

Westminster Drug Project

WDP New Beginnings (Cheshire West and Chester)

Inspection report

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Date of inspection visit: 12, 13 and 14 October
Date of publication: 06/01/2022

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Overall summary

We rated this service as good because:

- The service provided safe care. The premises where clients were seen were safe and clean. The service had enough staff, who knew the patients and received basic training to keep them safe from avoidable harm.
- Staff assessed and managed risks to patients and themselves well. They responded promptly to sudden deterioration in a patient's health. When necessary, staff worked with patients and their families and carers to develop crisis plans. Staff followed good personal safety protocols.
- Staff developed holistic, recovery-orientated care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the clients and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided
- Teams included or had access to the full range of specialists required to meet the needs of clients under their care. Managers ensured staff received training and supervision. Staff worked well together as a multidisciplinary team and with relevant services outside the organisation
- Staff treated clients with compassion and kindness. Staff understood the individual needs of clients. They actively involved clients in decision making and care planning
- The service was easy to access. Staff planned and managed discharge well and had alternative pathways for people whose needs it could not meet
- The service was well led. Governance processes ensured that quality and performance was monitored, incidents and complaints were investigated, and learning was disseminated to staff.

Summary of findings

Our judgements about each of the main services

Service

Substance misuse services

Rating

Good



Summary of each main service

We rated this service as good because:

- The service provided safe care. The premises where clients were seen were safe and clean. The service had enough staff, who knew the patients and received basic training to keep them safe from avoidable harm.
- Staff assessed and managed risks to patients and themselves well. They responded promptly to sudden deterioration in a patient's health. When necessary, staff worked with patients and their families and carers to develop crisis plans. Staff followed good personal safety protocols.
- Staff developed holistic, recovery-orientated care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the clients and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided
- Teams included or had access to the full range of specialists required to meet the needs of clients under their care. Managers ensured staff received training and supervision. Staff worked well together as a multidisciplinary team and with relevant services outside the organisation
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- The service was easy to access. Staff planned and managed discharge well and had alternative pathways for people whose needs it could not meet
- The service was well led. Governance processes ensured that quality and performance was monitored, incidents and complaints were investigated, and learning was disseminated to staff.

Summary of findings

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Summary of this inspection

Background to WDP New Beginnings (Cheshire West and Chester)

WDP New Beginnings Cheshire West and Chester is a community substance misuse service. It is based across three locations in Chester, Northwich and Ellesmere Port.

The service provides needle exchange, harm reduction advice, substitute prescribing, support for community detoxification, individual and group sessions, support around education, training and employment and aftercare and counselling services.

The service was registered with the CQC 1 April 2019. The service is registered for the treatment of disease, disorder or injury.

The service has not been previously inspected under this provider.

What people who use the service say

We spoke with 13 clients during the inspection. Clients we spoke with gave positive feedback on both the service and staff. They described staff as being kind, caring and considerate. Clients felt they had been involved in decisions about their care and treatment and were able to describe their treatment goals and the support they had in place. Clients we spoke with felt that staff understood their needs and worked with them to address them.

How we carried out this inspection

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

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

The inspection was unannounced. Before the inspection visit, we reviewed information that we held about the service. During the inspection visit, the inspection team:

- Reviewed the environment and facilities at all three teams
- Spoke with 13 clients
- Spoke with the team manager in each of the three teams
- Spoke with 20 staff including senior recovery practitioners, recovery practitioners, nurses, outreach workers, medics and non-medical prescribers.
- Spoke with senior management at the service
- Reviewed 23 care records
- Observed three client appointments and one team flash meeting
- Reviewed policies and procedures used in the running of the service

Summary of this inspection

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

Outstanding practice

We found the following outstanding practice:

- The service had a reward scheme called the capital card to encourage client engagement with the service. Clients could collect points on their card for attending appointments and groups. Clients could also earn points by completing hepatitis and blood borne virus testing and getting vaccinations where appropriate. Clients could spend their points in a shop at each service which included toiletries, canned goods and clothing. Clients could also spend points with partners within the local community who had signed up to the scheme. This included local shops, restaurants and attractions. We saw examples where a client had used points to take their children to Chester Zoo and where clients had used points on clothing and gym memberships.

Our findings

Overview of ratings

Our ratings for this location are:

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

Substance misuse services

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

Are Substance misuse services safe?

