

South Regional Office

Quality Report

Change, Grow, Live

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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

Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following issues that the service provider needs to improve:

- Not all staff in the service had attended their mandatory training and not all staff at Swindon, Maidstone, Hastings and Eastbourne had received regular supervision.
- There were a number of staff across all services, except for Worthing, who did not have renewed disclosure and barring service checks in place as per their three yearly renewal policy.
- A number of risk assessments we reviewed in Maidstone were out of date and one client did not have one.
- Care plans for clients in Worthing, Chichester, Hastings and Eastbourne were generic and did not include client strengths and steps needed to reach their stated goals.

However, we found the following areas of good practice:

- Offices and clinic rooms were clean, tidy and well equipped to meet clients' needs.

- Services had a range of staff to deliver a variety of interventions in their services and local communities to engage those in treatment and those who services found hard to engage.
- Once clients proved they were stable on their methadone prescriptions and not using any illegal drugs, staff risk assessed clients' readiness to enable them to collect their prescriptions and self-dose.
- All services had qualified clinical staff and strong processes in place to monitor clients' health and offer detoxification programmes depending on client need.
- There was good involvement of peer mentors and recovery coaches to offer clients support from people who had lived experience of recovery.
- Staff worked closely with local support services. Staff referred clients to services appropriate to meeting their needs and understood the value of multidisciplinary and inter-agency working.
- The provider had a clear three step programme to support clients from first engagement (change), to designing their recovery (grow), through to reaching abstinence (live).

Summary of findings

- There were no waiting lists at the services and all referrals were triaged on receipt. This allowed staff to see urgent referrals quickly.

Summary of findings

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Services we looked at

Substance misuse services

Summary of this inspection

Background to South Regional Office

Change, Grow, Live (CGL) is a substance misuse service providing substance misuse treatment and care from 15 services across the southern region of England. For this inspection we inspected six of the services: Maidstone, Swindon, Hastings, Eastbourne, Chichester and Worthing. CGL (formerly known as CRI and renamed CGL in April 2016) was registered with the Care Quality Commission (CQC) in 2010 for the treatment of disease, disorder or injury and for diagnostic and screening procedures. The services we inspected offered a range of groups, one to one key working sessions, alcohol detoxification and substitute prescribing for opiate detoxification. The registered managers are Michaela Richards and Charity Easton.

The six CGL services we inspected were commissioned by Swindon, Kent, West Sussex (Worthing and Chichester) and East Sussex (Eastbourne and Hastings) local authorities. The services provide specialist community support for adults affected by drug and alcohol misuse. The West Sussex service also provides a service for young people. CGL also offers support and information to friends and family members affected by someone's drug and alcohol use. At the time of our inspection, the service was providing care and treatment to 2,776 clients.

The 2016 inspection was completed using our new approach of asking five key questions about the quality of services. CQC do not currently rate substance misuse services.

Our inspection team

The team that inspected the services comprised of one lead inspector, Linda Burke, six CQC inspectors, one assistant inspector, four specialist advisors who were senior nurses with experience in substance nursing and mental health, and two pharmacy inspectors.

Why we carried out this inspection

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

How we carried out this inspection

To understand the experience of people who use services, we ask the following five questions about every service:

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

- Is it well led?

Before the inspection visit, we reviewed information that we held about the location.

During the inspection visit, the inspection team:

- visited six services, looked at the quality of the physical environment, and observed how staff were caring for clients

Summary of this inspection

- spoke with 16 clients
- spoke with four carers for clients who used the services
- spoke with the team leaders and the lead nurses for all six services
- spoke with 46 other staff members employed by the service provider, including doctors, nurses, young people's workers, programme workers and care co-ordinators
- received feedback about the services from two drug and alcohol commissioners
- spoke with five volunteers including peer support volunteers, recovery coaches and peer mentors
- attended and observed one alcohol recovery group, one client risk meeting, one maternity clinic, and one clinical discussion meeting
- collected feedback using comment cards from three clients
- looked at 25 care and treatment records, including medicines records, for clients
- observed one clinical meeting between a doctor and client, one maternity clinic, one alcohol treatment requirement group, and one detoxification preparation group
- looked at policies, procedures and other documents relating to the running of the services
- looked at supervision, training, appraisal and disclosure and barring service documentation for staff across all six services.

What people who use the service say

All clients we spoke with were positive about the support they received. They told us that they felt safe while using the services and that staff treated them with respect, had a caring attitude and did not judge them. Clients told us they felt they could speak with their key workers in their darkest moments which helped them feel welcomed and

valued. Clients told us that staff worked hard to ensure that care and treatment matched the clients' pace, for example, clients were able to have their substitute prescribing regime adapted if they were feeling unwell or needed more time to take the next step in their detoxification programme.

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 do not currently rate standalone substance misuse services.

We found the following issues that the service provider needs to improve:

- There was no sink in the doctor's clinic room in the Chichester service which increased the risk of cross infection as there was no provision for the doctor to wash their hands.
- Staff at Worthing, Hastings, Chichester, Eastbourne and Maidstone services told us that they had high caseloads of between 50 and 70 clients. Caseloads included clients who attended groups and one to one sessions. These high caseloads produced a lot of administrative duties which staff told us was difficult to manage.
- The Chichester service was short staffed at the time of our inspection and two members of staff were due to leave within the next month. Staff and clients told us that staff shortages meant there were high levels of stress amongst staff and that groups were cancelled due to staff shortages.
- There were varying levels of current disclosure and barring services checks in place for staff across all services. Disclosure and barring service checks provide information to approve people to work with adults at risk and children.
- Mandatory training levels across all services were poor.
- We did not see any evidence of risk assessments regarding unexpected exit from treatment.
- All care records we reviewed had comprehensive risk assessments. However, we found out of date risk assessments for four clients in the Maidstone service and one client did not have a risk assessment.

