Change, Grow, Live

Wirral Ways to Recovery

Inspection report

84 Market Street
Birkenhead
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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	Outstanding ☆
Are services safe?	Good ●
Are services effective?	Outstanding ☆
Are services caring?	Good ●
Are services responsive to people's needs?	Good ●
Are services well-led?	Outstanding ☆

Summary of findings

Overall summary

Our rating of this location stayed the same. We rated it as outstanding because:

- The service provided safe care. The premises where clients were seen were safe and clean. Risk assessments were comprehensive and reflected in risk management plans. The number of clients on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each client the time they needed. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- The service had a truly holistic approach to assessing, planning and delivering care and treatment to all people who use services. Clients had access to a full range of specialist staff and services to aid their recovery. The service was recovery focused and embedded in the local recovery community. They service ran a local recovery café.
- Staff developed holistic, recovery-oriented 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.
- The teams included or had access to the full range of specialists required to meet the needs of clients under their care. Managers ensured that these staff received training, supervision and appraisal.
- Staff worked well together as a multidisciplinary team. Staff, teams and services were committed to working collaboratively and developed innovative and efficient ways to deliver more joined-up care to people who use services and relevant services outside the organisation.
- Staff treated clients with dignity, respect, compassion and kindness. The service demonstrated a holistic, person-centred approach in the delivery of care. Staff empowered clients to have a voice and ensured they were active partners in their care. Clients were involved in decision making about their own treatment and about service delivery. Clients were supported to access community support services and networks.
- The service was easy to access. There was a dedicated assessment team and clear treatment pathways. Staff were able to prioritise referrals and ensure urgent referrals were seen promptly. Staff planned and managed discharge well and had alternative pathways for people whose needs it could not meet.
- There was strong and effective leadership at all levels. Managers created a positive culture that encouraged staff feedback and innovation. Staff were positive about the service, managers and culture. Managers had an excellent understanding of the service and a clear overview of service performance. They were able to describe risks and challenges the service faced as well as actions to address them. There was a commitment to service improvement and innovation. Clients and staff were active participants in service development projects. Service improvement plans had been developed and delivered.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Community-based substance misuse services	Outstanding ☆	

Summary of findings

Contents

Summary of this inspection

Background to Wirral Ways to Recovery

Wirral Ways to Recovery are part of a national charity who provide treatment and support to vulnerable people facing addiction, homelessness and domestic abuse. The service provides community-based care and treatment to individuals who require support around drug and/or alcohol use including community detoxification programmes. The service is delivered from two main hubs in Birkenhead and Wallasey.

Wirral Ways to Recovery is registered to provide the regulated activities diagnostic and screening procedures, and treatment for disease, disorder or injury. The service was last inspected in May 2019. The service was rated outstanding overall and in the caring and well-led domains. The service was rated good under the safe, effective and responsive domains.

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach. This was an unannounced visit which meant staff and clients did not know that we would be visiting.

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 service. During the inspection visit, the inspection team;

- Visited both the Birkenhead and Wallasey hubs and reviewed the environment and facilities at each location
- Spoke with the regional manager, registered manager, deputy service manager and the opiate and alcohol pathway leads
- Spoke with 18 other staff, including recovery co-ordinators, medics, outreach workers and group facilitators
- Spoke with 10 clients who were using the service
- Reviewed 14 care and treatment records
- Observed two meetings
- Reviewed the governance, policies and procedures used in the running of the service

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:

Summary of this inspection

- The service was committed to a recovery ethos and was embedded in the local recovery community. The service operated a recovery café and offered a Discovery Academy which provided a range of courses covering life skills, addiction and recovery. In conjunction with partner agencies the service offered access to a wide range of community activities including drama sessions, creative arts sessions, allotments and exercise classes.
- The service took a holistic approach. Clients had support to access educational and employment opportunities. The service also ran volunteer and peer mentor programmes. Clients had access to dedicated housing support workers. The service was working with a partner agency to develop 17 self-contained supported living flats that would be available to clients.
- The service was active in supporting clients to attend appointments both with Wirral Ways to Recovery and with other healthcare providers. The service employed health and wellbeing connectors who helped clients attend healthcare appointments and also access social activities and events.
- The service employed attrition/outreach workers who engaged with vulnerable and high risk clients who had failed to attend appointments. They worked with clients to understand and address the reasons behind non-attendance.
- The service was committed to improvement and innovation. The service was actively engaged in research projects.

