

CGL New Directions Mansfield







Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location		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 and Deprivation of Liberty Safeguards

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

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

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

Summary of findings

Overall summary

We rated CGL New Directions Mansfield as good because:

- Services provided safe care and treatment. There were enough staff, who knew clients and received training to keep them safe from avoidable harm. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- Services provided a range of treatments suitable to the needs of the clients. This included harm reduction, substitute prescribing, blood borne testing and detoxification. Staff engaged in clinical audit to evaluate the quality of care they provided.
- Teams included or had access to the full range of specialists required to meet the needs of the clients. Managers ensured that these staff received training and supervision. Staff worked well together as a multi-disciplinary team and with relevant services outside the organisation.
- Staff treated clients with compassion and kindness and understood the individual needs of clients. Staff actively involved clients in care decisions and designing the service.
- Services were easy to access. Staff assessed and treated people who required urgent care promptly and those who did not require urgent care did not wait too long to start treatment. The service did not exclude people who would have benefitted from care.
- Services were well led, and the governance processes ensured that procedures relating to the work of the service ran smoothly.

However;

- When starting treatment, staff requested summaries from GP's about a client's health and prescribed medicines. For services users accessing treatment over time, we did not see processes in place to ensure staff routinely requested updates of this information.
- Recovery plans staff created with clients had a greater focus on the management of risk. Plans were often descriptive of staff interventions rather than focussing on the clients' strengths and personal goals for recovery. Once completed, staff did not routinely share plans with clients.
- The provider was making organisational changes to the way staff work performance was appraised. As a result of this, local appraisal compliance rates were low.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services	Good 	

Summary of findings

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Good 

CGL New Directions Mansfield

Services we looked at

Substance misuse services;

Summary of this inspection

Background to CGL New Directions Mansfield

Change, Grow, Live (CGL) is a voluntary sector organisation specialising in substance misuse and criminal justice intervention projects in England and Wales. CGL New Directions Mansfield has been a CQC registered location since March 2018 and provides the regulated activity of:

- treatment of disease, disorder or injury

CGL are commissioned by Nottinghamshire County Council to provide a full drug and alcohol service. This includes one to one support; group based psychosocial interventions, substitute prescribing, community detoxification and needle exchange programmes. Where

needed, the service supports clients to access inpatient detoxification treatment and residential rehabilitation. CGL also had a small team dedicated to meeting the needs of young people aged under 18 years of age.

CGL staff provide interventions to residents of Nottinghamshire county from three team locations in Mansfield, Hucknall and Worksop. Staff also offer interventions from community locations, particularly in the south of the county where communities are more rural. In addition to staff based at team locations, CGL employs a range of staff located with external organisations including probation, acute hospitals and homeless teams.

This was the first inspection of CGL New Directions Mansfield since it became a CQC registered location.

Our inspection team

The team that inspected the service comprised three CQC inspectors, one CQC assistant inspector and one specialist professional advisor with experience of working in substance misuse services.

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 and asked other organisations for information.

This was an unannounced inspection. Staff and services users did not know that we would be visiting.

During the inspection visit, the inspection team:

- visited three team locations in Mansfield, Hucknall and Worksop, looked at the quality of the environment and observed how staff were caring for clients

Summary of this inspection

- used comment cards and interviews to collect feedback from 20 clients
- received feedback from three senior staff involved in commissioning the service locally
- spoke with the registered manager and managers of each team location
- spoke with 16 other staff; including doctors, nurses, and recovery workers
- looked at 14 client care and treatment records
- carried out a specific check of medicines management at Mansfield
- attended one 'flash' risk management meeting, observed one client medical review appointment, observed staff covering the Hucknall service duty arrangement, and observed the reception areas
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

During the inspection we received feedback from 20 clients. The feedback was collected from comment cards and our conversations with clients. All clients spoke positively about staff and said they were always friendly, approachable, and welcoming. Clients believed the service they received was non-judgemental, accessible and of a good standard.

We also received feedback from three senior staff involved in commissioning the service locally. All

provided positive comments, and none had any concerns about the service. Commissioning staff met regularly with the CGL registered manager to discuss successes, challenges, and progress against key performance indicators. They had identified key contacts within CGL and found the provider to be responsive to requests for information, open and transparent.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as good because:

- The service had enough staff, who knew the clients and received training to keep them safe from avoidable harm. This included supporting clients with their physical and mental health. The number of clients on the caseload of the teams, and of individual members of staff, was not too high.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff assessed and managed risks to clients and themselves. Staff developed plans that included how to manage individual client risks and responded promptly to sudden deterioration in a client's presentation.
- 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. Policy guidance and safeguarding leads were present to support staff.
- Staff kept detailed records of clients' care and treatment. The provider's record keeping system ensured records were clear, up-to-date and easily available to all staff providing care.
- 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.

However;

- When starting treatment, staff requested summaries from GP's about a client's health and prescribed medicines. For services users accessing treatment over time, we did not see processes in place to ensure staff routinely requested updates of this information.

Good



Are services effective?

We rated effective as good because:

Good



Summary of this inspection

- Staff provided a range of treatment and care for clients based on national guidance and best practice. They ensured that clients had good access to physical healthcare and supported them to live healthier lives.
- Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.
- 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 supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.
- 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. Staff had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation. Staff also engaged in initiatives to improve joint working and liaison.

However;

- Recovery plans that staff created with clients had a greater focus on the management of risk. Plans were often descriptive of staff interventions rather than focussing on the clients' strengths and personal goals for recovery.
- The provider was making organisational changes to the way staff work performance was appraised. As a result of this, local appraisal compliance rates were low.

Are services caring?

We rated caring as good because:

- Staff treated clients with compassion and kindness. They understood the individual needs of clients and supported clients to understand and manage their care, treatment or condition.
- Staff involved clients in recovery planning and managing risks. Staff actively sought feedback from clients on the quality of care provided. The provider had initiatives to involve clients in designing and running the service.
- Staff informed and involved families and carers appropriately. Locally, the provider contracted an external service dedicated to supporting families or carers effected by someone's substance misuse.

However;

Good



Summary of this inspection

Staff did not routinely share completed risk management and recovery plans with clients

Are services responsive?

We rated responsive as good because:

- The service was easy to access. Its referral criteria did not exclude clients who would have benefitted from care. Staff assessed and treated clients who required urgent care promptly and clients who did not require urgent care did not wait too long to start treatment. Staff followed up clients who missed appointments.
- The design, layout, and furnishings of treatment rooms supported clients' treatment, privacy and dignity.
- Staff supported clients with activities outside the service, such as work, education and mutual aid.
- The service treated concerns and complaints seriously. Staff investigated them and learned lessons from the results and shared these with the whole team and wider service.

Good



Are services well-led?