However, we found the following areas of good practice:

- The clinic rooms at Chichester and Worthing were generally well equipped with necessary medical equipment to carry out physical examinations. All areas of the services were clean and well maintained. All fridges and clinic rooms containing medicines were locked. Staff carried out daily fridge and clinic room temperature checks, records we reviewed showed that they were all in the correct range.

Summary of this inspection

- Equipment in the clinical rooms were well-maintained and clean. The Chichester service had a family room which was clean and well furnished. The room had box with a small selection of toys for children which were clean and in good condition.
- Each service had a nurse and doctor as part of the team.
- All services except for Eastbourne had a non-medical prescriber. These were nurses, who were trained to prescribe medicines.
- Services used a range of processes to review and manage client risk.
- Each service used peer mentors and recovery coaches to support clients in recovery. These were people who were abstinent from drugs and alcohol and had experience of being clients.
- All services had emergency adrenaline and naloxone available for use. This was medicine to help a client if they experienced opiate overdose.
- We saw good practice in the services' needle exchanges where safe supplies of injecting equipment were provided as part of a harm reduction programme.
- All services had robust safeguarding policies and practice.
- We saw evidence that staff were involved in investigations related to incidents involving their clients and lessons learnt were shared in weekly multi-disciplinary team meetings.
- The provider produced a monthly quality learning bulletin to share learning from incidents to all staff across the organisation.

Are services effective?

We found the following areas of good practice:

- Clinical staff conducted physical health assessments with all clients who were administered alcohol and opioid detoxification medicine. The health assessments included a physical examination and urinalysis to determine the clients' use of illegal substances.
- Services followed national guidelines for clients undergoing alcohol and opioid detoxification and when prescribing opioid substitute medicine to pregnant clients.
- All services had fully equipped needle exchanges and blood borne virus testing and vaccination programmes.
- Clients had access to counselling, solution focussed key working sessions and group work.
- Staff offered clients support and onward referrals to meet their employment, housing and benefits needs.

Summary of this inspection

- All teams had a range of staff including doctors, nurses, recovery workers, criminal justice workers, and peer mentors. The West Sussex team had young people's workers.
- The West Sussex service had an integrated young people's service which supported clients up to the age of 25.
- Prescribing staff had strong clinical knowledge about prescribing options for difference substance misuse issues.
- CGL had strong links with local mutual aid groups such as narcotics anonymous and another non-twelve step group called SMART recovery group. SMART groups help people recover from addictive behaviour using motivational, behavioural and cognitive methods.

However, we also found the following issues that the service provider needs to improve:

- We reviewed 25 care plans. Care plans in Worthing, Chichester, Hastings and Eastbourne were generic and were not developed with clients to include their strengths and steps needed to reach their goals.
- We reviewed supervision documentation and saw that staff in Swindon, Maidstone, Hastings and Eastbourne did not receive regular supervision.
- Mental Capacity Act training was part of the provider's mandatory training programme. However training levels were low at an average of 14%, as at September 2016, which was not in line with the provider's mandatory training completion target of 100%.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- All clients we spoke with talked positively about CGL staff saying that they were always approachable, respectful, non-judgemental and treated them in an encouraging and supportive manner.
- Clients told us that they developed their care plans with their key workers.
- All services offered support and involvement to clients' family members and carers.
- Clients were involved in making decisions about their services.
- Clients gave feedback on the care they received using the comment boxes and meeting forums in each service.

Summary of this inspection

- Clients at the East Sussex, Worthing, Chichester, and Maidstone services had access to independent advocacy in the community. The Swindon advocacy representative was based in the Swindon service. Staff told us that clients in all services also accessed citizens advice bureau for advocacy support.

The involvement of clients in the care they receive

- All clients we spoke with had care plans and developed them with their key workers.
- Information about medicine and treatments was displayed around each service.
- Staff gave clients verbal and written information on prevention of drug and alcohol related harm throughout their treatment. Staff trained clients in overdose prevention.
- All groups and one to one interventions were strength-based.
- Staff referred clients to other sources of support to live healthier lives such as local wellbeing groups and the 'emerging futures' support website and volunteers.
- All services offered support and involvement to family members and carers of clients.
- Clients at Worthing, Swindon and Maidstone had access to independent advocacy in the community.
- Clients gave feedback on the care they received using the comments boxes and client meetings in each service.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients received support when they first contacted a service by phone or in person. Urgent referrals were seen very quickly.
- All services offered appointments during the day and evenings from Monday to Friday and on Saturdays.
- Information about medicine and treatments was displayed around each service.
- Staff gave clients information on prevention of drug and alcohol related harm throughout their treatment.
- Services had a full range of rooms and equipment to support the delivery of care and treatment in groups and individual sessions to clients.
- Information on local services, clients' rights and responsibilities, complaints procedures and treatment options were displayed in waiting areas and throughout the services we inspected.
- The Worthing service was not accessible to clients with mobility problems who could not climb stairs. Staff arranged to meet

Summary of this inspection

clients requiring disabled access in a private consulting room at the doctor's surgery across the road. The Swindon and Chichester services were accessible on the ground floor for psychosocial support if required. The Maidstone service had a small lift to take people to the first floor for one to ones and groups.

- Staff responded to client complaints and logged them on their database.