Areas for improvement

We did not identify any should or must actions that the service should take to improve.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community-based substance misuse services	Good	☆ Outstanding	Good	Good	☆ Outstanding	☆ Outstanding
Overall	Good	☆ Outstanding	Good	Good	☆ Outstanding	☆ Outstanding

Outstanding ☆

Community-based substance misuse services

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

Are Community-based substance misuse services safe?

Good ●

Our rating of safe stayed the same. We rated it as good.

Safe and clean environment

All premises where clients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose.

The service was primarily delivered from two premises located in Birkenhead and Wallasey. All areas were clean, well maintained, well-furnished and fit for purpose.Staff made sure cleaning records were up-to-date and the premises were clean. The reception area at Birkenhead included access to computers and tea and coffee making facilities.

Staff completed and regularly updated thorough risk assessments of all areas and removed or reduced any risks they identified. Staff completed appropriate daily, weekly and monthly environmental checks. Both premises had completed annual health and safety and fire safety risk assessments.

All interview rooms had alarms and staff available to respond. All clinic rooms had the necessary equipment for clients to have thorough physical examinations. Staff made sure equipment was well maintained, clean and in working order. There were records of regular checks, maintenance and cleaning of equipment. Staff completed daily checks on the temperature of fridges containing medication and vaccines.

Both locations provided needle exchange services. Needle exchange rooms were appropriately furnished and laid out. Staff completed regular stock checks. There were appropriate facilities and procedures for clinical waste.

Staff followed infection control guidelines, including handwashing.

Safe staffing

The service had enough staff, who knew the clients and received basic training to keep them safe from avoidable harm. The number of clients on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each client the time they needed.

Outstanding ☆

Community-based substance misuse services

Nursing staff

The service had enough nursing and support staff to keep clients safe. The staffing establishment included nurses, non-medical prescribers, key workers and a range of support workers in roles including outreach, health connection, group facilitation and housing support. The staffing establishment and model had been developed collaboratively with staff and clients in response to the most recent service tender. The number and grade of staff matched the service's staffing plan. Staff and clients' we spoke with told us there were sufficient staff to meet service demand and client need.

The service had low vacancy rates. At the time of our inspection there were three wholetime equivalent vacancies. Vacancies were covered by use of agency staff and cross-team working. Managers used consistent agency staff and ensured that they 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 7%. Sickness levels were low. At the time of our inspection the sickness rate was 5%. Managers made arrangements to cover staff sickness and absence. Staffing and cover arrangements were discussed in daily meetings each morning.

Staff caseloads varied across teams and locations. Caseloads were reviewed regularly. Managers had access to a caseload weighting tool which considered the level of risk and complexity of clients on a staff members caseload. Staff we spoke with told us caseloads were manageable. They felt able to raise any concerns over their caseload with managers and were confident managers would address any issues.

The service had enough medical staff to meet need. Staff we spoke with told us they were able to access a medic when required.

Mandatory training

Staff had completed and kept up to date with their mandatory training. Training compliance with mandatory training was 97%. The mandatory training programme was comprehensive and met the needs of clients and staff. Mandatory training included health and safety, information governance and conflict resolution. Managers monitored mandatory training and alerted staff when they needed to update their training.

Assessing and managing risk to clients and staff

Staff assessed and managed risks to clients and themselves well. They responded promptly to sudden deterioration in clients' physical and mental health. Staff made clients aware of harm minimisation and the risks of continued substance misuse. Safety planning was an integral part of recovery plans.

Assessment of client risk

Staff completed risk assessments for each client on admission and reviewed this regularly, including after any incident. We reviewed 14 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 developed plans for clients in case they unexpectedly dropped out of treatment. These included information on other support and crisis services. There was a weekly multidisciplinary meeting that reviewed clients who had dropped out of the opiate pathway. The service also had outreach workers whose role was to try and reengage clients who had dropped out of treatment.

Outstanding ☆

Community-based substance misuse services

Management of client 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 understood processes for responding to a deterioration in health or a change in risk. Staff had access to additional specialist teams to support this including physical health nurses, specialist outreach workers and the think family team.

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 regularly discussed harm minimisation with clients and provided information around the risks relating to substance misuse.

Staff assessed and managed risks relating to the use of illicit substances on top of prescribed opiate substitution medication. Clients completed urine samples where required. Prescribing was reviewed regularly. Staff assessed and managed risks relating to diversion. Staff regularly reviewed the frequency with which clients collected prescriptions and utilised supervised consumption where appropriate.

