

CGL Knowsley Integrated Recovery Service

Quality Report

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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 CGL Knowsley integrated recovery service as good because:

- The service managed client safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave clients honest information and suitable support.
- There were clearly defined and embedded systems, processes and standard operating procedures to keep people safe and safeguarded from abuse
- Clients had up to date risk assessments and care plans that were holistic and recovery-orientated. Care plans were clearly written from the client's perspective and included their views.
- Staff actively sought client feedback on the service and involved clients in decisions about the running of the service.

- Clients had the opportunity to join governance meetings and to sit on staff interview panels.
- The service worked closely with the local community mental health team to help clients gain access to mental health services.
- The service offered co-located chronic obstructive pulmonary disease (COPD) clinics, sexual health clinics and a hepatitis c clinic.
- Staff were actively looking at ways to improve the service they provided. They had been successful in winning bids to help to improve the service and took part in pilot programmes that suited their client group.

However:

- Clients were not given a copy of their care plan.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services	Good 	See main body of the report

Summary of findings

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Good 

CGL Knowsley Integrated Recovery Service

Services we looked at

Substance misuse services

Summary of this inspection

Background to CGL Knowsley Integrated Recovery Service

Change, Grow, Live (CGL) is a national charity that provides free treatment and support to vulnerable people facing addiction, homelessness and domestic abuse.

CGL Knowsley Integrated Recovery Service is a community-based service which is registered to provide the regulated activities of 'Treatment of disease, disorder or injury' for people who have drugs and/or alcohol support needs.

CGL Knowsley Integrated Recovery Service has two sites: one in Kirkby and the other in Huyton. The service provided support for 787 clients. Clients can access the service on Mondays, Thursdays and Fridays between 9am and 5pm, on Wednesdays and Tuesdays between 9am and 7pm and on Saturdays between 9am and 1pm.

Before it was registered as 'CGL Knowsley Integrated Recovery Service' the service was registered as part of CGL 'Midlands and North Regional Office', which we inspected in August 2017.

The service has a registered manager.

CGL Knowsley Integrated Recovery Service was registered by CQC on 28 March 2018 and this is its first inspection since this registration.

This was an unannounced inspection, which means that the service did not know that we were coming.

Our inspection team

The team that inspected the service comprised two CQC inspectors, one assistant inspector and a specialist advisor. The team also included an inspector from CQC who was shadowing in the inspection.

Why we carried out this inspection

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

How we carried out this inspection

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

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

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

During the inspection visit, the inspection team:

- visited both the Huyton and Kirkby sites, looked at the quality of the environment and observed how staff were caring for clients
- spoke with 23 clients
- spoke with the registered manager and managers or acting managers for each of the sites
- spoke with 15 other staff members including the doctor, nurses, key workers and volunteers
- attended and observed a flash meeting and three client sessions

Summary of this inspection

- looked at eight care and treatment records of clients
- carried out a specific check of the medication management and checked each clinic room and needle exchange
- 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 complimentary about the service. They said that staff were approachable, supportive and that they could trust staff. Clients felt that the staff at the service were reassuring and went above and beyond to support them.

Clients also felt that the service had helped to build a good client community and that the service provided support to the families of clients. Clients said that this was an excellent service and believe it is saving peoples lives.

Overall the clients were happy with the service they received and the opportunities it provided for them.

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, who knew the clients and received training to keep people safe from avoidable harm. The number of clients on the caseload of the teams, and of individual members of staff, was not too high.
- Staff assessed and managed risks to clients and themselves. They developed recovery and risk management plans when this was necessary and responded promptly to sudden deterioration in a client's health.
- Staff understood how to protect clients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff kept detailed records of clients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service managed client safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave clients honest information and suitable support.

Good



Are services effective?

We rated effective as good because:

- Staff assessed the treatment needs of all patients. They developed individual care plans and updated them when needed. Care plans reflected the assessed needs, were personalised, goal focused and recovery-oriented and staff updated them when appropriate.
- Staff provided a range of care and treatment interventions suitable for the client group. They ensured that clients had good access to physical healthcare and supported clients to live healthier lives.
- The teams included or had access to the full range of specialists required to meet the needs of clients under their care. Managers provided an induction programme for new staff.
- Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure that

Good



Summary of this inspection

clients had no gaps in their care. The teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.

