

Inspire East Lancs

Quality Report

33 Eagle Street

Accrington

Lancashire

BB5 1LN

Tel: 01254 485 382

Website: www.changegrowlive.org

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

Ratings

Overall rating for this location

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 and Deprivation of Liberty Safeguards

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

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

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

Summary of findings

Overall summary

We rated Inspire East Lancs as **Good** because:

- There were clearly defined and embedded systems, processes and standard operating procedures to keep people safe and safeguarded from abuse.
- Staffing levels and skill mix were planned, implemented and reviewed to keep people safe at all times. Any staff shortages were responded to quickly and adequately. There were effective handovers, multidisciplinary team meetings and complex case reviews held to ensure staff could manage risks to people who use the service.
- Clients care and treatment was planned and delivered in line with current evidence-based guidance and outcome measures were in place to monitor consistency of practice.
- Clients had comprehensive assessments of their care needs which considered physical, mental and emotional health.
- Feedback from clients who used the service was continuously positive about the way staff treated them and felt staff went above and beyond in their roles.
- Staff recognised and respected people's needs. They always took into account peoples personal, cultural, social and religious needs.
- Peoples individual needs and preferences were central to the planning and delivery of tailored services. The services were flexible, provided choice and ensured continuity of care.
- There was a proactive approach to understanding the needs of different groups of people and to deliver care in a way that met their needs and promoted equality.
- There was a clear statement of vision and values, driven by quality and safety.
- There was an effective and comprehensive process in place to identify, understand, monitor and address current and future risks.
- Leaders at every level prioritised safe, high quality, compassionate care and promoted equality and diversity.
- There was a strong focus on continuous learning and improvement.
- Leaders were visible within the service and valued highly by the team.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services	Good 	

Summary of findings

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Good 

Location name here

:Services we looked at: Substance misuse services

Summary of this inspection

Background to Inspire East Lancs

Change, Grow, Live is a substance misuse provider that delivers substance misuse services across the country. Change, Grow, Live is the registered provider of the location Inspire East Lancs who delivers community substance misuse services and provides opiate substitute medication, community detox and psychological treatment to clients in that geographical area.

Inspire East Lancs was registered with the Care Quality Commission on 19 December 2017 for the treatment of disease, disorder or injury. There was one registered manager for this location.

Inspire East Lancs had 8 locations that provided services under one registered location across North Lancashire, East Lancashire and Blackburn with Darwen. A service for young people was provided in East Lancashire called Go2.

The sites we visited were:

The Paterson Centre (St. Annes)

Inspire Accrington

Regent House (Blackburn)

We did not visit the other locations at Burnley, Lancaster, Morecambe, Fleetwood or Nelson.

This was the first inspection of this location and a short notice announcement of the inspection was given due to the number of sites providing services.

Our inspection team

The team that inspected the service consisted of two CQC Inspectors and one Assistant Inspector.

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme to make sure health and care services in England meet the Health and Social Care Act 2008 (regulated activities) regulations 2014.

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.

During the inspection visit, the inspection team:

- visited three locations of the service, looked at the quality of the physical environment and observed how staff were caring for clients;
- spoke with seven clients who were using the service;

Summary of this inspection

- spoke with the registered manager and managers or acting managers for each of the locations visited;
 - spoke with 12 other staff members; including a doctor, nurses, recovery co-ordinators, volunteer and counselling co-ordinator and quality governance audit and performance lead.;
 - attended and observed two appointments with clients and recovery co-ordinators;
 - attended and observed a client medical review;
 - observed a group session;
 - collected feedback from five clients using comment cards;
 - looked at nine care and treatment records of clients;
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

Clients we spoke to were all positive about the care and treatment they received. Clients told us they felt safe using the service, that staff were approachable, kind, positive, caring and respectful. Clients told us they were always given options about their treatment pathway and that they felt supported in making any decisions.