We rated well-led as good because:

- Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for clients and staff.
- Staff knew and understood the provider's vision and values and how they were applied to the work of their team.
- The provider recognised the importance of staff well-being. Staff felt respected, supported and valued. They said the provider promoted equality and diversity in daily work and provided opportunities for development and career progression.
- Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.
- Teams had access to the information they needed to provide safe and effective care and used that information to good effect.
- Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.

Good



Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

The provider required all staff to complete Mental Capacity Act training as part of mandatory training requirements. This comprised two modules both of which had a staff completion rate of over 90%. The provider also made briefing papers available to staff and displayed the guiding principles of the Mental Capacity Act for staff to refer to.

Staff we spoke with demonstrated an understanding of the Mental Capacity Act and its five statutory principles. Staff could apply this knowledge specifically to the clients they worked with. Staff knew where to get advice from

within the provider regarding the Mental Capacity Act. The provider included the Mental Capacity Act as part of its safeguarding adults' policy. Staff accessed this policy on the provider's intranet.

Staff recorded their observations of a client's capacity to consent to treatment as part of the provider's consent, contact and confidentiality form. We saw this was recorded and up to date in all 14 of the client records we looked at. In one record we saw staff had documented concerns about a client's mental capacity and escalated this appropriately within the service and with external organisations.

Overview of ratings

Our ratings for this location are:

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

Substance misuse services

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

Are substance misuse services safe?

Good 

Safe and clean environment

- Staff completed regular risk assessments of the care environment. Risk assessments were present and up to date at each of the locations we visited. As well as an overarching risk assessment, we saw specific assessments for the buildings, fire, and water. Staff also completed a specific ligature checklist and assessment. Ligature points are fixtures to which people intent on self-harm might tie something to strangle them self. Where a ligature risk was identified, staff included actions to manage that risk.
- Interview rooms were fitted with alarms and additional portable alarms were available for staff use. The provider ensured staff checked alarms regularly. Each location had daily assigned staff 'responders' to attend alarm calls or emergencies. The role of responders was to offer support, de-escalation and, where needed, contact emergency services.
- Movement around locations was restricted. Doors were key fob controlled or had pin coded locks. Staff met clients at reception and escorted them on the premises. The registered manager reported that codes to pin locks were changed regularly as part of ongoing security measures.
- The provider used closed circuit television cameras at the three locations inspected. Cameras were positioned at reception, entry and exit points. When needed, senior

staff could access recorded footage from cameras to assist in the investigation of incidents. The provider had a policy to guide staff practice if the police requested access to recorded footage.

- Locations had clinic rooms and separate drug screening facilities. Clinic rooms were clean, tidy and had restricted access. Clinic rooms provided staff with access to the necessary equipment to carry out physical health examinations. This included height, weight and blood pressure. Staff managed clinical waste safely and the provider had contracts in place for the collection of clinical waste.
- Needle exchange rooms were available at Mansfield and Worksop. Needle exchange rooms were clean, tidy and all stock items were within expiry date.
- The provider ensured staff had access to Naloxone and adrenaline as emergency medicines. Naloxone is an emergency medicine used for rapidly reversing opioid overdose. Emergency medicines were accessible, and staff checked them weekly to ensure they remained in date.
- All locations were clean, had good furnishings and were well maintained. The provider subcontracted cleaning to a local company, this included daily cleaning and deep cleans. Cleaning records were present and up to date at each location, they demonstrated that premises were cleaned regularly.
- Staff adhered to infection control principles, including handwashing. The provider had placed hand-sanitising stations at each location and posters advising staff of correct hand washing techniques.

Substance misuse services

- Staff maintained equipment well. Fire extinguishers and portable electronic equipment had visible and up to date safety stickers attached.

Safe staffing

- Locally, the provider employed 106 staff to meet the needs of clients. Staff roles included administration workers, criminal justice workers, recovery co-ordinators, engagement workers, doctors, nurses and nursing assistants. In addition to staff, there were volunteers in positions to support clients. Staff and volunteers worked from locations at Mansfield, Hucknall and Worksop. Some staff were co-located with other services, for example; criminal justice workers with probation, drug and alcohol liaison nurses at general hospitals and outreach workers as part of homeless teams. The service supported up to 2200 clients each year. Staff supported services users with substance misuse, alcohol misuse, needle exchange, accommodation and general health and wellbeing.
- The provider had systems in place to determine safe staffing levels and medical staff provision. This included a calculation tool developed by the provider, liaison with commissioners and governance indicators.
- There were enough staff to meet the needs of clients. The registered manager provided examples where, following feedback and review, staff resources had been increased.
- Between March 2018 and February 2019, the provider reported a staff sickness rate of 3.6% across the three locations inspected.
- Between March 2018 and February 2019, the provider reported a total of five staff leavers from its total 106 substantive staff. This provided a turnover rate of 4.7% across the three locations inspected.
- The provider had cover arrangement in place for sickness, leave and vacant posts. These arrangements ensured client safety.
- Managers assessed the size of the caseloads of individual staff and had determined that no individual workers caseload should be greater than 70 clients. However, in areas that required greater engagement with clients or more community appointments, staff had smaller caseloads. For example; staff in the criminal justice team. The provider reported similar average caseload sizes across the three locations, these ranged from 42 to 46 clients. However, individual staff commonly reported caseloads bigger than the average reported by the provider although never greater than 70 clients. Staff reported a need to prioritise clients at greatest risk and a need to work responsively to meet unpredictable demands. Managers reviewed and supported staff to manage individual caseloads during supervision.
- The provider preferred to use sessional staff rather than agency staff. Sessional staff were subject to the same recruitment and training requirements of the provider's substantive staff. However, the provider did have a contract with a national staffing agency and two agency staff worked in local services. The registered manager reported recruitment challenges locally but had recruitment initiatives in place. This included an apprenticeship scheme, student placement and links with local universities.
- The provider employed one lead consultant and three speciality doctors locally. When we inspected, two of the speciality doctors were locums. The substantive speciality doctor worked with complex clients across the county to ensure continuity of care for them. The service's lead consultant provided supervision to the speciality doctors.
- The provider required all staff to complete mandatory training and monitored completion rates. The provider had a target completion rate of 70%. When we inspected, completion rates ranged from 83% for basic life support to 95% for equality, diversity and inclusion.

Assessing and managing risk to patients and staff

- Staff used the risk assessment tool that was part of the provider's digital case management system and accessible to all staff. The tool allowed staff to assess and record a number of risk areas including substance misuse, physical health, mental health, and risks specific to harming oneself or others.
- Staff completed risk assessments when triaging clients new to the service. Staff used this as an opportunity to provide harm reduction information and acted to manage any immediate or high risks. Staff then offered clients a personalised assessment appointment, during which a full risk assessment and risk management plan was completed. The provider required staff to update

Substance misuse services

risk assessments and management plans every 12 weeks or following a significant change. During the inspection we looked at 14 client records. We saw completed and up to date risks assessment present in 13 of the records.

