

Change Grow Live Spectrum

Quality Report

St Martins House
14 The Common
Hatfield
AL10 0UR
Tel: 01707256532

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Core services inspected**CQC registered location****CQC location ID**

Substance misuse services

Spectrum

1-5895626410

This report describes our judgement of the quality of care at this provider. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Summary of findings

Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

Overall rating for services at this Provider

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Mental Health Act responsibilities and Mental Capacity Act/Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Health Act and Mental Capacity Act in our overall inspection of the core service.

We do not give a rating for Mental Health Act or Mental Capacity Act; however, we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Health Act and Mental Capacity Act can be found later in this report.

Summary of findings

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Summary of findings

Overall summary

- Spectrum had health and safety systems in place to manage the safety for clients and staff across all hubs. Fire risk assessments and the health and safety folders were up to date.
- All hubs had a range of appropriate rooms to meet client's needs. The clinical rooms were clean, well-stocked and regularly reviewed by the clinical lead nurse. Staff had access to Naloxone (Naloxone is used to reverse the effects of opioids) and adrenaline which were stored in emergency grab bags at all hubs.
- The provider had robust policies, procedures & training related to medication and medicines management. These included: prescribing, detoxification and assessing people's tolerance to medication. Staff adhered to infection control principles, including hand washing and the disposal and storage of clinical waste.
- Adverse events were planned for. The provider had a business continuity plan in place which was regularly reviewed by the hub managers.
- There was enough staff at all grades to meet the needs of the clients. All staff received mandatory training suitable for their role. Additional specialist training was provided for example, Recovery workers had access to qualifications and credit framework (QCF) diploma level three in a therapy related subject. The multidisciplinary team met regularly to discuss client progress and needs. Each day a morning meeting was held at all hubs, where the team discussed the clients they were scheduled to see that day.
- Clients received a comprehensive assessment in a timely manner which included a physical health assessment. Staff were able to identify signs of deteriorating in mental health. Risk management plans were discussed upon first assessment and regularly reviewed thereafter.
- The service bench marked their service performance against Public Health England treatment outcomes. We were provided with performance evidence where the provider was performing above the Public health England performance data for successful completions of treatment, opiate representation, incomplete Hepatitis B vaccinations and levels of incomplete Hepatitis C screening.
- Staff worked well with external agencies. Recovery workers and nurses were co located in hospitals, local authority family safe guarding team, GP surgeries, the job centre and police custody suites. This meant staff were able to share key information immediately.
- Staff in leadership roles had the skills, knowledge and experience to perform their roles and provide strong leadership to staff. Managers had a good understanding of the service they were responsible for and could explain clearly how the teams were working to provide high quality care.
- Staff we spoke with told us they felt respected, supported and valued by the provider. They reported that work related stress was minimal and manageable and that team morale was positive.
- There were robust governance systems in place to effectively manage the service. The manager had oversight of the service. Performance was monitored by completing regular audits and the outcomes were recorded on key performance indicator dashboards. This meant the manager could monitor performance over a period of time to ensure continuous improvement.

Summary of findings

The five questions we ask about the services and what we found

We always ask the following five questions of the services.

Are services safe?

We rated safe as good because:

- The service had robust health and safety systems in place to manage the safety of clients and staff across all four hubs. Fire risk assessments were up to date. Where actions were identified through the fire risk assessments appropriate action was taken.
- All hubs had a range of appropriate rooms to meet clients for group meetings, one to one appointment, medical reviews and a needle exchange. Staff had access to Naloxone (Naloxone is used to reverse the effects of opioids) and adrenaline which were stored in emergency grab bags at all hubs.
- Managers had planned for adverse events. The provider had a business continuity plan in place which was regularly reviewed by the hub managers.
- Managers ensured that there was enough staff at all grades to meet the needs of the clients. The registered manager booked agency staff to cover staff shortages and distributed work load amongst the team.
- All staff received mandatory training suitable for their role.
- We reviewed 26 care and treatment records and found all clients had risk management plans in place. Risk management plans were discussed upon first assessment and regularly reviewed at client plan reviews and three-monthly full risk reviews.
- Relevant staff had received safeguarding training.
- The provider had robust policies, procedures & training related to medication and medicines management which included: prescribing, detoxification and assessing people's tolerance to medication.

However:

- The decoration at Watford hub and Hertford hub were dated and needed redecorating.

Good



Are services effective?

We rated effective as good because:

- Clients received a comprehensive assessment in a timely manner which included a physical health assessment and on-going physical health assessments as required.