Good 

Safe and clean environment

All locations where clients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose. Staff completed appropriate daily, weekly and monthly environmental checks. All three locations had completed annual health and safety and fire safety risk assessments. Staff took action to remove or reduce any identified risks. Cleaning records were up to date and demonstrated that the environments were cleaned regularly. Staff made sure equipment was well maintained, clean and in working order.

Staff followed infection control policies, including those related to COVID-19.

All interview rooms had alarms and staff available to respond. All clinic rooms had the necessary equipment for patients to have thorough physical examinations.

Safe staffing

Nursing staff

The service had enough nursing and support staff to deliver care and keep clients safe. The staffing establishment for each team varied but included recovery practitioners, outreach workers, nurses and medics. Staff and managers we spoke with acknowledged that the COVID-19 pandemic had impacted staffing levels and placed increased pressure on the workforce. However, safe staffing levels had been maintained. The service had arrangements in place to cover leave, absence and vacant posts. Staffing and cover arrangements were discussed in daily 'flash' meetings each morning.

The service had 4.4 wholetime equivalent vacancies across a staffing establishment level of 59.9 wholetime equivalent staff. Vacancies were being covered by use of agency staff and cross-team working. Managers used consistent agency staff where possible. Managers ensured that agency staff had an induction and understood the service before starting. Vacancies were being recruited to. The service had a low turnover rate. In the 12 months prior to our inspection the service had a turnover rate of 12% (six staff).

Staff had an average caseload of between 50 to 60 clients. Staff caseloads were reviewed and discussed in supervision meetings. Senior recovery practitioners had smaller caseloads but managed the more complex and difficult clients.

Substance misuse services

The service had enough medical staff to meet need.

Mandatory training

Staff had completed and kept up to date with their mandatory training. Training compliance with mandatory on-line training was 91%. Compliance with mandatory face to face training was 87%. There were two courses where compliance rates were below 75%. They were face to face health and safety training (67%) and face to face motivational interviewing training (67%). Delivery of face to face training had been impacted by the COVID-19 pandemic but new training dates had been booked.

The mandatory training programme was comprehensive and met the needs of clients and staff. Managers monitored mandatory training and alerted staff when they needed to update their training.

Assessing and managing risk to patients and staff

Assessment of patient risk

Staff completed risk assessments for each client entering the service. We reviewed 23 care records and found that each one had a comprehensive risk assessment in place. Risk assessments covered all relevant area and had been updated in response to a change in circumstances. Each record included a risk management plan which reflected the findings of the risk assessment. Risk management plans were up to date and had been reviewed at a minimum of three-monthly periods or in response to a change in risk.

Staff completed a reengagement plan with clients at their initial assessment. This covered how staff could contact and reengage with the client in the event of an unexpected exit from treatment. Staff also provided clients with a recovery pack which included information on crisis and support services.

Management of patient risk

Staff responded promptly to deterioration in client's health and responded to changing risks. Staff identified these changes through regular engagement with clients, reviews of assessments and care plans and through liaison with other stakeholders such as pharmacies, GPs, safeguarding authorities and other health services.

Staff assessed clients' suitability to collect their prescription and to keep their medication at home. Where children were present in the home environment staff provided safe storage boxes and completed home visits to ensure their correct use and to assess the environment.

Staff assessed and managed risks relating to the use of illicit substances on top of prescribed opiate substitution medication. Clients completed urine samples a minimum of three monthly and discussions were held between the client, recovery worker and doctor over prescribing options. Staff assessed and managed risks relating to diversion. All new admissions to the service started on daily supervised consumption and were reviewed before being moved onto less frequent medication pick-ups.

Staff followed clear personal safety protocols, including for lone working and home visits.

Safeguarding

Staff received training on how to recognise and report abuse, appropriate for their role. Staff kept up to date with their safeguarding training. Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them

Substance misuse services

Staff knew how to make a safeguarding referral and who to inform if they had concerns. There were good links with local safeguarding services.

Staff access to essential information

Staff had easy access to clinical information and were able to maintain and access clinical records. Clinical records were both paper and electronic. Records were stored securely, and electronic records were password protected.

Medicines management

Staff followed policies and procedures in relation to medicines and medication management. Medicines were prescribed by doctors and non-medical prescribers within the service. Medicines were dispensed at local pharmacies. Staff reviewed prescribing regularly and provided advice to clients about their medicines. Staff stored and managed all medicines and prescribing documents safely.

