

# Midlands and North Regional Office

## 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

### 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.

### Overall summary

We do not currently rate independent standalone substance misuse services.

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

- The systems in place for managing and storing equipment safely were not effective. We found out of date equipment at two services. We also found that emergency medicines were not stored securely at one service.
- Staff did not manage clinical waste safely at two services. At one of these services, staff had not completed a risk assessment to identify and mitigate the risks of the spread of infection as a result of a clinical hand wash basin that did not meet national standards.
- Staff did not keep a complete and contemporaneous care record for each client. Information was stored within an electronic record and a paper record, which meant staff had difficulties accessing information quickly.

# Summary of findings

- All staff had not completed mandatory training nor received an appraisal. There were 16 members of staff who required an updated disclosure and barring service check in line with the provider's policy.
- Records at Runcorn and Blackburn were not clear as to whether complaints had been dealt with appropriately.

However, we also found the following areas of good practice:

- Clients had unexpected exit from treatment plans in their care records. Staff took action when clients did not attend their appointments and there was a robust system in place to ensure client safety. There were excellent systems in place for storing prescriptions safely. Serious incidents and deaths were thoroughly investigated and learning from incidents was shared across the organisation.
- Staff followed national guidance when delivering treatment. Staff routinely assessed clients' physical health and made referrals to specialists when needed. We found excellent communication and joint working with other services and organisations.
- We observed staff being supportive and respectful to clients. Clients told us that staff were caring, helpful and approachable. Clients told us they were involved in discussions about their care and treatment and were happy with the treatment provided. We found excellent client involvement in decisions about the services.
- There was open access at all of the services we visited which meant that clients could present to the service and be seen the same day. Services had evening opening times and some services opened at the weekends. Staff made attempts to engage clients who were reluctant to engage with services.
- We found good monitoring systems that identified areas for improvement. There was excellent leadership at a local and regional level and managers had received leadership training. We found a strong commitment to quality improvement and innovation. The provider was involved in a number of research projects with local universities.

# Summary of findings

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# Midlands and North Regional Office

**Services we looked at**

Substance misuse services

# Summary of this inspection

## Background to Midlands and North Regional Office

Change, Grow, Live is a substance misuse provider that delivers substance misuse services across the country. Midlands and North Regional Office delivers community substance misuse services and provides opiate substitute medication, community detox and psychosocial treatment to clients.

Midlands and North Regional Office was registered with the Care Quality Commission on 6 August 2014 for the treatment of disease, disorder or injury and diagnostic and screening procedures. There were two registered managers for this location.

Midlands and North Regional Office had 48 sites that provided services under one registered location across the midlands and north of England.

The sites that we visited were:

Manchester Integrated Drug and Alcohol Services  
(Carnarvon Street)

Wirral Ways to Recovery (Conway Street)

Step Forward North Lincolnshire (Scunthorpe)

New Directions Nottinghamshire (Sherwood Street, Mansfield)

Inspire North Lancashire (Lytham St Annes)

Inspire Blackburn

Change, Grow, Live Runcorn

This was the first comprehensive inspection of this location. We inspected two services in July 2015 following concerns raised by a whistleblower. We issued two requirement notices which, at this inspection, we found that the provider had taken the necessary actions to improve the delivery of care and treatment. The services inspected in July 2015 were taken over by another provider soon after our inspection.

## Our inspection team

The team that inspected the service comprised CQC inspector Zena Rostron (inspection lead), five other CQC inspectors, two inspection managers, two pharmacist specialists and two specialist advisors with experience in delivering substance misuse treatment.

## 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?

# Summary of this inspection

- Is it well led?

Before the inspection visit, we reviewed information that we held about the location, asked other organisations for information, and gathered feedback from staff members in response to an email we asked the provider to send to them. We also carried out a client focus group and a staff focus group.

During the inspection visit, the inspection team:

- visited seven sites at this location, looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with 20 clients
- spoke with the two registered managers

- spoke with 52 other staff members employed by the service provider, including team managers, doctors, nurses and support workers
- received feedback about the service from seven commissioners
- attended and observed one hand-over meetings and one multidisciplinary meeting
- collected feedback using comment cards from 40 clients
- looked at 33 care and treatment records, including medicines records, for clients
- looked at 30 staff files
- looked at policies, procedures and other documents relating to the running of the service.

## What people who use the service say

Clients we spoke to were positive about the care and treatment they received. Clients told us that staff were friendly, approachable, caring, polite, respectful, courteous, kind, helpful, interested in the client's wellbeing and were always available. Many clients told us that the treatment they had received had saved their lives and had given them the tools they needed to make positive changes. Clients told us there was support available for their relatives.

Many paid staff members had previously accessed the service as clients themselves; clients told us that speaking to staff who had lived experience of substance misuse put them at ease and gave them hope. Clients also told us that recovery groups that took place in the local community ensured that there was always support available when clients needed it.

# 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:

- We found equipment at Runcorn and Blackburn that was not safe to use. At Runcorn there were 14 boxes of needles that were out of date. At Blackburn there was one box of urine testing kits that was out of date. Staff had not identified that equipment was out of date and there was no evidence that stock was being rotated.
- At Manchester and Blackburn we found that clinical waste was not managed safely. This meant there was a risk of needle stick injury to clients, visitors and staff.
- The clinical wash hand basin in the clinic room at Manchester was not compliant with the Health Building Note 00-09: infection control in the built environment.
- We found that medicines were not stored safely at Blackburn. Emergency medicines were stored in a lockable box, however at the time of our inspection staff had been advised to keep the box unlocked to access quickly in an emergency.
- All staff were not up to date with mandatory training.
- A number of staff had not applied to renew their disclosure and barring check in line with the provider's policy.

However, we also found the following areas of good practice:

- The environments of all services we visited were clean, tidy and well-maintained.
- Staff completed risk assessments of clients which were comprehensive and regularly reviewed.
- Clients had unexpected exit from treatment plans in their care records. Staff took action when clients did not attend their appointments and there was a robust system in place to ensure client safety.
- There were excellent systems in place for storing prescriptions safely.
- Staff had a good understanding of safeguarding children and adults and reported safeguarding concerns.
- Serious incidents and deaths were thoroughly investigated and learning from incidents was shared across the organisation.
- Staff were aware of their responsibilities under duty of candour and records showed that staff had demonstrated these responsibilities.

# Summary of this inspection

## Are services effective?

We do not currently rate standalone substance misuse services.

