

Wirral Ways to Recovery

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

Outstanding 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive?

Good 

Are services well-led?

Outstanding 

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 Wirral Ways to Recovery (CGL) as outstanding because:

- The service provided safe care. The premises where clients were seen were safe and clean. The number of clients on the caseload of the teams, and of individual members of staff, was not too high and staff ensured that people who required urgent care were seen promptly. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the clients and engaged in clinical audit to evaluate the quality of care they provided.
- The teams included or had access to the full range of specialists required to meet the needs of the clients. Managers ensured that these staff received training, supervision and appraisal. Staff worked well together as a multi-disciplinary team and with relevant services outside the organisation.
- Staff treated clients with dignity, respect, compassion and kindness and understood the individual needs of clients. There was a strong person-centred culture. The service had an ethos of coproduction which ensured clients were active partners in their care. Staff empowered clients to have a voice and realise their potential. Clients individual needs and preferences were reflected in the way care was delivered. Clients were supported to access community support services and networks.
- Clients were active partners in the delivery, review and development of the service. There was an effective service user forum and clients held service user representative roles. The service was proactive in securing client feedback and used this to inform service development.
- The service was easy to access. Staff assessed and treated people who required urgent care promptly and those who did not require urgent care did not wait too long to start treatment. The service did not exclude people who would have benefitted from care.
- There was compassionate, inclusive and effective leadership at all levels. Managers were a visible presence. There were clear vision and values embedded within the service. Effective governance processes ensured that managers had a clear overview of service performance. There was a commitment to service improvement and innovation. Clients and staff were active participants in service development projects. Service improvement plans had been developed and delivered.
- There were high levels of staff satisfaction. Staff reported that they felt valued, supported and were encouraged to develop their knowledge and skills. Team morale was strong, and staff worked collaboratively within the team and with external agencies. There was an open and honest culture. Staff felt able to raise concerns without fear of reprisal.
- The service was well led, and the governance processes ensured that procedures relating to the work of the service ran smoothly.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services	Outstanding	

Summary of findings

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Outstanding



Wirral Ways to Recovery (CGL)

Services we looked at

substance misuse services

Summary of this inspection

Background to Wirral Ways to Recovery

Wirral Ways to Recovery are part of a national charity who provide treatment and support to vulnerable people facing addiction, homelessness and domestic abuse. The service in the Wirral in Merseyside specifically provides support with substance misuse.

The service operates from the main Birkenhead Centre and three local hubs which open five days a week. Each hub has a late opening evening to support clients who work or have day time commitments. The four main hubs are Conway Street and Parkfield Medical Centre in New Ferry, Chadwick Street in Moreton and Brighton Street in Wallasey.

The service has a single point of contact which is staffed 24 hours seven days a week. Out of office hours the single point of contact is managed by the locality staff on a

roster basis. This is known as the 'warrior down' service. It provides support, advice and signposting for clients and information for professionals about shared care clients. This service is not an emergency service line.

The service is commissioned by Wirral Borough Council, Public Health. The tender for the provision of the service was in progress during the inspection period, with a decision expected in September 2019.

The service has a registered manager who was registered in May 2018 for the regulated activity Treatment of disease, disorder or injury.

This was an unannounced visit which meant staff and clients did not know that we would be visiting.

This was Wirral Ways to Recovery (CGL) first inspection since registration as a single service.

Our inspection team

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

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 sought feedback from nine clients at one focus group.

During the inspection visit, the inspection team:

- visited three hubs in Birkenhead, Moreton and Wallasey, looked at the quality of the environment and observed how staff were caring for clients
- spoke with 21 people who were using the service
- spoke with the registered manager, deputy manager and managers for each of the hubs
- spoke with 42 other staff members including doctors, nurses, project workers, coordinators, recovery workers, administrators, volunteers and recovery group facilitators

Summary of this inspection

- attended and observed six daily flash and risk meetings, the reception areas and two 'foundations in recovery' groups.
 - looked at 16 care and treatment records
 - received 45 'tell us about your care' comment cards
 - carried out a specific check of the medication management, checked the clinic and treatment rooms and the needle exchanges
- 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 with praised the service and said that they were always treated with dignity and respect by all staff they met and did not feel judged. A frequent statement received from clients was "This service saved my life". They stated that the hubs gave them a warm welcome and the service had given them hope for the future. Clients stated they could always discuss things in private and liked the fact that they had continuity with the same recovery worker for every appointment. The Nightingales recovery café operated by the service and staffed by volunteers was identified as a safe social meeting place, where clients who did not want to use the main hub, could meet their key workers in private. The café was a place clients could drop into for peer support.

Clients talked about the service having a 'recovery community' and offering them opportunities to volunteer in associated community projects and be supported into education, training and employment.

Clients we spoke with praised the client representatives who attended the service user forums in the North West. They said within the Wirral service, they felt able to raise concerns with managers and that these were responded to and addressed. They felt their contribution to service development was appreciated and spoke highly of the client representatives who supported 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:

- All clinical premises where clients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- 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 clients. They developed individual care plans and updated them when needed. Care plans reflected the assessed needs, were personalised, goal focussed 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 made sure they had staff with a range of skills needed

Good



Summary of this inspection

to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

- Staff from different disciplines worked together as a team to benefit clients. They supported each other to make sure that 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.

Are services caring?

