves. This arrangement did not compromise safety and helped provide continuity for clients. Managers said they could get in extra staff if necessary.

Mandatory training

Mandatory training levels were 100%. All staff had completed mandatory health and safety awareness training. Staff had completed training in and understood their responsibilities in relation to the Mental Capacity Act 2005.

All staff were trained in and aware of the lone working policy. Staff could see high risk clients at the probation office if required. There were clear procedures for undertaking home visits and two members of staff would always go on an initial home visit. There was a buddy system in place with a procedure to follow if the buddy could not get hold of the worker when on a home visit.

Managers encouraged staff to reflect on their learning needs. During a team meeting, we observed staff discussing areas they needed further training or knowledge in. Managers responded to this by looking at how they could source training either externally or through other teams.

Assessing and managing risk to patients and staff

Staff carried out a full multidisciplinary assessment and risk assessment and updated risk assessments regularly. Clients were involved in completing risk management plans with their keyworker. Risk management plans included information about what increased and decreased risks.

Information relating to risks was shared with families and other professionals when the client had given permission to do so or if there were safeguarding concerns. We saw evidence of risk management plans being updated.

Clients were made aware of the risks of continued substance misuse and harm minimisation and safety planning was an integral part of recovery plans. There were also posters in reception with up to date information about drugs that may be contaminated or put clients using them at an increased risk.

Staff identified and responded to changing risks to, or posed by, clients. We saw safety plans which provided clients guidance for managing suicidal thoughts. Staff regularly updated risk assessments and liaised closely with other agencies including GPs, social workers and schools around increased and decreased risks.

Staff were trained to deliver naloxone training to clients and their parents or carers. Naloxone is a medicine that can be given to someone if they overdose on opiate based drugs.

Staff responded promptly to sudden a sudden deterioration in client's health. We saw examples where staff had arranged and accompanied clients to the GP and to the emergency department when they were concerned about clients physical or psychological health.

Staff adhered to best practice in implementing a smoke-free policy. We saw information available about smoking cessation.

There were no restrictive interventions in this service.

Safeguarding

Substance misuse services

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

Staff worked effectively within teams, across services and with other agencies to promote safety including systems and practices in information sharing. Staff attended the multi-agency safeguarding and support hub, which took a multi-agency approach to supporting children who were at risk.

Staff implemented statutory guidance around vulnerable adults, children and young people and all staff were aware of where and how to refer on as necessary. All staff saw safeguarding as a priority and this was explained to clients as part of the confidentiality and information sharing agreements. Safeguarding was an item on the weekly team meeting agenda and staff were required to take safeguarding cases to supervision.

Staff knew how to identify adults and children at risk of, or suffering, significant harm. Staff worked in partnership with other agencies and regularly attended multi-agency partnership meetings to discuss safeguarding issues.

All staff had up to date safeguarding training for both vulnerable adults and children and young people. Members of the team attended the complex safeguarding panel where they provided advice to other professionals in relation to substance misuse and risk.

Staff access to essential information

Staff used both paper records and an electronic recording system. All staff could easily access records which were kept securely with adequate data protection measures in place. Records were accurate and up to date. Clear procedures were in place for managing information and information management was audited and fed back to the team. Information from written records was scanned onto the electronic system. The schools based team had tablets and could access the electronic records system remotely whilst they were working in schools.

Medicines management

The service had a well-equipped clinic room with the necessary equipment to carry out physical examinations. We saw the blood pressure machine had not been calibrated. However, this had not been used recently as there was no detoxification nurse in post. The manager immediately arranged for this to be calibrated. The doctor liaised with the clients own GP or used the facilities at his surgery if physical health checks were needed. There was an agreement in place with adult services to manage community detoxification regimes whilst there was no nurse in post.

Staff had effective policies, procedures in relation to opiate and alcohol detoxification and the service was actively recruiting for a detoxification nurse.

The doctor carried his own prescription stationery which was stored according to statutory guidelines. Clients attended a pharmacy for supervised consumption. This is where trained pharmacy staff watch the client taking the medication, which reduces the risk of overdose or misuse of a controlled drug. We saw the doctor checking that arrangements were in place to do this.

The doctor reviewed the effects of medication on patients' physical health on a weekly basis in line with National Institute for Health and Care Excellence guidance. Keyworkers also monitored client's physical and psychological health and would support them to access medical treatment if they had concerns.

Track record on safety

There had been one serious incident reported in the last 12 months. This had been the subject of a serious case review and the service had acted on recommendations from this. The service had also conducted a review of the service provision involved and made changes beyond these recommendations.