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

- Staff did not keep a complete and contemporaneous care record for each client. Information was stored within an electronic record and a paper record, which meant staff had difficulties accessing information quickly.
- A number of staff had not received an appraisal.

However, we also found the following areas of good practice:

- Staff followed national guidance when delivering treatment.
- Clients were trained in the use of naloxone and were provided with kits to take home for use in an emergency.
- There was a variety of psychosocial interventions, support groups and self-help available for clients to access.
- Staff routinely assessed clients' physical health and made referrals to specialists when needed.
- Staff were knowledgeable, appropriately skilled and had the necessary qualifications and experience to carry out their roles.
- Staff received regular supervision and had access to team meetings.
- We found excellent communication and joint working with other services and organisations.

## Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- We observed staff being supportive and respectful to clients. Clients told us that staff were caring, helpful and approachable.
- Clients told us they were involved in discussions about their care and treatment and were happy with the treatment provided.
- Staff maintained client confidentiality by not sharing information with relatives when clients had requested that their information was kept confidential.
- We found excellent client involvement in decisions about the services.

## Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:



# Summary of this inspection

- There was open access at all of the services we visited which meant that clients could present to the service and be seen the same day.
- Staff made attempts to engage clients who were reluctant to engage with services.
- Services had evening opening times and some services opened at the weekends.
- There were a number of activity groups available for clients to attend including fishing, drama and gardening groups.
- At Blackburn, there was an excellent recovery pathway for people of Islamic faith.

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

- There was no accessible information on display in languages other than English.
- Records at Runcorn and Blackburn were not clear as to whether complaints had been dealt with appropriately.

## Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff were aware of the organisation's vision and values.
- We found good monitoring systems that identified areas for improvement.
- There was excellent leadership at a local and regional level and managers had received leadership training.
- Staff morale was good at all of the services we visited.
- There were clear pathways for staff and client progression within the services. Many of the current staff members had previously received treatment from the services and the provider had supported them to become paid members of staff.
- We found a strong commitment to quality improvement and innovation. The provider was involved in a number of research projects with local universities.

# Detailed findings from this inspection

## Mental Health Act responsibilities

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. Some of the nursing staff had been trained as registered mental health nurses, which meant that they were aware of signs and symptoms of mental health problems.

## Mental Capacity Act and Deprivation of Liberty Safeguards

Staff received training in the Mental Capacity Act. We found that staff had a good working knowledge of the Mental Capacity Act. This included the assumption that all clients have capacity unless proven otherwise, and that decisions regarding a client's capacity are decision

specific. The provider did not have a Mental Capacity Act Policy. However, information relating to mental capacity was included within the provider's safeguarding adults at risk policy. Staff were aware of who to contact for advice relating to the Mental Capacity Act.

# Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

## Are substance misuse services safe?

### Safe and clean environment

The environments of all services we visited were clean, tidy and well-maintained. The provider had contracts with independent cleaning companies who regularly cleaned all areas of the buildings. Records showed that regular cleaning took place, however at Lytham St Annes there was no record on site of the areas of the building that had been cleaned. Staff showed us the cleaning contract that was in place and told us that the cleaning company kept their own record once the environment had been cleaned.

Staff wore personal alarms, which were used to alert staff to an emergency situation. When an alarm was activated, available staff would respond to provide assistance. Records showed that alarms were regularly checked.

All services had a well-equipped clinic room and a separate needle exchange room. The seven clinic rooms that we visited were clean, tidy and had the necessary equipment to carry out physical examinations. Staff carried out temperature checks of fridges that were used to store medication. Staff also carried out room temperature checks. Records showed that temperature checks were regularly carried out and staff took action when temperatures were outside of the recommended range. At Manchester, the fridge used to store medicines had been checked by staff and on two occasions this was out of range. Staff had taken action on one occasion, however on the other occasion staff had recorded that no action had been taken and staff had not reported this as an incident. This meant that staff could not be certain that the medicines were stored safely.

At all services, there were arrangements in place for the collection and disposal of clinical waste. We found that clinical waste was managed safely at all services apart from

Manchester and Blackburn. At Manchester, the sharps bin in the needle exchange room was not dated when opened nor when closed and disposed of. There was a large clinical waste bin in the car park of the building that was attached to the wall, however the bin was not locked. The storage of clinical waste at Blackburn was not compliant with the Health Building Note 00:09: infection control in the clinical environment which recommends that clinical waste needs to be stored in a separate purpose built area to prevent cross-contamination. There was a large clinical waste bin that was stored in the accessible toilet. Staff told us that the toilet was locked, however on the day of our visit the lock was faulty and staff told us that clients and visitors used the toilet. This meant there was a risk of needle-stick injuries and infection to clients, visitors and staff at Manchester and Blackburn, as the clinical waste was not managed safely.

At Runcorn we found 14 boxes of needles in the needle exchange room that were out of date, the expiry date on the needles was 2015. At Blackburn, we found one box of urine testing kits that were out of date by one day. Staff had completed a weekly audit of the rooms and equipment, however staff had not identified that the needles and testing kits were out of date and there was no evidence that stock was being rotated. At all other services we found that staff regularly completed clinic room and needle exchange room audits and took actions when necessary to ensure that equipment was safe to use.

There were emergency medicines in stock at all services we visited. Emergency medicines were stored securely and safely at all of the services we visited apart from Blackburn. We found naloxone stored in a lockable box that was attached to the wall in the reception staff office. This medication was used to treat an opioid overdose in an emergency. During our inspection we found that the emergency medicines box was not locked. Staff told us that they had been advised to keep the box unlocked to be able to access the medication quickly in an emergency. Staff

# Substance misuse services

immediately locked the emergency medicines box and we raised this with the manager of the service who advised us that they would review the storage arrangements to ensure that medicines were stored safely.

Staff adhered to infection control principles and there was hand sanitiser available and hand washing posters displayed at all services. The provider had an infection control policy and staff were aware of their responsibilities relating to infection control. Staff carried out regular infection control audits in line with the provider's policy. At Manchester, the clinical wash hand basin in the clinic room was not compliant with the Health Building Note 00-09: infection control in the built environment. The sink had a plug and an overflow and did not have non-touch taps. Staff had not completed a risk assessment to identify the risk of the spread of infection nor had actions been identified to mitigate the potential risks. This meant there was a risk that infection could spread amongst clients, staff and visitors to the service.