We rated caring as outstanding because:

- Clients were truly respected and valued as individuals and were empowered to be partners in their care, practically and emotionally, by a distinctive service.
- Staff treated clients with dignity, respect, compassion and kindness. They understood the individual needs of clients and supported clients to understand and manage their care, treatment or condition.
- Feedback from clients and commissioners was continually positive about the way staff treat people. Clients told us their care and support exceeded their expectations.
- Staff involved clients in care planning and risk assessment and actively sought their feedback on the quality of care provided. Relationships between clients and staff were strong, caring, mutually respectful and supportive. These relationships were highly valued by staff and promoted by leaders. Clients told us they felt really cared for and that they mattered.
- There was a strong, visible person-centred culture, with highly motivated and inspired staff who offered care that was kind and promoted clients' dignity. Relationships between people who use the service, those close to them and staff are strong, caring, respectful and supportive. These relationships are highly valued by staff and promoted by leaders.
- Staff were fully committed to working in partnership with clients and empowered them to have a voice and to realise their potential. partners in client's care
- Clients' emotional and social needs were recognised as being as important as their physical needs.
- Staff informed and involved families and carers appropriately in clients' care and treatment.

Outstanding



Summary of this inspection

- The service had access to, and strong links with, support networks in the community and staff supported clients to use them. The service recognised clients needed to have access to, and links with, their advocacy and support networks in the community and they supported clients to do this.
- The service found innovative ways to enable clients to manage their own health and care when they could and to maintain independence as much as possible.

Are services responsive?

We rated responsive as good because:

- The service was easy to access. Its referral criteria did not exclude people who would have benefitted from care. Staff assessed and treated people who required urgent care promptly and people who did not require urgent care did not wait too long to start treatment. Staff followed up people who missed appointments.
- The teams met the needs of all people who use the service, including those with a protected characteristic. The hubs had easy access for those with disabilities, access to interpreters and information in easy read versions for clients.
- The service supported clients to engage with their communities. Staff offered clients opportunities to volunteer in associated community projects and be supported into education, training and employment.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

Good



Are services well-led?

We rated well-led as outstanding because:

- The leadership, governance and culture in the service was used to drive and improve the delivery of high-quality person-centred care.
- There were compassionate, inclusive and effective leaders at all levels. Leaders had the skills, knowledge and experience to perform their roles and deliver high level sustainable care. Leaders had a good understanding of the services they managed and were visible in the service and approachable for clients and staff.
- Leaders had an inspired and shared purpose and fostered a culture of coproduction within the service, that ensured clients were active participants in their own care, and the delivery of the service.

Outstanding



Summary of this inspection

- There was a culture of understanding the challenges the service faced and prioritising service development for the future. There was a commitment to innovation and improvement. Service development plans were coproduced collaboratively by staff and clients and were based on working in partnership with stakeholders on what was achievable within the local area. Service development plans were consistently monitored and delivered.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team. Vision and values were embedded in the delivery of care. Staff were proud of the organisation as a place to work and spoke highly of the culture. Staff at all levels were actively encouraged to speak up and raise concerns. There were high levels of staff satisfaction across the service.
- Staff felt respected, supported and valued. Team morale was good and there was collaborative team working and support across the service. Staff reported that the provider promoted equality and diversity in its day to day work and in providing opportunities for career progression.
- Staff at all levels were actively encouraged to speak up and raise concerns, and all policies and procedures positively support this process.
- Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well. The service had a systematic approach to working with other organisations to improve care outcomes.
- Teams had access to the information they needed to provide safe and effective care and used that information to good effect. Managers had access to up to date and robust information on service performance.
- An innovative approach was taken to working with clients and stakeholders to introduce new models of care. There was a strong record of sharing work locally with stakeholders and commissioners.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff received mandatory training in the Mental Capacity Act. This was delivered through e learning and came in two modules. At the time of the inspection we found 93% of staff had completed module one and 89% of staff module two.

Staff understood their responsibilities under the Act and knew who to contact for advice and guidance. The hubs displayed the guiding principles of the Act and staff gave example of how they would use this to support the clients in their care.

Overview of ratings

Our ratings for this location are:

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

Substance misuse services

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

Are substance misuse services safe?

Good 

Safe and clean environment

Wirral Ways to Recovery provided a range of rooms for staff to see clients in the four locations we inspected. All areas of each site were clean and well maintained. Managers had health and safety records for each site including fire safety procedures. Named fire marshals and first aiders were identified at the daily flash meetings and notice boards on each floor, which were reviewed and updated to reflect staff roles.

Staff ensured clinic rooms and the needle exchanges were clean, tidy and the equipment was up to date and checked regularly. Fridge and room temperatures were monitored, and any concerns were discussed with managers. The service did not keep medication on site except naloxone and vaccinations. These were stored appropriately and at the correct temperature.

Staff adhered to infection controls principles. They had access to handwashing gel and displayed posters about handwashing. They had the equipment they needed for managing cleaning and appropriate bins for disposal of clinical waste which was collected on a weekly basis.

Safe staffing

At the time of the inspection Birkenhead provided structured treatment support to 810 clients. South Wirral provided support to 373 clients, West Wirral to 301 and Wallasey to 329. From the data supplied from January 2018 to December 2018 the average caseload per worker were: opiate team 60 clients, community integration team 24

clients, engagement team 5 clients, short term alcohol 41 clients and non-opiates team 15 clients. South Wirral provided structured treatment support to 373 clients and the average caseload per worker was 53. West Wirral provided structured support to 301 clients and the average caseload per worker was 52. Wallasey provided structured support to 329 clients and the average caseload per worker was 47.