Clients felt staff went above and beyond for them and many commented on how supportive the service had been to their families also. Clients felt that the groups on offer were brilliant and they liked that some of these were peer led as it gave them hope for the future to speak with others who had been through difficult times.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as **good** because:

- The service had enough staff to cater for client need. Where there were vacancies staff had ensured these were covered by agency staff and moving staff around bases to ensure there was no impact to client care.
- Services had well-equipped clinic rooms. The clinic rooms were clean, tidy and had all necessary equipment available.
- There were emergency medicines in stock at all services we visited. These were all stored securely and safely and were in date. All staff had received training on how to administer this.
- Openness and transparency about safety was encouraged. Staff understood and fulfilled their responsibilities to raise concerns and report incidents.
- There were clearly defined and imbedded systems, processes and standard operating procedures to keep people safe and safeguarded from abuse.
- Staff recognised and responded appropriately to changes in risks to people who use the service.

Good



Are services effective?

We rated effective as **Good** because:

- The records we reviewed all contained comprehensive assessments following a referral into the service and detailed care plans were seen in all records that met the need of the client.
- Risk assessments, risk management plans and recovery plans were all up to date and regularly reviewed.
- Information about peoples care and treatment, and their outcomes was routinely collected and monitored.
- Staff were skilled and experienced and offered a range of psychosocial interventions.
- Blood borne virus testing was routinely offered to all clients and co-located clinics were held with consultants from local NHS Trusts.
- The service had effective protocols in place for the shared care of people who use their services.

Good



Summary of this inspection

- There was a robust discharge policy in place with well thought out discharges and a recovery care package was on offer from the service.

Are services caring?

We rated caring as **Good** because:

- Feedback from clients who used the service was consistently positive about the way staff treated them. Clients told us their care was excellent.
- 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. The relationships were valued highly by staff and promoted by leaders within the service.
- Staff recognised and respected the totality of people's needs. They always took personal, cultural, social and religious needs into account.
- Staff actively engaged people using their service and families and carers in planning care and treatment. People who used the service were active partners in their care. Staff were fully committed to working in partnership with clients. Staff always empowered clients who used the service to have a voice and to realise their potential. Clients individual preferences and needs were always reflected in how care was delivered
- Clients emotional and social needs were highly valued by staff and were embedded in their care and treatment.

Good



Are services responsive?

We rated responsive as **Good** because:

- Client's individual needs and preferences were central to the planning and delivery of tailored services. The services were flexible, provided choice and ensured continuity of care.
- The involvement of other organisations and the community were integral to how services were planned and ensured that clients' needs were met. There were innovative approaches to providing integrated person-centred pathways of care that involved service providers, particularly with multiple and complex needs.

Good



Summary of this inspection

- There was a proactive approach to understand the needs of different groups of people and to deliver care in a way that meets those needs and promote equality. This included people who were vulnerable and/or had complex needs.
- There was an active review of complaints and how they were managed and responded to and improvements were made as a result across the service.

Are services well-led?

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

- Staff knew and understood the vision, values and strategic goals of the service
- The service had an effective governance structure. Governance policies, procedures and protocols were regularly reviewed and improved and were all up to date.
- Managers were experienced, well respected, visible and all staff we spoke to felt supported by the leadership team.
- Information and analysis were used proactively to identify opportunities to drive improvements in care.
- There was a strong focus on continuous learning and development at all levels within the service.
- Staff morale was high across the service, staff felt valued and respected.

Good



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 were aware of and could refer to.

Mental Capacity Act training was included in the mandatory training package. Across locations the figures of staff that had completed this training were 91% of staff working within East Lancashire, 85% of staff working within the Blackburn service and 100% of staff in the North service.

Clients were supported to make decisions where appropriate and staff knew how to access further support

if they had concerns around capacity. Staff working in the young people's service had training in Gillick competencies included in their mandatory training and all staff had received this training. Evidence of this being used was seen in all care records reviewed on inspection.






Staff ensured clients consented to care and treatment, that this was assessed, recorded and reviewed in a timely manner. This was seen in all care records we reviewed on inspection.

Overview of ratings

Our ratings for this location are:

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

Substance misuse services

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

Are substance misuse services safe?

Good 

Safe and clean environment

The service had CCTV and an entry control system in place at all locations. CCTV was signposted to inform people it was in use.

The three locations we visited had disabled access to the building and lifts were available for services provided on the first floor.

The reception and waiting area of all locations we visited were well-lit, equipped with appropriate furniture and maintained to a good standard. All areas were visibly clean and tidy.