Good



Summary of findings

- Staff completed recovery focused care plans. Where a need was identified through the comprehensive assessment, the recovery worker and client developed a person-centred care plan.
- Recovery workers supported clients to minimise risks associated with substance misuse. Blood borne virus testing was routinely offered.
- Staff used technology to support patients effectively. For example, at all four hubs there were posters promoting third party mobile phone applications that include self-help tools.
- Recovery workers regularly reviewed care and recovery plans with the person using the service. As part of the review, recovery workers and the clients used recognised dependency tools.
- All staff received a comprehensive induction.
- The multidisciplinary team met regularly to discuss client progress and needs and there were evidence recovery workers worked close with external agencies.

Are services caring?

We rated caring as good because:

- We observed staff interacting in a kind and respectful manner throughout the inspection.
- Staff said they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes to patients without fear of the consequences.
- Staff supported clients to understand and manage their care, treatment or condition.
- The service had clear confidentiality policies in place that are understood and adhered to by staff.
- The provider had developed a dual diagnosis and learning disability joint working protocol which ensured staff shared information with clients in a way they understood
- Staff enabled families and carers to give feedback on the service they received for example, via surveys or community meetings, feedback reviewed was generally positive.

However

- One client told us they were allocated a new recovery worker without being told why. Another client told us at times whilst attending group they felt like the recovery worker didn't listen to their concerns all the time.

Good



Are services responsive to people's needs?

We rated responsive as good because:

Good



Summary of findings

- The provider had a clear documented acceptance and referral criteria in place, that had been agreed with relevant services and key stakeholders which all staff were aware of.
- The service monitored targets for length of time, from referral to triage to comprehensive assessment and from assessment to intervention.
- Staff completed recovery and risk management plans, which reflected the individual needs of the client. These included clear care pathways to other supporting services for example, maternity, social and housing services.
- Managers had ensured that clients with limited mobility needs were able to attend the hubs for their reviews. The hubs had rooms on the ground floor which clients with a disability could access for group interventions.
- The providers complaint procedure was on display at all of the hubs. Clients spoken with told us they knew how to complain and felt like they would be supported if they wished to raise a complaint.

Are services well-led?

We rated Well-led as good because:

- The registered manager had strategic oversight of all hubs. Staff in leadership roles had the skills, knowledge and experience to perform their roles and provide strong leadership to staff.
- Staff knew and understood the vision and values of the team and organisation and what their role was in achieving that.
- Staff we spoke with told us they felt respected, supported and valued by the provider. They reported that work related stress was minimal and manageable and that team morale was positive.
- Staff had access to support for their own physical and emotional health needs through an occupational health service.
- Managers had ensured that there were robust governance systems in place to effectively manage the service.
- Staff had the ability to submit items to the provider risk register.

Good



Summary of findings

Our inspection team

The team that inspected the service comprised two CQC inspectors and a specialist advisor nurse with specialist substance misuse experience.

Why we carried out this inspection

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

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about the location, asked a range of other organisations for information and sought feedback from patients at three focus groups.

During the inspection visit, the inspection team:

- visited all four hubs, looked at the quality of the environment and observed how staff were caring for patients
- spoke with five patients who were using the service
- spoke with the registered manager and managers for each of the hubs
- spoke with 20 other staff members; including, professor, doctors, nurses, social worker and recovery workers
- attended and observed one hand-over meetings and two multi-disciplinary meetings
- looked at 26 care and treatment records of patients
- carried out a specific check of medication management and clinics
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the provider's services say

- Clients spoken with told us they liked all staff and that most staff were helpful however, one client was allocated a new recovery worker without being told why.
- Clients spoken with told us they knew how to complain and felt like they would be supported if they wished to raise a complaint.
- We were told by clients that volunteers and peer support workers inspired others as they had been through the were in recovery and were able to have a positive impact helping others.

Summary of findings

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure that clients are told when they are allocated a new recovery worker.
- The provider should ensure that all premises are maintained to an appropriate and therapeutic standard.

Change Grow Live Spectrum

Detailed findings

Mental Health Act responsibilities

- The service did not support clients detained under the Mental Health Act.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff assumed capacity in line with the Mental Capacity Act. We found evidence staff ensured clients consented to care and treatment, that this was assessed, recorded and reviewed in a timely manner.
- The service promoted staff with Mental Capacity Act training, we found 100% of relevant staff had completed the training.

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Summary of findings

The service delivered safe care and treatment.