Staff followed clear personal safety protocols, including for lone working and home visits. Staff we spoke with were aware of safety protocols and related policies.

Safeguarding

Staff understood how to protect clients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.

Staff 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. Staff we spoke with were knowledgeable about safeguarding issues and knew how to make a safeguarding referral and who to inform if they had concerns. Records we reviewed demonstrated effective safeguarding practice and good liaison with local safeguarding agencies.

Staff could access support from an identified safeguarding lead within the service and from the providers safeguarding team. There were good links with local safeguarding services. The safeguarding lead attended multi-agency risk assessment conferences and Prevent forums.

Staff access to essential information

Staff kept detailed records of clients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.

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

The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each client's mental and physical health.

Staff followed systems and processes to prescribe, monitor and where appropriate administer medicines safely. 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 completed medicines records accurately and kept them up-to-date. Prescribing records we reviewed were completed appropriately and in line with relevant guidance. Staff reviewed the effects of each client's medicines on their physical health according to National Institute for Health and Care Excellence guidance. 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.

Track record on safety

The service had a good track record on safety.

Reporting incidents and learning from when things go wrong

The service managed client safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave clients honest information and suitable support.

Staff knew what incidents to report and how to report them. Staff used an electronic system to report incidents. Staff we spoke were aware of the providers adverse incident policies and were able to discuss the type of incidents they would report. 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.

Managers debriefed and supported staff after any serious incident. Staff we spoke with told us they had been supported following incidents. Staff could access additional support from the provider's employee assistance programme. Staff had been involved in a group reviewing the support provided following an incident

Managers investigated incidents thoroughly. Clients and their families were involved in these investigations. Managers flagged incidents for investigation during the incident review process and allocated a staff member to lead the investigation. All client deaths were subject to a treatment care review. A cohort of staff were trained in root cause analysis and other investigative methodologies. The service worked with partner agencies to review incidents where appropriate and contributed to local death and mortality reviews.

Staff received feedback from investigation of incidents, both internal and external to the service. Staff met to discuss the feedback and look at improvements to client care. Staff received feedback from investigations in supervision sessions and learning was discussed in team meetings and at ad hoc learning events.

There was evidence that changes had been made as a result of incident reviews. For example following a multi-agency review of deaths the service provided training sessions and on-going advice to GPs around the prescribing of pain medication.

Staff understood the duty of candour. They were open and transparent and gave clients and families a full explanation if and when things went wrong.

Outstanding ☆

Community-based substance misuse services

Are Community-based substance misuse services effective?

Outstanding ☆

Our rating of effective improved. We rated it as outstanding.

Assessment of needs and planning of care

Staff completed comprehensive assessments with clients on accessing the service. They worked with clients to develop individual care plans and updated them as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.

Staff completed a comprehensive assessment of each client. Assessments were completed by a dedicated assessment team. Assessments were holistic, completed in a timely manner and subject to regular review. We reviewed 14 care records and found that each client had an up to date assessment in place. Assessments covered key areas such as physical and mental health, safeguarding, substance misuse history and social needs.

Staff developed comprehensive care plans for each client which reflected their assessment and met their needs. Each of the 14 records we reviewed contained a care plan. 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 reviewed clients' physical health as part of their assessment. They made sure that clients understood their physical health concerns and supported them to manage them.

Best practice in treatment and care

The service had a truly holistic approach to assessing, planning and delivering care and treatment. Staff provided a full range of care and treatment interventions suitable for the client group and consistent with national guidance on best practice. The had developed partnerships and pathways that ensured clients had good access to physical healthcare and were supported to live healthier lives.

Staff provided a range of care and treatment suitable for the clients in the service. The service had a dedicated assessment team and specific pathway teams for opiate, alcohol and poly substance clients. The service also offered a dedicated think family team who worked with clients with young children where there were risk factors or social services involvement. The think family team offered one to one support and a four-session group programme for clients. The group programme offered a trauma informed parenting course that considered areas such as emotional availability. The team also held a weekly multi-agency vulnerable children group which addressed issues such as children not attending school and worked with clients and other involved agencies to help address those issues.

Staff delivered care in line with best practice and national guidance including those laid out by the National Institute for Health and Care Excellence. Staff provided opiate substitute prescribing, community detoxification and harm reduction programmes in line with national guidance. Staff supported pharmacological interventions with a programme of psychosocial interventions. These were delivered in both one to one and group formats. Staff were trained in psychosocial interventions such as motivational interviewing, cognitive behavioural therapy and mindfulness. In addition, clients had access to trained counsellors.