Health and safety risk assessments had been completed at all services. These were reviewed every six months and staff also completed a monthly checklist. We found evidence of identified actions highlighted on the risk assessment being completed.

The provider had completed fire risk assessments and fire evacuation plans at all services. Records showed that staff completed regular checks of the fire alarm system and fire extinguishers. There were fire wardens at all services who were identified on the service health and safety notice boards.

Portable appliance testing was routinely carried out to ensure that equipment was safe to use.

## Safe staffing

The provider had estimated the number of staff required for each team using a staffing tool. The number of staff required varied at each site dependant on the contract with the commissioner and the services provided. Data we received showed the number of staff at each service:

Blackburn

Number of substance misuse staff 19

Number of volunteers 17

Number of peer mentors 5

Runcorn

Number of substance misuse staff 26

Number of volunteers 4

Number of peer mentors 10

Manchester

Number of substance misuse staff 111

Number of volunteers 3

Number of peer mentors 0

Lytham St Annes

Number of substance misuse staff 48

Number of volunteers 19

Number of peer mentors 9

Scunthorpe

Number of substance misuse staff 21

Number of volunteers 10

Number of peer mentors 10

Mansfield

Number of substance misuse staff 31

Number of volunteers 3

Number of peer mentors 4

Wirral

Number of substance misuse staff 73

Number of volunteers 14

Number of peer mentors 2

At all of the services apart from Scunthorpe, the staffing figures provided were a total number for all services provided within that local area and were not specific to the service that we visited during our inspection. Some of the staff worked between services and provided in-reach to local prisons. There were vacancies at Runcorn, Lytham St Annes and Wirral. All vacancies were for substance misuse staff. At Runcorn and Lytham St Annes there was one vacancy and at Wirral there were nine.

Data we received showed the staffing turnover rate for each service.

# Substance misuse services

Blackburn 41%

Lytham St Annes 12%

Manchester 4%

Mansfield 22%

Runcorn 38%

Scunthorpe 17%

Wirral 15%

The provider told us that high turnover rates were due to redundancies, some of which were voluntary, following budget reductions and service restructures. Some staff had also been promoted within the organisation.

There were arrangements in place to cover staff absence to ensure client safety. Staff told us that generally, staff within the team covered short-term staff absence. Managers raised any ongoing staffing concerns with service managers to request the use of agency staff. Both registered managers had oversight of any staffing concerns and signed off any requests for agency staff. Managers told us that they felt they had enough staff to meet the needs of clients who used services.

Agency staff were used to cover vacancies. There were two agency recovery co-ordinators working at Lytham St Annes and one agency recovery co-ordinator working at Mansfield. There were agency administrative staff at Manchester, Lytham St Annes and Scunthorpe. There was a locum doctor providing cover at Wirral. Managers told us that vacant posts had been advertised and they were in the process of recruiting staff.

The average caseload was 47 cases per key worker. Individual service data showed the average caseload per key worker for the month of September 2016.

Blackburn 64

Lytham St Annes 48

Manchester 45

Mansfield 48

Runcorn 42

Scunthorpe 37

Wirral 44

Overall, staff told us that their caseloads were manageable. Managers accessed a dashboard that provided them with data on caseloads to allow monitoring and caseload management. The frequency and contact between clients and key workers varied dependant on the level of need and treatment the client was receiving. We found excellent complex case discussions taking place between keyworkers, doctors and managers.

There were no clients that were awaiting allocation of a key worker as there were no waiting lists at the services we visited.

Staff were knowledgeable and held a variety of different skills. Staff received mandatory training which included safeguarding children, safeguarding adults, Mental Capacity Act and data protection and information security. These courses were to be completed by staff within the first three months of employment. There was further core training which included equality, diversion and inclusion, health and safety, safeguarding adults, safeguarding children, boundaries, safeguarding young people, over the threshold and first aid for frontline workers. Nurses also completed further core training which included basic life support and anaphylaxis and patient group directives. Core training was to be completed by staff within the first 12 months of employment. The average mandatory training rate across all services was 49%. Blackburn had the highest mandatory training rate at 63% and Wirral had the lowest mandatory training rate at 38%.

At the time of our inspection, the provider had recently changed to a new system for booking and recording electronic and classroom training. The provider acknowledged that there was further work to be completed regarding mandatory and specialist training for staff. Staff we spoke to told us that they received mandatory training and had access to the new system.

We found evidence that disclosure and barring service, checks were carried out for all staff before they started employment. However, the provider told us that there were a number of staff who had a disclosure and barring service check on file that had expired. At Blackburn, Scunthorpe and Wirral there was one member of staff at each service, at Lytham St Annes there were two members of staff and at Manchester there were 11 members of staff all with expired disclosure and barring checks. The provider told us that staff were in the process of completing the forms required to send to the disclosure and barring service. Disclosure

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and barring service checks have no official expiry date, however the employer determines whether a new check is required. The provider told us they renewed disclosure and barring checks for staff every three years.

## Assessing and managing risk to clients and staff

We reviewed 33 client care records during our inspection. We found that 30 care records included an up to date risk assessment, two risk assessments were out of date and one care record did not include a risk assessment. Risk assessments were comprehensive and included safeguarding children and adults, risk to self, risk to others, risk of harm from others and offending. Overall, we found that staff regularly reviewed risks and associated risk management plans. However, at Blackburn we found that two risk management plans were not clear as to what the risks were and how staff were managing the risks. At Manchester we found that risks were documented within a client's care record, however this was recorded in a number of documents, which made accessing the information difficult.

There were plans included within clients' care records in the event of an unexpected exit from treatment. Staff at all services followed a matrix for clients who did not attend their appointments. This included contacting the client, the GP, pharmacies, the client's relatives and next of kin, where consent had been given. Staff would contact the police to request a welfare check if they had any concerns about clients. All unplanned exits from treatment were signed off by the team manager, who would check that the matrix had been followed.

Data provided to us indicated the number of unplanned exits from the services from April 2016 to September 2016.

Blackburn 98

Lytham St Annes 17

Manchester 105

Mansfield 148

Runcorn 41

Scunthorpe 103

Wirral 225

Staff responded promptly to deterioration in clients' health. There were good working relationships with local pharmacies and GP practices. Staff completed physical

health assessments and made referrals to appropriate services to ensure that deterioration in a client's physical health was addressed quickly. Medical review letters were sent to the client's GP and included physical health, mental health and recovery plans to make the GP aware of the client's treatment, where clients had given their consent. Within the letter there was information detailed asking the GP to contact the service before prescribing a number of listed medicines to prevent overdose or misuse.