There were sufficient rooms available to hold one to one appointments and group sessions.

Staff adhered to infection control principles, including hand washing and the disposal of clinical waste. Clinical waste was collected every two weeks through an external contractor and could be collected more frequently if required.

We saw evidence of monthly premises inspection records completed thoroughly that covered all general areas, cleaning, kitchen, toilet, needle exchange, hazards, waste and fire safety.

The service had an up to date health and safety and fire risk assessment in place. There was an up to date fire escape and evacuation plan, nominated fire wardens in each

location and evidence of weekly fire alarms testing consistent across all locations. Six-monthly health and safety reviews were held to cover fire and building safety, a premises inspection and first aid needs assessment.

Panic alarms were available in rooms that clients had one to one appointments and outreach staff had access to personal alarms.

Services had well-equipped clinic rooms. The clinic rooms were clean, tidy and had all necessary equipment available. Staff carried out temperature checks of fridges that were used to store medication and these checks were audited by the lead nurse. All audits seen on inspection were completed and up to date.

There were emergency medicines in stock at all services we visited. These were all stored securely and safely and were in date.

Two of the locations visited had needle exchange facilities that were fully equipped and staff had access to a robust policy.

Clients we spoke to on inspection told us they felt safe when attending the service.

Safe staffing

The provider did not submit whole-time equivalent staffing numbers. The number of staff varied at each location dependant on the contract with the commissioner and the services provided. Data received showed the number of staff broken down to the three areas covered and are a head count of staff, not whole time equivalent. A peer mentor was an individual who has been substance free for at least three months who is trained to support new and former service users as they try to overcome their addiction and make changes in their lives.

Substance misuse services

North Lancashire

Number of substance misuse staff 44

Number of volunteers 12

Number of peer mentors 1

East Lancashire

Number of substance misuse staff 62

Number of volunteers 26

Number of peer mentors 5

Blackburn with Darwen

Number of substance misuse staff 45

Number of volunteers 5

Number of peer mentors 5

The service had enough staff to meet the needs of the clients. At the time of inspection there were no vacancies in Blackburn and one vacant post in East Lancashire. In the North Lancashire service there were five vacant posts with three of these being filled by agency staff. This was due to a current freeze on recruitment following the successful bid of further services and a job matching process being in progress. There had been no reported impact to client care and staff across all services were working together to ensure clients' needs were met.

There were robust systems and arrangements in place to cover staff absence to ensure client safety and staff worked across locations to do this where necessary. Flash meetings were held in the morning across the service that looked at staffing and how to meet the needs of the service each day.

Staff told us their caseloads were manageable with the average caseloads across the service being between 46 and 50 clients. There were no clients awaiting allocation of a key worker. Staff would see clients as often as their individual plan of care indicated and was variable.

Staff completed mandatory training in basic life support, data protection and security awareness, equality, diversity and inclusion training, health and safety, mental capacity act and safeguarding adults and children. At the time of inspection mandatory training figures were above the providers target and the compliance was:

North Lancashire 99%

East Lancashire 97%

Blackburn with Darwen 89%

Assessing and managing risk to patients and staff

We reviewed nine sets of care records. All had up to date risk assessments that were initiated at the point of assessment with the client. There was evidence that the service recognised and responded to deterioration in the client's health including referrals to external agencies.

Clients were informed of the risks of continued substance misuse and harm minimisation. Safety planning was an integral part of the care received within the service, all staff, mentors and volunteers were trained in the use of naloxone. Naloxone is a non-addictive, life-saving drug that can reverse the effects of an opioid overdose when it is given in time.

Bespoke training packages were delivered to external agencies such as supported housing staff for the use of emergency medicine naloxone. The use of naloxone was monitored and audited within the service including expiry dates being recorded and monitored to ensure safety.

Staff adhered to best practice in implementing a smoke-free policy and during the inspection we observed staff enforcing this.

There was a monthly complex case meeting where staff could discuss complex cases. The complex care panel consisted of a service manager, team lead, consultant and key worker if required. These meetings were to discuss complex cases and ensure a multidisciplinary approach to care.