Our findings

Safe and clean environment

Safety of the facility layout

- The service had robust health and safety systems in place to manage the safety of clients and staff across all four hubs. The provider had recently completed a basic ligature risk assessment which was appropriate for the service provided. The ligature risk assessment identified ligature points throughout the building and included control measures. For example, clients were escorted to and from interview rooms and were not left unattended. Fire risk assessment and the health and safety folders were up to date. Where actions were identified through the fire risks assessment, appropriate action was taken.
- The service had a range of appropriate rooms at all hubs, in order to meet clients for group meetings, one to one appointment, medical reviews and a needle exchange. The clinical rooms were clean, well-stocked and regularly reviewed by the clinical lead nurse. The needle exchange facilities at all four hubs were well stocked and locked when not in use.
- Spectrum utilised CCTV to monitor public areas at all hubs. CCTV screens were in the reception area which were observed by reception staff throughout the day. Rooms where clients were seen had a portable panic alarm. The panic alarm had a direct link to the local police service. If the alarm was missing from the meeting room staff could use their personal alarm to summon support if required.
- Staff had access to Naloxone (Naloxone is used to reverse the effects of opioids) and adrenaline which were stored in emergency grab bags at all hubs. The emergency bags were regularly checked to ensure the

required medications were in date and available to use. Change grow Live did not use automated defibrillators or oxygen. In the need of a medical emergency staff would call 999.

Maintenance, cleanliness and infection control

- We observed that areas where people using the service had access to, were generally clean and tidy. However, the decoration at Watford hub and Hertford hub were dated and needed redecorating. We were assured the provider was actively seeking quotes from their approved contractors to update the decoration of the services. All hubs had a dedicated cleaning contract company who attended the building daily. Cleaning records were up to date.
- Staff and clients were able to raise maintenance issues by completing a maintenance request form. All jobs were logged on the database and approved contractors were used to complete the works.
- Staff adhered to infection control principles, including handwashing and the disposal and storage of clinical waste. Spectrum had a contract in place with a clinical waste company who regularly disposed of the waste. All sites had a hatch in the toilet where clients could transfer urine pots used for screening analysis which minimised the risk of cross contamination of public areas.
- Adverse events were planned for. The provider had a business continuity plan in place which was regularly reviewed by the hub managers. The continuity plan details actions to take in the need of a building failure. The provider recently had a flood at the Stevenage site. Staff adhered to the contingency plan and clients were seen at agreed locations. Approved contractors were used to repair the burst pipe in a timely manner.

Safe staffing

- There was enough staff at all grades to meet the needs of the clients. Spectrum employed a total of 101 substantive staff and 51 volunteers. The staff range of health care professionals ranging from a professor,

Are services safe?

consultant psychiatrist, social workers, psychologist, non-medical prescribers, nurses, managers and recovery workers, administration staff and a lead data analyst. At the time of inspection, the provider had one nurse vacancy to cover maternity leave and two recovery worker vacancies.

- The registered manager planned for staffing shortages by booking agency staff and distributing work load amongst the team. The number of staff on shift matched the providers' staffing requirements at the time of inspection.
- Spectrum had a proactive approach to anticipating future problems including staffing levels and staff absence. When a member of staff was planning to go on leave they completed a portfolio handover form, that detailed key information such as planned appointments and high clients to ensure continuity of care.
- Managers monitored the recovery workers caseloads. The provider did not use a formal caseload management tool however, we were told caseloads were generally manageable. Recovery workers working with high risk clients had a smaller case load than recovery workers working with clients deemed a lower risk. This was to ensure patient safety and maximise treatment outcomes for clients.

Mandatory training

- All staff received mandatory training suitable for their role. The provider set a 75% completion target which was monitored by hub managers and the registered manager. We found all mandatory online training courses were above 75% compliant. Mandatory training included, Mental Capacity Act, basic life support, equality and diversity, health and safety, safeguarding children and adults.
- Staff told us they were aware of the lone working procedure which included working with clients at the hubs, satellite sites and home visits. We were told if a client was high risk they would be seen by two workers.
- The registered manager had recently reviewed their training programme to ensure all staff have access to their mandatory training in a timely manner. All staff were expected to complete online training during their induction period. In addition, staff were expected to complete face to face training, which was delivered in two week blocks three times per year. Managers spoken

with told us this helped ensure staff were up to date with their mandatory training but also minimised the impact to service delivery as they could plan to cover staff who were planned to attend the training.

- Training courses covered on the two-week face to face training blocks were; overview of all service pathways, suicide prevention, professional boundaries, bloodborne viruses, take home naloxone, motivational interviewing, dual diagnosis, learning disabilities awareness and working with local mental health training services, embedding knowledge and learning after incidents.