We found excellent systems in place for storing prescriptions safely in line with NHS protect guidance on security of prescription forms. Access to prescriptions was restricted and prescriptions were stored securely. Cancelled prescriptions were recorded, voided and shredded and staff kept a record of each stage of the process. At Wirral, staff told us that time was not protected when prescriptions were being issued in bulk (over 1000 prescriptions every two weeks). There was a potential risk that errors could be made when staff were signing prescriptions. This had already been identified by staff as a risk and staff told us that a review of this procedure was taking place.

The provider had a family focused clinic policy. This had been created following a review of research that highlighted the potential risks to the children of adults receiving opioid replacement therapy and more specifically methadone. The policy supported staff to reduce the risk of children being able to access methadone. Staff used a flowchart to choose the most appropriate medication for clients already prescribed methadone. This included an assessment of the suitability of ongoing treatment and the use of supervised consumption where risks to children were present. All new clients entering treatment with children five years and younger were prescribed buprenorphine to reduce the risks to children.

There was a system in place to assess a client's suitability to collect their prescription and keep it at home. The client's ability to continue self-administration at home was reviewed regularly. Staff provided clients with safe storage boxes that included a child safety catch inside the lid and also a padlock on the outside of the box.

Staff received training in safeguarding adults and children. Staff were knowledgeable about identifying and reporting safeguarding concerns and staff knew who to approach for information and advice within the organisation. The electronic care records system included a section specific



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to safeguarding which allowed easy access to any safeguarding concerns and included actions taken and actions required. Although the average training rate was 68% for safeguarding children and 65% for safeguarding adults, staff we spoke with and records reviewed showed that staff identified and reported safeguarding issues appropriately.

## **Track record on safety**

In total, two serious incidents were reported between August 2015 and August 2016. The serious incidents reported related to Scunthorpe and Wirral. We reviewed the investigation into the serious incident that occurred at Wirral during our visit. We found evidence that staff had thoroughly investigated the serious incident and recommendations had been actioned to reduce the risk of repeated events. Staff had previously submitted notifications to the Care Quality Commission to inform us of the death of a client. The provider had received incorrect guidance from us, relating to the submission of these types of notifications, which meant staff were not routinely submitting notifications to us prior to our inspection. Following discussions with the provider and at the time of our inspection, staff were submitting notifications to inform us of the death of a client.

The provider's serious incident reporting policy did not routinely classify the death of a service user as a serious incident. However, all service user deaths were thoroughly investigated within ten days of the service being informed. We reviewed three investigations of service user deaths during our visit. We found that a comprehensive investigation took place which included a chronology of events, staff contact with the client, communication with other services and recommendations for practice. We received feedback from commissioners of services prior to our inspection visit. Commissioners told us that the provider was involved in death reviews, local groups and meetings to identify areas for improvement and share learning across the organisation. The provider had also been involved in responding to a Regulation 28 report to prevent future deaths with a local NHS trust. We found evidence of good joint working with other stakeholders. The provider had responded to the report appropriately and had taken action to improve pathways and communication with other services.

## **Reporting incidents and learning from when things go wrong**

Staff knew how to report incidents and were able to describe what would be reported as an incident. All staff completed incident forms on the provider's electronic recording system. The electronic system used to report incidents alerted the manager of the service once an incident report had been completed. The manager then took action to investigate the incident and escalated high-risk concerns to senior management. Records showed that thorough investigations of incidents were carried out. We found excellent communication regarding learning from incidents across all services. Learning from incidents was shared through emails and team meetings. The electronic system used for reporting incidents had a dashboard that staff used to identify themes of incidents and staff carried out further investigations when necessary. The provider also notified the Care Quality Commission of any changes, events or incidents that affected their services or the people who used them.

We found that staff also reported incidents when medicines errors had been made by the local pharmacy, learning from mistakes made by external agencies was shared with staff. All medicines errors were sent to the provider's national pharmacist to review and make recommendations.

Staff told us that the teams they worked in and the senior management team were supportive following an incident and debriefs took place. Staff could access counselling from an external agency and managers told us that they would refer staff for counselling should this be required following a serious incident.

## **Duty of candour**

Duty of candour is a statutory requirement to ensure that providers are open and transparent with people who use services in relation to their care and treatment. It sets out specific requirements that providers must follow when things go wrong with care and treatment. The provider included information regarding duty of candour in their incident reporting policy. Staff we spoke to were able to give examples of being open and transparent and provided an explanation to clients when something went wrong. Staff were aware of their responsibilities under the duty of candour and records showed that staff had demonstrated these responsibilities.

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

### Assessment of needs and planning of care

We reviewed 33 care records during our inspection. Records showed that staff carried out a comprehensive assessment following referral to the service and assessment of need continued throughout treatment. The assessment focused on substance use, mental health, physical health, employment, benefits, housing and social needs. The information gained at assessment was then used to formulate a recovery plan with the client.

Of the 33 care plans we looked at 29 were holistic and 30 included client's views and their strengths and goals. Three records were brief and focused on one problem when other problems were present. One record did not include a care plan. We found that 32 clients had received a physical health assessment, with one record containing a physical health assessment, which had not been completed. Out of 33 records, 16 records indicated that the client had received a copy of their care plan. However, one record at Blackburn, five records at Mansfield, five records at Wirral and three records at Manchester did not evidence whether the client had received a copy of their care plan. Within these records, it was clear that clients had been involved in developing their care plan with staff.

The provider used a paper and electronic system for care records. All information was available to staff within the care records. However, risk assessments, risk management plans and recovery plans were kept within a client's paper record, whilst medical reviews, safeguarding information and routine contacts were kept within the electronic record. During our visit staff from each service sat with inspectors to look at care records. We found that staff could not access the information requested quickly, particularly information relating to risk. At Manchester, staff had difficulties locating information around risk within clients' care records. The provider told us that there was a plan in place to upload all paper records onto the electronic record for each client. However, we were not confident that information was available to staff when they needed it, as one complete record was not kept for each client.

### Best practice in treatment and care

Staff followed the Department of Health's Drug misuse and dependence: UK guidelines on clinical management. We found good prescribing practices at the services we visited. Staff used a formulary when prescribing medicines. The formulary included a red, amber and green system of which medicines doctors could prescribe and measures to prevent non-formulary prescribing. The formulary was linked to treatment pathways for drugs and alcohol and included the first line treatment and the starting dose of the medicine being prescribed as recommended by the National Institute for Health and Care Excellence.