Reporting incidents and learning from when things go wrong

All staff knew what incidents to report and how to report them. Incidents and accidents were reported through an electronic system. Team leaders looked at incidents and ensured any immediate actions were put in place.

Staff understood the duty of candour. They were open and transparent, and gave clients and their families a full explanation when something went wrong.

We reviewed a response to an incident. Managers completed a full case review and took an in depth look at the learning that could come from the incident. Changes were made in relation to these findings.

Substance misuse services

Managers provided support to staff following incidents and staff could discuss issues individually and in team meetings.

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

Outstanding ☆

Assessment of needs and planning of care

We looked at six care records. Staff completed a comprehensive assessment with each client in a timely manner. Assessments were also often completed with family members which were separate to the support being given to clients. The reason for this was to provide family members with support and help them support the client in the best way they could. A specially trained member of staff also carried out assessments within Mosaic for children and young people who were at risk of child sexual exploitation. These assessments were detailed and comprehensive and looked at the risks and mitigating factors in the client's life.

Staff developed care plans with clients that met the needs they identified during assessment. The care plan identified the client's key worker. Care plans were recovery focused and met the individual needs of each client. These included physical and psychological health and social needs. We saw that care plans were client centred and contained the client's thoughts, and opinions. Family members also had a care plan which was based around their individual needs.

Separate staff members were sometimes involved working with clients and their families and staff understood the importance of maintaining confidentiality when working with clients and their families/ carers. Staff reviewed care plans with clients at each sessions and updated care plans and risk assessments when necessary. Clients were offered a copy of their care plan and staff recorded if they did not want to take a copy.

Staff developed a risk management plan for those people identified as being at risk that included a plan for unexpected exit from treatment. Staff took an assertive approach to helping clients stay in treatment and we saw examples of staff phone and texting clients who had missed appointments.

Best practice in treatment and care

Within this service, there was a truly holistic approach to assessing, planning and delivering care and treatment to people who use services. The safe use of innovative and pioneering approaches to care and how it is delivered were actively encouraged.

Staff provided a range of care and treatment interventions suitable for the patient group. The interventions were those recommended and delivered in line with guidance from the National Institute for Health and Care Excellence. These included medication and psychological therapies and complementary therapies, for example, acupuncture, reflexology and massage. The service offered several groupwork programmes including motivational groups which clients could openly attend. There were also closed groupwork programmes aimed at parents who used substances, including the think family programme and a social care programme with parents whose children were at risk of being taken into care.

Staff built supportive relationships with clients and understood their individual needs. We saw numerous examples of creative and holistic approaches to care and treatment. These included pampering sessions for young people, clay work with younger children, reflexology and mindfulness sessions to help children with anger and anxiety and therapeutic dog walking sessions. Sessions were completed as part of the clients care plans and work was completed with other professionals.

Workers would put together comfort boxes with children and young people which helped them to manage their feelings. This included objects that had positive memories for the young person and objects such as stress balls and things to fiddle with or hold that helped the young person cope with how they were feeling.

Staff used current evidence based guidance including National Institute for Health and Care Excellence guidance and Research in Practice when planning and delivering treatment. Staff regularly reviewed drug trends and sought training to make sure they had up to date information to share with clients.

Blood borne virus testing was routinely offered. All staff were trained in dry blood spot testing. Staff recorded when clients refused testing.

Outstanding ☆

Substance misuse services

Staff supported patients to live healthier lives. Staff encouraged clients to take part in sporting activities and supported them to access health care. Staff focused on early intervention when working with clients. The schools based team provided drugs education to all children.

Staff used technology to support patients effectively. Clients could text staff if they needed to rearrange appointments or to check in. Text messages were recorded in the client's notes.

Staff were trained in and carried out brief interventions and motivational interviewing and the service had a counsellor. Staff had good links with the local child and adolescent mental health service and referred to them for more in depth psychological therapies.

Health screening was routinely conducted as part of client's care and treatment. We saw health-screening records. These were well filled in and looked at physical, psychological, sexual health and medical conditions. Urine screens were taken before prescribing medication. Client records clearly recorded reasons for using a certain treatment and the doctor worked in line with National Institute for Health and Care Excellence prescribing guidelines.

Managers regularly audited service provision and outcomes of people's care and actively sought involvement from service users, and their families and carers. Managers reviewed this information and changes were made where possible based on this feedback.

Monitoring and comparing treatment outcomes

This service reported into the National Drug Treatment Monitoring Service. The National Drug Treatment Monitoring Service collects, collates and analyses information from and for those involved in the drug treatment sector. Public Health England manages the National Drug Treatment Monitoring Service; producing activity reports for providers to give a full picture of activity nationally.