Assessing and managing risk to patients and staff

- We reviewed 26 care and treatment records and found all clients had risk management plans in place. Spectrum held all records on their electronic database. The risk assessments were detailed and covered areas such as, mental health, domestic violence, sexual exploitation and safeguarding risks.
- Staff discussed risk management plans on first assessment and regularly reviewed these at client plan reviews and three-monthly full risk reviews. Risk assessments also included reintegration to treatment plans for clients who unexpectedly left treatment.
- Competent staff assessed client's physical health during the first assessment. Where physical health concerns were identified or if the client was prescribed by the service, their physical health was monitored by appropriately trained staff. Staff told us if they identified warning signs through regular engagement they would advise the client to seek urgent medical health. We were given an example where a client presented with physical health concerns. Staff supported the client to attend the local accident and emergency service to receive appropriate support.
- We saw evidence recovery workers promoted harm reduction and offered advice and were signposted to access third party services to meet their needs.
- Staff spoken with were aware of personal safety protocols and the lone working procedure. All staff had a work mobiles phone and were expected to keep regular contact with their team. Where recovery workers were meeting with high risk clients they would meet with them in pairs.

Are services safe?

Management of service user risk

- Staff informed clients of the risks of continued substance misuse. We found evidence all records reviewed of harm minimisation and safety planning was an integral part of recovery plans.
- Where clients continued to use substances, the clinical team supported clients to the achieve optimal therapeutic dose required to try and prevent them from seeking more drugs.
- Staff held daily flash meetings at all hubs. We observed staff engaging in detail conversations regarding client risks. Where appropriate the service shared risk information with key stakeholders such as the local authority and probation service.
- Staff adhered to best practice in implementing a smoke-free policy across all hubs.
- Nursing staff stored Naloxone in clinic rooms at all locations. Naloxone is a drug that can reverse the effects of opioids and prevent death if used within a short period following an opioid overdose. All staff were trained in administering Naloxone and knew where to access it in the case of an emergency.
- Staff were able to identify signs of deteriorating mental health. The consultant psychiatrist advised staff what signs to look for. These included non-engagement with treatment. We found evidence were clients did not engage in treatment the provider took appropriate action. For example, recovery workers contacted the client by their preferred method of communication and encouraged the client to collect their script from a hub rather than the pharmacy.

Safeguarding

- Staff had received safeguarding training. Staff could give examples of how to protect clients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff spoken with where able to describe the process to raise a safeguarding. There was further information informing staff and clients how to raise a safeguarding on display throughout the hubs.
- Staff worked effectively within teams, across services and with other agencies to promote safety including systems and practices in information sharing. For

example, recovery workers were co located with the local authority family safeguarding team. This meant they were able to rapidly identify and engage with clients who have identified safeguarding risks.

- We reviewed a random sample of incidents and found the provider had a robust system in place for reporting safeguarding incidents. Each of the four hubs had a designated safeguarding lead.

Staff access to essential information

- The provider used an electronic patient recording system. The system was easy to use and track patients. Recovery workers updated the system regular including after appointments and interventions.
- All relevant staff had access to the system and had prompt access to care records that were accurate and up to date.
- Where a patient transferred to a new team due to relocating there were no delays in staff accessing their records.

Medicines management

- The provider had robust policies, procedures & training related to medication and medicines management which included: prescribing, detoxification and assessing people's tolerance to medication.
- The storage and processing of prescriptions was robust. There were clear guidelines in place for the security of the management of prescriptions that staff followed.
- All staff were trained in administering Naloxone.
- Medication rooms were clean and tidy. All equipment was calibrated regularly. There was evidence of robust audits and checks of the clinic rooms were complete regularly by the clinical lead nurse.
- The service had good links with local pharmacies. Where prescriptions were not collected the pharmacy informed the recovery workers who took appropriate action. For example, if a client did not collect a script for three days they were medically reviewed by the providers doctor before reissuing the prescription.
- The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely.

Are services safe?

- Clinical staff reviewed the effects of medication on the client's physical health regularly. We saw were clients were prescribed by the providers prescribers, that the clients had up to date GP summaries, and that ECG's and further blood tests were recorded as required, in line with best practice.

Track record on safety

- The service did not report any serious incidents over the last 12 months prior to inspection. We reviewed a random sample of incidents and did not find any incidents which met the threshold to be classified as a serious incident.

Reporting incidents and learning from when things go wrong

- All staff knew what incidents to report and how to report them. The service used an electronic incident report system to track and log incidents.