These figures did not include one off appointments or people using the needle exchange. Staff reported that caseloads were manageable and reviewed regularly with managers.

The service had a clear structure for offering support where staff were split into teams which focussed on clients with a specific issue.

Specialist teams included a dual diagnosis service with substance misuse practitioners working as part of a multi-disciplinary team, a service for pregnant women, and women working in the sex trade and a hostel liaison team providing rapid access to treatment for drug and alcohol users

living in hostels and other supported accommodation

The services across the four sites had enough staff with a wide range of skills to meet the needs of the clients. The service had no vacancies at the time of the inspection.

Managers could use agency staff to cover vacancies and long-term sickness. Between January 2018 and January 2019, the service used bank or agency staff to cover two recovery worker posts and one medical staff. At the time of inspection, the vacant posts had been filled.

Staff understood the lone working policy. They had access to mobile phones and all four sites had alarm call buttons.



Substance misuse services

In areas of the building that did not have alarm call buttons staff had access to personal alarms. Staff identified responders to the alarms in the daily meetings held at each site, so everyone knew who this would be.

Managers and staff had completed mandatory training including health and safety and the Mental Capacity Act.

Assessing and managing risk to patients and staff

We reviewed 16 client records. All records included an up to date risk assessment and demonstrated good use of crisis and risk management plans. Staff used 'goal getter' and 'my development plan' templates with clients for goal setting and managing risk, so that clients had a copy to take with them written in a way that was meaningful for them.

Staff understood how to identify warning signs of deterioration in a client's health and protocols were in place for contacting families, carers or other professionals if staff had concerns. Indicators of this could be missed appointment, increased substance misuse or changes in physical health and wellbeing.

Staff discussed harm minimisation with clients at every meeting and this was documented in the records. Information about risks relating to drugs and alcohol were displayed in all buildings.

The service had provided over 600 lockable home medicine boxes to clients to keep their medicines safe at home, especially where children were living at home. Staff completed a risk assessment of clients' understanding of risk of keeping medicines at home and the decision to provide a home medicine box was only agreed by the doctor after reviewing the client and signing off the risk assessment.

Staff implemented CGL's smoke free policy at all sites. The wellbeing nurse provided advice and support in smoking cessation so that support could be offered to clients around this issue.

Safeguarding

All staff received training in safeguarding for children and adults. At the time of the inspection data showed that 86% of staff had completed training for adults and 85% for children, though some staff were in the process of completing training at the time of the inspection. Each site had a safeguarding lead and it had been agreed that they

would receive additional training to level 3. Staff gave us numerous examples of recognising and reporting safeguarding issues. Staff were open with clients about making safeguarding referrals and this helped them to maintain their working relationships with the clients concerned. Staff understood the need to protect clients from harassment and discrimination including those with protected characteristics under the Equality Act 2010.

Staff worked well with the safeguarding teams in the Wirral and liaised with local hospitals, mental health teams, police and probation when they had safeguarding concerns.

The service was developing a partnership with children and young people and early intervention services for co-located, integrated working teams.

Staff access to essential information

Staff used an electronic recording system for client records. All staff had access to desktop or laptop computers. They had their own encrypted log in detail for the system so that they could have access to relevant and up to date information as they needed it.

Medicines management

Staff adhered to CGL's policies relating to medicine. They had doctors and non-medical prescribers who issued and reviewed prescriptions for clients. They ensured clients were properly monitored when on medicines and supported clients who were on a medical detoxification programme. This took place in specially prepared and equipped rooms across the four sites.

All treatment was reviewed and prescribed following guidance from the National Institute for Health and Care Excellence and we saw prescribing rationale was recorded in client records. They used this alongside the orange book Drug misuse and dependence: UK guidelines on clinical management. Medicine other than naloxone and vaccinations was not kept or dispensed from the service.

Staff provided training to clients in the use of naloxone which is a medicine used to block or reverse the effects of opioid drugs if an overdose was taken. Clients were encouraged to keep this with them and staff signed it out, so they knew who it had been allocated to. Staff displayed posters about the use of naloxone and advertised dates when it would be going out of date so that clients who had not used it could exchange it.



Substance misuse services

Track record on safety

Wirral ways to recovery reported 29 deaths since taking over the contract in Wirral. Only two of the deaths reported were expected ones. Managers shared information from reported deaths to team meetings to improve interventions around chronic pulmonary obstructive disease (COPD) with the lead nurse working to improve referral pathways to other services.

Reporting incidents and learning from when things go wrong

The service used an electronic system for recording incidents. Staff knew what to report and how to do this. Team leaders reviewed incidents and provided feedback to staff through management, team meetings and supervision. Incidents were also reviewed through the weekly integrated governance meetings held for Wirral. Staff could seek further support after distressing incidents through CGL's employee assistance programme or from managers within the service. Staff apologised to clients when things went wrong, and we saw evidence of this in the client records.

During the period May 2018 to 17 April 2019 we received 94 statutory notifications, including deaths. All notifications received were completed as required. The service reported one serious incident in this period. We looked at the root cause analysis action plan produced from the service investigation of the incident. The investigation identified six recommendations introduced between September 2018 to May 2019. The recommendations were monitored by the manager and management team and reported to the senior management team through the service quality improvement plan. Recommendations related to learning from the incident and developing staff and systems to reduce the risk of a similar incident.