Local data packs showed that clients coming into treatment from education services, health services and accident and emergency services were far higher than national average, indicating the schools and health pathways were effective.

Data also suggested that the service was highly effective in maintaining effective pathways for children in need, those affected by domestic abuse and clients with mental health needs.

Numbers for clients being identified with vulnerabilities in relation to being looked after children were 20% higher than national average and at risk of exploitation were 30% higher than national average. This reflects the work undertaken by the team in identifying these risks and creating and maintaining strong pathways with other children's services.

Various members of staff were involved in schemes and research to improve the quality of the service.

Annual reports were completed for all teams that were shared with stakeholders, including schools, commissioners, social care teams and local hospital teams.

Managers recognised the value and participated in accreditation schemes, peer review and research to improve the quality of the service.

Skilled staff to deliver care

Managers provided all staff with a comprehensive induction. Staff told us they had a thorough induction with relevant mandatory training and lots of shadowing experience before taking on a caseload. Staff also said they were able to build up caseloads at their own pace and were not given caseloads immediately.

We saw evidence that managers identified the learning needs of staff and provided them with opportunities to develop their skills and knowledge. The continuing development of staff skills, competence and knowledge was recognised as being integral to ensuring high-quality care. Staff are proactively supported to acquire new skills and share best practice.

The service had a robust recruitment policy and procedure and we saw evidence that managers followed the procedure. Poor staff performance was addressed promptly and effectively.

All staff received regular supervision and yearly appraisal from appropriate professionals. Staff also said they received regular informal support from their colleagues and managers. Managers encouraged staff to speak to them if they had concerns about a client.

Outstanding ☆

Substance misuse services

Managers recruited volunteers when required, and trained and supported them for the roles they undertook. There was also a peer mentor service.

Staff had access to service specific training, which met the needs of clients. Alongside mandatory training, all staff had undertaken autism training and child sexual exploitation training. The family team were also trained in Drug and Alcohol National Occupational Standards and delivering group interventions and one team member had completed training in Improving Access to Psychological Therapies with the mental health community team. Individual staff had received training specific to their job roles and interests.

Multi-disciplinary and inter-agency team work

Mosaic offered a multidisciplinary approach to clients and their families. The schools based team supported clients in schools. The families' team would offer support to carers who were affected by their loved one's substance misuse and to children who were affected by their parent's drug use. The treatment team provided support and treatment to clients with more complex needs. Care coordinators were clearly identified.

We saw multidisciplinary input into client's comprehensive assessments and MOSAIC had partnership agreements and pathways with a variety of agencies. These included children's social care, the youth offending service, parenting services, maternity services, Stockport secondary schools and the local safeguarding unit. Staff, teams and services were committed to working collaboratively and had found innovative and efficient ways to deliver more joined-up care to people who use services. Children's services were all in the same building and staff worked effectively together. Staff liaised with clients GP's where appropriate.

The service had effective protocols in place for the shared care of people who use their services. Staff carried out joint work with midwives and social workers, schools and youth offending team workers.

Staff had set up a pathway with the emergency department team with the aim of reducing repeat attendances for severe intoxication, particularly amongst teenagers. This had been effective. Staff at the hospital referred under 18s who were seen with drug and alcohol related issues to MOSAIC. Referrals were followed up in 48 hours. In most cases Stockport Children's social care were made aware there was a cause for concern through the Multi Agency Support and Safeguarding Hub.

Care plans included clear care pathways to other supporting services. Keyworkers attended case conferences, child in need and team around the child meetings where necessary.

Staff discharged clients when specialist care was no longer necessary and worked with relevant supporting services to ensure the timely transfer of information.

Good practice in applying the Mental Capacity Act

The service had a policy on the Mental Capacity Act which staff are aware of and could refer to

Staff ensured service users consented to care and treatment, that this was assessed, recorded and reviewed in a timely manner.

All staff had a good understanding of the Mental Capacity Act 2005 (MCA) and Children's Act 1989. Staff understood the Gillick competencies and Fraser guidelines and had clear guidance about how to use them to assess whether a client was able to consent to treatment.

Staff could identify if a client had impaired capacity and capacity to consent was assessed and recorded appropriately. Clients sometimes lacked capacity due to being under the influence of drugs or alcohol. Staff would make sure the person was safe and would then rearrange the appointment to a time when they were able to make informed decisions.

The team worked with parents, social workers and mental health practitioners where there were concerns about clients lacking capacity. We saw evidence where staff had supported clients to access appropriate mental health services when they had been concerned about a client's mental health and their capacity to make decisions.

Are substance misuse services caring?