Staff provided clients with naloxone kits. Naloxone is a medicine used in emergency treatment to reverse the life threatening effects of an opioid overdose. Staff trained clients on the use of naloxone before issuing the kit. The storage and issuing of naloxone was included in medicine audits.

The services had blood borne virus clinics which offered testing and vaccination. Vaccines were kept in fridges whose temperature was regularly monitored. Vaccinations stored in fridges at the time of our inspection were in date.

Staff followed policies and procedures in relation to the safe storage and issuing of prescription pads.

Track record on safety

The service had a good track record on safety.

Reporting incidents and learning from when things go wrong

Staff knew what incidents to report and how to report them. Staff used an electronic system to report incidents. Staff reported incidents such as prescribing or medication errors, incidents of violence and aggression and safeguarding concerns. Reported incidents were reviewed by local and regional managers. Trends and themes in incidents were monitored through monthly governance meetings at service level and in quarterly governance meetings at provider level.

Managers completed investigations into incidents where appropriate. Staff received feedback from investigations in supervision and team meetings. These included incidents within their own location as well as other WDP services within New Beginnings Cheshire West and Chester and elsewhere within the country. There was evidence that changes had been made as a result of feedback.

Managers debriefed and supported staff after incidents. Staff we spoke with gave us examples of when this had occurred in both one to one and group formats.

Staff understood the duty of candour. Duty of candour is a legal requirement, which means providers must be open and transparent with clients about their care and treatment. Staff gave clients and families a full explanation if and when things went wrong.

The service contributed to local death and mortality reviews.

Substance misuse services

Are Substance misuse services effective?

Good 

Assessment of needs and planning of care

We reviewed 23 care and treatment records. Staff completed comprehensive assessments with clients in a timely manner. Assessments were comprehensive and covered all key areas including physical and mental health, safeguarding, substance misuse history, social needs and forensic history.

Staff developed comprehensive care plans for each client which reflected their assessment and met their needs. Care plans were personalised, holistic and recovery orientated. Care plans were written collaboratively with clients and identified the clients' goals, recovery capital and the support and interventions they required. Staff regularly reviewed and updated care plans when clients' needs changed.

Staff made sure clients had a physical health assessment and supported the management of physical health conditions.

Best practice in treatment and care

Staff provided a range of care and treatment suitable for the clients in the service. Staff delivered care in line with best practice and national guidance including those laid out by Public Health England and the National Institute for Health and Care Excellence.

Staff provided a range of psychosocial interventions in both one to one and group formats. These included cognitive behavioural therapy, mindfulness and motivational interviewing.

Staff supported clients with their physical health needs. Staff completed appropriate physical health checks and monitoring where required. Clients had access to doctors and nurses within the teams and there were pathways into specialist physical health services. Care records we reviewed demonstrated good management of physical health and good liaison with GPs and other health professionals.

Staff supported clients to live healthier lives by supporting them to take part in programmes and through the provision of advice. This included support around smoking cessation, healthy eating and access to free or reduced cost gym passes.

Staff used technology to support patients. Staff had completed appointments and groups via video calls during the COVID-19 pandemic. The service was undertaking a project to digitalise assessment and pathway paperwork and provide staff with tablets to help the process.

Staff used recognised rating scales and outcome measures to help monitor client progress. Staff completed treatment outcome profiles and submitted these to the National Drug Treatment Monitoring System.

The service had an audit programme in place to monitor the quality of care. These included monthly and quarterly clinical audits as well as separate medication and safeguarding audits. Managers used the findings of audits to make improvements to the service.

Substance misuse services

The service had an established volunteer and peer mentor programme in place prior to the COVID-19 pandemic. A new Inclusion Lead had recently been appointed and senior management were able to describe the plans to reintroduce volunteer and peer-mentor roles as pandemic related restrictions eased. Volunteer job descriptions and relevant training had been developed. An appropriate governance structure was in place around the volunteer scheme including recruitment, supervision and performance management.

Skilled staff to deliver care

The service had access to a full range of specialists required to meet the needs of clients under their care. These included senior recovery practitioners, recovery practitioners, homeless outreach practitioners, criminal justice and outreach practitioners, young people practitioners, nurses, medics and non-medical prescribers.