- Risk management plans were present in 13 of the records we reviewed. Staff used the provider's service user plan which acted as an integrated risk and recovery plan. Staff recorded details of the risk, completed actions to manage the risk and outstanding actions to be completed. The plan also prompted staff to ask and record what helped clients to look after their own safety and well-being. Overall, staff created risk management plans that were of a satisfactory standard to manage the risks identified with clients.
- Staff asked and recorded how clients would like to be contacted in the event of unexpected treatment exit. For example; clients that failed to collect prescriptions. The provider also had a policy in place to guide staff practice when clients failed to attend an appointment or left treatment unexpectedly.
- Staff recorded alerts on the provider's digital case management system to highlight safeguarding concerns associated to an individual client. Staff also used a risk profiling tool within the case management system to identify clients at greatest risk. This allowed staff to focus interventions to these clients.

Management of risk

- The provider held daily 'flash' meetings where staff met to discuss client risks. This included risks associated to clients attending for planned appointments that day and clients at risk of unexpected treatment exit. We attended one 'flash' meeting during the inspection. During the meeting staff reviewed answer phone messages received overnight, discussed and agreed a plan to manage a safeguarding concern and confirmed allocated staff roles including duty workers and first aiders. Staff working remotely dialled in to this meeting. Staff recorded discussions from the flash meeting as it was in progress and saved them to a shared computer drive. This made them available to staff unable to attend the meeting.

- Staff could escalate concerns within the service for discussion at multidisciplinary meetings or complex case reviews. Records clearly demonstrated when and how staff escalated risk concerns within the service and with external organisations.
- Staff responded promptly to sudden deterioration in client's health. Staff knew warning signs and behaviours that might indicate a client's presentation was deteriorating. In the absence of a client's keyworker, all locations had allocated duty workers who responded to or liaised with other professionals about concerns of deterioration in a client's health.
- The provider had developed lone working policies and procedures for staff working remotely in community locations or at client's homes. Staff working from the Hucknall service often used community venues to see clients. Managers told us they ensured community venues were safe for clients and staff to attend, for example; staffed medical centres. Although, staff told us that lone working procedures worked well during office hours, staff did not always feel the process of contacting a nominated manager out of hours was as robust. Actions by the provider to reduce this risk included using staffed community venues. The registered manager reported there had been no incidents as a result of lone working in the last 12 months prior to inspection.

Safeguarding

- The provider required all staff to complete safeguarding training of both adults and children. All staff completed training to level two. When we inspected, training completion rates for safeguarding adults was 93% and 94% for safeguarding children. Each location had an identified safeguarding lead who completed safeguarding training to level three. Staff knew what to report, how to report it and did so when appropriate. Staff accessed the provider's safeguarding policy and local safeguarding leads for additional guidance.
- Staff met monthly to discuss safeguarding concerns at dedicated local safeguarding meetings. Safeguarding leads met quarterly at the providers regional safeguarding meeting to share good practice and discuss any themes to safeguarding concerns.
- Staff understood the need to protect clients from harassment and discrimination, including those with

Substance misuse services

protected characteristics under the Equality Act 2010. Staff gave examples of challenging behaviour and language that may discriminate and promoted inclusive environments. For example; wearing rainbow lanyards to support lesbian, gay, bisexual and transgender communities.

- Staff knew how to identify adults and children at risk of, or suffering, significant harm. Staff routinely asked clients about contact with children as part of the providers personalised assessment process. With a client's consent, staff completed safeguarding children information management team checks with the local authority. The checks determined if the client or the client's children had been previously or currently open to children services.
- Staff described strong working partnerships with other safeguarding agencies. In addition to complex case reviews, staff regularly attended multi agency risk assessment conferences and a multi-agency pregnancy liaison group. In 2018, staff at Worksop received a national award from the Royal College of Midwives for their contribution to the local pregnancy liaison group.

Staff access to essential information

- The provider had developed and owned a digital case management system. Staff accessed the digital case management system with an individual user identification and password. Because the provider owned the system, staff reported they could contribute to improvements or developments in this system and this was done often.
- The digital case management system had inbuilt 'smart' functions. For example; the system automatically opened a Severity of Alcohol Dependence Questionnaire for completion with clients scoring 16 or above on the Alcohol Use Disorders Identification Test.
- Staff reported they uploaded any paperwork completed with clients onto the digital case management system. For example; the consent, contact and confidentiality form. Staff reported that all information needed to deliver care was available to them when they needed it and in an accessible form.

Medicines management

- The provider had medicines management policies and procedures in place. Staff had access to pharmacist

support by email or telephone. Prescribers in the service attended a monthly meeting to share good practice, review development opportunities and review clinical policy updates.

- Staff managed prescription security in line with national good practice guidance. This included secure storage and restricted access. Staff tracked prescriptions, including those issued to individual clients and pharmacy delivery drivers. Staff recorded lost prescriptions as incidents, including those lost by the dispensing pharmacy.
- No medicines other than Hepatitis B vaccinations and emergency medicines, were stored onsite at the locations inspected. Staff completed daily checks of clinic room and medicine fridge temperatures. The quality and effectiveness of medicines can be affected by changes in storage temperatures. The provider had a patient group directive in place for the administration of Hepatitis B vaccinations to clients.
- For those clients accessing substitute prescribing or detoxification interventions, staff requested a GP summary at the start of treatment. Substitute prescribing is one of the options available to help people overcome dependency on drugs such as heroin. Records demonstrated staff routinely requested this and uploaded copies to the case management system on receipt. However, although we saw that staff communicated with GPs following medical reviews, we did not see that staff re-requested GP summaries for services users accessing treatment over time. The provider relied on GPs to keep them up to date with a client's most up to date information. This was not a practical arrangement and meant staff might make future prescribing decisions without the most up-to-date information about a client.
- The provider required all new clients commencing substitute prescribing to participate in supervised consumption. Supervised consumption required clients to attend daily at a local pharmacy and be observed taking prescribed substitute medicine. Staff reviewed this after 28 days. The provider also had procedures in place to safely manage clients that failed to attend for supervised consumption, collect prescriptions, or were at risk of diversion. Diversion is used to describe a concern that a client is passing on their prescribed substitute medicine to a third party.

Substance misuse services

- The provider had a pathway in place to guide staff when prescribing to clients with children at home. Staff did a home visit and issued a safe storage medicines box prior to prescribing commencing. In line with national safety guidance, staff recommended the preferred substitute prescribing medicine for clients with children.
- The provider trained staff to issue Naloxone to clients. As part of reducing drug related deaths locally, the provider had offered Naloxone kits to over 75% of clients. Staff maintained a record of the clients they had issued it to, the batch number and expiry date of the Naloxone issued. Staff tracked expiry dates and provided clients with new kits.
- Staff regularly reviewed the effects of medication they prescribed on clients' physical health. Staff did this during keyworker appointments and medical review appointments. Records demonstrated, when required, staff completed electrocardiograms with clients prescribed methadone 100 millilitres or greater. This was in line with 2007 Department of Health guidance.