Safeguarding

Staff received training in safeguarding adults and children and the staff we spoke to were knowledgeable about recognising signs of abuse and knowing when and how to refer to social care services. There was evidence in care records of staff working closely with other agencies to promote safety and good evidence of information sharing where appropriate.

Designated safeguarding leads were identified at each location who acted as a point of contact for advice. Staff attended monthly safeguarding group supervision and one to one safeguarding supervision.

Substance misuse services

Change, Grow, Live had a national safeguarding lead in place and quarterly regional safeguarding meetings were held to support local learning and practice.

Clients with children received a home environment assessment and clients were issued safe storage of medication boxes if prescribed a controlled medication.

There was a robust policy in place for safeguarding and local pathways were available for staff and volunteers to assist them in making appropriate referrals. Staff attended safeguarding meetings with external agencies and Inspire had representation on Lancashire Safeguarding Boards.

Staff access to essential information

Staff had access to an electronic system for client records which provided them with prompt access to care records that were accurate and up to date.

Staff in the North service had access to an electronic system used by primary care, acute health and the mental health team.

Medicines management

Staff had effective policies, procedures and training related to medicines management including; prescribing, detoxification, assessing people's tolerance to medication and take-home emergency medication such as naloxone.

Staff followed good practice in medicines management and did this in line with national guidance.

There was a robust policy in place for the assessment of a client's suitability to collect prescriptions and keep them at home. An assessment tool was used and a home visit conducted by a community practitioner to assess suitability for this. There was guidance on family focused prescribing available.

Staff reviewed the effects of medication on the client's physical health, reconciled medication with the GPs and kept relevant agencies informed of any changes.

Track record on safety

There were no serious incidents reported to the care quality commission in the 12 months between August 2017 to July 2018.

Inspire East Lancs reported deaths to the Care Quality Commission and provided thorough internal investigations when requested. Information from death reviews including lessons learnt was fed back to teams through team meeting.

Reporting incidents and learning from when things go wrong

All staff as part of their induction read the incident policy and staff demonstrated a good knowledge and understanding of when and how to report an incident. Managers and clinical leads had received training in reporting and investigating of incidents. Managers and staff had also received training in root cause analysis investigation.

Staff reported incidents via an electronic system that would be alerted to the relevant service manager. The outcome of any investigation including patterns and themes was then shared with staff in team meetings.

Staff had a good understanding of the duty of candour and had access to a policy. The duty of candour is a legal duty on hospital, community and mental health services to inform and apologise to clients if there have been mistakes made in their care that have or could have potentially led to significant harm.

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

Good 

Assessment of needs and planning of care

We reviewed nine sets of care records including two young people from the young people's service named Go2.

The records we reviewed all contained comprehensive assessments following a referral into the service and detailed care plans were seen in all records that met the need of the client. Care plans were holistic, up to date and person centred.

Clients could refer themselves into the service and referrals were received from numerous other sources including housing, GPs, social care and mental health teams. Clients were assessed using a national tool that recorded the client journey and client integrated risk and recovery plan.

Substance misuse services

Risk assessments, risk management plans and recovery plans were all up to date and regularly reviewed. These were personalised and there was good evidence of multiagency working seen throughout all documentation.

Best practice in treatment and care

Staff provided a range of care and treatment interventions suitable for the client group. The interventions were those recommended by, and were delivered in line with, guidance from the National Institute for Health and Care Excellence (NICE). Staff told us that updates from NICE were circulated via email and discussed at team meetings.

Most staff at the time of inspection had received motivational interviewing training including administrative staff. Other interventions offered included strength based personalised assessments, extended brief interventions, psychosocial interventions offered through one to one appointments, group sessions, drop in clinics and access to a counselling service.

Health and well-being assessments were undertaken along with medically assisted treatment and community detoxification.

Blood borne virus testing was routinely offered at this service. The service had a regional Hepatitis C Co-ordinator. There were co-located Hepatitis C clinics held within the service with liver specialists from local NHS hospitals to increase accessibility to treatment and promote engagement.

Staff supported clients to live healthier lives for example in smoking cessation schemes, healthy eating advice and dealing with issues relating to substance misuse. Staff supported people by ensuring they were following the correct care pathway for example for chronic obstructive pulmonary disease (COPD) or Hepatitis C.