Outstanding ☆

Kindness, privacy, dignity, respect, compassion and support

Outstanding ☆

Substance misuse services

We spoke to eight clients and two carers including those using treatment and family services. We reviewed 14 comment cards received from clients and carers during this inspection.

Feedback from people who use the service, those who are close to them and stakeholders was continually positive about the way staff treat people. People thought that staff went the extra mile and the care they received exceeded their expectations.

There was a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. Relationships between people who used the service, those close to them and staff were strong, caring and supportive. These relationships were highly valued by staff and promoted by leaders. People who used services were active partners in their care.

Clients and carers told us staff treated them with compassion, dignity and respect. Staff provided responsive, practical and emotional support. We saw staff treat clients and family members with warmth and kindness. Staff had developed trusting relationships with clients and demonstrated that they understood client's individual needs and wishes.

Staff said they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes to clients without fear of the consequences.

Staff worked with clients to understand and manage their care, treatment or condition. Staff took the time to explain different treatment options and explore the most appropriate ones for the client. Staff directed clients to other services when appropriate and, if required, supported them to access those services.

The service had a clear confidentiality policy in place that was understood and adhered to by staff. Staff maintained the confidentiality of information about clients. Staff recorded that confidentiality policies have been explained and understood by clients.

All staff knew when to break confidentiality due to safeguarding concerns and this was explained to clients. Information sharing forms were filled in with clients at the start of treatment. These detailed who clients were happy for staff to speak to and if there were any issues they did not want staff to talk about with particular people.

The service featured regularly in "good morning" emails sent from the director of operations, which included positive feedback on the service from clients, carers, teachers and professionals.

Involvement of clients

Staff always empowered people who used the service to have a voice and to realise their potential. They showed determination and creativity to overcome obstacles to delivering care. Clients' individual preferences and needs were always reflected in how care is delivered.

Staff communicated with clients so that they understood their care and treatment, including finding effective ways to communicate with patients with communication difficulties. Disability and literacy needs were identified at referral and explored in assessment. Care plans showed how these needs were considered during treatment including considering the length of one to one sessions and stopping and checking clients understanding during the session. We saw care plans that included finding methods to help young people manage with complex conditions, including autism and attention deficit disorders, as part of their treatment. We also saw files that were on coloured paper in response to clients expressing what helped them with their reading difficulties.

The service empowered and supported access to appropriate advocacy for clients, their families and carers.

Each client had a recovery plan and risk management plan that demonstrated their preferences, recovery capital and goals. Staff explained how they explored barriers to accessing the service with clients and supported clients to find solutions to this.

Key workers and the doctor discussed treatment options with clients and gave them information about medication. This helped clients to make an informed decision about their care and treatment.

Staff actively engaged clients and their families/carers if appropriate, in planning their care and treatment. Staff involved clients in setting relevant goals and in the regular reviewing of goals, progress and outcomes.

Staff gathered feedback from clients and this was used to make changes to the service if necessary. All feedback was compiled into an annual participation report for the service.

Outstanding ☆

Substance misuse services

For the most recent schools based team evaluation there had been 59 clients who gave feedback. All clients fed back that they felt supported by sessions and would recommend the service. A total of 93% of respondents reported a significant level of change pre-post intervention. There were narrative descriptions around staff being non-judgemental, feeling supported and good communication.

Think Family group evaluations were completed with group participants. Following the most recent course there was extensive positive feedback about recognising the effects of substance use on children, learning to put self in the child mind set, understanding children's anxieties, awareness of boundaries and routines, parenting styles and sharing experiences.

A participation survey collated feedback over eighteen months from 35 children of substance misusing parents seen by the service. All children felt their keyworker and individual sessions had been helpful. Narratives were around feeling less worried, having someone to speak to, having a good impact on family/school/life and sessions being helpful and fun.

Clients participated in the design and running of the service. The service had a peer mentoring scheme, which enabled clients to become involved in the service.

We met with two peer mentors. Peer mentors were well supported with structured supervision, use of mentorship logs and access to peer support within the team. Peer mentors were part of the team and felt valued, respected and listened to. They felt their job was rewarding and inspirational.

Peer mentors were encouraged to develop their own roles and interests, for example, one peer mentor was involved in delivering both internal and external training.

Peer mentor training was accredited with the local college and the course had additional health and social care training integrated within, which had previously been a further standalone course. Peer mentors could also link to other education if needed, for example, in improving English and maths.

Previous peer mentors of the service had moved on into paid employment roles.