However, we also found the following issues that the service provider needs to improve:

- Clients and staff at the Chichester and Maidstone services told us that some groups were cancelled due to low staffing availability. Recruitment was taking place at the time of our inspection to improve staffing levels.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The services we inspected used key performance indicators set by local commissioners to monitor performance.
- Service managers told us they had enough authority to do their jobs and had access to administrative support.
- The provider introduced a wellbeing hour pilot to support staff in their stressful roles.

However, we also found the following issues that the service provider needs to improve:

- The provider did not have systems in place to ensure that all staff working with clients had renewed valid disclosure and barring service checks, in line with the provider's renewal policy, or had undertaken their mandatory training.
- CGL told us there was long-term sickness in the services which impacted on service delivery.
- Teams had been through a lot of job uncertainty leading to the new service contract being awarded in May 2016 and morale was low across many of the services we inspected. High caseloads, heavy administration workloads, changes in service delivery models, reduction in service funding and staffing vacancies led to high levels of stress within teams.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

- Mental Capacity Act training was part of the provider's mandatory training programme. However training levels were low at an average of 14% as at September 2016 which was not in line with the provider's mandatory training completion target of 100%.
- Staff were aware that when clients attended an appointment while under the influence of drugs or alcohol they needed to reschedule the appointment for a time when the client was not intoxicated. Staff did this to ensure the client had the capacity to make informed choices about their treatment.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- All staff had access to personal alarms to alert colleagues if they needed support in an emergency in the services. Staff at the Hastings site told us they felt vulnerable when seeing clients as the alarms they used took time to alert others to an emergency in the building. The service had two alarm systems as they were phasing out one and introducing one. This new system alerted downstairs reception staff, however the alarm system did not indicate what floor or room that staff member was in. An incident occurred recently where a client prevented a staff member leaving an interview room. The staff member triggered the alarm but a colleague in the next door room did not hear the alarm as it rang downstairs in reception. This meant staff took an unsafe amount of time to respond to the alarm. We brought this to the manager's attention during our inspection.
- The clinic rooms at Maidstone, Chichester, Eastbourne and Worthing were very clean and generally well equipped with necessary medical equipment to carry out physical examinations. The doctor's clinic room in the Chichester service did not have a sink. The doctor used the sink in the neighbouring nurse's clinic room or in neighbouring staff toilets when they were not in use. This meant the doctor used antibacterial hand gel when unable to wash their hands to manage infection control. Lack of facilities for the doctor to wash their hands in their own clinic room increased the risk of cross infection when moving from room to room when touching door handles. The nurses' clinic room in the Chichester service was very small and did not have an examination couch, however they used the couch in the doctor's clinic if that room was in not in use. All fridges

and clinic rooms containing medicines were locked. Staff carried out daily fridge and clinic room temperature checks and records we reviewed showed that they were all in the correct range.

- All fire risk assessments and health and safety assessments were up to date. There were fire extinguishers in all the premises we inspected and these displayed up to date checks by an external company. Each CGL service had staff trained as first aiders and fire wardens. Fire wardens were identifiable by the presence of high visibility jackets on the back of their office chairs.
- All services had up to date legionella risk assessments and accompanying written schemes of control. Staff used these identify measures required to control potential risks from bacteria. The services had logbooks to monitor these measures.
- All areas of the services were clean and well maintained. Cleaning records at all services were up to date.
- Equipment in the clinical rooms was well-maintained and clean. Medical equipment, such as blood pressure monitors, requiring calibration, were checked weekly to ensure their safety.
- The Chichester and Swindon services had family rooms which were clean and well furnished. The rooms had a small selection of toys for children which were clean and in good condition.

Safe staffing

- Staff sickness for the entire south regional service was at 6%, and staff turnover was high at 32% for the year ending April 2016. The services used agency staff where appropriate, however the Hastings and Eastbourne services told us they were not allowed to use agency staff. The Worthing service used a sessional worker to support them team when required.

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- Locality managers told us that staffing levels were agreed with commissioners to deliver contractual outcomes and meet the needs of the services' caseloads.
 - Each service discussed staffing levels at daily morning planning meetings.
 - Staff at Worthing, Hastings, Chichester, Eastbourne and Maidstone services told us that they had high caseloads of between 50 and 70 clients. Caseloads under the recovery co-ordination model included clients who attended groups and one to one sessions. Staff told us that these high caseloads produced a lot of administrative duties which staff told us was difficult to manage. Staff told us that their high caseloads caused them high levels of stress and some found them unmanageable. Staff in the Maidstone service told us that the high level of administrative duties meant they were unable to consistently update risk assessments or recovery plans which we saw evidence of in the files we reviewed.
 - Each service had at least one nurse and one doctor as part of the teams.
 - All services except for Eastbourne had a non-medical prescriber and Swindon had a pharmacist non-medical prescriber. These were professionals who were trained to prescribe medicines. Their additional skills and qualifications meant there was increased access to prescribing interventions for clients. The Eastbourne service arranged for their nurse to be trained to become a non-medical prescriber.
 - Each service used peer mentors and recovery coaches to support clients in recovery. These were people who had lived experience of recovery and were drug and alcohol free. They completed training to enable them to support peers in recovery in groups and to identify activities to clients in their recovery, such as volunteering or educational opportunities.
 - The Chichester service was short staffed at the time of our inspection and two members of staff were due to leave within the next month. Staff and clients told us that staff shortages meant there were high levels of stress amongst staff and that groups were cancelled due to staff shortages.
 - All staff had valid disclosure and barring checks in place, however varying levels of checks were renewed in line with the provider's 3 year renewal policy. This policy meant that all members of staff and volunteers were required to renew their checks every 3 years to meet the requirements of the provider's policy. Disclosure and barring service checks provide information to approve people to work with adults at risk and children. CGL required that all staff renewed their disclosure and barring service checks every three years. The provider prompted staff by email three months before the end of the third year to submit a renewal form.
 - Information the provider submitted to the CQC indicated that an average of 94% volunteers and 47% staff had current disclosure and barring service checks as at August 2016. Where disclosure and barring service checks for staff were not in place or if they required renewal, managers informed us that disclosure and barring service applications were submitted and they were waiting for responses. All staff in the Worthing service had valid disclosure and barring service checks in place.
- The Chichester service's locality manager was in post since May 2016 and was prompted on 1 April 2016 to renew their disclosure and barring service check. Their check was still being progressed at the time of our inspection.
- In the Hastings service, disclosure and barring service checks were not recorded for three staff members but were being progressed. Eight members of staff were due to be renewed and were being progressed. A disclosure and barring service check for one volunteer was in progress since June 2016 which was longer than the three months renewal period given by CGL.
- In Eastbourne a disclosure and barring service check was not recorded for one member of staff and a new application was being progressed. Disclosure and barring service checks for two staff had expired and new applications were being progressed. Three volunteers had disclosure and barring service checks in progress since March, April and June 2016 which was longer than the three months renewal period given by CGL.
- In the Swindon service, disclosure and barring service renewal applications were made for four staff.