Clients and families were offered feedback and support. Managers had identified that they could offer better support to families following deaths especially if other family members were in receipt of a service from Wirral Ways to Recovery.

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

Good



Assessment of needs and planning of care

We reviewed 16 sets of care records. We found that all staff completed a comprehensive assessment of each client's needs in a timely manner. Care plans had been developed to ensure the individual needs of each client had been met. Care plans were recovery focussed, holistic, included goal setting and completed to a good standard. The plans set out who the recovery worker for the client was and how they could access support if they needed to. The care plans included risk assessments and management plans and had been updated regularly.

Staff used a template to record clients' preferences for if they became unwell or unexpectedly exited from the service. These were clear and contained contacted details of who to contact. Clients gave consent for this information to be used when necessary.

Best practice in treatment and care

The records demonstrated that staff offered a range of care and treatment to clients which was individualised and suitable for their needs. This was in line with guidance from the National Institute for Health and Care Excellence. This included the completion of the severity of alcohol dependence questionnaire and the alcohol use disorder identification test.

Staff ensured treatment was in line with best practice guidance for the National Institute of Health and Care Excellence. This included the prescribing of methadone for the treatment of opioid dependence. The service employed a wellbeing nurse who ensured that physical health checks such as electrocardiograms for those clients on over 100mls of methadone took place. This monitored abnormalities in heart rate and followed guidance set out by the Department of Health (2007) and Royal College of General Practitioners (2011). The service also employed a healthcare assistant in the needle exchange service who provided advice and guidance leaflets as well as condoms. The needle exchange service also provided Chemsex kits. Chemsex is the use of drugs prior to or during planned



Substance misuse services

sexual activity. The kits included: needle storage for safe disposal, condoms and two syringes in different colours with coordinating risk bands. This reduced the risk of people sharing needles.

Staff offered blood borne virus testing to clients. This was in line with best practice guidance (Department of Health, 2007). The service had built partnership working with the hepatitis C nurse and a consultant from the local hospital, so clients could access blood borne virus testing through an NHS clinic if they preferred. The service also offered cervical smearing clinics through the health and wellbeing nurses every six weeks.

The service displayed information about healthy lifestyles and the wellbeing nurse supported this through offering support on smoking cessation and guidance about healthy eating. Staff ensured clients were referred to their GP for health checks.

Staff regularly reviewed treatment outcomes and recovery plans with clients and adjusted these to ensure they remain person centred and had goals which focussed on recovery. Staff provided information to Public Health England through the national drug monitoring system. This helped staff to compare progress with other areas in the country with a similar demographic and to look at areas for improvement.

Skilled staff to deliver care

Wirral Ways to recovery provided staff with a range of learning to meet their needs. This included mandatory training which was completed when someone started at the organisation and was updated regularly in line with CGL's policy. During the inspection we found 95% of staff had completed mandatory training. Managers used a dashboard to ensure that staff kept up to date with training and gaps were identified, for examples staff who had been on maternity leave or long-term sickness. All new staff received a comprehensive induction for at least four weeks and this was adjusted to meet the needs of individuals who needed longer especially if they had not worked in this type of service previously.

Managers used a one to one session and the annual appraisal system to identify learning and development needs for staff. For example, safeguarding leads had identified that they would benefit from level 3 training and this had been agreed by managers. Supervision took place monthly. From January 2018 to December 2018 data

provided by Wirral Pathways to Recovery showed that 100% of staff had received regular supervision and an appraisal. In interviews and focus groups with staff they told us supervisions were booked at the end of each session and appraisals were completed annually.

The service used robust recruitment processes in line with the polices set out by CGL nationally.

Managers ensured that poor staff performance was addressed promptly through supervision and if required the formal process with support from CGL's national human resources team.

All four sites used volunteers. The service had sixteen volunteers, three peer mentors and five service user representatives. Twenty-four new volunteers were to undertake training in May 2019. Volunteers came from a range of places including former service users and people wanting to gain experience in substance misuse. Wirral Ways to Recovery employed a volunteer and service user representative coordinator to manage the volunteers. They received a detailed induction, training and regular support and supervision. Volunteers we spoke with said that the training was of a high quality and they felt well supported in their roles. At the time of inspection 8% of the staff team and 20% of the management team were either former clients or had lived experience of substance misuse.

Multi-disciplinary and inter-agency team work

The service had a full range of staff to support clients. This included: three doctors, nurses, team leaders, recovery workers and a healthcare assistant. The service also provided support to people within the criminal justice system. We saw from the client records that a multidisciplinary approach had been taken to support clients and this had been recorded appropriately. Each client had a clearly identified key worker. The services had regular team meetings at each site. Staff attended a range of internal meetings depending on their role. These included clinical governance, integrated governance, strategic planning and performance and quality meetings.

Staff liaised with a range of professionals working for other services. This included probation, the police, local safeguarding teams for both children and adults, specialists in hepatitis c, housing, benefits agencies and mental health teams. Staff attended a range of meetings to help promote the service and build partnerships with other



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organisations. These included multi-agency safeguarding hub meetings and the multi-agency risk assessment conference meetings which discuss issues relating to domestic violence.

The service discharged people who had completed treatment but encouraged clients to engage with groups in the community such as narcotics anonymous and alcoholics anonymous. Clients could continue to meet with people they had met through group work in the service or in the café located next to the Conway Street site.