Track record on safety

- Between March 2018 and February 2019, the provider reported that no serious incidents had occurred at any of the three locations inspected.
- Between March 2018 and February 2019, the provider reported 55 client deaths locally. Staff reported client deaths as an incident and senior staff completed investigations of the care and treatment provided to the deceased. Staff of all levels met to discuss and learn from client deaths. Locally, the provider produced an annual mortality report. This identified primary causes of death, learning from death reviews, and actions being taken to reduce mortality. Staff met with and shared learning from client deaths with relevant organisations across Nottinghamshire, including commissioners and the provider of substance misuse services in Nottingham city.

Reporting incidents and learning from when things go wrong

- Staff knew what incidents to report and gave examples of the types of incidents they reported. This included unexpected deaths, medicine incidents, and episodes of

violence or aggression. Staff recorded incidents on an electronic reporting system. The provider had a policy in place to guide staff practice in reporting accidents, incidents and near miss situations.

- Staff reported all incidents that should be reported. Between March 2018 and February 2019, staff reported a total of 231 incidents occurring from the three locations visited during inspection. Categories of incident included client death, accidents, security and client safety.
- When dispensing pharmacies lost prescriptions or made administration errors, staff recorded this as an incident. These accounted for 75 of the total 231 incidents reported by staff. The provider shared concerns about pharmacy errors involving controlled drugs with other local organisations and agencies.
- Staff understood the duty of candour. The duty of candour is a regulatory duty related to openness and transparency. It requires providers to notify people who have used services (or other relevant persons) of certain safety incidents and then provide reasonable support. CGL provided staff with information and policy guidance on being open and their duty of candour.
- Staff received feedback from investigations and met to discuss this at local integrated governance meetings, 'flash' meetings or during supervision. CGL also displayed posters in staff only areas to summarise learning from incidents in the previous three months.
- There was evidence of change having been made because of feedback from an incident. An example was given that followed learning from an incident identifying the need for improved liaison and joint working with inpatient mental health services. As a result, staff routinely met to discuss all clients admitted to inpatient mental health services and a letter was sent to the identified inpatient service offering joint working and liaison for the shared client.
- Staff were debriefed and received support after a serious incident. Staff could also seek further support through CGL's employee assistance programme.

Are substance misuse services effective?

Substance misuse services

(for example, treatment is effective)

Good 

Assessment of needs and planning of care

- Staff completed a comprehensive assessment of each client. The providers digital case management system provided staff with a standardised personalised assessment document that included substance misuse, mental health and physical health. The assessment was strengths based and prompted staff to ask clients what they did to stay well. For example; what is good about your mental health and what currently helps you manage your substance misuse? We saw completed personalised assessments in 13 of the 14 client records reviewed. We saw staff made a full assessment of substance misuse including routes of administration.
- Staff assessed clients' physical health as part of the provider's personalised assessment document. Staff requested physical health summaries from GPs for those clients commencing substitute prescribing or detoxification interventions. Staff reported there could be delays in accessing summaries from GP's, however the provider's medicines management policy allowed staff to prescribe for up to four weeks without a summary.
- Recovery plans were present in 12 of the client records we reviewed. Staff used the provider's service user plan which acted as an integrated risk and recovery plan. Although service user plans covered a range of needs, overall, we found they had a greater focus on the management of risk, for example; actions to manage a safeguarding concern. As a result, we often found plans to be descriptive of staff interventions rather than focussing on the client's strengths and personal goals for recovery. We concluded that one record acted only as a risk management plan and did not include any recovery planning actions. However, staff used a range of International Treatment Effectiveness Project mapping tools with clients during one to one appointments and workshops. Mapping tools are a recognised recovery orientated care planning instrument that often focus on a specific part of the recovery process. For example; a relapse prevention plan or a plan to manage cravings.

Best practice in treatment and care

- Staff provided a range of care and treatment interventions suitable for clients presenting with substance misuse. This included prescribing medicines, needle exchange and psychosocial interventions. Interventions were those recommended by National Institute for Health and Care Excellence guidance. For example; the provider's policy for Opioid Medication Assisted Treatment in Community Settings. We saw examples of other guidance staff followed including from the Department of Health, 2017, Drug Misuse and Dependence: UK guidelines on Clinical Management and the British National Formulary.
- Staff offered community detoxification interventions and applications for inpatient detoxification as part of treatment plans for clients using alcohol or opiates. CGL held contracts with providers of inpatient services in Birmingham and Doncaster. Between March 2018 and February 2019, staff supported 49 clients to access inpatient detoxifications.
- Staff supported clients wishing to apply for residential rehabilitation as part of their recovery plan. Between March 2018 and February 2019, staff supported two clients to access residential rehabilitation.
- Staff offered psychosocial interventions as recommended by National Institute of Health and Care Excellence guidance. This included opportunistic brief interventions, cognitive behavioural approach interventions, motivational interviewing, and mutual aid activities. Mutual aid describes activities where clients with similar experiences help each other to manage or overcome challenges.
- Staff ensured that clients' physical healthcare needs were being met. Staff offered clients a specific healthcare assessment. During assessments staff took baseline physical observations with clients and provided information about diet and sleep hygiene. Staff also offered blood borne virus testing to clients, this was in accordance with best practice guidance. The provider had developed joint working relationships with local Hepatitis C services, this included clinics at CGL locations and pathways to ensure access to vaccinations and treatment.