Managers made sure staff had the right skills, qualifications and experience to meet the needs of clients with substance misuse issues. Learning needs were identified through supervision and recommendations from investigations into incidents and complaints. Staff had access to a range of additional specialist training including psychosocial interventions, group facilitation, blood borne viruses and training around sexual violence. Recovery practitioners completed level three recovery competency framework training. The service was rolling out new training developed by Public Health England. The training was an e-learning package entitled best practice in optimising opioid substitution treatment (BOOST). The programme was designed to complement the organisational recovery competence framework by providing drug treatment and recovery professionals with the information they need to deliver good quality opioid substitution treatment to clients.

Managers gave each new member of staff a full induction to the service before they started work. The induction programme was four weeks long and included training and a period shadowing colleagues.

Staff received regular supervision. Compliance with supervision between from April 2021 to September 2021 was 80%. The provider had reviewed its policy around appraisal and as part of their most recent business plan had committed to moving to a quarterly appraisal process. However, implementation of this had been interrupted by the COVID-19 pandemic and the provider was unable to provide appraisal data. Due to this disruption all staff had been booked in for appraisal by the end of 2021 to ensure an annual appraisal had taken place whilst the quarterly requirement was rolled out. Staff we spoke with told us they felt supported and were always able to get advice and guidance when they required it. Specialist supervision was in place for non-medical prescribers.

Staff had access to weekly team meetings. Information was shared with staff unable to attend via email, dissemination of minutes and verbal conversations.

Managers recognised poor performance, could identify the reasons and dealt with these. There were appropriate policies in place and support from a HR service.

Multidisciplinary and interagency teamwork

Staff held regular multidisciplinary meetings to discuss clients and review their care. These included daily 'flash' meetings and weekly multidisciplinary meetings. Daily flash meetings were held in each team. Staff planned for the day ahead and shared information on clients and service updates. We observed one flash meeting during our inspection. The meeting was well structured and appropriate information and updates were shared amongst staff. Weekly multidisciplinary meetings were held to review client care and progress.

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Staff had effective working relationships with other teams within the organisation and with external teams and services. We reviewed 23 care records. Care records evidenced input from a range of internal and external professionals and demonstrated multidisciplinary working. The service had developed a shared outpatient pathway with the Hospital Alcohol Liaison Service at the local hospital and introduced joint multidisciplinary meetings with the local mental health provider for shared complex cases.

Good practice in applying the Mental Capacity Act

Staff received training on the Mental Capacity Act. Compliance with training was 95%. Staff had access to relevant policies and support in relation to the Mental Capacity Act. Staff supported clients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act and knew what to do if a clients' capacity to make decisions or consent to treatment might be impaired. There were good links with local mental health services.

Are Substance misuse services caring?

Good 

Kindness, privacy, dignity, respect, compassion and support

Staff treated patients with compassion and kindness. Staff and client interactions we observed during the inspection were conducted in a caring and respectful manner. We spoke with 13 clients during the inspection. Clients were positive about staff and their experience of accessing services. They described staff as considerate, caring and supportive. They felt staff were discreet, respectful and responsive when engaging with them. Clients we spoke with gave examples where they felt staff had 'gone the extra mile' to help them and described emotional support and advice they had been given. We observed two client review meetings during the inspection. In both meetings staff were professional and engaged with the client in an appropriate therapeutic manner.

Clients felt that staff understood and respected their individual needs. They supported them to understand and manage their own care. Staff directed patients to other services and supported them to access those services if they needed help.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients and staff.

Staff followed policy to keep patient information confidential.

Involvement in care

Involvement of patients

Clients, and where appropriate, family members were involved in the completion of assessments and the development of care plans. We reviewed 23 care records during the inspection. We found evidence of client involvement and input in all 23 records. Staff worked to ensure that clients understood their care and treatment and had the relevant information to make decisions. We observed two client review meetings during the inspection. Staff encouraged clients to contribute to discussions around their care and facilitated them to do so by providing appropriate information.

Clients were able to give feedback on the service they received. This was in the form of client surveys and feedback cards available in reception areas.

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Clients had been involved in delivering and helping to make decisions about the service prior to the COVID-19 pandemic. This had been in the form of volunteer and peer mentor roles, a service user forum and sitting on interview panels for staff. This involvement had been limited during the pandemic. However, managers were able to describe plans to restart these programmes.