- Staff reported incidents in line with national guidance and statutory requirements.
- Staff told us they were clear about their roles and responsibilities for reporting incidents and reported incidents in a consistent way.
- Staff understood the duty of candour. They were open and transparent, and gave people using the service and their families a full explanation when something went wrong.
- There was evidence that changes had been made as a result of feedback. We observed an integrated governance team meeting where staff discussed learning from incidents in detail. Learning points identified were both areas for improvement but also notable practice for good examples of interventions delivered.

Are services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Summary of findings

The service delivered effective care and treatment.

Our findings

Assessment of needs and planning of care

- We reviewed 26 care and treatment records and found that clients received a comprehensive assessment in a timely manner which included a physical health assessment. Clients were triaged by the single point of access team who completed an initial triage form and then scheduled a formal face to face assessment with a recovery worker within five days.
- Physical health screening was routinely complete where clients were prescribed by the provider as part of clients care and treatment. For example, physical observations and baseline bloods were complete to help inform appropriate treatment, including when prescribing and detoxification regimes.
- Staff completed recovery focused care plans. Where a need was identified through the comprehensive assessment, the recovery worker and client developed a person-centred care plan. Client records clearly record treatment rationales in line with NICE prescribing and detoxification guidelines.
- Staff considered clients mental capacity to agree to treatment and interventions, at core assessment stage.
- Staff regularly reviewed individual needs and recovery plans, including risk management plans. Staff updated care plans when necessary for example after the three-monthly formal risk review and after an incident.
- Staff developed a risk management plan for those people identified as being at risk that included a plan for unexpected exit from treatment. The plans included the clients preferred communication method.

Best practice in treatment and care

- Staff provided a range of care and treatment interventions suitable for the patient group. The interventions were recommended by, and were delivered in line with, guidance from the National Institute for Health and Care Excellence. These included medication and psychological therapies.
- Recovery workers supported clients to minimise risks associated with substance misuse. For example, all found hubs had a needle exchange service which is recommended by the Department of Health drug misuse guidelines. The service offered safe storage boxes where clients had indicated a child lived at their property.
- Blood borne virus testing was routinely offered. The provider was working closely with an NHS trust who facilitated regular Hepatitis C clinics, which we were told had been effective in supporting and treating clients.
- Staff supported patients to live healthier lives. For example, healthy eating advice, managing cardiovascular risks, and how to access services such as the dentist and opticians.
- Staff used technology to support patients effectively. For example, at all four hubs there were posters promoting third party mobile phone applications that include self-help tools.
- The provider was able to support clients with both inpatient and community detox. Where a client was in stable accommodation and wanted to detox from medication the service supported the detox with a third-party provider. The provider had a list of preferred residential detox providers which were used for clients who did not have stable accommodation and required detoxification.

Monitoring and comparing treatment outcomes

- Recovery workers regularly reviewed care and recovery plans with the person using the service. As part of the review recovery workers and the clients used recognised dependency tools such as SAD-Q, AUDIT and TOPS to monitor treatment outcomes.

Are services effective?

- Managers benchmarked their service performance against Public Health England treatment outcomes. We were provided with performance evidence where the provider was performing above the Public Health England performance data for successful completions of treatment, opiate representation, incomplete Hepatitis B vaccinations and levels of incomplete Hepatitis C screening.

Skilled staff to deliver care

- The service had enough staff with the right skills to meet the needs of the clients. Staff had access to specialist training for their role. For example, the associate doctor was given funding to complete their MSc in psychiatry. Recovery workers had access to qualifications and credit framework (QCF) diploma level three in a therapy related subject.
- All staff were provided with a comprehensive induction. This included mandatory training, information about the service and a period of shadowing recovery workers, before they worked independently with clients. Staff were expected to complete a six-month competency-based assessment which was reviewed by their line manager at regular intervals. This assessment helped in identifying training needs and ensured all staff were competent working with clients.
- Managers identified the learning needs of staff and provided them with opportunities to develop their skills and knowledge through supervision and career progression discussions. Staff received specialist training for their role which included, relapse prevention, harm reduction and motivational interviewing, non-medical prescribing. Staff we spoke to told us they received regular supervision in line with the company policy. There was a clear supervision structure in place. All staff knew who their supervisor was.
- The service ensured that robust recruitment processes were followed. We reviewed five human resource records and found that all staff had received the relevant recruitment checks including a disclosure barring service (DBS), references, application form and job description. Where disclosures were declared on the disclosure barring service record the registered manager completed a risk assessment.