Involvement of families and carers

Families and carers were integral to the work staff did with clients. MOSAIC had a team of family workers, who worked with parents, grandparents and carers of clients and children of drug using parents. Any parent or carer who accepted support was given a comprehensive assessment and staff completed a care plan with them that focussed on their needs. Families could access individual one to one sessions or the Community Reinforcement and Family Training group. This was a structured, evidence based group, which helped families to understand their loved one's substance misuse and taught them effective strategies for change. Group work was accompanied by one to one work to provide individual support. Support given to families was separate to the support given to clients and confidentiality was clearly explained to the carer or family member.

Staff told us about mediation that was carried out between family members and clients. This was only done with the consent of both parties. Staff gave us examples of where this had been effective in improving communication and understanding between clients and family members.

We observed family members being invited into sessions where they were asked for their opinions and involved in the client's care. Family members and carers could give feedback on the service they received.

Staff provided holistic support to families including providing emotional support and helping them with practical matters including housing and benefits.

The service had gathered feedback from nine parent/carers who attended the service for individual support. All felt welcomed and were positive regarding their keyworkers and the support they received. Parents and carers noted there had been clear care plans, that sessions met their needs and increased their coping abilities.

Specific feedback was left about staff improving carers understanding, helping them cope with their child's substance use, building knowledge and awareness and that interventions helped them build positive relationships, control their own anxiety and ultimately helped parents to help their children.

Feedback had also been collected from eighteen parents and carers attending the Community Reinforcement and

Outstanding ☆

Substance misuse services

Family Training group. Individual feedback comments were around having realistic plans for the future, understanding relapse, feeling increased confidence in parenting abilities and more aware of communication with loved ones.

Additionally, two thirds reported reduced feelings of isolation by attending the group, improved positive communication and improved confidence in strategies/ plans in managing substance use.

Are substance misuse services responsive to people's needs?

(for example, to feedback?)

Outstanding ☆

Access, waiting times and discharge

Referrals were accepted from professionals or clients could refer themselves. Referrals were checked daily. Referrals were triaged and risk assessed. High risk referrals were prioritised and clients were generally seen the same day. Most referrals were seen within a week. If this was not possible staff saw clients the week after. There was also an accident and emergency pathway for when young people presented at accident and emergency with alcohol or substance misuse concerns. These referrals came to a secure mailbox.

The service had clearly documented admission criteria for each team. Young people were assessed according to risks and levels of need. Low risk referrals would be allocated to the school's team if clients were in education and more complex or higher risk referrals would be allocated to the treatment team. We saw evidence that when risk or complexity levels changed there was a clear pathway between teams.

School based workers had their own allocated schools. They would arrange appointments flexibly with clients within schools. They could follow up children who had missed appointments through absence and re-arrange these. They were sensitive to the needs of children in how and when worked best to be seen.

There were innovative approaches to providing integrated person-centred pathways of care that involve other service providers, particularly for children with multiple and complex needs.

There was a proactive approach to understanding the needs of different groups of people and to deliver care in a way that meets these needs and promotes equality. This includes people who were in vulnerable circumstances or who had complex needs.

The service had robust alternative care pathways and referral systems in place for people whose needs could not be met by the service. If staff felt a client needed urgent inpatient treatment they referred them to detoxification or rehabilitation units.

Discharge and transfers of care

Recovery and risk management plans reflected the diverse/ complex needs of the client. There were clear care pathways to other supporting services including the community mental health team, maternity, social and housing services.

Staff supported clients during referrals and transfers between services. Staff told us they visited clients and maintained key working relationships when care had been transferred to other organisations including rehabilitation and detoxication units and mother and baby units.

Staff planned for client's discharge and there was good liaison with care managers. There was a clear pathway between child and adult services. There was some flexibility in the pathway. If staff felt that transferring a client who was in the middle of treatment programme would have a negative impact on them, they could give the client more time to adapt. Staff would ensure they completed a review before transferring a client to adult services. This ensured that the information passed on was up to date. Staff recorded consent to pass information on and keyworkers spent time preparing clients to move to adult services. The service complied with transfer of care standards.

This service reported into the National Drug Treatment Monitoring Service. The National Drug Treatment Monitoring Service collects, collates and analyses information from and for those involved in the drug treatment sector. Public Health England manages the National Drug Treatment Monitoring Service; producing activity reports for providers to give a full picture of activity nationally.

Outstanding ☆

Substance misuse services

Local data returned from the National Drug Treatment Monitoring Service showed that clients were receiving interventions for longer than the national average, matching the data we saw in terms of individualised care planning and complexities.

The number of young people leaving service in a planned way was over two thirds, just below the national average. There were no re-presentations within 6 months, indicating that interventions and discharge planning were effective (a high re-presentations rate may suggest room for improvement).