Naloxone is a medicine used to treat an opioid overdose in an emergency. Staff provided naloxone kits to clients and kept a log of who had been supplied with a kit and the expiry date of the naloxone. Clients were trained on how to use the naloxone in an emergency and there was an information leaflet with diagrams in each pack. Between February 2016 and August 2016, the provider had supplied 256 naloxone kits to clients. Staff were working on targeting areas with low distribution rates and enhancing the number of kits supplied to family and friends of clients.

Staff were trained in a range of psychosocial interventions that are recommended by the National Institute for Health and Care Excellence 2016 (CG51: Drug misuse in over 16's: psychosocial interventions). Staff delivered brief interventions and were trained in motivational interviewing techniques. Staff delivered a foundations of recovery programme to clients. The programme focused on three stages of recovery including why clients used substances and why they may want to change, learning new skills to reduce their substance use and achieve abstinence and relapse prevention. Self-help groups were held at each service and staff provided clients with information on mutual aid groups available in the local area. Clients also had access to an online cognitive behavioural therapy programme which was specific to substance use.

Staff provided clients with support for employment, housing and benefits. Client's needs were addressed in individual key worker sessions. Key workers would signpost or refer clients to other services and organisations for additional advice and support.

Staff assessed clients' physical health needs during the initial comprehensive assessment. Records showed that ongoing physical health input was provided, including referral to specialists when needed. Clients received an



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electrocardiogram in line with the Department of Health's Drug misuse and dependence: UK guidelines on clinical management. Results of electrocardiograms were routinely shared with clients' GPs.

Staff used outcome measures to monitor client change and progress whilst engaged in treatment. This included the treatment outcomes profile to measure change and progress in key areas of the lives of clients. Staff also used a number of rating scales to monitor the severity of substance use, these included the alcohol use disorders identification test and the severity of alcohol dependence questionnaire.

Staff were involved in completing clinical audits. Staff completed audits relating to the clinic room, medication storage, prescription security and opioid initiation and titration. Minutes of meetings confirmed that feedback from audits was discussed within local team meetings and national integrated governance committee meetings.

## **Skilled staff to deliver care**

The services we visited had a variety of disciplines within the teams including nurses, doctors, non-medical prescribers, peer mentors, recovery champions, recovery co-ordinators, counsellors, cognitive behavioural therapist, administrators and volunteers.

Staff were qualified and experienced to perform their role well. Staff had completed a number of additional training courses to assist them with their roles. The courses included counselling, working with veterans, needle exchange, harm reduction, domestic violence, working with street sex workers, mental health, dual diagnosis, venepuncture, anaphylaxis and diploma in substance misuse. Staff told us that they were supported to access further training relevant to their roles. Some of the staff we spoke to had previously accessed services as clients and had progressed through a development pathway to become volunteers and paid members of staff. This meant that staff had a strong empathy with clients' substance misuse difficulties, which was reflected in their practice.

Peer mentors accessed a comprehensive training course prior to starting in their roles. The course was a level two diploma in peer mentoring and included understanding boundaries, communication skills, interpersonal skills,

alcohol awareness, drug awareness and mentoring skills. Peer mentors that we spoke with told us the course was comprehensive and included all the necessary information they needed to carry out their roles.

The provider had a two-day induction which all new starters attended. The induction covered policies and procedures, values, health and safety and emergency procedures. Staff completed a local induction checklist with new starters. Staff we spoke with told us that they had received an induction.

We reviewed 30 staff files during our visit and found evidence of regular clinical supervision. Staff we spoke with told us that they received supervision monthly. One member of staff at Mansfield told us they did not receive regular supervision. There were a number of additional supervision groups available for staff, including groups for recovery champions and safeguarding supervision groups. Staff attended regular team meetings and all of the staff we spoke to were positive about the support that they received.

Staff we spoke to told us that they received an appraisal. We found evidence of completed appraisals in staff records. Although, at Mansfield out of the five staff records we looked at, four staff had not received an appraisal, central records showed that 87% had received an appraisal.

Records showed that managers managed poor staff performance well. This included offering additional support and training, increased supervision, setting goals for improvements and regularly reviewing staff progress. Staff told us that they received support from their managers and human resources when managing poor staff performance.

## **Multidisciplinary and inter-agency team work**

There were a number of regular multidisciplinary meetings at the services we visited. Staff held clinical multidisciplinary meetings, complex case panels and daily 'flash' meetings. We observed a complex case panel at Lytham St Annes. At this meeting, staff discussed the treatment of clients including safeguarding, risk and engagement. Staff spoke about clients respectfully and it was evident that staff cared about their wellbeing. Staff discussed any concerns they had about clients and were able to reflect on practice and identify solutions.

# Substance misuse services

Staff told us that daily 'flash' meetings were held each morning to discuss the day, any outstanding actions from the previous day, safeguarding concerns and risk. At Blackburn, we observed a 'flash' meeting. We observed detailed, reflective discussions taking place between the multidisciplinary team. Staff were respectful and sensitive when discussing clients and there was evidence of multi-agency working.

We found excellent communication and joint working with other services and organisations. There were good links with midwives, social workers, local hospitals, pain specialists and multi-agency safeguarding hubs. Staff attended multi-agency risk assessment conferences and pregnancy meetings.

## **Good practice in applying the Mental Capacity Act**

At the time of our inspection, staff were in the process of completing an online Mental Capacity Act training course. There were plans in place at each service for deadlines for completion of training. We found that a number of staff had already completed the training including 25 staff at Blackburn, 26 staff at Lytham St Annes, 11 staff at Wirral and nine staff at Runcorn.

Overall, staff had a good knowledge of the Mental Capacity Act. This included the assumption that all clients have capacity unless proven otherwise, and that decisions regarding a client's capacity are decision specific. Staff were able to describe the actions they would take if a client attended the services whilst under the influence of drugs or alcohol. Staff explained the process of how they managed this including asking the client to return when they were no longer under the influence of substances.

The provider did not have a Mental Capacity Act Policy. However, information relating to mental capacity was included within the provider's safeguarding adults at risk policy. There were Mental Capacity Act posters, which included information on the five key principles, displayed in all of the services. The poster also included information for staff to follow should they have concerns about a client's capacity.

Staff told us that they would seek advice regarding the Mental Capacity Act from the medical staff and the organisation's legal team.