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In the Maidstone service disclosure and barring service checks were being processed for eight members of staff who had checks which expired in 2015 and February 2016.

- Mandatory training levels across all services were poor. CGL had a 100% compliance requirement for all mandatory training which included children and adult safeguarding, health and safety, setting boundaries with clients, lone working safety practice, Mental Capacity Act, and first aid. Average training completion levels across all face to face training topics were low, for example: safeguarding children – 45%, safeguarding adults – 46%, basic life support – 46%, equality and diversity – 9%. Managers told us that training compliance levels were low as it was difficult to send staff to London for training delivered by their head office due to cost and staffing level pressures. However, mandatory e-learning levels were also low, for example: safeguarding children – 42%, safeguarding adults – 42%, and Mental Capacity Act training – 14%.

Assessing and managing risk to clients and staff

- At the beginning and throughout their treatment, staff made clients aware of the risks of loss of tolerance if they did not take their prescribed opiate substitute medicine which could result in fatal overdose. If clients missed prescribed opiate substitute medicine doses for three days their prescription was terminated, the pharmacy was informed of the service's action and the client was invited to re-engage to re-start the prescribing regime. This ensured all services continued to engage their clients and monitored their overdose risks.
- All patients wishing to undertake an alcohol home detox using chlordiazepoxide were risk assessed for their suitability. The risk assessment included detail about the client's support network in the community and motivation to engage in treatment.
- Clients were supervised taking methadone until they were on a dose which was comfortable for them. Staff then drug screened the clients using urinalysis to ensure they were not using any other drugs. Once clients proved they were stable on their methadone prescription and not using any illegal drugs, staff undertook risk assessments to determine if clients were ready to have regular prescription to take home and self-dose.
- The Swindon service ran a maternity clinic in the Swindon Great Western Hospital for expectant mothers and those with young babies. This helped manage the risk to mothers, unborn babies and infants while linking the clients in with appropriate local maternity health care.
- All services had strong links to local domestic abuse multi agency teams to assess and monitor clients at risk of violence and abuse in their relationships.
- All services had emergency adrenaline and naloxone available for use. It was kept in the staff offices and in the locked clinic rooms. Trained staff dispensed it to clients who were at risk of opiate overdose in the community. They were also able to administer it to clients in active overdose on site.
- We saw good practice in the services' needle exchanges where safe supplies of injecting equipment were provided as part of a harm reduction programme.
- All services had arrangements in place for monthly collection and disposal of clinical waste with external providers.
- Staff told us they had good links with external partners to meet clients' needs who had deteriorating health. For example, clients with concerns around liver health because of alcohol use were referred to the local alcohol liaison nurses. Clients received three monthly health checks from the services' doctors and nurses. Staff referred clients to the services' nurses and doctors at any time if their physical health deteriorated.
- The services had policies for responding to clients' medical emergencies. The policies outlined steps to call the emergency services, stay with the client and monitor their health while waiting for the emergency services to attend.
- All services had arrangements in place for occupational health to support staff through the provider's employee assistance programme.
- We reviewed 25 care records across the six services we inspected. Twenty-one of the records had risk assessments and risk management plans which were reviewed approximately every three months. Staff completed client risk assessments at assessment stage and updated the records as new risks were identified throughout treatment. Doctors and nurses at the

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services also added risks which they identified in relation to client health and prescribing needs. In Maidstone we reviewed six care records and four had risk assessments which were very out of date, for example December 2012 and January 2015. One record did not have a client risk assessment. Staff told us they were too busy with other administrative tasks and client work to undertake regular risk assessments. Risk assessments and risk management plans were comprehensive in Chichester and Worthing.