Involvement of families and carers

Staff informed and involved families or carers when it was appropriate and where clients had consented to their involvement. We reviewed 23 care records and saw evidence of carer and family involvement where it had been agreed. This included capturing carer views on assessments and care plans, carer attendance at appointments and regular contact between the service and carers.

Are Substance misuse services responsive?

Good 

Access and waiting times

The service was easy to access. Clients could self refer or be referred by a healthcare professional or services. Clients could access the service without delay as there was no waiting list. Staff could prioritise referrals in response to specific needs or risk indicators. Clients were invited to attend an assessment appointment, a choices group and where appropriate a prescribing appointment. In the Northwich team, clients were able to attend an assessment and prescribing appointment at the same time. This model was being rolled out to the other two services to reduce the wait between assessment and the commencement of opiate substitute medication.

Staff tried to engage with people who found it difficult, or were reluctant, to seek support from mental health services. There was a homeless outreach worker with good links to local hostels. There was ongoing work to improve engagement with other hard to reach groups including BAME and LGBT+ communities.

Staff worked hard to avoid cancelling appointments and when they had to they gave patients clear explanations and offered new appointments as soon as possible. Appointments ran on time and staff informed patients when they did not. Patients had some flexibility and choice in the appointment times available. Each service offered evening appointments to support clients in employment. Services were also offered from satellite clinics as well as the team base.

Staff followed up patients who missed appointments. There were policies, procedures and outreach workers to support this process. There was a scheme in place to ensure that every client was contacted at least every 28 days.

The facilities promote comfort, dignity and privacy

The design, layout and furnishings of treatment rooms supported clients' treatment, privacy and dignity. The service had enough interview rooms for staff to meet with clients. Each site had a reception area where clients could wait. Staff had access to a full range of equipment.

Clients' engagement with the wider community

Staff encouraged clients to maintain contact with their families and carers and seek support from them where possible. Records showed that families and carers were involved where clients consented to this.

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Staff encouraged clients to access the local community and social activities. The service worked with a local provider to promote access to education and employment opportunities. This included support to complete applications, write curriculum vitae and prepare for interviews. Staff acknowledged that engagement with the support service had been impacted by the COVID-19 pandemic but were able to discuss plans to restart the programme as restrictions eased.

The service had a reward scheme called the capital card to encourage client engagement with the service. Clients could collect points on their card for attending appointments and groups. Clients could also earn points by completing hepatitis and blood borne virus testing and getting vaccinations where appropriate. Clients could spend their points in a shop at each service which included toiletries, canned goods and clothing. Clients could also spend points with partners within the local community who had signed up to the scheme. This included local shops, restaurants and attractions. We saw examples where a client had used points to take their children to Chester Zoo and where clients had used points on clothing and gym memberships.

Meeting the needs of all people who use the service

The service met the needs of all clients, including those with a protected characteristic. The service could support and make adjustments for people with disabilities, communication needs or other specific needs. Services at Ellesmere Port and Nantwich were ground floor facilities. There was a lift at the site in Chester where services were on the first floor. Staff had access to translation services including face to face, telephone and document translation. We saw examples within care notes where translators had been used.

Staff we spoke with demonstrated an understanding of the potential issues and barriers to access facing vulnerable groups. There was a homeless outreach worker based at the Chester team who engaged with vulnerable homeless and local hostels. The service was planning a consultation event with local LGBT+ support services in the area. During the inspection we case tracked two clients who were transgender. Care records and documentation used preferred pronouns and demonstrated good engagement with support services. The service was in ongoing discussion with the local sexual health services provider to discuss improved clinical pathways.

The service had completed a fair access review that looked at access and outcomes for different characteristics. The review included recommended actions which were being implemented. For example, the review had found that positive outcomes for male clients were slightly worse. The service had sent up a men's support group in response. The service also reported outcomes for high risk client groups in quarterly contract reporting to commissioners.

Information leaflets on display in team buildings were predominately in English but translated versions were available. This included easy read versions. Staff made sure patients could access information on treatment, local service, their rights and how to complain.

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.

Clients we spoke with knew how to complain or raise concerns if they needed to. Information on how to complain was advertised on sites and available in leaflet form. None of the clients we spoke with had reason to raise a complaint but told us they would feel comfortable doing so if they needed to.