Clients could be offered exercise on prescription through the service and clients on inspection told us this was excellent.

Skilled staff to deliver care

The service provided all staff with a comprehensive induction.

Staff completed mandatory training in basic life support, data protection and security awareness, equality, diversity and inclusion training, health and safety, mental capacity act and safeguarding adults and children.

Managers identified the learning needs of staff and provided them with opportunities to develop their skills and knowledge. Once per month all staff attended a continuing professional development session, this was dedicated time for staff to focus on areas of development and sessions that had been completed were for example on mindfulness and mental health. There was a continuing professional development working group at the service that included both clients and staff.

Other training was available to staff and we were given many examples of this on inspection. One staff member told us they recently attended a training session on modern day slavery.

The service ensured that robust recruitment processes were followed and all staff had a job description in place.

Staff completed individual performance and development plans that identified the learning needs of staff and provided them with opportunities to develop their skills and knowledge. Supervision was held monthly and staff had annual appraisals.

There were no staff members under performance management during the inspection period. Managers had access to a policy to support this if required.

Volunteers were recruited across the service and went through the same robust recruitment process as permanent members of staff. Volunteers received the same induction programme, completed the same mandatory training and had access to the same support available to all staff.

Multi-disciplinary and inter-agency team work

The service ensured multi-agency input into people's comprehensive assessments from mental health teams, GPs, children and family services, social workers and criminal justice services.

In Fleetwood the service was part of the primary care model and 2.5 hours per month was dedicated for Inspire staff to discuss a list of clients with the lead GP to ensure wrap around care. Joint appointments were held with inspire staff, GP and client.

Bespoke clinics were being held in GP services to deliver services to those clients that preferred to be seen in a GP setting.

Substance misuse services

Senior management meetings were held monthly with local team meetings held immediately after to ensure information was fed down to the teams. Multidisciplinary flash meetings were held each morning.

The service had effective protocols in place for the shared care of people who use their services which was evident on inspection when speaking with staff and reviewing care records.

Recovery plans included clear care pathways to other supporting services. The service worked with health, social care and other agencies to plan integrated and coordinated pathways of care to meet the different needs of client groups. For example, there were clear pathways for COPD, Hepatitis C and blood borne viruses.

Staff discussed discharge from the service with clients and a recovery package was available to them provided by the service. This included remaining open to the service for six months and receiving a one to one session at one, three and six-month periods following discharge. We observed discharge from service being discussed in appointments on inspection.

Good practice in applying the MCA

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

Mental Capacity Act training was included in the mandatory training package. Across locations the figures of staff that had completed this training were 91% of staff working within East Lancashire, 85% of staff working within the Blackburn service and 100% of staff in the North service.

Clients were supported to make decisions where appropriate and staff knew how to access further support if they had concerns around capacity. Staff working in the young people's service had training in Gillick competencies included in their mandatory training and all staff had received this training. Evidence of this being used was seen in all care records reviewed on inspection.

Staff ensured clients consented to care and treatment, that this was assessed, recorded and reviewed in a timely manner. This was seen in all care records we reviewed on inspection.

Kindness, privacy, dignity, respect, compassion and support

During our inspection we observed interactions between clients and staff. These were consistently positive, with staff always being polite, respectful, professional, compassionate and always treating clients with respect.

Feedback from clients who used the service was consistently positive about the way staff treated them. Clients told us their care was excellent.

Staff told us they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes to clients and staff without fear of consequences.

Staff supported clients to understand and manage their care and treatment. Clients told us they were always given options regarding their treatment and that all aspects of their care were explained. Clients also told us that staff went above and beyond for them.

Recovery plans were co-produced with clients and their key workers. This was evident when we reviewed care records, observed appointments and spoke with clients and staff. Documentation included a comprehensive risk and recovery capital assessment that took into account client preferences and goals and clients were offered a copy of their recovery plan.

Staff directed clients to other services when appropriate and, if required, supported them to access those services. We observed on inspection staff offering to attend a first session of a group with a client to increase their confidence to participate.

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. The relationships were valued highly by staff and promoted by leaders within the service.