- Staff used a family focussed approach when assessing clients' suitability to collect and keep their prescription medicine at home. For example, staff worked with clients to identify risk factors around children at home and strength factors of other adults in clients' lives to assess and review risks. The Worthing service had lockable medicine boxes for clients to use at home to keep their medicine safe from children.
- We did not see any evidence of risk assessments regarding unexpected exit from treatment. However, unplanned exits from treatment were discussed at morning planning meetings to review risks, plan for client re-engagement and liaison with other care providers for the client. Clients who failed to attend groups were contacted by staff immediately after the group to identify risks and encourage them to re-engage with treatment.
- All services had policies for visitors under the age of 16. They also had policies for managing aggression which protected the wellbeing of clients and staff. Agreements were reached with clients who had a known risk of aggression to enable them to come in to the office for booked appointments only. Staff were not trained in de-escalation techniques to help manage aggression in clients.
- CGL had a national safeguarding policy which was reviewed in April 2016. Staff we spoke with were knowledgeable about safeguarding procedures and local safeguarding referral pathways despite the services having low safeguarding training levels. All services had very good working relationships with their local safeguarding teams. Designated safeguarding leads in each locality attended the provider's multi-agency 'safeguarding action group', focusing on reflective practice for staff. The safeguarding leads

supported staff to assess all clients around safeguarding needs, and ensured appropriate action was taken for clients who were in need of support or referral to children and families services or adult social care.

- The services we inspected raised 13 safeguarding concerns but no safeguarding alerts in the 12 months to September 2016. The provider's south region safeguarding reporting figures were lower than the CGL national average. CGL implemented a plan to improve staff recording, and safeguarding recording coaching sessions were offered by the quality lead.
- All services had good lone working protocols which included completing thorough risk assessments, attending initial appointments at home in pairs and use of signing in and out boards. Use of the boards enabled office-based staff knew the whereabouts of staff on home visits. Lone working mandatory training, 'over the threshold', had a 34% compliance rate across the sites we inspected. This was lower than the 100% compliance rate required by the provider.
- All services had good protocols for medicines management practice. Staff contacted clients' GPs, with client consent, to obtain a medicine summary to ensure medicines reconciliation was completed at commencement of treatment. This information was shared with the service's non-medical prescriber and doctor so they could check for contra-indications with detoxification medicines.

Track record on safety

- The six CGL services we inspected reported six incidents in the 12 month period to September 2016. The serious incidents included attempted homicide, child neglect and allegation of physical abuse.
- We saw evidence that staff were involved in investigations related to incidents involving their clients and lessons learnt were shared in weekly multi-disciplinary team meetings. For example, staff at the Worthing service will have de-escalation training following an incident where an agitated client threw a chair at a staff member.

Reporting incidents and learning from when things go wrong

- Staff reported incidents through their electronic incident reporting system. The completed report then

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went to their line manager for review. The registered manager had overview of all the incidents and staff discussed these at monthly quality meetings and weekly multi-disciplinary team meetings. Staff developed action plans where appropriate.

- Staff we spoke with told us they were able to discuss incidents with their line manager during supervision and could provide examples of recent lessons learnt. For example, in the Eastbourne service, staff routinely asked clients at assessment stage if they misused butane gas following the death of a client from this substance. Staff had not previously asked if clients misused butane and therefore had not identified the use or need for risk management advice.
- The locality managers and team leaders confirmed they supported staff after incidents, including offering extra support and giving staff protected administration time to complete incident and information for coroners' reports. We saw evidence of managers offering support in staff records. Staff were also debriefed by managers following incidents in morning planning meetings.
- CGL produced a monthly quality learning bulletin to share learning from incidents to all staff across the national organisation.

Duty of candour

- CGL had a national duty of candour policy. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person. Staff we spoke with commented that there was an environment of being open and transparent which included apologising when things went wrong.

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

Assessment of needs and planning of care (including assessment of physical and mental health needs and existence of referral pathways)

- The 25 care records we reviewed all had comprehensive assessments which were completed in a timely manner.

The assessments covered areas such as substance misuse history, children, employment, and medical history including blood born virus vaccination and testing status.

- We reviewed 25 care plans. Care plans in Worthing, Chichester, Hastings and Eastbourne were generic. While they listed the clients' goals, for example to be abstinent from drugs, they did not detail the steps clients took to reach their goals and which strengths the clients used to achieve them. Two care plans for clients in Worthing were not updated when new support was identified for those clients. For example, a staff member in Worthing agreed to text a client daily with motivational messages but this was not included in their care plan. Another client in Chichester was permitted to bring her new baby along to groups to encourage her to engage however this was not updated in her care plan. In Maidstone we reviewed six client records, where four out of six did not have care plans in place and one was dated February 2011 and had not been updated since.
- Clinical staff conducted health assessments with all clients who were administered alcohol and opiate detoxification medicine. The health assessments included a physical examination and urinalysis to determine the use of illegal substances.
- All information required to deliver care for clients was stored securely on a central electronic system which was known to the other services but only introduced to the West Sussex services in February 2016. Some client information was on the new system and some was still on paper files which led to some confusion when we wanted to review sections of client files during our inspection.
- Assessments of patients requesting alcohol detoxification and with alcohol related support needs included completion of the severity of alcohol dependence questionnaire. This is a clinical screening tool designed to measure the presence and level of alcohol dependence in a client. This was in accordance with recommended National Institute of Care and Excellence guidelines.
- Teams used the clinical opiate withdrawal scale which is an 11-item scale designed to be administered by a

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clinician. The scale can be used to help clinicians assess the stage or severity of opiate withdrawal and assess the level of physical dependence on opiates when undergoing an opiate detoxification programme.

- The services we inspected had strong working relationships with local mental health teams, alcohol liaison nurses, mutual aid groups such as alcoholics anonymous, to meet the physical, mental health and social needs of clients.
- Staff held weekly regular risk assessment reviews, clinical discussion, with medical input from clinical staff to monitor the ongoing needs of their client. Staff made referrals if additional needs were identified with their clients, for example to the local mental health teams if mental health support was required. Client risk was discussed in daily planning meetings, such as where clients failed to attend appointments.
- Clients were discharged from treatment in a planned way using recovery plans which were developed in liaison between clients and peer mentors. These plans included details of follow-on support in the community and activities to develop skills such as volunteering.