Staff we spoke with were aware of the provider's complaints policy and the processes that supported it. Staff attempted local resolution as a first step and moved to a formal complaint if this was unsuccessful. Managers investigated formal

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complaints and provided feedback to clients and staff. Learning from complaints was shared with staff in supervision and in team meetings. In the 12 months prior to our inspection the service had received eight formal complaints. Five complaints were not upheld, two complaints were partially upheld and one complaint was withdrawn. In the same period the service received 23 compliments.

Are Substance misuse services well-led?

Good 

Leadership

Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services that they managed. They were able to describe how the teams were working to provide high quality care. Leaders had developed plans to respond to the impact of the COVID-19 pandemic and were able to describe how the service would continue to adapt as restrictions ease.

Leaders were a visible presence within the service. Staff we spoke with knew who senior managers were and understood their roles. Managers were described as open and approachable. Senior management within the provider had maintained contact through video calls during the COVID-19 pandemic. The provider's Chief Executive and Head of Services had recently visited services in person.

Leaders had access to specialised training and development programmes.

Vision and strategy

Staff knew and understood the provider's vision and values and how they were applied in the work of their team. Staff we spoke with were able to explain concepts of recovery, what recovery looked like and how the service worked with clients to achieve and maintain that recovery.

Culture

Staff we spoke with felt respected, supported and valued. Staff acknowledged that the COVID-19 pandemic had increased stress and pressure within services but generally reported positive morale and good team working. Some staff had completed mental health support training during the pandemic to be able to support colleagues. Staff could access support for physical and emotional health needs through an occupational health service.

Staff we spoke with reported positive relationships with managers and senior staff within the multidisciplinary team. They told us that managers were supportive, open and approachable. Staff felt able to raise concerns without fear of reprisal. Staff felt empowered to suggest improvements or changes to the service and felt managers were receptive to ideas.

Staff teams worked well together and where there were difficulties managers dealt with them appropriately.

Staff reported that the provider promoted equality and diversity in its day to day work.

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Governance

Our findings from the other key questions demonstrated that governance processes operated effectively at service level. Performance and risk were managed well. There were processes in place to monitor the safety and quality of premises, equipment and the delivery of care and treatment. There was a clinical audit programme in place. Managers had effective oversight of systems and processes to ensure the service was safe.

There was a governance structure in place at service and provider level. Staff discussed incidents, performance, risk and quality improvement in governance meetings. There was a clear framework of what was to be discussed at team meetings. Action plans were monitored and delivered.

Staff had access to a suite of policies and procedures to support them in their work. Policies and procedures were appropriate and up to date.

Staff understood the arrangements for working with other teams, both within the provider and externally. The service submitted data and appropriate notifications to external bodies when required.

Management of risk, issues and performance

Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

There was a clear quality assurance management and performance framework in place that was embedded across all three locations. Managers had access to weekly 'data digest' which covered key performance indicators. The service submitted quarterly performance reports to commissioners. Staff had access to a risk register held at service level. Staff were able to raise issues for inclusion on the risk register. Risks rated as high on the service risk register were also escalated to the provider level risk register. Staff concerns matched those on the risk register.

The service had plans for emergencies such as adverse weather, loss of information technology systems or closure of premises. The service had managed its response to the COVID-19 pandemic to minimise disruption to the service and clients.

Information management

Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities. Managers had access to information to support them in their management role.

Staff had access to the equipment and information technology needed to do their work. Electronic documents were password protected.

Staff ensured that clients understood how their information was stored and who it was shared with. Clients signed consent forms to support this.

Engagement

Staff, clients and carers had access to up to date information about the service via the service website and social media channels. Staff, clients and carers were able to give feedback on the service.

Managers engaged actively with other local health and social care providers and support services. There were good links with services within the local recovery community. The service was planning events to engage with hard to reach groups including the LGBT+ community.

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Learning, continuous improvement and innovation

The service was committed to learning, continuous improvement and innovation. There was evidence of learning from when things had gone wrong. Shared learning was disseminated through the governance structure.

The service promoted improvement and innovation. Following staff feedback the service was rolling out a project to digitalise assessment and pathway paperwork with the intention of reducing duplication of work and improving access. The service was rolling out new training developed by Public Health England. The training was an e-learning package entitled best practice in optimising opioid substitution treatment (BOOST). The service had developed a shared outpatient pathway with the Hospital Alcohol Liaison Service at the local hospital and introduced joint multidisciplinary meetings with the local mental health provider for shared complex cases.

The service was linked into a research department in the provider organisation and participated in appropriate research projects.