- Poor staff performance was addressed promptly and effectively. We saw evidence where performance concerns were identified the provider took appropriate action in a supportive manner.
- Staff valued volunteers as members of the staff team. We saw managers recruited volunteers when required and trained and supported them for the roles they undertook.

Multi-disciplinary and inter-agency team work

- The multidisciplinary team met regularly to discuss client progress and needs. A morning meeting was held daily in all hubs, where the team discussed the clients they were scheduled to see that day. Details discussed included risk information. A hub manager had developed a complex case review meeting where recovery workers presented their complex clients to the multidisciplinary team in more detail for advice and support on how to manage the client. We were told the complex case meeting has had a positive impact whilst supporting clients with complex needs.
- There was evidence that recovery workers worked closely with external agencies. Recovery workers and nurses were co-located in hospitals, local authority family safe guarding team, GP surgeries, the job centre and police custody suites. This meant staff were able to share key information immediately.
- Staff completed recovery plans with clients, which included clear care pathways to third supporting services. For example, the local homelessness intervention team and after care support groups. The service discharged people when specialist care was no longer necessary and worked with relevant supporting services to ensure the timely transfer of information.
- The service developed an end of life pathway which ensured that staff were able to continue their work with clients who had life limiting conditions. We observed a meeting where staff shared the good joint working between local end of life cancer charity and recovery workers.

Good practice in applying the Mental Capacity Act

- Staff assumed capacity in line with the Mental Capacity Act. We found evidence staff ensured clients consented to care and treatment, that this was assessed, recorded and reviewed in a timely manner.

Are services effective?

- The service had a policy on the Mental Capacity Act which staff were aware of and could refer to.
- The service promoted staff with Mental Capacity Act training, we found 100% of relevant staff had completed the training.

Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Summary of findings

The service was caring.

Our findings

Kindness, privacy, dignity, respect, compassion and support

- We observed staff interacting in a kind and respectful manner throughout the inspection.
- Clients spoken with told us they liked all staff and that most staff were helpful. Staff were able to demonstrate that they knew their clients' preferences and needs well. However, one client told us they were allocated a new recovery worker without being told why. Another client told us at times whilst attending group they felt like the recovery worker didn't listen to their concerns all the time.
- Clients told us that volunteers and peer support workers inspired others as they had been through the addiction process and was able to have a positive impact helping others.
- Staff said they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes to patients without fear of the consequences. We saw all client accessible rooms had a poster displaying expectations of behaviour which all clients and staff followed.
- We saw evidence that staff supported clients to understand and manage their care, treatment or condition through interventions, group work, self-help and information leaflets.
- Staff signposted patients to other services when appropriate and, if required, supported them to access those services, for example to the local housing service and job centre.
- The service had clear confidentiality policies in place that were understood and adhered to by staff. Staff maintained the confidentiality of information about

patients. A confidentiality and information sharing agreement was in place, of which all staff knew about and understood. The agreement was stored on within the client's electronic record.

Involvement in care

- Staff communicated with clients in a way that they understood their care and treatment, including finding effective ways to communicate with clients with communication difficulties. The provider had developed a dual diagnosis and learning disability joint working protocol which ensured that staff shared information with clients in a way they understood. The providers website also had a tool that played audio information for individuals who were unable to read. All information regarding treatment options was available in a variety of languages, audio, and easy read.
- The service had access to appropriate advocacy for people who use services their families and carers.
- We found all clients using the service had a recovery plan and risk management plan in place, that demonstrated the person's preferences, recovery capital and goals.
- Staff engaged with people using the service, their families and carers to develop responses that met their needs and ensured they had information needed to make informed decisions about their care.
- Staff actively engaged people using the service, their families and carers where appropriate, in planning their care and treatment where required.

Involvement of families and carers

- Staff enabled families and carers to give feedback on the service they received for example, via surveys or community meetings. Feedback reviewed was generally positive.
- Staff provided carers with information about how to access a carer's assessment.
- We were told a family member or significant others were offered follow up telephone support at an agreed time following the death of a loved one.

Are services responsive to people's needs?

By responsive, we mean that services are organised so that they meet people's needs.

Summary of findings

The service was responsive to peoples needs.