Substance misuse services

- Staff supported clients to live healthier lives. This included information leaflets, the availability of fresh fruit at team locations and prescribed vitamins for clients assessed as needing them.
 - Staff used recognised rating scales to rate severity and other approaches to monitor outcomes with clients. Staff routinely completed the Treatment Outcomes Profile to measure change and progress in key areas of the lives of their clients. Staff completed the Alcohol Use Disorders Identification Test and the Severity of Alcohol Dependence Questionnaires, both indicated in National Institute of Health and Care Excellence guidance. Staff also gave examples of using mental health rating scales including Generalised Anxiety Disorder and the Patient Health Questionnaire for depression.
 - Staff used technology to support clients effectively. One example of this was access to digital recovery programme as a smartphone application. The provider issued clients with individualised access codes to support behaviour change and manage high risk situations. The application also provided CGL with information on client outcomes for those using the application.
 - Staff participated in clinical audit and benchmarking initiatives. For example; the provider's cycle of quality audits. Among the areas included were supervision, incident reporting and investigation, client records and prescription management. Staff compared local outcomes with the providers national average. Senior staff developed action plans to improve local outcomes when they fell below the national average. In addition to this, information provided to the National Drug Treatment Monitoring System helped staff to compare local outcomes with other areas of the country and consider improvements.
- Specifications and job descriptions attached. The provider held panel interviews that followed a set criterion and scoring outcomes. All staff joining the service were required to complete Disclose and Barring Service checks.**
- Managers provided staff with induction opportunities. All new staff were subject to a six-month probation period. During this time staff completed mandatory training, shadowing opportunities and competency assessments. The provider had a policy in place that provided guidance around staff induction practices.
 - Managers provided staff with supervision. Supervision is a meeting between staff to discuss case management, to reflect on and learn from practice, and for personal support and professional development. Staff used an electronic supervision system to plan for, record and provide feedback on the supervision they participated in. The provider required staff to complete nine supervision sessions each year and policy guidance was available to guide staff practice. At the time of inspection, the provider reported a local supervision compliance rate of 90%. Staff we spoke with reported they participated in supervision meetings regularly.
 - When we inspected, the provider was making organisational changes to the way staff work performance was appraised. The provider had paused its cycle of appraisals during this change and this was reflected in the 12% locally reported compliance rate. We saw the provider had an action plan to redesign and relaunch appraisals, and senior staff regularly reviewed the progress of this plan. The provider ensured registered staff still had access to appraisals as part of their professional registration requirements. During the inspection, staff told us managers had provided an appraisal or had offered the opportunity of an appraisal.
 - Senior staff ensured staff received the necessary specialist training for their roles. In addition to mandatory training, the provider offered staff a range of additional specialist training. This included training in blood borne viruses and testing, motivational interviewing, legal highs and harm reduction interventions. Many staff spoke positively about the training opportunities offered and the learning environment created by the provider.
- Skilled staff to deliver care**
- Teams included, or had access to, a range of staff to meet the needs of clients presenting with substance misuse concerns. Staff described working with GPs, social workers and community psychiatric nurses to meet the needs of clients.
 - Staff were experienced and qualified and had the right skills and knowledge to meet the needs of clients. The provider had recruitment and selection policies and procedures in place. All staff roles had person

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- The provider supported managers to deal with poor staff performance promptly and effectively. This included policy guidance and human resources support. When we inspected, the registered manager reported that no staff were subject to capability of performance processes.
- The provider recruited volunteers to service user representatives and peer support workers positions. The provider had a volunteer co-ordinator locally, and all volunteers were subject to the same recruitment and selection processes as substantive staff. Job descriptions detailed that volunteers worked only with low risk clients. During the inspection we saw training taking place for a group of new volunteers.

Multi-disciplinary and inter-agency team work

- At each location, the provider gave one morning each week as protected time for team meetings, safeguarding meetings, multidisciplinary team meetings, reflective practise or supervisions.
- Each locality held a monthly multidisciplinary team meeting. During these meetings, CGL staff met to discuss clients at greatest risk or concern. Staff recorded actions from these discussions directly into client records. In addition to multidisciplinary meetings, each locality had dedicated time for complex case reviews.
- On a day to day basis, staff shared information about clients at effective 'flash' meetings. Multi-disciplinary staff attended or dialled in to these meetings. 'Flash' meetings were responsive to clients' changing risks and presentations. Staff also met to give a handover when clients moved between teams within the service.
- Staff at each locality had access to a monthly team meeting. Agendas had standardised items for discussion, including learning, staff representative updates and service user representative updates.
- Client records demonstrated regular communication between staff and clients GPs. For example; staff wrote to GPs following medical reviews with clients. The provider had also developed physical health pathways for clients with specific needs including bloodborne viruses or homelessness.
- In addition to regular liaison and communication, staff had developed effective working relationships with local mental health services. For example; direct referral to

mental health crisis services provided in Nottinghamshire county. Staff had also developed a pathway specific to Improving Access to Psychological Therapies services. This included fast track access for clients completing a detoxification intervention and access for clients stable on substitute prescribing. Senior staff continued to work with mental health providers at a strategic level to develop and improve pathways for clients experiencing substance misuse and mental health concerns.

- Locally, the provider employed staff who were co-located with other professional disciplines and formed part of the multidisciplinary team within other organisations. This included CGL criminal justice staff working in probation services and CGL staff working at acute hospitals as part of liaison teams.
- Client records demonstrated that staff maintained regular communication with a wide range of professionals external to the service. This included pharmacists, social care, community mental health and criminal justice staff. Staff attended a wide range of meetings to promote substance misuse services and build partnerships with other organisations.
- CGL staff delivered substance misuse training across Nottinghamshire county. At the time of inspection, staff had delivered this to more than 500 people.

Adherence to the MHA and the MHA Code of Practice

Good practice in applying the MCA

- The provider required all staff to complete Mental Capacity Act training as part of mandatory training requirements. This comprised two modules both of which had a staff completion rate of over 90%. The provider also made briefing papers available to staff and displayed the guiding principles of the Mental Capacity Act for staff to refer to.
- Staff we spoke with demonstrated an understanding of the Mental Capacity Act and its five statutory principles. Staff could apply this knowledge specifically to the clients they worked with.
- Staff knew where to get advice from within the provider regarding the Mental Capacity Act. The provider included the Mental Capacity Act as part of its safeguarding adults' policy. Staff accessed this policy on the provider's intranet.

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- Staff recorded their observations of a client's capacity to consent to treatment as part of the provider's consent, contact and confidentiality form. We saw this was recorded and up to date in all 14 of the client records we looked at. In one record we saw staff had documented concerns about a client's mental capacity and escalated this appropriately within the service and with external organisations.

Are substance misuse services caring?

Good 

Kindness, privacy, dignity, respect, compassion and support

- We saw staff interactions provided clients with help, advice and support. We saw staff delivered interventions warmly with compassion and respect. Staff spoke passionately about their work and the teams they worked in.
- Staff supported clients to understand and manage their substance misuse. Staff used a range of resources with clients during one to one and workshop sessions. For example; the provider had developed a range of substance specific intervention workbooks. Workbooks included information about the substance, harm reduction advice and mapping tools to better manage cravings or relapse.
- Staff described how they worked with clients to identify and access other services to support care and treatment provided in the community. Staff provided examples of when they had supported clients to attend appointments with other community services.
- During the inspection we received feedback from 20 clients. All comments made about staff were positive. This included comments about staff being friendly, approachable, non-judgemental and supportive.
- Staff understood the individual needs of clients, including personal, cultural, social and religious needs. Staff demonstrated this by providing information in ways clients could understand and working with clients to identify and access social support.

- CGL provided opportunities for staff to raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards clients without fear of the consequences. For example; through supervision or debrief.
- Staff discussed confidentiality and information sharing with clients. This included a record of who information could be shared with and what information could be shared. Staff had documented confidentiality and information sharing in 13 of the 14 records we reviewed. The provider had policies and procedures relating to confidentiality and required staff to complete data protection and information security awareness as part of mandatory training requirements.