Best practice in treatment and care

- Staff followed national drug misuse and dependence UK guidelines for supervised methadone consumption.
- National guidance was followed for clients undergoing alcohol and opiate detoxification. The service had policies for both alcohol and opiate detoxifications. Clinical staff prescribed methadone and buprenorphine (subutex) for the management of opioid dependence. This was in line with National Institute of Health and Care Excellence (NICE) guidance. Clinical staff prescribed chlordiazepoxide (librium) for assisted alcohol withdrawal. This was also in line with NICE guidance.
- Clinical staff monitored cardiac care of clients who were on high levels of methadone (100ml) and for clients assessed as having poor cardiac health by conducting electrocardiogram tests at commencement and at regular intervals during their treatment.
- Services had policies in place to ensure safe methadone prescribing for pregnant women and liaised with local maternity health nurses to support their treatment and health care. Pregnant women received health checks at each trimester during their treatment.
- Staff used and audited the use of the treatment outcomes profile to measure change and progress in key of their clients' lives. Staff also demonstrated good practice in their use of the alcohol use disorders identification test to determine the best course of treatment for clients with alcohol support needs. This was in line with NICE guidance.
- The services' fully equipped needle exchanges complied with NICE guidance. The needle exchanges offered information and advice on safer injecting, advice on preventing the transmission of blood borne viruses and access to treatment. Staff working in the needle exchanges received harm minimisation training and were able to advise clients on how to best care for themselves.
- The services had a blood borne viruses testing and vaccination programmes. Staff routinely offered this to all clients and we saw evidence of this in the client assessments we reviewed. Nurses conducted the tests and administered vaccinations to those who were using the service. Staff were proactive in supporting clients to undertake blood borne virus testing and vaccinations.
- Designated staff undertook clinical audits. Audits included medicines management, reviews of staff appraisals, infection control checks, methadone titration compliance, and frequency checks of clients' risk assessments. However, audit findings were not routinely fed back to all staff.
- Clients had access to psychosocial interventions which included counselling, solution focussed key working and group work which was in line with NICE guidance. CGL developed a recovery programme which took clients through three stages of support consisting from first changes in substance misuse behaviour through to personal development and healthier lifestyle choices. All services offered a range of recovery groups and smaller groups, called pods, in the community to reduce clients'

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dependency on the actual service sites and develop clients' skills in accessing support in the community. The pods also enabled clients living far away from central services to engage in local groups.

- Staff offered clients support to meet their employment, housing and benefits needs. We spoke with clients who were both working and volunteering following support they received at CGL.
- There was evidence on all care records we reviewed where staff supported clients to meet their healthcare needs, including regular physical health checks with the prescribing doctors.

Skilled staff to deliver care

- The teams we spoke with consisted of a consultant psychiatrist, doctors, nurses, recovery workers, criminal justice workers, young people's workers and peer mentors. Chichester and Maidstone teams had a number of vacancies and staff told us this caused stress with increased client caseloads. Services had access to a full range of health disciplines to help support their clients' needs such as social workers, pharmacists and local mental health teams. The Eastbourne team had five recovery workers who were based in the rural community to reach geographically isolated clients and ran clinics in GP surgeries and other community settings. Staff also worked closely with a service called 'fulfilling lives' who had expertise in engaging hard to reach clients.
- The doctors based at each service had Royal College of General Practitioners Certification qualifications in the Management of Drug Misuse Part 2. This meant they were appropriately qualified to prescribe and administer opiate substitute medicine and alcohol detoxification medicine to clients.
- All staff were experienced drug and alcohol workers and had training in medicines in recovery, foundations in recovery, and some had social work and counselling qualifications. Drug and alcohol qualifications were not mandatory for staff.
- The Swindon service had a recovery support worker who worked with sex workers with a local support service. They also had a recovery support worker who supported homeless drinkers to assess and meet their health and wellbeing needs.
- Staff told us they received induction to their services when they joined CGL, however only 38% of staff had completed the provider's online induction mandatory training module.
- We reviewed 23 staff records which showed that staff received monthly supervision, except in Swindon, Maidstone, Hastings and Eastbourne where we reviewed documentation which showed supervision was not offered regularly. Staff we spoke with at these four services told us they did not receive regular supervision. For example, one staff member in Maidstone was supervised in December 2015, March 2016 and July 2016. Two staff at Hastings told us they had not had supervision for over four months and had not been appraised.
- Non-medical prescribers received specialist supervision from both the doctors and nurse manager.
- Staff received specialist training for their roles such as mindfulness, dry blood testing for blood borne virus screening, acupuncture and naloxone overdose prevention. Nurses attended monthly nurse forums to keep up to date with new advances in drug and alcohol nursing.
- Prescribing staff had strong knowledge about prescribing options for difference substance misuse issues such as methadone and subutex for opiate detoxification and acamprosate and chlordiazepoxide for alcohol detoxification.
- Service managers dealt with staff performance issues, such as sickness, with the support of the human resources team and by following the CGL sickness policy.
- The West Sussex services had integrated young people's services which supported clients up to the age of 25. This meant that these teams had strong links with community youth and adult teams, and offered continuity of support to clients moving from young people's support to adult support as they grew older.

Multidisciplinary and inter-agency team work

- The services we inspected had weekly multidisciplinary meetings. Minutes and actions were recorded on the provider's electronic database for all staff to access. Information from non-attending relevant professionals

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was obtained by email to include in meeting discussions and minutes. There was evidence of multi-disciplinary input into clients' case notes from doctors, social workers and criminal justice teams.