Facilities that promote comfort, dignity and privacy

There was a good range of rooms and equipment to support client treatment and care. Some rooms contained toys, which were used with younger children to help communication and interaction. There was a well-equipped therapy room that was used for complementary therapies. Staff told us they checked rooms before using them to make sure they were clean and tidy for the next client, to help the client feel valued.

Staff encouraged access to activities in the local community. Clients could access a health and social care course at the local education college, and one of the workers carried out therapeutic dog walking sessions in the local community. Community sites were also used to carry out therapeutic craft sessions in the school holidays.

Some clients worked with peer mentors who supported them to access community activities including football and mixed martial arts. Peer mentors would also support clients to the GPs and signpost them to organisations where they could get help with issues like housing.

Meeting the needs of all people who use the service

Staff demonstrated an understanding of the potential issues facing vulnerable groups and offered appropriate support. The service provided specific support to some of the most vulnerable groups including looked after children, care leavers, those experiencing domestic violence, children who were at risk of child sexual exploitation, pregnant substance misusers and children affected by parental substance misuse. Staff assessed each clients' individual needs and looked at how they could meet those needs.

All staff have received child sexual exploitation training and could identify clients who were at risk of child sexual exploitation. Managers have supported a member of staff to specialise in child sexual exploitation. Clients at risk of child sexual exploitation are offered specialised key working sessions and can be held on caseloads for as long as the client needs support.

Staff in the family team provided support to the children whose parents had substance misuse issues including children who had been taken into care. Staff explained how they helped children to learn coping strategies and supported children a variety of issues including anxiety and anger. Staff worked alongside schools, parents and foster parents to provide holistic support for children.

There was access to a translation service and we saw information about domestic violence displayed in different languages in the disabled toilet. Staff told us about working with people who were partially sighted and people with hearing difficulties. They explained how they worked with clients to find ways which worked for them including writing things down and helping clients to familiarise themselves with the building. Staff explained the importance of working in the most appropriate way for that individual. Staff also had access to the sex and relationships team and could refer lesbian, gay bisexual or transgender clients who wanted further support or could obtain information and advice to offer clients.

The service did not have a waiting list. Caseloads were managed effectively and there was enough staff to ensure clients were seen quickly once referred. Urgent referrals where there was a high level of risk would be seen the same day. If clients could not be seen in a week they would see a keyworker the week after and could access the weekly Self Management and Recovery Training group. Clients would be given numbers to contact the service in case of risk levels changing.

Clients reported that sessions were rarely cancelled or delayed. Clients told us that staff were flexible with their appointments and were understanding if clients had to rearrange. Staff offered appointments on two evenings a week and would arrange appointments around work and childcare needs. Clients also told us that staff were discreet when arranging appointments. Staff also offered appointments at alternative places such as the clients home or school if clients could not come to the service. People could access services in a way and at a time that suited them.

Outstanding ☆

Substance misuse services

Listening to and learning from concerns and complaints

The service had a clear complaints system to show how complaints would be managed and lessons learnt and acted upon to improve the quality of the service. The service had received no complaints in the last 12 months.

All clients were given information on how to make a complaint. We also saw a complaints, compliments and comments box on the wall and information was displayed in reception about how to make a complaint.

Are substance misuse services well-led?

Outstanding ☆

Leadership

Mosaic had effective leadership, governance and a positive culture, which was used to drive and improve the delivery of high quality person-centred care. There were high levels of staff satisfaction across all equality groups. Managers had the skills, knowledge and experience to perform their roles. The leadership drove continuous improvement and staff were accountable for delivering change. Safe innovation was celebrated. There was a clear proactive approach to seeking out and embedding new and more sustainable models of care.

The organisation had a clear definition of recovery and this was shared and understood by all staff. Managers had a good understanding of the services they managed. They could explain clearly how the teams were working to provide high quality care. Managers were visible in the service and staff felt they were approachable. Staff felt supported by their managers and were encouraged to talk about any issues they had.

Vision and strategy

Stockport Family had overarching values which were

- A focus on prevention, early identification and intervention
- High quality, appropriately trained workforce
- Shared identity, purpose, vision and leadership
- Common values and language
- Focused on positive outcomes for children and young people
- Teams working together in partnership
- Integrated working practice, systems, structures and processes
- Local partnerships in local communities

Mosaic had developed their own aims and objectives for the service underpinned by these. The overarching aim of the service was to reduce the harm caused to children, young people and families affected by substance misuse. Mosaic also aimed to break the cycle of intergenerational paths to dependency.