Involvement in care

Involvement of patients

- Staff developed a service user plan with clients, the provider used this as an integrated risk and recovery plan. We found service user plans completed in 12 of the 14 client records reviewed. All were individualised and demonstrated some client involvement in either managing risk or planning for recovery. However, the quality and completeness of this varied in the records we saw. Those clients we asked about their plan reported that staff had involved them in developing it.
- Clients said staff did not routinely share service user plans with them. Staff we spoke with reported that the inclusion of risk management actions could be an obstacle to this. For example; if the plan included risks identified through multiagency working such as Multi-Agency Risk Assessment Conferences. We also found that the providers digital case management system did not clearly identify when or how staff shared plans and recovery resources with clients. However, those clients we asked about their service user plan did not feel they needed a copy. Clients gave us examples of staff sharing recovery resources with them. This included workshop handouts, diaries to track their substance misuse and mapping tools completed with staff during appointments. During inspection we saw examples of the recovery resources staff used with clients.
- Staff communicated with clients so that they understood their care and treatment. At all locations, staff made leaflets and information accessible and had

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developed a range of resources to use with clients during appointments. We saw staff recorded in client records when they had provided harm reduction advice as part of an intervention.

- Staff found effective ways to communicate with clients with communication difficulties. Staff asked about communication needs and preferred methods of communication at referral. Staff also delivered interventions in accessible locations for clients. For example; at locations where homeless people might attend.
- The provider created opportunities for clients to be involved in making decisions about the service. Locally, 11 new service user representatives had been recruited. Their role included giving a voice to the needs of clients and enabling clients to influence change in the service. Service user representatives did this by facilitating monthly client forums and feeding this information back to managers at local managerial meetings.
- The provider enabled patients to give feedback on the service they received. We saw 'happy or not' terminals installed at all three locations. These terminals allowed clients to quickly and easily provide feedback on the service they had received. Additionally, the provider undertook an annual client survey locally.
- Staff ensured patients could access advocacy. We saw information about independent advocacy services displayed in waiting areas.

Involvement of families and carers

- Where clients gave permission, staff informed and involved families and carers appropriately. For example; staff worked closely with family members or carers to enable the provision of detoxification interventions in the community.
- Locally, the provider contracted out family and carer support to a charitable organisation, specialised in providing support to families or carers effected by someone's substance misuse. This provided the families and carers of clients using CGL with access to a seven day a week telephone support, three workers dedicated to CGL and face to face sessions.

- The provider gave opportunities for families and carers to give feedback on the service they received. Staff told us that families and carers provided feedback in conversations with staff, feedback forms, and through the providers website.

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

Good 

Access and discharge

- People referred themselves to CGL or professionals from other services referred them. Referrals could be made in person, over the telephone, and via CGL's website or social media accounts. Duty staff aimed to complete a triage assessment immediately with individuals referring themselves in person or by telephone. Needle exchange facilities could also be accessed by individuals who did not want to refer themselves for structured treatment.
- CGL provided local access information for referrals presenting for opiate treatment only. Staff aimed to assess clients within five working days of referral. The provider reported that, where a client was not assessed within five working days, it was because they had not been able to attend the assessment appointment staff had offered to them. Between March 2018 and February 2019, staff assessed 72% of referrals to the service within three weeks. Managers regularly reviewed the number of referrals and the availability of assessment appointments to ensure clients did not experience long waits.
- There was a structured pathway through the service and staff worked in teams to support clients as they progressed along the pathway. For example; staff in the duty team supported clients during their first 12 weeks of treatment, providing assessments and access to prescribing regimes. Staff worked with clients during one-to-one and workshop appointments.

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- The provider reported that locally, 88% of clients presenting for opiate treatment commenced substitute prescribing within three weeks of assessment. Commissioners of the service had specified no target assessment to treatment waiting time.
- The provider had processes in place to ensure that, when needed, staff saw existing clients or new referrals promptly. This included clients at risk of unplanned exit from treatment or prison release referrals.
- Staff had criteria under which referrals were categorised as urgent. This included pregnancy, street homeless and individuals reporting severe and enduring mental health presentations. Staff aimed to see urgent referrals on the day of referral, and, for those needing a medical review, arranged this within 24 hours. The provider had policies to guide staff practice to meet the needs of urgent referrals.
- Clients could telephone and, if available, speak to their keyworker. All localities had identified duty staff who could respond promptly and adequately to clients when their keyworker was not available.
- The provider tried to engage with people who found it difficult or were reluctant to engage with services and attempted to remove barriers for vulnerable groups. For example; staff offered outreach services to specific groups including street homeless, offered community medical appointments, and had piloted 'family friendly' medical reviews that promoted clients to attend with their children.
- Staff reported they tried to make follow-up contact with clients who did not attend appointments. This included using emergency contacts identified at assessment or contacting the pharmacy that a client collected their prescription from. The provider had a policy to guide staff practice when clients did not attend appointments or failed to collect prescriptions.
- Between March 2018 and February 2019, the average rate for clients that did not attend medical appointments was 27%. This was in line the providers national average rate of 26%.
- Between March 2018 and February 2019, the average rate for clients that did not attend non-medical appointments was 19%. This was in line the providers national average rate of 20%.
- Within each locality's hours of operation, staff offered clients flexibility in the times of appointments. Team bases at Mansfield and Worksop offered evening opening once a week until 7pm. The team base at Hucknall offered evening opening twice a week.
- Appointments usually ran on time. Staff were present in waiting areas to keep clients informed when appointments were not running on time.
- The provider used technology to support timely access to care and treatment. People could self-refer from the provider's website and the digital case management system automatically generated and sent appointment text reminder messages to clients that chose to be contacted in that way. The provider also made computers accessible for clients to access online recovery resources.
- Staff supported clients during referrals and transfers between services. For example; during referral and treatment for inpatient detoxifications.
- There was a structured pathway through the service from entry to treatment to recovery. The provider monitored performance locally and reported that outcomes consistently exceeded commissioning targets. Local successful completion rate outcomes were greater than Public Health England national averages. For example; Nottinghamshire had a 45% successful alcohol completion rate compared to a national average of 38% reported by Public Health England.

The facilities promote recovery, comfort, dignity and confidentiality

- The locations we visited had a range of rooms and equipment to support treatment and care. This included waiting areas, drug testing areas, clinic rooms, interview rooms and group rooms. Needle exchange facilities were provided onsite at Mansfield and Worksop. In waiting areas, the provider had placed water fountains and fresh fruit for client consumption. Free sanitary products were provided in toilets. We also saw local initiatives where staff had accessed clean clothing, new toys and food bank items to distribute to clients at greatest need.
- The provider recognised that not all interview rooms had adequate soundproofing. Managers included this on local risk registers, along with actions to reduce the

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risk. Staff were aware of this risk to client confidentiality and took actions to reduce the risk. For example; radios at low volume to cover conversations between staff and clients.

- We saw the provider had applied privacy films to windows or clear partitions to protect client's privacy. Staff used signage to indicate when rooms were engaged during consultations.