Good practice in applying the Mental Capacity Act

Staff received training via e learning in the Mental Capacity Act. Ninety-three per cent of staff had completed module 1 and 89% module 2 at the time of the inspection. All hubs displayed the guiding principles of the Mental Capacity Act for staff to refer to.

Staff showed an awareness of the policy on the Mental Capacity Act and knew where to find this. They understood their responsibilities under the Act and could give examples of supporting people who lacked capacity to make decisions for themselves in a way that recognised the needs to include the client's wishes, feelings and beliefs. They knew who to contact for advice and guidance if it was required.

The records we looked at showed that staff ensured clients had given their consent to treatment and that this was reviewed regularly.

Are substance misuse services caring?

Outstanding



Kindness, privacy, dignity, respect, compassion and support

Clients, volunteers and service user representatives all reported that staff treated them with compassion, dignity and respect. We received forty-five 'tell us about your care' comment cards. These were extremely complimentary and positive about the respect, compassion and support received from all the staff and volunteers. Comments praised the service as being caring and services being developed or improved because of client contribution or feedback.

In the focus groups with clients and service user representatives we were told staff were caring, respectful, compassionate and non-judgemental. Clients shared their experiences of anxiety about attending a substance misuse service, but the approach and support from staff had provided a positive experience that gave them hope. In focus groups with managers, staff and volunteers the language used was about working with and supporting clients to recover and rebuild relationships and lives. The term 'coproduction' was a theme referred to in referring to the care, support and treatment of clients. Staff offered practical and emotional support while maintaining the boundaries of their role. Relationships with clients were built on trust and a good understanding of the clients' concerns. Clients told us having staff who had a lived experience of substance misuse helped break down the stigma of addictions.

Staff stated they could raise concerns at any time about disrespectful, discriminatory or abusive behaviour or attitudes about their clients and managers would listen to them.

Staff supported clients to understand and manage their care and treatment and we could see from the records and the things clients told us that they were fully involved in all aspects of their care. For example, clients were aware of their rights not to have information about them shared without their consent and this was documented in care records we reviewed. Staff told us how treatment was adapted for clients with additional needs and those who were near the end of their life and needed a different care pathway.

Staff had a wide knowledge of services in their local areas and used this to provide clients with information about what would be available to them in the wider community. If clients needed support to access these staff would help them to do so.

Wirral Ways to Recovery had clear policies on confidentiality. This was explained to clients coming in to the service and staff went back over this during a client's time in treatment. Staff kept records safe and did not share information about a client outside of the service unless there was a need to do so to keep someone safe.

Involvement in care



Substance misuse services

Staff communicated with clients so that they understood their care and treatment. They had access to interpreters and signers for deaf people and provided information and feedback slips in an easy read format. Information was displayed in other languages, for example we saw information posters displayed in Polish.

Wirral Ways to Recovery had access to an independent advocacy service. Managers, staff, volunteers and service user representatives were aware of how to access the service and direct clients to information about it. We saw this information displayed so that clients could see it.

Every client using the service had their own personalised recovery and risk management plan in a format which was easy for them to use. These focussed on the client's preferences, goals and the resources they needed to initiate and sustain recovery. Recovery and risk management plans showed that clients and their families where appropriate had been fully involved in the planning of their treatment. This helped staff to ensure that clients had the information they needed to make informed decisions and choices about their care.

Staff enabled families and carers to give feedback on the service via forms and directly to managers and this information was collated to help support service development. Feedback could be provided through the 'Have your Say' section on the service website, which was a forum for feedback from professionals, clients or family members.

Carers could access support through the service even if their family member was not a client. Staff understood the needs of carers.

The service offered opportunities for clients to be involved in their care through educational, vocational and personal development courses based at Conway Street. For example, access to The Gateway Programme, a course aimed at raising self-awareness of and understanding the dynamics of controlling relationships. Another group was the ex-forces support group for ex-servicemen, women and veterans to support one another through recovery and abstinence. The main site and recovery café also offered a number of educational and motivational courses to support clients' recovery and produce a monthly newsletter 'Recovery Works'. The newsletter provided clients with information about community projects and courses available at these sites and signposted clients to

other agencies offering training and employment. For example, the recovery café offered courses on floristry, customer services, Health and Social Care level 2 in substance misuse awareness, information technology and support to write a CV. Clients had access to staff to help them apply for jobs and benefits. The newsletter contained examples of positive stories about clients progressing through treatment into volunteering and or employment. For example, from May 2018 to April 2019, 61 clients were supported into employment, 19 into voluntary work and 428 into mainstream educational courses.

The service had an active service user forum and representatives. The number of service user representatives had recently been increased from 4 to 9 due to the success of the volunteer role. Service user representatives told us how they had been proactively supported to develop the role. This has included being involved in and encouraging clients to support value-based interviews and the appointment of staff. Service user representatives had training to undertake the role, which included understanding drug and alcohol abuse, and health and social care level 2. At the main site at Conway Street, a service user representative was available in the reception area to greet people coming into the service and sit and support clients if needed.

There was a monthly service user forum called 'Brighter Futures'. The service user forum gathered feedback and provides advice, opinions and ideas on the service. We saw the minutes of the last three months' meetings. There was an agenda for the meeting and guest speakers. The minutes of meetings were produced and available in the reception areas of the four sites. The minutes included feedback from the regional service user forum and national service user event, recently held in the North West. Minutes confirmed funding had been agreed to enhance the garden behind the recovery café, so clients had access to a green space. Wirral Pathways to Recovery produced a service user bulletin following the recent service user event to reflect the input clients made regarding improving services.