- There were strong working links with external providers such as probation, local dispensing pharmacies and local maternity services. Written and verbal handovers took place where clients were referred to community teams such as mental health teams using agreed referral processes between services. Clients told us how staff supported their referrals to peer mentoring training programmes and employment opportunities as their recovery progressed.
- CGL had strong links with local mutual aid groups such as narcotics anonymous and other non-twelve steps groups such as SMART recovery groups. SMART groups help people recover from addictive behaviour using motivational, behavioural and cognitive methods.
- The consultant psychiatrist based at the Eastbourne service chaired a monthly pharmacology meeting in Sussex for doctors, prescribers and service managers. This meeting ensured that safe processes were being followed across all services.

Adherence to the Mental Health Act

- The service was not registered to accept clients detained under the Mental Health Act. If a client's mental health were to deteriorate, staff were aware of who to contact. Mental Health Act training was not mandatory for staff.

Good practice in applying the Mental Capacity Act (if people currently using the service have capacity, do staff know what to do if the situation changes?)

- Mental Capacity Act training was part of the provider's mandatory training programme. However training levels were low at an average of 14% as at September 2016 which was not in line with the provider's mandatory training completion target of 100%.
- Staff were aware that when clients attended an appointment while under the influence of drugs or alcohol they needed to reschedule the appointment for a time when the client was not intoxicated. Staff did this to ensure the client had the capacity to make informed choices about their treatment.

Equality and human rights

- CGL operated an equal opportunities policy. This meant that anyone using their services, or any employee, volunteer or mentor, was not to be discriminated against on the basis of racial, ethnic or national origin, gender, marital status, disability, sexual orientation, age, religious beliefs, HIV/AIDS status, or criminal offences.
- Equality and diversity training was part of the provider's mandatory training programme. Service managers told us that this training was new to their services. The training completion rate across the sites we inspected was 9%. Assessment paperwork showed evidence of identifying diverse needs. The service engaged people with support needs relating to parenting, drug and alcohol use, and mental health needs.
- CGL had an equality, diversity and inclusion lead. Prior to our inspection they communicated to the team via email that in Islamic tradition it was Ramadan and this should inform the timings of any appointments made for those observing this practice.

Management of transition arrangements, referral and discharge

- CGL's southern regional services were commissioned by Swindon, Kent, East Sussex and West Sussex local authorities. As part of this commissioning agreement they received funding for clients to attend local inpatient detoxification facilities. Staff also referred clients for community and out of area detoxification if appropriate.

Are substance misuse services caring?

Kindness, dignity, respect and support

- All clients we spoke with talked positively about CGL staff saying that they were always approachable, respectful, non-judgemental and treated them in an encouraging and supportive manner. Clients told us of how staff had made them feel relaxed and more confident in group sessions which allowed them to engage more fully. All clients told us their experience at CGL services had been positive and that they received regular physical health checks as part of their treatment

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plan. Some clients told us they would not be alive without the care and treatment they received. We saw examples of this care when we observed staff interactions with clients.

The involvement of clients in the care they receive

- All clients we spoke with had care plans and developed them with their key workers. Staff told us it was not practice to give a copy to clients but they could have a copy if they wanted one.
- Information about medicine and treatments was displayed around each service.
- Staff gave clients verbal and written information on prevention of drug and alcohol related harm throughout their treatment. Staff trained clients in overdose prevention.
- All groups and one to one interventions were strength-based. This meant staff supported clients to identify which strengths they could use to support themselves. Services had motivation groups to encourage clients to increase their motivation to reach their goals using their personal strengths, such as ability to access mutual aid support when needed.
- Staff referred clients to other sources of support to live healthier lives such as local wellbeing groups and the 'emerging futures' support website and volunteers. Emerging Futures is an organisation which provided access to an interactive map detailing various sources of support and activities in the client's locality.
- All services offered support and involvement to family members and carers of clients. The Chichester service had a family room where family members met for meetings or support. The Worthing service offered a friends and family pack to carers and family members which included information about local support available to them.
- Clients at East Sussex, Worthing, and Maidstone had access to independent advocacy in the community. Staff told us that clients in the three services used their local citizens advice bureau for advocacy support. All services had a service user representative who spoke with clients if they required support. Clients in the Swindon service had access to independent advocacy who were based in service.

- Clients were involved in making decisions about their service. For example, clients were part of the recruitment panel in Chichester during recent recruitment and clients took part in a 'premises fit for recovery' audit for the Worthing service which resulted in a recommendation for a bicycle rack for clients' bicycles.
- Clients gave feedback on the care they received using the comments boxes and client meetings in each service.

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

Access and discharge

- Waiting times from referral to triage/assessment varied across the services. All clients received support at first contact by phone or in person but did not access services for full assessment for up to one week. Urgent referrals were seen quickly. For example, a pregnant client was seen within two days for opiate substitute prescribing in the Chichester service and the nurse offered daily morning appointments to accommodate urgent referrals.
- The services took active steps to engage clients who found it hard to engage with mental health services. Staff escorted clients to appointments or arranged for mental health professionals to see clients at the CGL services which made it easier for clients to engage.
- All services offered appointments during the day and evenings from Monday to Friday and on Saturdays.
- Appointments were only cancelled when absolutely necessary. Clients and staff at the Chichester and Maidstone services told us that some groups were cancelled due to low staffing availability. Recruitment was taking place at the time of our inspection to improve staffing levels.

The facilities promote recovery, comfort, dignity and confidentiality

- All services had a full range of rooms and equipment to support the delivery of care and treatment in groups and individual sessions to clients.