Patients' engagement with the wider community

- Staff assisted clients to access accommodation, education and work opportunities. The provider had developed local partnerships to achieve this. For example; between March 2018 and February 2019, staff had facilitated the placement of 20 clients at a supported housing unit. As an organisation, CGL provided employment opportunities for clients in recovery. We saw examples of clients having used volunteering positions as a stepping stone to paid employment with CGL. At the Hucknall location, approximately 60% of the staff team had previously used the service.
- Staff supported patients to maintain contact with their families and carers. This included sharing information, with a client's agreement, and directing family members and carers to a dedicated support organisation.
- Staff encouraged clients to develop and maintain relationships with people that mattered to them, both within the services and the wider community. Staff delivered interventions for clients in recovery at a community location where employment, education and training opportunities were delivered. Staff encouraged clients to engage in these opportunities, as well as seeking the support of community mutual aid groups.

Meeting the needs of all people who use the service

- The provider made adjustments for disabled people. For example; at the Hucknall location, where the service was provided on the first floor, a lift was available. We also saw initiatives to meet people's specific communication needs. For example; the provider's website included a 'browse aloud' feature as reading support. The provider prompted people to detail their assistance needs at the point of referral.

- CGL had a small team of staff dedicated to meeting the needs of young people aged under 18 years of age. This was an outreach service and delivered in partnership with health, education and youth justice services.
- Staff ensured that patients had access to a range of information leaflets including treatments, harm reduction advice and local services. This information was provided in formats accessible to clients presenting with substance misuse concerns.
- Staff made information leaflets available to clients that did not have English as their first language. For example; information leaflets in Polish.
- The provider held a national contract with a translation service to provide interpreters and/or signers. Staff could access this service during face to face or telephone appointments with clients.

Listening to and learning from concerns and complaints

- Between March 2018 and February 2019, the provider reported a total of 16 complaints received from across the three locations inspected. Clients had made complaints about prescribing decisions, communication and the level of support they'd received. Of these, seven were upheld and none were referred to the Parliamentary and Health Service Ombudsman. In the same period, the provider reported receipt of 15 compliments.
- We saw the provider displayed information to advise services users how to complain or raise a concern. Additionally, the provider made this information available on its website. Clients we spoke with knew how to give feedback on the service they received.
- Staff knew how to handle complaints from clients appropriately and, where possible, tried to resolve them locally. The provider had a complaints policy and procedure to guide staff practice.
- Staff protected patients who raised concerns or complaints from discrimination and harassment. For example; the provider was guided by a client's wishes to change workers if they raised a concern specifically about that member of staff. The provider acted on concerns raised anonymously or protected the identity of the complainant from staff.

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- The provider had a clear procedure to manage formal complaints. This included standards for acknowledging and investigating a concern.
- Staff received feedback on the outcome of the investigation of complaints through local integrated governance team meetings. The provider produced a quarterly complaints report that included numbers of complaints, trends, severity rating, and learning from complaints.

Are substance misuse services well-led?

Good 

Leadership

- Leaders had the skills, knowledge and experience to perform their roles. The provider ensured this commenced with its recruitment and selection processes. This then continued through induction, supervision and development opportunities that focussed on skills and competencies related to leadership. All leaders attended a regional management team meeting and attended additional meetings specific to the role held.
- Managers had a good understanding of the services they managed and clearly explained how teams worked to provide high quality care. This included effectively using data, listening to and acting on feedback from clients and staff, the applications of audits to ensure that staff met quality standards and training to ensure staff were competent for the roles they held. The registered manager held local staff engagement sessions and change occurred from this. For example; the roll out of smartphones.
- Staff knew who the providers senior leaders were and could provide examples of when they had visited team locations. During visits, senior leaders sometimes 'shadowed' frontline staff to experience service delivery first hand. Staff also reported that senior staff attended recognition and celebration events. For example; the 2018 Recovery Walk in Worksop. Staff reported the registered manager was visible and approachable at all team locations.

- The provider made leadership development opportunities available. This included opportunities for staff below locality manager level.

Vision and strategy

- CGL's vision and values included focus, empowerment, passion, respect, vocation and social justice. The provider promoted its values online and displayed posters around team locations. Senior staff we spoke with understood the provider's vision and values and how they were applied in the work of their team.
- The provider's senior leadership team had successfully communicated the provider's vision and values to the frontline staff in this service. The provider included its vision and values in its recruitment process, job descriptions and supervision structures. For example; staff completed a values-based interview as part of the recruitment process. The values-based interview took precedence over the competency part of the recruitment process. Managers provided examples of candidates not recruited because of the outcome of their values-based interview.
- Staff believed they had the opportunity to contribute to discussions about the strategy for their service. Senior staff reported the provider was currently reviewing its values following feedback from staff and clients.
- Senior staff understood the budgets available to them and could explain how they were working to deliver high quality care within the budgets. Accountants in the organisation met regularly with senior staff to review budgets. Commissioners reported the service operated within the budget available to them.

Culture

- Staff we spoke with felt respected, supported and valued. Local results from the providers 2019 staff survey were greater in all areas than the providers national average. The survey included questions for staff about wellbeing and safety, job engagement, and recommendation to friends and family as a place to work.
- Staff felt positive and proud about working for CGL and their team. This included staff that had transferred from the previous provider under the Transfer of Undertakings (Protection of Employment) Regulation 2006.

Substance misuse services

- Staff knew how to use the providers whistle-blowing process and felt able to raise concerns without fear of retribution.
- Managers dealt with poor staff performance when needed. CGL provided managers with support and structures to address poor staff performance. The registered manager reported no bullying or harassment cases locally.
- Staff reported they worked well together as a team. Managers had processes and guidance to follow in the event of difficulties occurring.
- The provider included conversations about career development and how it could be supported as part of supervision meetings between staff.
- The provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. For example; CGL ranked 88 out of 434 participating organisations in the Stonewall Workplace Equality Index and had a dedicated work group committed to achieving level 3 of the government's Disability Confident employer scheme within three years. The provider also required staff to complete introduction to equality, diversity & inclusion training as part of mandatory requirements.
- The provider was committed to reducing the gender pay gap and had plans in place to achieve this. The provider reported a gender pay gap 13% lower than the national average.
- The provider monitored sickness and absence rates. The registered manager reported low sickness and high staff retention rates locally. Data and benchmarking against the providers other services demonstrated this.
- The provider had arrangements in place to support staff with their own physical and emotional health needs. For example; a contracted occupational health service that included vaccinations for staff, and a voucher scheme for eye tests. In addition to this, the provider allowed staff a one-hour well-being slot as part of their contracted hours. Staff chose what they did with this hour to support their own physical or emotional health.
- The provider recognised staff success within the service. For example; the providers intranet allowed staff to

recognise and share the contribution of others. Locally, the registered manager had organised a recognition event with senior leaders, stakeholders, and clients invited.