Wirral Ways to Recovery completed a service user survey and produced a detailed report. The findings of the survey completed by 31% of total clients was that 92% of clients said the service was very good or good. 93% said it was



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accessible, 92% said they were treated with fairness, dignity and respect, 88% said they had trust and confidence in staff support and 87% said the service provided them with what they needed.

Service user representatives and clients told us they were involved in the service quality improvement plans throughout 2019. Their input was to develop the services being delivered and contribute toward and understand the tender process for the contract to deliver drug and alcohol services in Wirral. They told us there were regular invites for clients to attend events aimed at improving services. For example, an event was held to help clients and staff to understand the tender process. In February 2019 a 'Renaissance' event was held to gather feedback about a potential future service model and look at what worked or did not work in the current model. Clients said this was helpful in understand the tendering process for a contract and being involved in their future care. Clients told us they had been asked to volunteer for future 'Renaissance' events.

Are substance misuse services responsive to people's needs?

(for example, to feedback?)

Good



Access and discharge

Wirral Pathways to Recovery provided services across Wirral through the four sites, in Birkenhead, New Ferry Moreton and Wallasey. The service was commissioned by Wirral Borough Council, Public Health and was a free service for adults over the age of 18. In Conway Street the service was open from 9am to 5pm every weekday other than Wednesday when the service was open until 7pm. The Wallasey site late night was Monday and Moreton was Tuesday, with both services open until 7pm. Conway Street also opened on Saturday from 10am to 2pm.

New clients could drop in to the service during opening times, phone in or book appointments on line. They were assessed by the engagement (assessment) team for six weeks before allocation to a worker. Clients who required

other services would be referred on and supported to access these. The service had clearly defined admission criteria which was set up with the commissioners of the service.

Wirral Ways to Recovery was contracted to provide a prompt and accessible clinical assessment and prescribing service to all those who needed it within a maximum of seventy-two hours of receipt of referral. The service met this target. Clients who required fast-track prescribing or who were at significant risk of harm were offered an appointment within 24 hours of receipt of referral.

Clients did not wait for appointments unless they had been booked when the client requested a specific time and date slot. Time slots were always available for urgent referrals to be seen as soon as possible. The service did not have a waiting list. The key performance indicators for how long clients waited to be seen was set by the commissioners of the service and managers regularly gave feedback on this data to them. Feedback from the service and commissioners was that waiting times were within the National Drug Treatment Monitoring System and Diagnostic Outcomes targets. Commissioners reported that service performance has generally been very good with respect to these measures. The performance from the latest report, for quarter 3, 2018-19, showed new clients that presented for an assessment received their first intervention within 3 weeks, and waiting times had been kept to a minimum.

Recovery and risk management plans reflected the needs of the client. They provided clear pathways to other services such as mental health and social services. The service had a life skills worker who worked with clients on areas such as housing and debt management which allowed recovery workers to focus on support specifically for the substance misuse issues.

Staff included recovery goals with the clients so that they were clear about being discharged from the service and the reasons for this. Where possible they ensured clients had a support network in place and understood that they could come back to the service for advice and guidance if they needed it.

Wirral Ways to Recovery 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



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client collected their prescription from. Clients at high risk of not attending would be asked to collect prescriptions from the service to help encourage engagement with staff and the service. From September 2018 to February 2019 the average number of people not attending in Wirral for non-medical appointments was 26% and 25% for medical appointments. The service had included re-scheduled appointments in these figures, and whether clients attended or did not attend. The service used a missed appointment matrix to record and follow up missed appointments. An appointment system was introduced to all services linked to the electronic case management system and clients received a text messaging appointment reminder.

The facilities promote recovery, comfort, dignity and confidentiality

All hubs we visited had disabled access to all floors of the buildings used. The recovery café next to the main Conway Street site also provided rooms where clients could see staff in private, if they did not want to use the main site. Reception areas were welcoming and offered clients access to free hot drinks at Moreton and Wallasey. The main site offered drinks and snacks through the recovery café. Clients were given vouchers to have a free drink or a meal dependent upon their circumstances. The New Ferry site was based in a GP surgery, so clients were offered drinks when attending appointments or groups. Volunteers were available to greet clients when they came to the service and had access to a large number of rooms for one to one and group work. All hubs were located centrally in town or near to town centres.

The recovery café was coproduced with Wirral Ways to Recovery and staffed by volunteers. This gave a safe welcoming environment for clients to meet and wait for appointments. The money raised from the café was used to help support social groups such as attending the homeless games in Liverpool and days out.

All hubs displayed leaflets, and these could be translated in to other languages for clients if needed. This included information on harm reduction, other services and how to make a complaint.

Patients' engagement with the wider community

Staff encouraged clients to maintain contact with their families and carers. They provided families with support through groups and individually and gave them general

information to help them provide support to the client. Staff supported clients to access the wider community for support for their substance misuse issues such as alcoholics anonymous and narcotics anonymous groups.

The service provided an area with computers for clients to use to find out information and access education and work opportunities. Clients could gain experience in the work place by becoming volunteers or support mentors for Wirral Ways to Recovery.

Meeting the needs of all people who use the service

Staff showed an understanding of the issues affecting their clients. This included those from vulnerable groups such as the homeless and sex workers.