Are substance misuse services caring?

Substance misuse services

Staff recognised and respected the totality of people's needs. They always took personal, cultural, social and religious needs into account. Clients told us that they were offered appointments at numerous locations and offered support via digital interventions.

The service had clear confidentiality policies in place that were understood and adhered to by staff. Staff maintained the confidentiality of information about clients.

Clients emotional and social needs were highly valued by staff and were embedded in their care and treatment. On inspection we observed an appointment where a client whose family lived away was offered access to a course to improve information technology skills and a free laptop on completion of the course. This was to increase skills and enhance contact with family through the use of technology.

Consent forms were seen in all care records we reviewed and clients told us they were asked to consent to care and treatment.

Involvement in care

Staff communicated with clients so that they understood their care and treatment and this was observed during our inspection.

We reviewed nine sets of care records and all had a recovery plan and risk management plan in place that demonstrated the persons preferences, recovery capital and goals. These were written in the client's voice and some were hand written by the clients.

Staff actively engaged people using their service and families and carers in planning care and treatment. People who used the service were active partners in their care. Staff were fully committed to working in partnership with clients. Staff always empowered clients who use the service to have a voice and to realise their potential. Clients individual preferences and needs were always reflected in how care was delivered.

The service empowered and supported access to appropriate advocacy for people who used the service and their families and carers.

Family support was available. Family and carer sessions were held, and the service had trained staff as family coaches to help support families and carers. The service offered group sessions to families.

Clients told us that they were continuously asked what they wanted to achieve through treatment. Clients told us they were asked how best to be contacted and told us they felt their care was centred around them as a person and based on their own needs.

Staff enabled families and carers to give feedback on the service they received. Clients were involved in the recruitment process of new staff and attended appropriate staff team meeting.

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

Good 

Access and discharge

The service had clearly documented admission criteria. Referrals into the service were received from clients as a self-referral, client relatives, GPs, other health professionals and other external agencies including housing and social care services.

Clients were seen within an average of five days from the point of assessment to prescribing. There was a rapid access service for pregnant women, vulnerable groups and criminal justice clients with dedicated clinics.

The service had robust alternative care pathways and referral systems in place for people whose needs could not be met by the service. For example, through red rose recovery, and an over 50s group.

All locations within the service were open Monday to Friday 9am – 5pm. All locations offered one late night opening per week and Accrington and Burnley were open on a Saturday morning. Clinics with set appointments were on offer across the service with open access clinics also available to meet the needs of clients who would prefer to drop into the service.

The involvement of other organisations and the community were integral to how services were planned and ensured that clients' needs were met. There were innovative approaches to providing integrated person-centred pathways of care that involve service providers, particularly with multiple and complex needs.

Substance misuse services

Recovery and risk management plans we looked at on inspection reflected the diverse/complex needs of the person including clear pathways to other supporting services e.g. maternity, housing or mental health services.

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

The facilities promote recovery, comfort, dignity and confidentiality

Services had sufficient rooms to see clients to support care and treatment and rooms large enough to facilitate group sessions.

The needle exchange provided privacy and dignity to those who used this service.

Information was kept confidential and clients signed consent forms to inform services of who could be contacted about their care and treatment.

There was an array of leaflets and information provided at all locations visited and were accessible in other languages.

Patients' engagement with the wider community

Staff encouraged clients to develop and maintain relationships with people that mattered to them, both within the service and the wider community.

There were leaflets and posters encouraging clients to attend community activities displayed throughout the service. These included a card and decoration making group, cycling in the community and guitar for beginners. Clients told us they were encouraged to access these groups and activities and they enjoyed them.

The service had developed close links with local job centres and held a presentation with a question and answer session with job centre staff that covered substance awareness, referral pathways and the Inspire offer.

Meeting the needs of all people who use the service

There was a proactive approach to understand the needs of different groups of people and to deliver care in a way that meets those needs and promote equality. This included people who were vulnerable and/or had complex needs.

Clients individual needs and preferences were central to the planning and delivery of tailored services. The services were flexible, provided choice and ensured continuity of care.

Staff demonstrated an understanding of the potential issues facing vulnerable groups e.g. older people, people experiencing domestic abuse and sex workers and offered appropriate support.