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- Information on local services, clients' rights and responsibilities, complaints procedures and treatment options were displayed in waiting areas and throughout the services.
- A range of activities were offered to clients including recovery groups, art therapy groups, community groups, and employment sessions.

Meeting the needs of all clients

- Some services made adjustments for people requiring disabled access. The Worthing service was not accessible for clients with mobility problems who could not climb stairs. Staff arranged to meet clients requiring disabled access at the doctor's surgery across the road. The Swindon and Chichester services were accessible on the ground floor for psychosocial interventions if required. However clients who were unable to walk to the first floor were unable to access the group programme. The manager at Chichester told us they could use the family room for groups on the ground floor if required. The Maidstone service had a small lift to take people to the first floor for one to ones and groups but there was no evacuation chair for assisting wheelchair users down the stairs in the event of an emergency.
- Leaflets were only available in a range of languages in the Eastbourne service. All services had access to translators and printed information from the internet in different languages when required. Each service had a welcome sign on the front door which welcomed visitors in a range of languages. Chichester service staff used professionals who communicated with sign language when they worked with clients who required this service.

Listening to and learning from concerns and complaints

- Clients knew how to complain and received feedback. All services had comment boxes and the Chichester, Worthing, Eastbourne and Swindon services displayed comments and actions on 'you said, we did' boards in the client waiting areas.
- Staff responded to client complaints and logged them on their database. For example, staff told us about a

client's complaint about wanting to change key worker. This was addressed by the service manager who met with the client to hear their complaint and agree a way forward.

Are substance misuse services well-led?

Vision and values

- Staff were aware of CGL's values which included focus, empowerment and individual treatment.
- Staff said they knew the senior managers in the organisation and they visited the services.

Good governance

- The provider did not ensure that all staff working with clients had renewed their disclosure and barring service checks in line with the provider's check renewal policy or had undertaken their mandatory training.
- The services we inspected used key performance indicators set by local commissioners to monitor performance, these included client activity figures on successful treatment completions, unplanned discharges, re-presentations, sickness, and incidents. West Sussex and West Kent had new contracts since May and April 2016 respectively. As these services were in their contact implementation phases, they met regularly with their commissioners to monitor activity rates. The commissioners we spoke with had no concerns about the performance levels reported to date. The Chichester service was working with Public Health England to improve their reporting to the national data treatment monitoring system which records service performance around client activity.
- Service managers told us they had enough authority to do their jobs and had access to administrative support.

Leadership, morale and staff engagement

- CGL told us there was long-term sickness in the services which impacted on service delivery. Sickness and absence rates for the year ending August 2016 for the south regional service was lowest in Kent with 2% and highest in Swindon at 18%. For the month of October 2016, prior to our inspection the sickness rates were

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East Sussex 5.0%, West Sussex 1.0%, West Kent 0.7%, Swindon 1.0%. Staff turnover rates across services were high with the lowest in Swindon at 31% and highest in Kent at 43% year ending August 2016.

- Staff were aware of the whistleblowing process. All staff we spoke with told us they could raise concerns without fear of victimisation. The West Kent and West Sussex teams went through a lot of job uncertainty leading to the new service contracts being awarded in April and May 2016 respectively. Staff told us morale was low across the Hastings and Eastbourne teams due to stress. High caseloads and heavy administration workloads affected the Worthing, Hastings, Chichester, and Maidstone services and were stressful for staff. Changes

in service delivery models, reduction in service funding and staffing vacancies affected the teams negatively. Despite these challenges, teams reported that they were strong and supported each other.

Commitment to quality improvement and innovation

- The provider introduced a wellbeing hour pilot to support staff in their stressful roles. This meant that staff could take one hour each week to do something which helped reduced their stress, for example tending to plants or doing mindfulness practice.
- The provider's quality lead worked with the local coroners to investigate drug and alcohol related deaths to inform and improve local practice.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

Action the provider **MUST** take to meet the regulations:

- The provider must ensure that all staff receive mandatory training.
- The provider must ensure that all staff receive regular supervision in the Swindon, Maidstone, Hastings and Eastbourne services.
- The provider must ensure that all staff renew their disclosure and barring service checks in line with the provider's policy when working with clients.
- The provider must ensure that all clients have up to date risk assessments. All clients must have risk assessments for unplanned exits from treatment.
- The provider must ensure there is a sink in the doctor's clinic room in the Chichester service.

Action the provider **SHOULD** take to improve

Action the provider **SHOULD** take to improve

- The provider should ensure that the nurse's clinic room in the Chichester service is equipped with an examination couch so they can conduct physical health checks.
- The provider should ensure that all care plans include client strengths and steps they will take to reach their goals.
- The provider should ensure that staff are supported when they have high caseloads to manage the stress of high administration levels resulting from these.
- The provider should ensure that internal routine audit findings are shared with all staff.
- The provider should ensure that the emergency alarm system in the Hastings service is improved to ensure staff and client safety.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Care plans we reviewed in Worthing, Chichester, Hastings and Eastbourne were generic and did not incorporate clients' strengths or actions needed to reach their goals.

This is a breach of Regulation 9 (3)(a)

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

A number of staff and volunteers in Maidstone, Hastings, Eastbourne, Swindon, Chichester services did not have disclosure barring service checks renewed in line with the provider's 3 year renewal policy.

This is a breach of Regulation 12 (2)(c)

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Four out of six risk assessments we reviewed in the Maidstone service were out of date and one care record did not contain a risk assessment.

This section is primarily information for the provider

Requirement notices

This is a breach of Regulation 17 (2)(b)

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

There was no sink in the doctor's clinic room in the Chichester site to help manage infection control.

This is a breach of Regulation 15 (2)