However:

- Clients were not given a copy of their care plan

Are services caring?

We rated caring as good because:

- Staff treated clients with compassion and kindness. They understood the individual needs of clients and supported clients to understand and manage their care, treatment or condition.
- Staff involved clients in care planning and risk assessment and actively sought their feedback on the quality of care provided.
- Staff included clients in key areas of the service such as being on interview panels for staffing vacancies.
- Staff provided support to family members and carers of clients.

Good



Are services responsive?

We rated responsive as good because:

- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.
- The service maintained a good relationship with the local community mental health team that allowed clients to access mental health services in a timely manner.
- All new referrals to the service were seen within five days.
- The service provided co-located chronic obstructive pulmonary disease (COPD clinics), hepatitis C clinics and sexual health clinics along with testing for blood-borne virus screening and information.

Good



Are services well-led?

We rated well-led as good because:

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed and were visible in the service and approachable for clients and staff.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- The service had clear communication routes with staff for reporting back on incidents, complaints and compliments.

Good



Summary of this inspection

- Staff were actively looking at ways to improve the service they provided. They had been successful in winning bids to help to improve the service and took part in pilot programmes that suited their client group.

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 when needed. Training on the Mental Capacity Act was mandatory and 92% of staff had completed it. Staff completed mental capacity assessments for each client.






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

Notes

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 site team leader undertook monthly inspections of the premises, and staff undertook full environmental risk assessments twice a year.
- Interview rooms on each site were fitted with alarms or had mobile alarms, there were staff on site to respond to these alarms.
- Clinic rooms were well-equipped, clean, tidy and had all necessary equipment available. Staff carried out daily temperature checks of the fridge used to store medication.
- Emergency medicines were in stock, sorted securely and were in date.
- Needle exchange facilities were private, fully equipped and provided a range of information for the clients. The Kirkby site had a separate confidential entrance for the needle exchange which meant that clients did not have to go to the reception area.
- The Huyton site was undergoing renovations at the time of the inspection, which meant that some areas were not accessible to clients. The areas of the service that we were able to view were visibly clean and had good furnishings. The Kirkby site was visibly clean, had good furnishings and was well maintained.
- Each site had a cleaning contract that ensured the service was cleaned once a day.
- Staff adhered to infection control principles including handwashing and disposal of clinical waste. An external contractor collected clinical waste through an agreed contract.

Safe staffing

- The service had three whole time equivalent qualified nurses and one whole time equivalent nursing assistant across both sites. The service had no vacancies for qualified nurses or nursing assistants.
- The service also had an associate specialist doctor, a 'building recovery in the community' team, twelve recovery coordinators, a designated safeguarding lead and three resilience workers.
- Staff sickness rates for the service for the period January 2018 to December 2018 were 5% with staff turnover for the same period being 10%.
- Managers assessed staff caseloads at supervision to ensure they had a manageable workload.
- At the time of the inspection there were no clients waiting to be allocated to a recovery co-ordinator.
- Managers were able to calculate staffing levels by considering current caseloads, number of new referrals, 'did not attend' rates and the number of prescriptions issued
- Cover arrangements for sickness, leave and vacant posts were in place to ensure patient safety. The service covered these absences with staff from other Change, Grow, Live locations within the Merseyside area.
- The service rarely used bank and agency staff. The service had a contract with a national recruitment agency and would contact them when required.
- All volunteers were required to have a DBS certificate.
- Staff received and were up to date with mandatory training with the service being at 95% overall. Managers and staff received notification emails when they were due for renewal.

Assessing and managing risk to patients and staff

Substance misuse services

- We reviewed eight sets of care records. All records had an up to date risk assessment and risk management plan. Staff started these assessments at the client's first contact with the service and updated them at every contact thereafter.

Assessment of patient risk

- Clients received an initial triage assessment when they first contacted the service, and a more comprehensive risk assessment when they attended their first appointment. If a client presented as a high risk such as pregnancy or safeguarding concerns they were provided an emergency appointment. Risk assessments were updated each time a client met with the service and when appropriate.
- Risk assessments carried out by the service were based on national standards.