Our findings

Access and discharge

- The provider had alternative care pathways and referral systems in place for people whose needs cannot be met by the service. For example, where a client's mental health was impacting upon their addiction's clients were referred to a community mental health team for further review.
- The service offered alternative treatment options if a person was not able to comply with specific treatment requirements. For example, where a client had their prescription from the chemist, the service arranged with the client to collect the prescription from the local hub, to try and re-engage with them and offer an alternative intervention.
- The service had agreed response time for accepting referrals. Most referrals were managed through their single point of access team. Waiting times were low and most clients were offered a face to face assessment within five days. However, referrals from the acute hospital and police custody suite were manage in co located sites which meant recovery works and the nurses were able to triage, engage and offer an intervention the same day.
- The provider had clear documented acceptance and referral criteria that has been agreed with relevant services and key stakeholders which all staff were aware of.
- The service monitored targets for time from referral to triage to comprehensive assessment and from assessment to intervention. There were some anomalies and outliers in the data. Where there was a

delay and the targets were not met, there was mitigating factors. For example, referrals being received from prisons and hospital in patient wards where patients were discharged later than planned.

- Staff ensured that recovery and risk management plans reflected the individual needs of the client, including clear care pathways to other supporting services for example, maternity, social and housing services.
- Staff planned for patients' discharge, including good liaison with care managers and co-ordinators. We saw evidence that the hub manager discussed discharge as part of supervision with staff. This ensured that clients were being discharged in a timely manner with support options from third party providers.
- Staff supported patients during referrals and transfers between services, for example, if they required treatment in an acute hospital for medical treatment.

The facilities promote recovery, comfort, dignity and confidentiality

- All hubs had a secure waiting area. When a client attended the site, they had to ring the intercom system and were let in by reception staff.
- The hubs had rooms on the ground floor which meant clients with limited mobility needs were able to attend the hubs for their reviews and group interventions if they were able too. All rooms were clients were seen were private and the rooms were lockable. The hubs had a kitchen were clients were able to make snacks and drinks throughout the day.
- Staff we spoke with told us they encouraged patients to develop and maintain relationships with people that mattered to them, both within the services and the wider community.
- The provider encouraged clients to access third party groups in the local community and activities to aid their recovery. For example, accessing educational and work opportunities.

Meeting the needs of all people who use the service

Are services responsive to people's needs?

- Staff demonstrated an understanding of the potential issues facing vulnerable groups for example, clients who had experienced domestic abuse and female sex workers were able to access a woman's only service.
 - All hubs had equality and diversity champions who promoted the equal rights of all clients. These included lesbian gay bisexual transgender and black and ethnic minorities.
 - Managers had implemented a single point of access to ensure clients who self-refer and are referred in to the service, are triaged and offered an assessment without delay. Since the implementation of the single point of access, clients have been triaged and signposted to the appropriate intervention team in a timely manner.
 - People using services told us that care and treatment was rarely cancelled. When a member of staff went on leave, they complete a client handover form. This ensured that the person covering their client portfolio has accurate, up to date information.
- Listening to and learning from concerns and complaints**
- Staff told us they would protect patients who raised concerns or complaints from discrimination and harassment.
 - The provider's complaint procedure was on display at all of the hubs. Clients spoken with told us they knew how to complain and felt like they would be supported if they wished to raise a complaint. Suggestion boxes were placed in all reception areas. At the time of inspection there were no suggestions in the boxes.
 - Complaints records demonstrated that individual complaints have been responded to in accordance with the providers complaint policy. In total the service has received 10 formal complaints and 61 compliments over the last 12 months prior to inspection. We reviewed a random sample of complaints and found the provider had taken appropriate action.
 - We saw evidence that hub managers discussed complaints at hub meetings. Staff told us that if there was learning from a complaint, they would be told via meetings and that emails were also sent to their work email address.

Are services well-led?

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Summary of findings

The service was well-led

Our findings

Leadership

- The registered manager had strategic oversight of all hubs. Staff spoke highly of the registered manager and told us they had confidence in the manager leading the service.
- Staff in leadership roles had the skills, knowledge and experience to perform their roles and provide strong leadership to staff. Managers had a good understanding of the service they were responsible for and could explain clearly how the teams were working to provide high quality care.
- Staff told us managers were visible in the service and approachable for clients and staff.

Vision and strategy

- Staff knew and understand the vision and values of the team and organisation and what their role was in achieving that. The provider was in the process of updating their vision and values after consulting staff and clients.
- Staff had a good understanding of their role and responsibilities. We found all staff had a job description.
- Staff had the opportunity to contribute to discussions about the strategy for their service, especially where the service was changing. Staff we spoke with were passionate about the service and told us they were involved with the recent restructure after being awarded the new seven-year contract.