Outstanding ☆

Community-based substance misuse services

The service had a strong focus on recovery and a holistic approach. There was a Building Recovery in the Community lead in place. The service was integrated with the local recovery community and ran a recovery café that provided meals for clients and which hosted a range of sessions and classes. The service subcontracted a partner agency to provide additional community-based activities including drama and music classes, creative writing groups and football sessions. The service had established a Discovery Academy which worked more intensively with clients who were at the right stage of their recovery journey. The college offered a three-stage programme which looked at initiation, recovery and maintenance. The academy delivered a range of group and one to one sessions as part of the programme and supported clients to undertake a range of activities to help them develop resilience, coping skills and recovery capital. The academy also provided abstinent and pre-abstinence groups to help prepare clients for a detoxification programme or to undertake the recovery course.

There were excellent links with local mutual aid groups and the service actively promoted and facilitated mutual aid within the community. For example, the service advertised mutual aid groups within its buildings and provided venues and support for some groups. Guidance from the National Institute for Health and Care Excellence recommends that staff routinely provide information about mutual aid groups and facilitate access for those who want to attend. The evidence base shows that clients who engage with mutual aid are more likely to sustain their recovery.

The service had an established volunteer and peer mentor programme in place prior to the COVID-19 pandemic. This was in line with national guidance and best practice around making recovery a visible presence within substance misuse services. The service had a volunteer and peer mentor lead in post and they were working to re-establish the programme. There were application forms available on site and on-line. Staff supported clients to complete applications. There was a rage of volunteer roles being reinstated or developed. Clients and staff were able to suggest possible volunteer roles and help develop supporting role descriptions. An appropriate governance structure was in place around the volunteer scheme including recruitment, supervision and performance management.

The service had a peer mentor scheme in place. Clients could apply for a peer mentor role and received an induction, training, buddy support and ongoing supervision and personal development. Peer mentors worked alongside staff with clients to support their needs. Peer mentors were on 15-week placements.

The service worked with a partner agency to give clients access to Individual Placement and Support workers. The Individual Placement and Support workers worked with clients to support access to education and employment opportunities. Clients had access to dedicated Housing Support workers who helped clients with accommodation needs. The service was partnering with an external agency to develop 17 self-contained flats as part of a supported accommodation scheme that would be available to clients. The flats were scheduled for completion at the beginning of 2023.

Staff made sure clients had support for their physical health needs, either from their GP or community services. The service employed health and well-being connectors who supported clients to attend medical or personal appointments. The service had worked with partner agencies to set up specialist sexual health and COPD clinics for clients. Staff supported clients to live healthier lives by supporting them to take part in programmes or giving advice. Staff provided access to smoking cessation programmes. The service ran healthy eating and cookery classes for clients to develop their life skills.

Staff used recognised rating scales to assess and record severity and outcomes. Staff completed treatment outcome profiles and submitted these to the National Drug Treatment Monitoring System.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. The service completed audits of assessments, care records and safeguarding. Managers used results from audits to make improvements. Findings of audits were feedback via email and in team meetings.

Staff used technology to support clients. Staff had completed appointments and groups via video calls during the COVID-19 pandemic. The recovery academy had provided clients with tablets and delivered the recovery course virtually during the same period.

Skilled staff to deliver care

The teams included or had access to the full range of specialists required to meet the needs of clients under their care. Managers made sure that staff had the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

The service had access to a full range of specialists to meet the needs of each client. This included medics, nurses, non-medical prescribers, key workers, counsellors, group facilitators, health and well-being connectors, outreach workers and housing support. Staff had significant experience of working with clients with a history of addiction. Some staff had lived experience of addiction. Staff we spoke with were knowledgeable about the client base, addiction and the local recovery community and support services. Staff were skilled at meeting clients' needs.

Managers made sure staff had the right skills, qualifications and experience to meet the needs of the clients in their care, including bank and agency staff. Managers gave each new member of staff a full induction to the service before they started work. This included agency staff.

Managers supported staff with appraisals, supervision and opportunities to update and further develop their skills. Staff received regular supervision. Formal supervision was provided a minimum of four times a year and more often if required or requested. At the time of our inspection compliance with supervision was 91%. 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-medial prescribers. Managers supported staff through regular, constructive appraisals of their work. Staff received an annual appraisal. At the time of our inspection compliance with staff appraisal was 93%

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Training needs were identified through supervision, from learning following an incident or audit or in line with service development programmes. Managers made sure staff received any specialist training for their role. Staff we spoke with had completed a range of additional training including in areas such as psychosocial interventions, counselling, physical and sexual health, suicide prevention and blood borne viruses.