Management of risk

- Staff monitored client risks through their risk and recovery plan. This was updated at the client's key worker session and was linked in with other services such as the chronic obstructive pulmonary disease (COPD) clinic.
- The service's policy stated that clients who deteriorated on site would be seen by the nurse and emergency services would be called if required. Deterioration in client behaviour was managed with de-escalation techniques.
- The service gave all clients a naloxone kit and trained them how to use it. Naloxone is used to block or reverse the effects of opioid drugs if an overdose was taken

Safeguarding

- Eighty-seven per cent of staff were up to date with the service's required safeguarding adults and children training.
- Staff we spoke to felt confident on how to recognise and raise any safeguarding concerns.
- The service had a designated safeguarding lead that covered both sites and oversaw all safeguarding cases. They held safeguarding meetings once a week with staff to monitor and discuss any safeguarding concerns. Any safeguarding concerns were discussed in the daily morning flash meeting and highlighted on clients' electronic records. Safeguarding concerns were also covered in staff supervision sessions.

- The service also held a monthly safeguarding tracker meeting to oversee the progress of the safeguarding concerns. The safeguarding lead attended the Multi-Agency Risk Assessment Conference (MARAC) fortnightly and Multi-Agency Tasking and Coordination (MATAC) for domestic violence monthly.

Staff access to essential information

- The service used all electronic records for client information. All information needed to deliver client care were available to all relevant staff, including agency staff, when they needed it.
- Staff kept paper prescription records with copies on the client electronic system.
- The service had a business continuity plan in place in the event that the electronic system was unavailable.
- All staff we spoke to felt they had access to all the information they required to carry out their role.

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.
- Only emergency medication was kept on site. Staff stored this securely and checked it weekly. Prescriptions were securely stored on site and were sent to the client's nominated pharmacy for dispensing to the client.
- The service used a tracker system for all prescriptions, this system required multiple safety checks before a prescription could be generated. The service audited the prescriptions weekly.
- Clients who were prescribed medication while living with a child or vulnerable adult were also issued with a lockbox for the secure storage of that medication.

Track record on safety

- The service reported no serious incidents between January 2018 and December 2018.
- Staff we spoke with were unable to recall a serious incident that had taken place within the last 12 months at the service.

Reporting incidents and learning from when things go wrong

Substance misuse services

- The service used an electronic incident reporting system. Staff we spoke with knew what incidents to report and how to report them.
- Once an incident had been logged on the system it was sent to managers for a review and assigned for an investigation report.
- Feedback and learning from these incidents were cascaded to the teams in the morning flash meetings and discussed at the monthly integrated governance team meetings.
- Staff understood the duty of candour. They were open and transparent, and provided clients a full explanation if and when something went wrong.
- There was evidence of practice changing following feedback from incident investigations.

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

Good 

Assessment of needs and planning of care

- We reviewed eight sets of care records, all records were of good quality and had regular reviews. However, there was no evidence that the clients had been offered a copy of their care plan. The provider was aware that this function was not available on their electronic system and plans were being discussed at a national level.
- Prior to clients' first full review staff requested a history from clients' GPs to ensure they had a full view of their health history. Clients also received a physical health assessment which included blood-borne virus status and testing, any current conditions and any lifestyle issues. Staff could refer clients to the medical staff for a more in-depth physical health assessment if required.
- Client care plans were written from the client's perspective and identified goals for the clients throughout the plan. There was evidence that the provider used recognised assessment tools to assess the client.
- Each client plan had an assessment for the safe storage of medication. Records also showed good liaison with other professional bodies such as local safeguarding, community mental health teams, probation and GPs.

- Clients could refer themselves to the service and referrals were received from other sources including GPs. The service also had an in-reach worker at local NHS trusts. This worker liaised with the trust and the patient to help them access the service.
- Staff noted clients' preferences if they did not attend the service, this included information on who to contact and in some cases a postcard to their future selves that would be posted by the service.