## **Equality and human rights**

The provider supported both staff and clients with protected characteristics under the Equality Act 2010. All services we visited employed staff who had previous experience of using substance misuse services or a diagnosed mental health problem. The provider ensured that these staff members had the same opportunities to develop as other members of staff.

Staff employed within services were of different ages, races and sectors of the community to ensure that the diversity of the client group accessing each service was reflected in the staff delivering the service. There were equality, diversity and inclusion champions within the services. These members of staff spent one day a month focusing on equality, diversity and inclusion to explore audits, quality standards and any areas for development. Training in equality, diversity and inclusion was being rolled out across all services with a deadline for completion in March 2017.

## **Management of transition arrangements, referral and discharge**

We found good management of transitions of clients into the service. Staff worked closely with local hospitals, prisons and probation and offered clients an appointment within 24 hours of discharge from hospital and prisons.

Staff provided extended support to clients that were approaching the end of their treatment programme. Clients attended recovery groups supported by recovery champions, peer mentors and volunteers. The purpose of this support was to minimise the risk of relapse and to maintain positive relationships and recreational activities within the local community.

There were a number of joint working arrangements in place at the services we visited. We found excellent joint working with local hospitals, mental health services, midwives and specialist physical health professionals. At Wirral, there was a respiratory conditions specialist treatment pathway that had been developed with the local university. The provider had produced a flow chart for staff to follow for clients at risk of chronic obstructive pulmonary disease.

## **Are substance misuse services caring?**

### **Kindness, dignity, respect and support**

# Substance misuse services

We spoke to 20 clients during our inspection. The feedback from clients was positive. Clients told us the staff were friendly, approachable and courteous towards them. They considered staff to be respectful, helpful and interested in the clients wellbeing. Staff were always available if clients wanted to speak to them. One client told us that diversity was respected and they were treated equally. Another client told us that they felt listened to. Clients told us that when they have missed their appointments staff had contacted them quickly to enquire about their welfare. We spoke with one client's relative during our inspection, they told us that they felt supported and staff provided information to help them understand addiction.

During our inspection we observed interactions between staff and clients. We found that staff were polite, professional and treated clients with respect. Staff were supportive and had a good understanding of the individual needs of the clients who were using the service. We observed positive supportive relationships between doctors and clients. Staff were non-judgemental, compassionate and supportive. It was evident that staff were extremely passionate about the care and welfare of clients and staff worked hard to meet their individual needs.

Staff maintained client confidentiality. Where clients had requested that their information not be shared with relatives this was respected. We also found evidence in care records that staff routinely checked the client's recorded consent with regard to how the client would like to be contacted and whether the client wanted staff to leave a message if they did not answer a telephone call.

## **The involvement of clients in the care they receive**

Clients were fully involved in their care and treatment. There was evidence, in care plans, of collaboration with the client in developing an individual plan to meet their needs. Clients told us that they felt involved in discussions about their treatment and they were offered a choice of treatment. Clients had received a copy of their care plan. Two clients told us they were asked for their opinion on how treatment was progressing. Two other clients told us they were involved in discussions about risk and were involved in regular risk reviews.

Clients told us that their families were involved in their care and treatment if they wanted them to be. Client's relatives attended appointments and staff provided them with

information. Clients told us that their families were offered support. One relative told us that staff had provided them with support and they knew who to contact if they needed further support from staff.

Overall, clients we spoke to were aware of how to contact advocacy. Staff told us that access to local advocacy services was available and they supported clients to access an advocate when needed. At Mansfield, two clients were unsure of advocacy and how to access this if needed.

The provider carried out a national client survey in August 2016. In total, 1185 clients completed the survey. Of these responses, 484 clients who used services at Midlands and North Regional Office had completed the survey. The results of the survey were positive; 90% of clients said they would recommend services to their family and friends, 96% of clients said that staff were polite, friendly and welcoming, 91% of clients said that their recovery worker had listened carefully to them and 90% of clients said that they were treated with fairness, dignity and respect.

We found excellent client involvement in decisions about the services. Clients told us that they were involved in a number of different decisions including opening times of services and activities available. Clients provided feedback through service user representatives at a local, regional and national level. Service user representatives attended monthly integrated governance meetings to provide feedback. Clients also told service user representatives how they would like to be responded to by managers and directors of services. This included feedback from the manager or director in person. Clients told us that if they requested feedback in person then this was arranged and clients were invited to attend.

There were complaints, compliments and suggestion boxes at each service. Clients told us that they could make suggestions by completing a form and they received a response from staff. We found that clients had made suggestions about activity groups that they wanted to attend and staff had supported these.

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

## **Access and discharge**

# Substance misuse services

Referrals to the services were received from GPs and other health professionals, client's relatives and by self-referral from the client.

Services we visited also had an open access policy. This meant that clients could walk into the service and be seen the same day by a recovery worker. The client would then leave the service with an appointment to see a doctor or a nurse within two weeks of the first contact. Due to the flexible nature of access to the services, staff were able to see all clients quickly, whether urgent or routine, to commence treatment.

Data supplied by the provider indicated the average waiting times from referral to treatment for the past 12 months as of September 2016.

Blackburn 0 days

Lytham St Annes 0 days

Manchester 12 days

Mansfield 1 day

Runcorn 0.1 day

Scunthorpe 5 days

Wirral 4.6 days

The target time from referral to treatment was 14 days for all services.

Clients told us that staff were accessible and always responded quickly when they contacted the services. Two clients told us that when they missed their appointments staff contacted them the next day. Clients told us that they could drop in to the services in between their appointments to access support groups and talk to if needed. Staff provided clients with a helpline number and out of hours contact details. Clients we spoke to were aware of how to seek help out of hours.

Services were offered to clients who presented with a substance misuse problem and also to people who were concerned about someone else's drug or alcohol use. The only exclusion criterion was the age of the client. Clients under 18 years were referred to young person's treatment services.

Staff took steps to engage clients who were reluctant to engage with services. Staff at Scunthorpe had been working with the Eastern European community to raise awareness of the service. At a number of services staff carried out outreach work with street sex workers.

All services offered flexibility in the times of clients' appointments which included evenings. Weekend appointments were available at Blackburn, Manchester and Wirral. Staff and clients told us that appointments were rarely cancelled. We found evidence of clients being allocated a different key worker at their request. Staff told us that clients could be seen at other bases within the local area to help engagement.