Managers made sure staff attended regular team meetings and gave information to those who could not attend. The service held daily flash meetings to review new assessments, the allocation of new clients and the days planned activities.

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

Outstanding ☆

Community-based substance misuse services

Managers recruited, trained and supported volunteers to work with clients in the service. The service was in the process of re-establishing its volunteer schemes after they had been paused during the Covid-19 pandemic. There was an identified lead for volunteers and policies and procedures to ensure effective recruitment (including disclosure and barring checks) and ongoing support for volunteers including a buddy scheme, daily check-ins and monthly supervision sessions.

Multidisciplinary and interagency team work

Staff from different disciplines worked together as a team to benefit clients. They supported each other to make sure clients had no gaps in their care. The team(s) had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.

Staff held regular multidisciplinary meetings to discuss clients and improve their care. These included daily 'flash' meetings as well as multidisciplinary meetings. Staff planned for the day ahead and shared information on clients and service updates. Staff completed multi-disciplinary reviews of clients and worked collaboratively to help the client achieve their goals. Staff made sure they shared clear information about clients and any changes in their care, including during transfer of care.

Staff had effective working relationships with other teams in the organisation. Staff had strong and effective working relationships with external teams and organisations. The service was committed to working collaboratively and had found innovative and efficient ways to deliver more joined-up care to people who use services. For example, the service had worked with a local NHS Trust to provide a specialist COPD pathway and clinic. The service was also working with external agencies to support clients in accessing employment and educational oppourtunities as well as housing support. The service contributed to a range of multi-agency forums including safeguarding groups and death reviews. The Think Family team also held a weekly multi-agency vulnerable children group which addressed issues such as children not attending school and worked with clients and other involved agencies to help address those issues.

Good practice in applying the Mental Capacity Act

Staff supported clients to make decisions on their care for themselves. They understood the service's policy on the Mental Capacity Act 2015 and knew what to do if a client's capacity to make decisions about their care might be impaired.

Staff received and kept up-to-date with training in the Mental Capacity Act and had a good understanding of at least the five principles. 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 Community-based substance misuse services caring?

Good

Our rating of caring went down. We rated it as good.

Kindness, privacy, dignity, respect, compassion and support

Staff treated clients with compassion and kindness. They understood the individual needs of clients and supported clients to understand and manage their care and treatment.

Staff were discreet, respectful, and responsive when caring for clients. Clients said they were able to speak privately with staff when needed, and most clients said staff were responsive, returning calls in a timely manner. Whilst on inspection we saw a strong staff presence, particularly at the Birkenhead site where volunteers were present to speak to and offer drinks.

Staff gave clients help, emotional support and advice when they needed it. On inspection we saw a positive example of staff providing emotional support to a distressed client. We also observed staff giving appropriate advice to clients about their treatment during an appointment. Records showed daily case notes had examples of ongoing discussions of advice and support.

Staff supported clients to understand and manage their own care treatment or condition. Clients we spoke with confirmed that they understood their treatment. Staff said they discussed clients' objectives and strengths, and tried to ensure assessments, care planning and reviews were collaborative with clients. Records we reviewed demonstrated this.

Staff directed clients to other services and supported them to access those services if they needed help. Staff had a wide knowledge of support available to clients in the local area, including local support and mutual aid groups. Records showed that staff facilitated attendance at services, one staff member said they would walk clients to the service and wait outside to give clients confidence on their first attendance.

Clients said staff treated them well and behaved kindly. Clients spoke highly of staff and support workers, and felt they were invested in their care and wellbeing. One client said that they had 'helped change their life'. The service conducted regular Service User Pulse Surveys. The most recent survey showed that clients felt staff were compassionate and felt welcomed when they came into the Birkenhead building.

Staff understood and respected the individual needs of each client. Client records we reviewed showed individualised care. Although treatment choice is limited, as only certain medications are used, there was choices for the client in terms of maintenance, community or inpatient detox. There was also flexibility in PSI interventions delivered by key workers. Clients told us they were able to discuss treatments and support to ensure it suited them.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards clients and staff. Staff that we spoke to said they are aware of how to raise concerns and said they would be confident to do so. Clients said they feel safe attending the service and could raise concerns if they did not.