Best practice in treatment and care

- Staff provided a range of care and treatment interventions suitable for the patient group. The interventions were those recommended by and were delivered in line with National Institute for Health and Care Excellence guidance.
- The service offered clients blood-borne virus testing as part of their physical health assessments along with HIV testing and Hepatitis C testing and vaccination.
- The service supported clients to live healthier lives through offering smoking cessation, healthy eating and dealing with issues relating to substance misuse. The service also had a regular chronic obstructive pulmonary disease (COPD) clinic at each site to support clients. The service had good links with the NHS community mental health team which allowed clients quick access to mental health services.
- The service provided some clients with a three-month gym membership.
- Staff used recognised tools for engagement with clients. These included Treatment Outcome Programmes (TOPS), National Drug Treatment Monitoring System (NDTMS) and International Treatment Effectiveness Project (ITEP) Mapping.
- Staff used a text messaging system that confirmed appointments for clients when they were booked and reminded clients the day before and on the day of their appointment.
- Staff at the service participated in clinical audits.

Skilled staff to deliver care

- The team had access to the full range of specialists required to meet the needs of patients. This included a doctor, nurses, non-medical prescriber, recovery co-ordinators, family resilience worker, health care assistants, psychological therapist and peer support workers.

Substance misuse services

- Staff were experienced and qualified, and had the right skills and knowledge to meet the needs of the patient group. The service had multiple key workers and volunteers who had lived experience of substance misuse.
- The service provided staff with an induction programme to ensure they had the information required for new starters.
- Staff received supervision from managers monthly. These meetings consisted of case management, case audit results, successful patient completion and development. Within the last 12 months 100% of staff had received regular supervision.
- The provider was reassessing the appraisal process at the time of inspection. Staff appraisals were included in clinical supervision for all staff except the doctor and nurses who had separate appraisals for their revalidation process.
- Staff were able to access an online training system that allowed them to complete their mandatory training and sign up for any training that they wished to attend for their professional development.
- Managers dealt with poor staff performance promptly and effectively.
- The service has a continuous advertisement out for volunteers for the service. Volunteers were trained and supported by the building recovery in the community team leader.

Multi-disciplinary and inter-agency team work

- The service held weekly complex case reviews with clients attended by the clinical lead, safeguarding lead and recovery worker. The service also invited the GP and the community mental health team to these meetings where appropriate.
- The service had a daily morning flash meeting. This meeting covered staffing for the day, activities for the day, updates on the previous day's actions, updates on clients who did not attend appointments, allocations and outreach for the day, clinical updates, safeguarding updates, in reach updates, CQC alerts, incidents and missed appointments. These meetings demonstrated knowledge of the clients and effective team working.

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 when needed.
- Ninety-two per cent of staff had completed mandatory training on the Mental Capacity Act.
- Client records showed evidence of the assessment of mental capacity. Consent forms included a prompt for staff to assess the client's mental capacity.

Are substance misuse services caring?

Good 

Kindness, privacy, dignity, respect, compassion and support

- Staff attitudes and behaviours when interacting with clients showed that they were discreet, respectful and responsive, providing clients with help, emotional support and advice at the time they needed it.
- Clients told us that staff were respectful and that they showed an interest in their health and wellbeing. Clients said that they had positive relationships with the staff at the service.
- Staff said they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards clients without fear of the consequences.
- Staff maintained the confidentiality of information about clients.

Involvement in care

Involvement of patients

- Clients were involved in care planning and risk assessments. All care plans were written from the client's perspective with goals identified for their recovery journey. However, there was no evidence on the records system that the clients had been offered a copy of their care plan.
- Clients were able to give feedback on the service they received. A comment box was available to all clients at both sites. The service produced information leaflets informing clients of the changes they had made from client suggestions.
- The service had also undertaken a client survey. They found that 94% of clients rated the service as very good/

Substance misuse services

good, 80% of clients felt they were able to access the service enough to meet their needs, 100% of clients knew how to complain and 94% stated they had been treated with fairness, dignity and respect.

- The service held monthly client forums for all clients to attend and give feedback.
- The service worked with a local advocacy service, which clients could access if they wished.
- Clients had the opportunity to join governance meetings and to sit on staff interview panels.

Involvement of families and carers

- The service provided support and guidance for carers in the form of a family group where they could get help and advice.
- Information on caring for clients with substance misuse issues were available for families and carers.