Culture

- Staff we spoke with told us they felt respected, supported and valued by the provider. They reported that work related stress was minimal and manageable and that team morale was positive.
- Staff told us they felt positive and proud about working for the provider and their team. Staff held regular career progression conversations with their line managers. Two nurses were sponsored by the service to complete their non-medical prescriber training, the senior social worker had completed family therapy training and the doctor had been supported to complete their MSc in psychiatry.
- The service had a policy in place to manage and support staff who were subject to bullying and harassment. At the time of inspection there were no bullying or harassment cases.
- Staff had access to support for their own physical and emotional health needs through an occupational health service.
- Staff reported that the provider promoted equality and diversity in its day to day work and in providing opportunities for career progression.
- Teams worked well together and where there were difficulties managers dealt with them appropriately.

Governance

- There were robust governance systems in place to effectively manage the service. Governance policies, procedures and protocols were regularly reviewed and improved to ensure the service delivered safe, good quality interventions in line with national best practice.
- There was a clear framework and agenda of what must be discussed in team meetings, in order to ensure that essential information, such as learning from incidents and complaints, were shared and discussed.
- Mortality meetings were held every two weeks. Staff had implemented recommendations from reviews of deaths, incidents, complaints and safeguarding alerts at the service level.

Are services well-led?

- Staff undertook or participated in local clinical audits. We reviewed a random sample of the quality improvement audits and found staff had acted where areas for improvement had been identified.
- Data and notifications were submitted to external bodies and internal departments as required. For example, safeguarding referrals were sent to the local authority and the Care Quality Commission.
- Where staff were co located they had a clear understanding of the arrangements for working with other teams, both within the provider and external, to meet the needs of the patients.
- The service had a whistle blowing policy in place and staff we spoke with told us they were confident they understood how to use it.

Management of risk, issues and performance

- There was a clear quality assurance management and performance framework in place that were integrated across all organisational policies and procedures.
- Staff maintained and had access to the risk register at hub level. Staff at facility level could escalate concerns when required. The risk register was stored on the electronic system datix. We reviewed the risk register for the last six months and found the provider had taken appropriate action to mitigate risks identified.
- Staff had the ability to submit items to the provider risk register.
- The service had plans for emergencies, for example, adverse weather, a flu outbreak and incidents that prevent the service from operating. The Stevenage site had experienced a flood recently. As a result, the service was closed for one day and utilised the providers contingency plan. The plan worked as designed, approved contractors were used to repair the flood and the service resumed as normal the following day.
- Managers had oversight and monitored sickness and absence rates. The overall sickness rate for 12 months leading up to the inspection was 4.8%.

Information management

- Staff had access to the equipment and information technology needed to do their work. The information technology infrastructure, including the telephone system, worked well and helped to improve the quality of care.
- Information governance systems included confidentiality of patient records.
- All staff had access to the right information to fulfil their role for example, the doctor had access to the prescription database and managers had access to accurate, information to support them with their management role. This included information on the performance of the service, staffing and patient care. The service employed a lead data analyst to collect data from facilities and directorates that were not over-burdensome for frontline staff.
- Staff spoken with had a good understanding of patient confidentiality and clearly explained the process for sharing of information and data.

Engagement

- Staff, clients and carers had access to up-to-date information about the work of the provider and the services they used, for example on the providers website and via newsletters. Information available ranged from job vacancies, harm reduction information, and support advice.
- Patients and carers had opportunities to give feedback on the service they received in a manner that reflected their individual needs. The service had recently piloted a service called care opinion where carers and clients could give real time feedback anonymously if they wished to do so.
- Directorate leaders engaged with external stakeholders – such as commissioners through quarterly contract monitoring meeting and monthly quality review meetings. The providers senior manager also co-chairs a joint governance meeting with local community mental health providers every three months.
- Spectrum had structures in place for hub leaders and recovery workers to discuss joint cases and partnership working with community mental health team colleagues through locality-based Quadrant meetings every six weeks.

Learning, continuous improvement and innovation

Are services well-led?

- Managers we spoke to demonstrated a passion for learning and continuous improvement. The organisation encouraged creativity and innovation to ensure up to date evidence-based practice is implemented and embedded.
- Examples of innovative practice or involvement were: new mothers being offered reviews at multidisciplinary clinical meetings for a period of six months post-birth to

ensure a comprehensive ongoing assessment of the mother's needs were complete. The clinical nurse lead has been working with and supporting Hertfordshire and West Essex, to develop a dementia pathway for the region which is on-going. Spectrum and the local learning disability services have created a joint working protocol to improve joint working, training and referral pathways.