Governance

- The provider had robust governance systems in place. This included policies and procedures to guide staff practices, timely and accessible key performance indicators, and an established cycle of quality audits. Governance systems ensured staff kept premises safe and clean, enough staff to meet the needs of clients, staff were trained and supervised, staff assessed and treated clients well, staff managed referrals and waiting times well, and staff reported, investigated and learned from incidents.
- At all levels of the service, the content of agendas and recorded minutes demonstrated staff followed a clear framework to ensure essential information, such as learning from incidents and complaints, was shared and discussed. This included at team meetings and integrated governance meetings.
- Staff described changes to practice and procedures that had been implemented following recommendations from the investigation of incidents, complaints and safeguarding concerns. Where actions to improve safety were identified, senior staff were required to produce a quality improvement plan. For example; we saw a quality improvement plan to increase rates of blood borne virus screening amongst clients assessed as high risk. Senior staff had implemented this plan because of recommendations following the investigation of a client death.
- The provider had an established cycle of quality audits that required staff participation. The provider made the outcomes of audits available to staff electronically and compared local outcomes to the provider's national average outcome. Locally, senior staff developed action plans to improve where shortfalls had been identified through audit. Where the provider was implementing changes across the organisation, we saw comprehensive overviews of the provider's actions. This included the reason for the change, timescales for change, completed actions and actions for completion. An example of this was the providers organisational change to staff appraisal processes.

Substance misuse services

- Staff understood arrangements for working with other teams, both within the provider and external, to meet the needs of the clients. Senior staff worked to improve access pathways with external organisations. This included providers of physical health, mental health and accommodation services.

Management of risk, issues and performance

- Senior staff maintained a local risk register. The risk register described the risk, rated the risk and detailed actions in place to reduce the risk. When required, processes were in place that allowed staff to escalate concerns from a team level.
- Staff concerns matched those on the risk register. This included discussions about lone working and discussions about the quality of interview room soundproofing.
- The provider had plans in place for emergencies. This included staff sickness and adverse weather events.
- The registered managers reported that, where cost improvements were taking place, staff worked closely with commissioners to ensure client care was not compromised.

Information management

- The provider had systems to collect data that were not over-burdensome for frontline staff. The provider's digital data management system included functions to report on data routinely collected by staff. For example; reports on local safeguarding actions and naloxone kit expiry. The provider also employed administration staff to collect and input data required for reporting to the National Drug Treatment Monitoring System.
- Staff had access to the equipment and information technology needed to do their work. Staff spoke positively about the functionality and responsiveness of the providers digital case management system. Locally, the provider was updating its digital systems. This included upgrading each staff members tablet computer and introducing smartphones for staff with unlimited data and access to case management systems.

- Information governance systems included confidentiality of patient records. This included training for staff, policy guidance, and the use of a digital case management system accessed securely with individual logon identifications and passwords.
- Managers had access to information to support them with their management role. This included access to online policies and procedures, and key performance indicators. The provider presented this information in an accessible format, and was timely, accurate and identified areas for improvement.
- Staff made notifications to external bodies as needed. This included Care Quality Commission, the National Drug Treatment Monitoring System and commissioners.

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; the provider made good use of social media locally and nationally. Staff updated social media daily with information, news and events.
- Clients and carers had opportunities to give feedback on the service they received in a manner that reflected their individual needs. The provider had seen a good response to its 'happy or not terminals'. For example; Results for March 2019 showed that 80% of 300 respondents would recommend the service to their friends and family. The providers local 2019 client survey had received 103 respondents, 95% of which rated the service they received as good or very good.
- Managers and staff had access to the feedback from clients, carers and staff and used it to make improvements. During the inspection we saw many examples of this including how donations to the service had been spent, required training and the introduction of local initiatives suggested by staff.
- The provider had local structures in place that allowed clients to be involved in decision-making about changes to the service.
- Clients and staff could meet with members of the provider's senior leadership team to give feedback. Staff reported this had taken place when senior leaders visited or participated in celebration events.

Substance misuse services

- Senior staff engaged with external stakeholders. This included commissioners, criminal justice, housing and local clinical or National Health Service trusts. For example; staff held quarterly meetings with commissioners to monitor performance and financial performance against the commissioning contract.

Learning, continuous improvement and innovation

- The provider encouraged and supported staff to consider opportunities for improvements and innovation. This led to change, for example; a staff member was developing a treatment pathway for people buying prescription drugs over the internet. Staff believed that senior managers provided them with trust and autonomy to develop services locally.
- Staff had opportunities to participate in research. The provider had partnerships with universities across the country. Locally staff had been involved in a piece of research focussed on the impact of adverse childhood events. Staff were trained in the Routine Enquiry about Adversity in Childhood, this ensured staff included this as part of conversations with clients.
- We saw examples of innovations from the provider. This included an application to the Public Health England innovation fund to develop a 'chatbot', a digital assistant to provide screening and brief interventions over the internet. The proposed outcome being to improve brief interventions and referral rates for clients at the point when an alcohol problem is first progressing. The provider included information about innovations and changes to practice on its website.
- The provider encouraged managers to dedicate one day a month to quality improvement methods. This included developing and implementing quality improvement plans to address the outcomes audits or learning from incidents.

Outstanding practice and areas for improvement

Outstanding practice

- Staff worked with mental health providers to develop and improve pathways for clients experiencing substance misuse and mental health concerns. This included access to mental health crisis services provided in Nottinghamshire county and a pathway specific to Improving Access to Psychological Therapies services. Staff used mental health rating tools with clients and liaised with mental health inpatient providers when a shared client was admitted.
- Staff at Worksop had been recognised for their contribution to the local pregnancy liaison group with a national award from the Royal College of Midwives.
- The provider was able to demonstrate positive outcomes for service users, some of which exceeded expectations. For example; those of Public Health England. The provider also displayed positive outcomes for housing and creating employment opportunities for clients that had previously used services.
- The provider had a strong commitment and effective actions towards ensuring there is equality and inclusion across the workforce. This included actions towards becoming a Disability Confident Leader organisation and addressing gender pay gaps.
- The provider took a systematic approach when working with other organisations to improve outcomes for drug related deaths. This included producing reports and sharing learning.
- The provider recognised the importance of staff well-being. It allowed staff a one-hour well-being slot as part of their contracted hours. Staff chose what they did with this hour to support their own physical or emotional health.
- The provider used information technology well. Staff contributed to improvements and developments in the provider's digital case management system. The provider was developing information technology to improve referral rates and outcomes for clients.

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure processes prompt staff to request updates from GP's about client's health and prescribed medicines.
- The provider should ensure staff create recovery plans that include client's strengths and personal goals for recovery.
- The provider should ensure local compliance rates for staff appraisals improve on completion of the organisational change to the way staff work performance is appraised.
- The provider should ensure records demonstrate how and when staff share completed risk management and recovery plans with clients.