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

Good 

Access and discharge

- The service had an internal target of 5 days from referral to initial assessment. The target set by commissioners was 10 days. From initial triage a client was given the next available medical appointment with a doctor. If the client required urgent attention (for example, if they were pregnant) the service offered an emergency appointment.
- The service operated an out of hours phone line. Any referrals or concerns from the out of hours team were discussed in the morning flash meeting.
- Clients who did not attend appointments were highlighted at the morning flash meeting. Staff discussed ways that they had tried to contact the client. These attempted contacts were noted in the clients notes. CGL had a policy for contacting clients if they did not attend appointments. This would include using the emergency contacts documented at assessment and contacting the local pharmacy if that was where a client collected their prescription.

- Staff, where possible, offered flexibility in the times for appointments. We observed staff taking time to see a patient who had arrived a day early for their appointment.
- The service had a chronic obstructive pulmonary disease (COPD) clinic on site as well as hepatitis C and sexual health clinics. The service worked closely with the NHS community mental health team.
- Average successful opiate completion rates for the service was 6%. Average non-opiate & alcohol completion rates for the service were 41% compared to the 34% Public Health England average. Representation average rates were 5% compared to the Public Health England average of 17%.

The facilities promote recovery, comfort, dignity and confidentiality

- The service had a range of rooms to support treatment and care. These rooms included interview rooms, larger rooms for group sessions and clinic rooms to examine patients. The waiting rooms at each site provided kitchen facilities for clients to make drinks and sufficient seating.

Patients' engagement with the wider community

- The service's 'building recovery in the community' team supported clients in their recovery by facilitating access to education, training, employment, housing and volunteering opportunities. Examples of client achievements included a peer mentor NVQ, a first aid course and a foundations to recovery course.
- Staff supported clients to maintain contact with their families and carers.
- The service also provided some clients with a gym pass to help with their physical health.

Meeting the needs of all people who use the service

- There was disabled access at both sites and client areas were based on the ground floor. Huyton did have a first floor, however this area was primarily for staff. There were accessible rooms and toilet facilities at each site. Waiting areas had a kitchen area where clients could make themselves a drink while they waited. A variety of leaflets and information was available in the waiting rooms for clients. The service also offered home visits if required.
- The service had a national contact for interpreters and signers.

Substance misuse services

- There were information leaflets throughout the service to provide clients with information on the prevention of drug and alcohol related harm. These leaflets were available in other formats and languages.

Listening to and learning from concerns and complaints

- The service received 13 complaints within the last 12 months, eight of these complaints were upheld by the service and one was partially upheld. None of the complaints were referred to the Ombudsman.
- Clients we spoke with knew how to complain about the service and believed that their complaint would be taken seriously. Complaints and comment cards were available in each reception area of the service for clients to access. We reviewed three complaints, which demonstrated that the client and staff received feedback regarding the complaint and any actions that had been taken.
- Staff knew how to respond to complaints appropriately. Staff entered complaints into the service's incident reporting system, which assigned a manager to investigate. Staff protected clients who raised concerns from discrimination and harassment.
- The service received 70 compliments in the last 12 months.

Are substance misuse services well-led?

Good 

Leadership

- The service managers and team leaders demonstrated they had the skills, knowledge and experience to lead the team.
- Local leaders had a good understanding of the services they managed. They could explain clearly how the teams were working to provide high quality care.
- Local leaders were visible in the service and approachable for patients and staff.
- Leadership development opportunities were available, including opportunities for staff below team leader level. Team leaders supported staff who wanted to progress and encouraged them to attend additional training.

Vision and strategy

- The vision and values of the organisation included focus, empowerment, social justice, respect, passion and vocation. Staff knew and understood these values and demonstrated them within their work.
- The provider was currently in consultation with staff and clients to help them develop new vision and values for the service.
- Staff felt that they could contribute to service decisions and felt their opinion was valued.
- The service utilised the values of the service to structure their interviews for new staff.