Staff knew and understood the vision and values of the organisation and what their role was in achieving it. All staff had a job description and individual areas of responsibility. Staff told us about projects they had taken a lead on which contributed to MOSAIC's overall aim and vision. Staff felt they had enough autonomy to lead projects and were passionate about their individual areas of work.

Staff had the opportunity to contribute to discussions about the strategy for their service, especially where the service was changing. All staff were involved in the design of the building when they moved from the old premises to their current building and staff felt the building met the needs of the clients.

Culture

Staff told us they felt respected, supported and valued. Staff were proud of the organisation as a place to work and spoke highly of the culture. The service had a well-established staff team who were positive about their job roles and passionate about the work they did. Staff told us that stress levels were manageable and they received support if they were having a stressful time at work or at home.

Individual members of staff and the team had been recognised at the Stockport Family annual awards. Staff felt valued and part of the organisation's future direction. Staff felt positive about working for MOSAIC. Several staff told us they came to work for MOSAIC because of its' reputation. Staff told us they felt the work they carried out was truly client centred. Many staff worked flexible hours and said they had a good work/life balance.

Substance misuse services

Staff appraisals included conversations about career development and how it could be supported, staff were supported to complete professional training and staff told us managers discussed how their roles could be developed with them.

The service had an open culture. Staff said they could raise concerns to managers and they felt their concerns would be taken seriously. Staff at all levels were actively encouraged to raise concerns. Staff reported that the provider promoted equality and diversity in its day to day work.

Teams worked well together and where there were difficulties managers dealt with them appropriately.

Governance

Governance and performance management arrangements were effective, proactively reviewed and reflected best practice. Governance policies, procedures and protocols were regularly reviewed and improved and included an equality impact assessment. We saw examples of procedures and protocols that were reviewed after an audit. We also saw procedures and protocols that had been reviewed and changed following a serious case review.

There was a clear framework of what must be discussed at a facility, team or directorate level in team meetings to ensure that essential information, such as learning from incidents and complaints, was shared and discussed. Lessons from serious case reviews were communicated to the staff teams. There were procedures for information to be shared via emails and team meeting agendas. The provider also used the seven-minute briefing format to communicate learning from serious case reviews.

Staff had implemented recommendations from reviews of deaths, incidents, complaints and safeguarding alerts at the service level. Data and notifications are submitted to external bodies and internal departments as required.

Managers carried out regular audits. The results of audits were shared with staff who acted on the results when needed.

Staff worked effectively with other internal and external teams to meet the needs of the client.

The service had a whistle blowing policy in place.

Management of risk, issues and performance

There were clear quality assurance management and performance frameworks in place that are integrated across all organisational policies and procedures.

We saw a clearly documented procedure for identifying and mitigating risk. Staff could escalate concerns, which would be added to the risk register.

We saw service specific plans for emergencies including loss of staff, and loss of IT. There were also plans in place to continue to manage client prescriptions in an emergency.

The service monitored sickness and absence rates.

Managers were aware of financial challenges and looked for creative ways to ensure client care was not compromised.

The recruitment procedures for staff were robust and we saw that applicants were comprehensively vetted prior to commencing work, including instances where employment offers were withdrawn when information of concern regarding applicants was received. All staff underwent enhanced disclosure and barring service checks. We reviewed two personnel files and found they contained all essential information.

Information management

Staff had access to the equipment and information technology needed to do their work. The information technology infrastructure worked well and helped to improve the quality of care. The provision of tablets for the schools based team meant staff could connect to the records system from school and could input notes and check information. Staff told us this worked well.

The information governance systems included confidentiality of client records and all staff received information governance training and knew how to keep data secure.

Team managers had access to information to support them with their management role. This included information on the performance of the service, staffing and client care.

All information needed to deliver care was stored securely and available to staff, in an accessible form, when they needed it. The service had procedures for storing files and managers audited information governance. Staff made notifications to external bodies as needed.

Outstanding ☆

Substance misuse services

Managers had developed and implemented clear information-sharing processes and joint-working arrangements with other services. Different agencies shared the same building and managers had set out and enforced guidance about information sharing, to ensure client confidentiality was maintained. Staff explained to clients when and how they shared information about them.

Engagement

Staff, patients and carers had access to up-to-date information about the work of the provider and the services they used.

Clients and carers had opportunities to give feedback on the service they received in a manner that reflected their individual needs. Staff collected feedback after groups and closing cases.

Stakeholder feedback for the service received prior to and during inspection was positive. Feedback was provided by six professionals including social care leads, designated safeguarding leads, schools and children's nurses, specialist midwifes and educational staff.

Stakeholders were positive about close working with the service, in terms of specific cases and also when seeking advice or information. Staff in other services told us of bespoke training provided for their area of working and level of need.