The service enhanced the service to Muslim clients by working with an external black, Asian, minority ethnic community engagement organisation to create an app that used a 12-step approach and motivational quotes from the Qur'an.

People with mobility difficulties were able to access the service and for people who struggled to get to the service there were other innovative ways to meet their needs by offering treatment such as home visits and medical assessments via skype. The key worker would attend the client home and the link would be set up with the doctor at a service location.

Clients could also have appointments outside of the service if they preferred. Examples of this were in church halls, community centres, GPs and libraries.

A mobile van named 'Doris' short for drug outreach and recovery initiating service was available for clients who were hard to reach, lived in rural settings or for people who chose to access care in this way. Services offered from Doris included full medical assessments and reviews, physical health checks, dry blood spot testing, vaccinations and harm minimisation advice.

Clients who used the service told us that appointments were rarely cancelled.

Listening to and learning from concerns and complaints

There was an active review of complaints and how they were managed and responded to and improvements were made as a result across the service.

Information on how to complain was provided to the client as part of their assessment into the service. How to complain was explained to clients and leaflets and posters were visible throughout the service.

Substance misuse services

During the reporting period of August 2017 and July 2018 there were 38 complaints received at the service. This was across all eight locations.

Complaints were handled in line with Change, Grow, Live policy and a joint complaints pathway including sub-contractors had been developed to ensure a joint approach to the management of complaints and for the purposes of learning from complaints.

Feedback from complaints was shared with staff to ensure continuous learning and improvement.

On inspection we were given an example of a client who had made a complaint and proceeded to make a compliment to the service following the investigation into the complaint, the actions taken and the outcome.

Are substance misuse services well-led?

Good 

Leadership

Leaders within the service had the skills, knowledge and experience to perform their roles. A robust management structure was in place at each location to provide effective leadership.

Leaders had a good understanding of the services they managed. They could explain clearly how the teams were working to provide high quality care.

Team managers and team leaders had all received in house leadership and management training with a dedicated module on inclusive leadership for mentoring women, black, Asian minority ethnic groups, disabled and LGBT staff.

Leaders within the service were visible and approachable for clients and staff. On inspection we observed leaders welcoming clients on first name terms. Staff told us on inspection that senior leaders were often on site and were approachable, respectful and made them feel valued.

Vision and strategy

The organisations values were respect, social justice, vocation, passion, empowerment and focus and the staff we spoke to were familiar with these and could give us examples of how they were imbedded in their day to day work.

All staff had a job description including volunteers in the service.

Staff had the opportunity to contribute to discussions about the strategy for their service, especially where the service was changing. Staff contributed to the Change, Grow, Live workers forum to develop improvement plans for the service.

Culture

Staff felt respected, supported and valued. Staff we spoke to felt supported in their roles and felt they worked within a very caring staff group.

The service had a staff group that felt positive, satisfied and had low levels of stress. Staff told us that communication within the service was good, that managers were approachable and supportive.

The provider recognised staff success within the service. There was an employee of the month award given and in the east service each employee received a personalised thank you card for the work they carried out.

Staff felt positive and proud about working for the service and their team. They spoke highly of services provided and felt it was a great place to work.

Staff appraisals included conversations about career development and how it could be supported.

There were no reported cases of bullying or harassment in this service and staff were confident about speaking out if there had been any concerns.

Staff had access to support for their own physical and emotional health through an occupational health department external to the organisation. Staff across the service each were given one hour per week named health and well-being hour to take time for themselves. Staff told us they valued this and we were given examples of how this was used such as playing golf and walking a dog.

Substance misuse services

The service had worked hard to improve awareness and provide information to staff around disability issues. Staff had access to online training regarding disabilities, health conditions and working with clients who have them.

Staff reported that the provider promoted equality and diversity in its work. Equality and diversity leads were in place at all locations and groups were held between staff and volunteers. Staff had access to specific policies on equality and diversity.

Teams worked well together and staff reported working well with other teams at different locations across the service when providing cover for example.

Governance

The service had an effective governance structure. Governance policies, procedures and protocols were regularly reviewed and improved and were all up to date.