Culture

- Staff felt respected, supported and valued. All staff spoke highly of their managers and the other team members, they said that everyone supported each other and there was an open culture where staff could raise concerns or ideas.
- Staff appraisals and supervisions included conversations about career development. Staff we spoke with felt that there were opportunities for progression throughout the organisation.
- The provider had recently been added to the Stonewall top 100 employers of 2019. Stonewall is a UK charity focusing on lesbian, gay, bisexual and transgender rights.
- Staff were encouraged to use their Wellbeing hour each week. Staff told us they used this hour for multiple things including spending time with family or exercising. The provider also provided an employee assistance service for staff who needed additional support and staff could be referred to this or access it themselves if they needed to.
- The service staff sickness rate was 5% between January 2018 and December 2018.

Governance

- There were systems and procedures to ensure that the premises were safe and clean; there were enough staff; staff were trained and supervised; patients were assessed and treated well; referrals and waiting times were managed well; incidents were reported, investigated and learned from.
- Managers provided good governance at this service. There were systems and procedures in place to ensure the service ran efficiently and staff were supervised and

Substance misuse services

well supported. These were reviewed regularly and updated. Clients received assessments and treatment in a timely manner from staff who were professional and had the necessary skills to fulfil their roles.

- The service had clear agendas for what should be discussed at flash meetings and integrated governance team meetings to ensure that essential information, such as learning from incidents and complaints, was shared and discussed. Staff implemented recommendations from deaths, incidents and complaints.
- Staff were committed to working with other organisations for the benefit of their clients. Staff and managers worked to improve these relationships and develop pathways to make it easier for clients to access a full range of services.

Management of risk, issues and performance

- The service maintained a risk dashboard. Staff had access to the dashboard and were able to add issues to the risk dashboard through team meetings and supervision.
- The service maintained a service quality improvement plan, which recorded service activity for quality improvements. Staff were given the opportunity to contribute to the service plan through team meetings and the plan was also available for clients to view.
- The service had plans in place for emergencies such as adverse weather.

Information management

- All staff had access to equipment needed to access client records, prescribing records, the incident reporting system and service policies and procedures. The service had spare laptops on site.
- Policies were in place to ensure clients' information remained confidential and this was stored on an electronic system which staff accessed with their own log in details and passwords.
- The service complied with the requirement to inform external bodies such as the Care Quality Commission of incidents within the service such as deaths. These notifications were detailed and gave a full picture of what had occurred.

Engagement

- Staff, clients and carers had access to up to date information about the service. This was displayed in public areas of each site and on CGL's website.
- The service undertook a client feedback survey.
- Managers and staff had access to feedback from clients and family members. Complaints and concerns were discussed at the monthly integrated governance team meeting.
- Clients and carers could give feedback in several ways. They could speak to a manager or team leader directly, or complete the complaints and compliment forms available in reception. Clients could also feedback at the monthly client forums.
- Clients were involved in decision making and were asked their opinions about changes to the service, for example clients were being invited to discussions about the new vision and values for the service. Clients also sat on governance meetings and staff interview panels.
- Managers engaged with external stakeholders on a regular basis.

Learning, continuous improvement and innovation

- The provider had a national research team that looked into research and innovation for the organisation.
- The service worked with Liverpool John Moores University to review deaths within substance misuse services, these were themed and reviewed to see if preventable deaths can be reduced. to reduce preventable deaths.
- Client records demonstrated that staff were constantly looking for ways to improve clients' lives.
- The service found that a number of their clients were refusing to take home naloxone, they found this was due to a fear of needles in the area. They will be part of three pilot sites providing nasal naloxone to clients from August 2019.
- The service had received funding from a number of bids to carry out new innovative projects. This included a health bus to go out and access hard to reach communities. The service had also been granted funding from the alcohol innovation fund by Public Health England.
- The service had received funding from the local Knowsley council for 'My Time Knowsley' project, this was to help children who have parents in the prison system.

Outstanding practice and areas for improvement

Outstanding practice

- The service will be one of three pilot sites providing clients with the option of nasal naloxone, this will commence in August 2019.
- The service had a building recovery in the community team, they help to develop a recovery community that

supports clients in their recovery. This includes helping clients with wellbeing, citizenship, freedom from dependence, peer monitoring, housing, facility access to mutual aid, self-management, and recovery check-ups.

Areas for improvement

Action the provider SHOULD take to improve

The service should document when they have offered the client a copy of their care plan.