MOSAIC staff had delivered training for over 250 primary care staff as part of statutory training delivered by the local authority. Feedback from the training was reviewed and was positive noting more awareness of the service and referral routes, more awareness of substances being used and effects and increased confidence in terms of recognising substance use when seeing young people.

Other examples of bespoke training were with providers of care for looked after children to improve recognition of substance use and referral into service. Training had been devised for school nurses and in schools keyworkers provided training to teachers as part of in-service training and to parents as evening sessions.

Learning, continuous improvement and innovation

This service had a culture of improvement and encouraged creativity and innovation to ensure up to date evidence based practice was implemented and embedded.

Staff spoke of having autonomy and trust to enable them to work flexibly and individually with clients, but being well supported and supervised also. The team were continually identifying further areas they could improve or incorporate into their working. The service has a culture that is passionate about delivering meaningful interventions for both children and whole families.

The service was a learning placement for student social workers. Students felt they were well supported and told us they felt involved and part of the team.

The service assessed quality and sustainability impact of changes including financial pressures.

All staff had objectives focused on improvement and learning. This was reviewed at their annual appraisal.

Outstanding practice and areas for improvement

Outstanding practice

This service has a strong focus on working with families and young people. The way the service links working with families, parents, carers, schools, children and young people is truly inspirational. There were many accounts given to the inspection team of client centred, individualised care for whole families which were difficult to report here due to anonymity, but reflect a service that has changed lives.

The schools based team was an established part of the overall service and had workers allocated to all secondary schools in the area, including pupil referral units and other specialised facilities. Relationships with headmasters, teachers, pastoral staff as well as education teams and school nurses, were effective and well managed. This was an example of good, integrated provision with the aim of early identification and intervention for young people. Interventions used by workers were individually planned with use of appropriate tools and strategies to engage young people. Feedback for the schools based team included imaginative and sensitive ways to ensure pupils could access services confidentially.

The family team provided a structure, evidence based service to the families. This was based on evidence that if a family could support the client effectively this will often help reduce drug related harm even if the client does not engage well in the service. Family members were assessed, had a care plan and a keyworker. They received one to one and group work sessions. Feedback about this service was positive and family members felt it improved their coping skills and family situations.

The way teams and staff were able to work together was highly responsive. We saw examples where treatment staff had been able to attend joint reviews with schools based workers to assess risk and explain treatment options. Family team members had been able to join sessions when carers where present with treatment clients to explain what support was available. Carers had been able to attend complimentary therapies sessions whilst accompanying family members to sessions or groups.

A pathway had been set up between the emergency department staff team and MOSAIC staff to reduce repeat attendances to the department for young people who were severely intoxicated. This intervention was proving effective but was being monitored for themes and trends with a view to improving this if possible.

Managers had supported a member of staff to become a specialist in child sexual exploitation. All clients who were at risk were given a specialist assessment and work was carried out with them to reduce the risks of being exploited and to support clients who were being exploited. This work had started several years ago and was now firmly established across Mosaic and the wider provider team. It is testament to the service that this worker still works within the service whilst retaining responsibilities for training and education across the wider service and beyond.

The service was highly responsive in terms of meetings clients needs. Clients told us that staff were flexible with their appointments and were understanding if clients had to rearrange. Staff offered appointments on two evenings a week and would arrange appointments around work and childcare needs. Clients also told us that staff were discreet when arranging appointments, particularly in schools or when making contact. Staff also offered appointments at alternative places such as the clients home or school if clients could not come to the service. Staff had continued to maintain contact and arranged sessions when clients were in residential treatment services and undergoing detoxification. Clients had been seen urgently on occasion in custody or the emergency department.

Staff and peer mentors delivered a wide ranging number of standard and bespoke training to other agencies, including primary care staff, providers of care for looked after children, midwives and school nurses. Schools based team workers provided training to teachers as part of in-service training and to parents as evening sessions as well as to young people as part of core education.

Staff were actively involved in monitoring emerging trends and concerns alongside other agencies, including working with voluntary and statutory agencies. This was

Outstanding practice and areas for improvement

particularly evident in the work being undertaken by Mosaic in relation to increased use of benzodiazepines, particularly Xanax, within the local area and education and information for young people and other services about this.

The flexibility of the service and they way that staff were supported to pursue their own areas of interest and experience were commended. This includes staff being seconded to other services to gain experience. One staff member has been supported to undertake their three year nurse training whilst continuing to work within the service due to flexible working arrangements based around placements and leave and at the time of inspection was just finishing the course.

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure that clinical equipment is maintained safely.