Staff followed policy to keep client information confidential. The one-to-one rooms were soundproof to give clients privacy. Client records were stored securely, and computer systems were password protected.

Involvement of clients

Staff involved clients in their care plans. Records we reviewed showed clients were involved in developing their care plans. However, records were not always clear if a client had been offered a copy of their care plan. Four out of ten clients we spoke with said they had been offered a copy of their care plan, and three out of ten clients said they were currently creating their care plans with staff.

Staff made sure clients understood their care and treatment (and found ways to communicate with clients who had communication difficulties). Clients said they were supported to understand information on their treatment if they struggled to understand. There were no records of a client with communication difficulty, but there was access to support for clients with learning difficulties from CGL. Staff also mentioned the importance of two-way conversations at appointments.

Outstanding ☆

Community-based substance misuse services

Staff involved clients in decisions about the service, when appropriate. Clients could volunteer for a variety of roles of within the service including peer support workers, who welcomed clients into the service. The pandemic meant there had been a pause in the Service User Forum, but the service had plans to restart following a service user representative recruitment drive. There were also 'You Said, We Did' projects based on client feedback. Clients can read what actions have been completed onsite in the Birkenhead reception or the service Facebook page. Clients and staff were involved in developing the current model of service during the 2020 tender process.

Clients could give feedback on the service and their treatment and staff supported them to do this. Clients said they felt confident to give feedback to staff members. The Service User Pulse Survey showed clients gave regular feedback and suggestions for service improvement. Clients could also give written feedback in the service reception, with options for compliments, complaints and suggestions.

Staff made sure clients could access advocacy services. Clients said that they are aware of advocacy services that they could access if they required them.

Involvement of families and carers

Staff informed and involved families and carers appropriately. We saw evidence in three records of family or carer involvement, including family members attending appointments, family members ringing for advice and one example where the family members views were clearly documented. Support for families and carers was also available through Life is a Gift, a family support group ran by group facilitators and a volunteer.

Staff provided information and support to families with children. The service has a separate Think Family team that worked with clients across both opiate and alcohol pathways. The team offered one-to-one support and a four-session trauma informed group parenting course.

There was no targeted feedback for families, however there are comment boxes in the reception of the service that anyone can complete. Families and carers can also speak to staff if there are any concerns or raise complaints.

Staff gave carers information on how to find the carer's assessment. Staff referred carers to the local authority for assessment and support.

Are Community-based substance misuse services responsive?

Good

Our rating of responsive stayed the same. We rated it as good.

Access and waiting times

The service was easy to access. Staff planned and managed discharge well. The service had alternative care pathways and referral systems for people whose needs it could not meet.

The service had clear criteria to describe which clients they would offer services to. Referrals were reviewed and managed by a dedicated assessment team. There were clear pathways for clients dependent upon their need. 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 saw urgent referrals quickly and non-urgent referrals within the service's target time. Staff could prioritise referrals in response to specific needs or risk indicators. The service had developed a pilot utilising a duty prescriber to reduce the time from first appointment to first prescription for those requiring medically assisted treatment.

Staff tried to engage with people who found it difficult, or were reluctant, to seek support from mental health services. The service had an outreach team that visited areas such as the town centre and known hotspots to engage with individuals not currently in service. Staff tried to contact people who did not attend appointments and offer support. The service employed two attrition/outreach workers who worked with high risk clients who had failed to attend appointments. The workers sought to engage with those clients and understand the barriers that prevented their attendance. The attrition/outreach workers worked with clients to support them to attend, for example helping with transport to appointments or arranging alternative venues for appointments.

Clients had some flexibility and choice in the appointment times available. The service ran satellite clinics and offered home visits where this was required. The service operated late night clinics for those unable to attend during the working day. Staff worked hard to avoid cancelling appointments and when they had to, they gave clients clear explanations and offered new appointments as soon as possible. Appointments ran on time and staff informed clients when they did not.

Staff supported clients when they were referred, transferred between services, or needed physical health care. The service employed health and well-being connectors who supported clients to attend medical or personal appointments.

The facilities promote comfort, dignity and privacy

The design, layout, and furnishings of treatment rooms supported clients' treatment, privacy and dignity.

The service had a full range of rooms and equipment to support treatment and care. Premises had disabled access. Reception areas were welcoming. The reception area in Birkenhead included tea and coffee making facilities and access to computers. The Nightingale Recovery Café provided an alternative venue for clients attending appointments.