There was a clear framework of what had to be discussed at team and management level team meetings that ensured essential information such as learning from incidents and complaints was shared and discussed.

Staff had implemented recommendations from reviews of deaths, incidents, complaints and safeguarding alerts at service level.

Staff participated in local clinical audits. The audits were sufficient to provide assurance and staff acted on the results when needed.

Data and notifications were submitted to external bodies and internal departments as required including notifications to the CQC.

Staff understood the arrangements for working with other teams, both within the provider and external, to meet the needs of the clients.

The service had a whistle blowing policy in place and staff felt confident to use this if required and felt any concerns would have been actioned.

Management of risk, issues and performance

The service had a quality governance audit and performance lead who provided coaching and support to the management team. This role worked between the national quality team and operational implementation to ensure national best practice and national work plans were implemented locally into service improvement plans.

The senior management team met monthly to review clinical activity, risks, service improvement and good practice.

Staff maintained and had access to the risk register. The risk register was discussed in team meetings and staff at all levels could escalate concerns when required and have items added to the risk register.

The service had plans for emergencies. There was an evacuation plan in place that was up to date and displayed within the service.

Information management

Staff had access to the equipment and information technology needed to do their work. The information technology infrastructure, including the telephone system worked well and helped improve the quality of care.

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.

Information was in an accessible format, and was timely, accurate and identified areas for improvement.

All information needed to deliver care was stored securely and available to staff, in an accessible form, when they needed it.

The service had developed information sharing processes and joint working arrangements with other services where appropriate to do so.

The service ensured confidentiality agreements were clearly explained including in relation to sharing of information and data. This was observed on inspection during a one to one session with a client and was also evident in all records we looked at.

Engagement

Staff, clients and carers had access to up to date information about the work of the service they used through the internet, notice boards, leaflets etc. The service had an active social media platform with over 500 followers on social media sites.

Clients and carers had opportunities to give feedback on the service they received in a manner that reflected their individual needs. Client, staff and stakeholder consultation was completed as well as joint events held when the service model was changed.

Substance misuse services

Clients and staff could meet with members of the senior leadership team to give feedback. Client representatives engaged with and supported CQC mock inspections and attended information governance meetings. Clients also attended manager meetings and attended the client council meetings held monthly.

Learning, continuous improvement and innovation

The service encouraged creativity and innovation to ensure up to date evidence based practice was implemented and embedded. This was further enhanced by having access to a dedicated quality governance audit and performance lead. Staff told us they acted on a telephone call received regarding needles being left outside a hostel premises. Staff used this as an opportunity for joined up working and provided outreach work to clients and training to staff.

There was a learning culture evident throughout the service. Managers and clinical leads had received training in the reporting and investigating of incidents and disseminated this to the team to promote improvements in care.

The service assessed quality and sustainability impact of changes including financial. Financial reports were reviewed monthly by the services manager to forecast appropriately. Quarterly formal contract monitoring meetings were held with commissioners to review service performance, risks, information sharing and incidents.

There were effective processes in place for staff learning and continuous improvement. Staff had dedicated time monthly for continuous professional development and a continuing professional development working group was in place.

The service had a staff award recognition scheme and a monthly employee of the month was recognised as well as in the East Lancashire service a handwritten individual card was given to all staff.

Outstanding practice and areas for improvement

Outstanding practice

Staff recognised and respected the totality of people's needs. They always took personal, cultural, social and religious needs into account. Staff went above and beyond to care for people who used the service and the clients we spoke to all said they were given treatment about their care, where they would like to be seen and felt included in the whole of their journey.

The involvement of other organisations and the community were integral to how services were planned and ensured that clients' needs were met. There were innovative approaches to providing integrated person-centred pathways of care that involve service providers, particularly with multiple and complex needs.

An example of this was the Hepatitis C clinic held within the service with liver specialists from local NHS hospitals in order to increase accessibility to treatment and promote engagement.

There was a proactive approach to understand the needs of different groups of people and to deliver care in a way that meets those needs and promote equality. This included people who were vulnerable and/or had complex needs. The service enhanced the service to Muslim clients by working with an external BAME community engagement organisation to create an app that used a 12-step approach and motivational quotes from the Qur'an.