Staff worked to reduce the length of time people had to wait to be seen following their initial appointment. The engagement team was available to provide low level support while clients were being allocated to a key worker in the other service teams, such as the complex care team if needed. The think family team provided specialist support for families that needed early intervention, so they did not need to access other statutory services.

Listening to and learning from concerns and complaints

From January 2018 to December 2018 the service received 13 complaints across the four sites. Nine of these were upheld. They also received 60 compliments at Conway street and a further seven between the three other hubs. There were no themes linked to the complaints the service received.

Staff supported clients to make complaints and protected those who did from discrimination and harassment. Clients were encouraged to give feedback about the service through suggestion boxes, the service user forum, and on line via the intranet. The information from these was inputted into a system which allowed managers to make changes and develop the service.

Wirral Ways to Recovery had a clear complaints procedure which was followed for all formal complaints. These were reviewed in the integrated governance and strategic management meetings and feedback and learning was passed to the team through team meetings and supervision.



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Clients provided feedback about the service they received through the 'you said we did' process. Examples included:

- 'Have you heard of Naloxone? You said, "we would like more training", we did organise training monthly or at client request. Outcome, the more people we train the more lives we save.'
- 'You said, "we would like to make a hot drink before group starts in Conway street", we did paint the client kitchen on the first floor, put comfortable chairs in it and added a screen displaying information. Outcome, clients can relax and have a drink before groups without waiting in the reception area.'
- 'You said, "we would like Nightingales café open", we did, we recruited volunteers. The café is now open 9am -2pm Monday to Friday and late night on Wednesdays.'

Are substance misuse services well-led?

Outstanding



Leadership

Managers and the clinical lead for the service provided leadership to the team. They demonstrated they were knowledgeable about the service provided and had the experience and skills to lead the team and support clients.

The service had a clear definition of recovery and how this impacted on the support provided to clients. They did this by offering a tailored package of treatment and care to anyone experiencing difficulties with drugs or alcohol.

Managers including members of the senior leadership team had a visible presence within the service. Staff knew who they were and stated that both they and clients could approach them at any time.

Vision and strategy

The vision and values of the organisation included focus, empowerment, social justice, respect, passion and vocation. It was clear from the managers and the staff we spoke with that these values underpinned the work of everyone in the service. Clients were involved in value-based interviews of staff. All staff had a job description that included the values.

Staff stated that they felt included in service development. They spoke of introducing new ideas and being able to develop these with the support of managers. They said

they were trusted to do their jobs and this in turn meant they were loyal to Wirral Ways to Recovery and the managers they worked closely with. They understood the budgets that were available and how to work within these, while still providing high quality care. The service had provided 'Renaissance' events to involve clients and staff in service development. Clients and staff spoke positively about their involvement in the tendering process. Administration staff talked positively about their recent development day and the positive impact this had in seeing how valuable their contribution to the service was.

Culture

Staff felt respected, supported and valued by managers. They spoke highly of the managers and the improvements that had been made as the service developed. Many staff had transferred under the Transfer of Undertakings (Protection of Employment) Regulations 2006 from the previous provider and were happy and positive about their roles with Wirral Ways to Recovery. New staff stated they had been well supported by both managers and the staff team. Staff and managers demonstrated a positive professional attitude toward the service they delivered. For examples the service was tendering to deliver drug and alcohol services in Wirral beyond 2019. In focus groups staff said there was no impact on delivering services resulting from the retendering process. Staff spoke positively about the development of services continuing, for example an evening recovery group with a creche, so clients with families could attend.

Staff appraisals and supervision included conversations about career development and staff felt there were opportunities for this within the organisation. All staff we spoke with felt empowered to do their jobs and had time allocated for continuous professional development. They were passionate about their work and morale in each site was good.

The culture of the service was that of being open, honest and transparent and managers said that they would always deal with cases of bullying and harassment if reported to them using policies set out in national CGL policies. They did not have any cases at the time of the inspection.

CGL as an organisation 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. Wirral Ways to Recovery encouraged staff to



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take an hour each week to support their wellbeing. Staff could use this for exercise, shopping or to pursue a hobby. Staff stated that they appreciated being given this time and felt it was important that Wirral Ways to Recovery recognised how stressful their jobs could be at times.

Staff reported that Wirral ways to Recovery promoted equality and diversity in its day to day work and none felt discriminated against when opportunities arose for career progression.

Governance

Managers provide good governance at this service. There were systems and procedures in place to ensure the service ran efficiently and staff were supervised and 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.

Managers had a clear framework for using at meetings. This included team meetings, and integrated governance meetings. Agenda items included incidents and complaints and staff received feedback and actions were implemented to improve the service for clients.

Following a mortality review after the first 12 months of the Wirral contract managers identified areas for development and learning and this was shared with staff. This included looking at the pathways to treatment for clients with chronic obstructive pulmonary disease and seeking ways to improve this for clients with this condition. The service employed a healthcare nurse to support the need to look at healthier lifestyles and physical health care.

Staff participated in clinical audits. These included client records where managers identified gaps and put actions in place for staff to make changes.

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. Wirral Ways to Recovery took part in the Liverpool quarterly drug related deaths panel, involving a university, commissioners and clinicians. Learning from drug related deaths and other lessons learnt were shared through management and team meetings.

Staff were committed to working with other organisations for the benefit of their clients. Where they felt it was needed staff and managers worked to improve these relationships and develop pathways to make it easier for clients to access a full range of services.