## **The facilities promote recovery, comfort, dignity and confidentiality**

All services had a sufficient number of rooms to support care and treatment. These included interview rooms, reception areas and clinic rooms. Interview rooms had adequate sound proofing to maintain confidentiality. There were separate rooms for intimate procedures such as blood borne virus testing and needle exchange services.

Services had welcome areas with volunteers and service user representatives available for clients to speak to when they entered the service. Staff told us that allowed clients presenting to the service to feel more relaxed and have someone to talk to who had been through a similar experience.

There was information for clients on display at each service. Leaflets available included mutual aid, support groups, mental health, physical health, sexual health, medication, smoking cessation, carers and family support, employment, harm reduction, helplines, blood borne viruses, hepatitis C, complaints and advocacy services. The needle exchange rooms had separate information leaflets relating to safer injecting and steroid use.

## **Meeting the needs of all clients**

There was access for people with mobility difficulties at Blackburn, Lytham St Annes, Mansfield and Scunthorpe, including accessible toilets. At Manchester, Wirral and Runcorn the service base was located on the first floor of the building. Staff accessed rooms on the ground floor when needed.

There were no information leaflets available in other languages on display, however staff told us that they could

# Substance misuse services

provide information in different languages or different formats if needed. Staff at Wirral had displayed a poster in Polish around the local community to raise awareness of the services available. At Blackburn, staff had created a recovery folder for Islamic clients. The folder included information related to Islamic spirituality and views of drugs. Staff also engaged with the Islamic community and prayers were read at the local mosque to raise awareness of substance misuse and the services available.

There were a number of activity groups available for clients to attend. These included drama, art, gardening, fishing, women's group, over 50s walking, pre-detox group and peer volunteer led groups. Clients told us that they were able to request activities that they would like to carry out and these were arranged.

Staff had access to interpreters and signers to support clients when needed.

## Listening to and learning from concerns and complaints

Data provided to us indicated the number of formal complaints received by the provider in the past 12 months as of August 2016.

Blackburn

Number of compliments 3

Number of complaints 8

Number of complaints upheld 4

Lytham St Annes

Number of compliments 117

Number of complaints 9

Number of complaints upheld 7

Manchester

Number of compliments 1

Number of complaints 3

Number of complaints upheld 3

Mansfield

Number of compliments 7

Number of complaints 8

Number of complaints upheld 2

Runcorn

Number of compliments 4

Number of complaints 6

Number of complaints upheld 1

Scunthorpe

Number of compliments 38

Number of complaints 16

Number of complaints upheld 0

Wirral

Number of compliments 0

Number of complaints 27

Number of complaints upheld 6

There were no complaints that had been referred to the independent ombudsman. Staff at Wirral told us that they did not keep a log of compliments received.

Clients we spoke to told us they knew how to make complaints, however, they had no reason to complain. Staff we spoke with were aware of the complaints procedure and how to handle a complaint. Records showed that the outcome of complaint investigations were shared with staff.

Overall, records showed that staff thoroughly investigated complaints and communicated with the client including acknowledging receipt of the complaint, arranging a face-to-face meeting and providing an outcome to the client in writing. However, at Blackburn and Runcorn it was unclear as to when complaints had been received and the outcome of the complaints. Both services held a file that listed the complaint and detailed communication with the complainant, however the records were unclear as to whether staff had taken the appropriate actions to deal with complaints in line with the provider's policy and timescales.

## Are substance misuse services well-led?

### Vision and values

The organisation's vision was "to help people change the direction of their lives, grow as a person and live life to its full potential".



# Substance misuse services

The organisation's values were:

- Focus
- Empowerment
- Passion
- Social justice
- Respect
- Vocation.

Staff we spoke with aware of the organisation's vision and values and we found information relating to these values displayed at each service.

Staff knew who the senior managers of the organisation were and reported that they had visited the services. Staff told us that local service managers were visible, approachable and supportive and that the registered managers had also visited the services.

Staff told us that the recruitment process included a technical interview and a value based interview. Staff were trained to carry out value based interviews. Staff told us of instances where applicants had passed the technical interview but not been offered a job because they had failed the value based interview.

At the time of our inspection, the provider was embedding a values based leadership and management approach throughout the organisation. A number of programmes had already been delivered to staff and included values based leadership workshops, supervision training, mentoring and team leader development. The provider had committed to carrying out this work as a result of the high proportion of staff members who had transferred over to the provider from another employer and the wide variety of organisational cultures and leadership training that staff had experienced.

## Good governance

There was an effective governance structure throughout the organisation. Staff attended regular managers meetings, integrated governance meetings, local team meetings and clinical meetings. There were a number of areas discussed including performance, risk management, quality improvements, innovation, safeguarding, audit, learning from incidents and learning and development.

There was a system in place to communicate information with the executive management team and the board of trustees. We found a continuous cycle of communication throughout the organisation.

Locally, we found good monitoring systems in place to ensure that incidents were reported and investigated. Learning from incidents was shared, safeguarding procedures were followed and clinical audits were carried out. We found that managers were strong leaders and this contributed to the effective functioning and performance of the services that we visited.

Managers used an information dashboard to monitor the performance of the services. The dashboards gave a snapshot of the activity of the services and included keyworker caseload, safeguarding issues identified, missed appointment rates, number of days since the last face-to-face client contact, supervised consumption rate, number of incidents reported, sickness absence rates and staff supervision rate. We found evidence that managers acted on the information included within the dashboards such as ensuring supervision was available for staff and reviewing caseloads when necessary.

Each service had a service quality improvement plan, which was individualised to the service and included an intended outcome, actions required and information of how the outcome would be achieved. The plans included outcomes for improving recovery and risk plans, increasing successful outcomes for opiate users and monitoring missed appointments.

Records showed that staff carried out an audit of volunteer and peer mentor files to ensure that these staff members were receiving appropriate support. The audit included mandatory training, supervision, induction, risk assessments and policies. We found evidence of actions being completed following the audits, which included arranging supervision and ensuring that staff could access mandatory training on the electronic system.

Managers told us they felt they had enough autonomy to carry out their roles and were supported by senior managers. There was administrative support at all of the services.

Managers of the services were aware of the provider's risk register and told us that they would add an item to the risk register by escalating any concerns to their managers.