Interview rooms in the service had sound proofing to protect privacy and confidentiality. 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. The service had a dedicated Think Family team who worked with clients with young children. The team offered one to one and group support.

Staff encouraged clients to access the local community and social activities. The service employed health and wellbeing connectors who supported clients to attend community facilities such as gyms. The health and wellbeing connectors also supported clients to attend appointments and groups including those ran by external agencies. The service worked with a partner agency to support clients with access to education, volunteering and employment opportunities.

Meeting the needs of all people who use the service

The service met the needs of all clients, including those with a protected characteristic or with communication support needs.

Outstanding ☆

Community-based substance misuse services

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. Staff completed home visits for clients whose health or mobility meant they could not attend on-site. Locations the service was delivered from had disabled access and lifts for those who required them.

Managers made sure staff and clients could get hold of interpreters or signers when needed. Staff had access to translation services including face to face, telephone and document translation. Staff we spoke with knew how to access these services and were able to give examples of when they had been used.

Staff we spoke with demonstrated an understanding of the potential issues and barriers to access facing vulnerable groups. There were outreach workers who engaged with the homeless population and local hostels. The service had a refugee support group to support refugees with addiction issues. The service had strong relationships with local support services including within the LGBT+ community.

Staff made sure clients could access information on treatment, local service, their rights and how to complain. 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, relatives and carers knew how to complain or raise concerns. 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 understood the policy on complaints and knew how to handle them. Staff attempted local resolution as a first step and moved to a formal complaint if this was unsuccessful.

Managers investigated complaints and identified themes. Managers shared feedback from complaints with staff and learning was used to improve the service. Feedback was an agenda item on team meetings. Clients received feedback from managers after the investigation into their complaint. We reviewed information on three formal complaints. Managers met with the complainant as part of the complaint investigation and met with them again to discuss the investigation findings and recommendations.

In the 12 months prior to our inspection the service had received three formal complaints. One complaint was upheld, one was partially upheld and one was withdrawn. In the same period the service received 43 compliments.

Are Community-based substance misuse services well-led?

Outstanding ☆

Our rating of well-led stayed the same. We rated it as outstanding.

Outstanding ☆

Community-based substance misuse services

Leadership

There was compassionate, inclusive and effective leadership at all levels. Leaders at all levels demonstrate the high levels of experience, capacity and capability needed to deliver excellent and sustainable care.

Senior managers we spoke with were knowledgeable about the service and the local recovery community and support services. They were able to describe how the teams were working to provide high quality care. They had an excellent understanding of the client base and the experience to perform their roles. The service had a clear definition of recovery and how this impacted on the support provided to clients. Leaders had been active in supporting the development of the local recovery community and resources. Senior managers could identify challenges the service faced and were able to discuss future development plans.

Senior managers were a constant visible presence within the service. Staff we spoke with new who senior managers were and understood their roles. Managers were described as open and approachable. Staff we spoke with told us managers were supportive and open to challenge. Managers had involved staff in a service redesign process following the most recent service tender.

Leaders had access to specialised training and development programmes. The provider offered a Developing and leading together course that managers had completed.

Vision and strategy

The service had a clear vision for how to meet the needs of its clients and the wider community. It was recovery focused and had developed excellent relationships within the community and with external organisations to deliver that vision. Staff we spoke with were able to explain the service's vision and to describe concepts of recovery, what recovery looked like and how the service worked with clients to achieve and maintain that recovery.

The service had helped establish the local recovery community and demonstrated a commitment to system-wide collaboration and leadership. This included the development of new physical health pathways with local acute trusts, engaging with local GPs to provide training and support around the prescribing of pain management medication and working with external agencies to provide supported housing.

Culture

Staff felt respected, supported and valued. They reported that the service promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.

Staff we spoke with felt respected, supported and valued. They spoke positively about the provider organisation and local managers. Staff were proud of the organisation as a place to work and spoke highly of the culture. Staff feedback in the providers staff survey was positive and 79% of staff stated they would recommend the service as a place to work and 81% reported they always or often looked forward to going to work. Staff appraisals and supervision included conversations about career development and staff felt there were opportunities for this within the organisation. Staff felt empowered and supported to do their job. Staff had access to an employee assistance service for additional support.

Staff felt able to raise concerns without fear of reprisal. Staff described an open and honest culture. They felt managers were supportive and approachable. Staff felt empowered to suggest improvements or changes to the service and felt managers were receptive to ideas.