CGL as an organisation had a policy for staff to use if they wanted to raise a concern anonymously and did not feel they could raise it at a local level. All staff we spoke with stated they would not need to use this as managers listened well and acted on concerns raised.

Management of risk, issues and performance

The service had regular meetings between senior leaders, managers and staff to ensure quality assurance and performance frameworks were integrated across all organisational policies and procedures. Managers spoke with confidence about quality assurance and how this was implemented.

The service had a local risk register and improvement plan which staff could contribute to through team meetings and supervision. Managers could escalate concerns so that they were put on the organisation's risk register at a national level.

The service developed a risk indicator tool, including 110 risk domains associated with the service they delivered. The domains included risk to children and young people, for example clients with young children not engaging with a health visitor or known domestic violence within a family. Other domains included physical and mental health, risk of harm from others, modern slavery and radicalisation, risk of harm to self and substance misuse. The analysis showed 6% of case were a significant high risk, 23% high risk, 30% low risk and 43% of cases a medium risk. From the data gathered a caseload analysis was produced to identify and aid the case management system.

The service had plans for emergencies such as staff sickness and adverse weather. So that clients could still receive support.

Managers monitored sickness and absence rates. From January to December 2018 the total permanent staff sickness rate was 7.83% (short term sickness 2% and long-term sickness of 5.8%). Managers discussed issues around sickness on a fortnightly basis with CGL's human resources director to ensure this was being managed correctly.



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Managers and staff worked together to ensure that cost improvements had not affected clients' care or delivery of the service.

Information management

The service had dedicated data analysts in post to ensure the smooth collection and entry of data. This was used to monitor the service and to complete the national data that substance misuse organisations were required to provide nationally.

Staff had access to laptops and mobile phones to ensure they could complete their work and access information as they needed to. The service had a lead administrator and a full administration team who supported staff as they needed it. 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.

Staff ensured that they had discussions with clients about who they would need to contact in an emergency or if the client was unwell and it was clearly documented and recorded that consent had been given. This was reviewed regularly with clients by key workers who also discussed confidentiality and the policy used for this.

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. Staff had representation at the regional CGL workers' forum and feedback from this was given at team meetings. The service had provided substance misuse training packages for associated professionals in the area helping to promote their work and raise awareness and understanding of substance misuse.

Clients and carers could give feedback in several ways. They could speak to a manager or team leader directly, or complete simple feedback forms at the end of every session they attended. They could also feedback through the service user forum in Wirral.

Managers engaged with external stakeholders on a regular basis. This included the local authorities in Wirral who commissioned the service. Managers attended the frequent attendee forum with the local NHS trust and stakeholders. The supported a decrease in the number of hospital admissions for clients who regularly used NHS services.

Wirral Ways to Recovery attends the end of life strategic group, supporting marginalised groups such as homeless people in order that they have access to support services. This included workforce development for the service staff to increase their awareness for referring to GPs.

Wirral Ways to Recovery provided support and contribution to the local area suicide prevention strategy. This included sharing best practice approaches and tools. The service also held joint reviews with the local mental health NHS trust and local safeguarding children and adults safeguarding boards.

Learning, continuous improvement and innovation

Wirral Ways to Recovery encouraged creativity and innovation with clients, staff, and volunteers and allowed them the space to develop and implement ideas. A volunteer set up the 'Life is a gift' group. This weekly evening support group offered support to families and carers who are affected by their loved one's substance misuse. This is an independent group, which Wirral Ways to Recovery support by using their premises. However, the service planned to incorporate the group as a key support intervention as part of the proposed service model, with the aim of expanding it across the Wirral.

Building Recovery in the Community (BRIC) provided opportunities for clients to engage in supporting the local community. For example, 'silver scan' a luncheon club for older people, provided a hot meal for up to twenty-five people. BRIC supported environmental transformation projects and had developed derelict land to create an allotment, nature reserve and large green

house. BRIC acted as a gateway for people to access treatment, for example opiate detoxification and alcohol detoxification. People who had left the service also accessed BRIC to support their recovery post discharge. A men's support group the 'silverbacks' also repaired and recycled furniture and supported community projects. The silverbacks also coproduced a play with the Liverpool Performing Arts Academy.

In April 2019 the service created a wellbeing and resilience charter following a programme of workshops on developing leadership skills and approaches to support staff wellbeing and resilience. The programme was based on CGL's organisation values.



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Wirral Ways to Recovery and Public Health Wirral (commissioners) carried out a detailed analysis of deaths that had occurred within a 15-month period. The analysis showed several deaths were related to chronic obstructive pulmonary disease (COPD). Following two further updates of the analysis, it was recognised by Public Health England as a national issue of concern. This research took place

with the aid of local GP's assessing clients by delivering lung function tests (spirometry) a simple breathing test used to make the diagnosis of COPD This led to the development of a pathway for people with respiratory problems, developed in partnership with the local clinical commissioning group, NHS Foundation Trust and other stakeholders.

Outstanding practice and areas for improvement

Outstanding practice

The coproduced recovery café next to the main Conway Street site provided rooms where clients could see staff in private, if they did not want to use the main site. Reception areas were welcoming and offered clients access to free hot drinks at Moreton and Wallasey. The main site offered drinks and snacks through the recovery café. Clients were given vouchers to have a free drink or a meal dependent upon their circumstances. The New Ferry site was based in a GP surgery, so clients were offered drinks when attending appointments or groups. Volunteers were available to greet clients when they came to the service.

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