# Substance misuse services

## Leadership, morale and staff engagement

Results of a staff survey completed in March 2016 indicated that staff were happy with the support that they received and would recommend the provider to their friends and family. Of the staff that completed the survey, 74% of staff agreed or strongly agreed that they received support from their immediate line manager and 82% of staff agreed or strongly agreed that they received support from their colleagues. There was 69% of staff that agreed or strongly agreed that they would be happy with the standard of care provided if their friends or relative needed treatment.

We found excellent leadership at a local and regional level. Managers told us that they had received leadership training and could request specialist training for further professional development. Staff we spoke with told us that they felt supported by their managers and their colleagues. We found staff to be dedicated, passionate and committed to their roles.

We observed a senior management team meeting at Runcorn. Managers discussed audits, staffing and investigation reviews and reviewed data provided for each service. We found excellent communication and sharing of information.

Staff morale was good. At Mansfield, staff told us that their workload could be more manageable and that they experienced stress, however they felt supported by the team. At Manchester, the provider had taken over the service in April 2016. Staff spoke positively about the transition and reported improvements in the culture of the team. The organisation provided staff with online mindfulness sessions to support personal wellbeing. Following a pilot in May 2016, the provider had rolled out the 'health, wellbeing and development hour', which was an hour allocated each week for staff to engage in an activity that was focused on health, wellbeing or development. The results from the pilot indicated that staff felt valued and trusted, stress was relieved, staff felt more relaxed and there was an increase in staff morale. At Wirral, staff listed the hour as a contributor to improved performance.

The average sickness absence rate across the services was 3.1%. At Blackburn and Wirral there were higher rates of

long term sickness at 4% and 4.8% respectively. Managers raised any concerns regarding staff sickness and absence with senior managers and we found evidence that staff were supported on their return to work.

There were no bullying and harassment cases being investigated at the time of our inspection.

Staff we spoke with were aware of the whistleblowing process. Staff felt able to raise concerns with their team manager and service manager.

We saw examples of staff being open and explaining to clients when things had gone wrong.

There were clear pathways for staff and client progression within the services. Many of the current staff had previously received treatment from the services and the provider had supported them to attain the necessary skills, training, qualifications and accreditations to become paid members of staff.

There were regular staff involvement meetings that staff representatives attended to give feedback on services. Staff told us that they also gave feedback to their managers and they felt that they were listened to.

The provider had been assessed by Investors in People in July 2016 and received a Silver award. The provider was rated as 'advanced' in a number of areas including motivating people, operating in line with the values, encouraging high performance and encouraging innovation.

## Commitment to quality improvement and innovation

The provider demonstrated a strong commitment to quality improvement and innovation. There were a number of pilots taking place across services to assess how services could improve and how this could benefit clients using the services. An example of a pilot was the use of new tools for the assessment process when clients entered the service, with the aim of improving the client and staff experience and reinforcing a person centred approach. The findings from the pilot allowed the provider to make necessary changes and provide additional support to staff when rolling out the new assessment tools.

The provider had worked with local universities on a number of research projects. These included drug and alcohol staff views about recovery, overcoming barriers upon entry to treatment and a study of the effectiveness of

## Substance misuse services

medication management for relapse prevention in alcohol dependence. As of April 2016, the provider was involved in 28 external research projects. A research oversight group met quarterly to discuss and review research projects. We

saw evidence of research applications being rejected by the provider if staff had concerns about the way the research was proposed to be carried out and any identified weaknesses in the research methodology.



# Outstanding practice and areas for improvement

## Outstanding practice

The service demonstrated a strong commitment to quality improvement and innovation. They participated in local and national research projects to further the understanding of substance misuse difficulties. This included working closely with other agencies, including local hospitals and universities.

We also found a strong commitment to client involvement in decisions about the services provided. This included service user representatives attending local, regional and national governance meetings with senior managers of the organisation.

At Blackburn, staff had created a recovery folder for Islamic clients. The folder included information related to Islamic spirituality and views of drugs. Staff also engaged with the Islamic community and prayers were read at the local mosque to raise awareness of substance misuse and the services available.

The provider held family focused clinics. These had been created following a review of research that highlighted the potential risks to the children of adults receiving opioid replacement therapy and more specifically methadone. There was a policy which supported staff to make decisions to reduce the risk of children being able to access methadone. Staff used a flowchart to choose the most appropriate medication for clients already prescribed methadone. This included an assessment of the suitability of ongoing treatment and the use of supervised consumption where risks to children were present. All new clients entering treatment with children five years and younger were prescribed buprenorphine to reduce the risks to children.

## Areas for improvement

### Action the provider **MUST** take to improve

- The provider must ensure that equipment used for delivering care and treatment is safe to use.
- The provider must ensure that clinical waste is managed safely and stored securely.
- The provider must ensure that medicines are stored safely.
- The provider must ensure that staff identify and mitigate the risks of the spread of infection.
- The provider must ensure that staff keep a complete and contemporaneous care record for each client.

### Action the provider **SHOULD** take to improve

- The provider should ensure that staff follow the provider's policy for dealing with complaints and keep a record of actions taken at all stages of the complaints process.
- The provider should ensure that all staff are up to date with mandatory training and receive an appraisal.
- The provider should ensure that staff disclosure and barring checks are completed in line with the provider's policy.

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	Regulation
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met</b></p> <p>We found equipment that was not safe to use at Runcorn and Blackburn. Staff had completed a weekly audit of the equipment, however staff had not identified that the equipment was out of date and there was no evidence that stock was being rotated.</p> <p>We found that clinical waste was not managed safely at Manchester and Blackburn. This meant there was a risk of needle-stick injuries and infection to clients, visitors and staff.</p> <p>At Manchester, the clinical wash hand basin in the clinic room was not compliant with the Health Building Note 00-09: infection control in the built environment. Staff had not completed a risk assessment to identify the risk of the spread of infection nor had actions been identified to mitigate the potential risks. This meant there was a risk that infection could spread amongst clients, staff and visitors to the service.</p> <p>At Blackburn, we found that medicines were not stored safely. We found emergency medicines were stored in a lockable box, however at the time of our inspection staff had been advised to keep the box unlocked.</p> <p>This was a breach of Regulation 12 (2)(e)(g)</p>
Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met</b></p>

This section is primarily information for the provider

## Requirement notices

We found that a complete and contemporaneous care record was not kept for each client. Staff accessed risk assessments, risk management plans and recovery plans within paper records and details of appointments, safeguarding and treatment notes were stored on the client's electronic care record. At Manchester, staff had difficulties locating information around risk within clients' care records.

This was a breach of Regulation 17 (2)(c)