Staff teams worked well together. There was strong collaboration, team-working and support across all of the pathway teams and support services. Staff spoke positively about their colleagues and the local team. They described collaborative team working and a supportive environment. There were good relationships with managers and senior staff within the multidisciplinary team. There were no cases of bullying or harassment reported.

Governance

Our findings from the other key questions demonstrated that governance processes operated effectively at ward level and that performance and risk were managed well.

Our findings from the other key questions demonstrated that governance processes operated effectively at service level.

There was an effective governance structure in place at location, service and provider 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. Managers had effective oversight of systems and processes to ensure the service was safe. 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.

Clients received assessments and treatment in a timely manner from staff who were professional and had the necessary skills to fulfil their roles. Staff were well supported and had access to regular supervision and appraisal. The service supported staff's professional development. 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 strong commitment to best practice performance and risk management with problems identified and addressed quickly and openly. There was a clear quality assurance and performance framework in place. Managers had access to up-to-date performance data.

The service had a local risk register and improvement plan. 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. Managers we spoke with demonstrated a good understanding of the risks the service faced and could describe actions in place to mitigate them. Managers we spoke with were able to identify potential future risks and discuss initial thoughts on how to manage them.

The service had a positive culture of continuous improvement and had developed a quality improvement plan with staff and clients. The plan covered areas such as staff skills and competencies, improved governance around safeguarding, communication and staff wellbeing.

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.

Outstanding ☆

Community-based substance misuse services

Information management

Staff collected analysed data about outcomes and performance.

Teams had access to the information they needed to provide safe and effective care and used that information to good effect. Staff had access to the equipment and information technology needed to do their work. Electronic documents were password protected. Paper records were stored securely.

Staff followed policies and procedures to protect client confidentiality. Staff ensured that clients understood how their information was stored and who it was shared with. Clients signed consent forms to support this. Staff shared information with other professionals, such as GPs, only when necessary and with the client's consent. The service submitted information to national bodies such as the National Drug Treatment Monitoring System. Staff made notifications to external organisations when necessary. This included the Care Quality Commission and the local authority.

Managers had access to information to support them in their management role. They had access to up-to-date performance data including a range of agreed key performance indicators. Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities. The service submitted data to the National Drug Treatment Monitoring System and contributed to local death reviews. The local death reviews had led to the development of training sessions for local GPs.

Engagement

Staff, clients and carers had access to up to date information. Information was available via the service's website and social media channels. Information was also displayed on site. The service was a visible presence within the local community and had recently been featured in a BBC documentary. Staff, clients, volunteers and peer mentors discussed the service, recovery and the local recovery network. The programme also featured a senior government advisor and author of an independent review of addiction services in England discussing the service's recovery ethos and development of a recovery community.

Staff, clients and carers were able to give feedback on the service. There were established systems for clients and carers to give feedback. Staff were able to give feedback informally or in staff surveys. Staff and clients had been involved in designing the service and staffing structures during the most recent tendering process. Staff had representation at the regional CGL workers' forum and feedback from this was given at team meetings.

Managers engaged actively with other local health and social care providers and support services. There was strong multi-agency working which supported clients with their physical health, housing, employment and mental health. The service worked effectively with local bodies including safeguarding teams, commissioners and other healthcare providers. The service had provided substance misuse training packages for GPs in the area helping to promote their work and raise awareness and understanding of substance misuse.

Learning, continuous improvement and innovation

The service had an embedded and systematic approach to improvement and 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.

Outstanding ☆

Community-based substance misuse services

The service identified learning and improvement opportunities through adverse incident and complaint investigations, audits and staff and client feedback. Managers developed action plans which were monitored through the governance framework. There was evidence of improvements being embedded following these processes. For example, the development of specialist COPD clinics and pathways and the delivery of training sessions to local GPs.

The service promoted improvement and innovation. Staff, clients and volunteers were encouraged and empowered to develop new ideas. Staff and clients had been involved in redesigning the service in line with reduced funding following the most recent re-tender of services.

The service was actively engaged in research projects. These included research with local universities and research initiated by the provider organisations. Areas of research included the use and prescribing of Buvidal, trauma and mental health provision, drug related deaths, respiratory care and past, present and future drug trends across the local region. The service was due to participate in another research project with a local university around ADHD. The service contributed to local death reviews.

The think family team had been cited in the Social Work Journal for a best practice approach to engagement, care and treatment during the Covid-19 pandemic.