

Change, Grow, Live

CGL Cheshire East Integrated Recovery Service

Inspection report

15 Delamere Street
Crewe
CW1 2HR
Tel: 01625464995

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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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Overall summary

This service has not been previously inspected or rated. We rated it as good because:

- The service provided safe care. The premises where clients were seen were safe and clean. 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.
- 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 and relevant services outside the organisation.
- Staff treated clients with compassion and kindness, and understood the individual needs of clients. They actively involved clients in decisions and care planning.
- The service was easy to access. Staff planned and managed discharge well and had alternative pathways for people whose needs it could not meet.
- The service was well led, and the governance processes ensured that its procedures ran smoothly.

However:

- Clients privacy was not fully adhered to in Macclesfield. The interview rooms were not soundproof. Conversations could easily be overheard in the waiting area.
- Unexpected exit from treatment plans were not always robust or detailed enough. Information was vague with no clear plan of the actions to take.
- Not all policies were up to date. The induction policy and the medicines management policy were overdue for review.
- Client care records did not clearly indicate that a copy of the care plan had been offered to clients.
- Clients and their families and carers did were not involved in the service design and development.

Summary of findings

Our judgements about each of the main services

Service

Rating

Summary of each main service

**Community-based
substance misuse
services**

Good



Please see overall summary

Summary of findings

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Summary of this inspection

Background to CGL Cheshire East Integrated Recovery Service

The service provides community substance misuse services to the area of Cheshire East. Clients can access support and treatment for opiate dependency, alcohol dependency and any other issues relating to non-opiate drugs. The service has a separate alcohol and opiate teams. There are bases in both Crewe and Macclesfield. Clients can receive support via individual keyworker sessions, opiate substitute prescribing and psychosocial group work. The service can offer home detoxes and refer clients for inpatient detox and rehabilitation where this is clinically indicated.

The service is registered to provide the following regulated activities; diagnostic and screening procedures, and treatment for disease, disorder or injury.

The registered manager had recently left the service. A new registered manager had applied to register and was awaiting this registration.

The service registered with the Care Quality Commission in June 2019 and had not been inspected since that date due to delays caused by the Covid 19 pandemic.

What people who use the service say

Clients told us the buildings were in easily accessible locations and the environments were always clean and tidy. Clients said there was always enough staff and that staff were not difficult to get hold of. Clients spoke about how easy it was to see the doctor and that this has been arranged within the same week. Clients said they felt involved in their care and that staff took time to explain choices and options to them. Clients remarked that staff were always friendly and caring with a professional approach. Clients were positive about the holistic care they received around physical health, mental health and harm minimisation. Clients reported that they had good access to supportive online applications to aid sleep and reduce anxiety.

How we carried out this inspection

This was a comprehensive inspection focussing on all elements of the following key questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive?
- Is it well-led?

Before the inspection visit, we reviewed information that we held about the location and asked a range of other organisations for information.

During the inspection visit, the inspection team:

- visited the service and observed how staff were caring for clients at both the Macclesfield and Crewe sites
- spoke with five clients who were using the service
- spoke with the deputy service manager

Summary of this inspection

- spoke with eight other staff members including a doctor, a non-medical prescriber, a nurse, a healthcare assistant, two keyworkers, a volunteer, a youth worker, and a prison release scheme worker
- looked at twelve care and treatment records of clients
- carried out a specific check of the medicine management
- looked at a range of policies, procedures and other documents relating to the running of the service
- carried out a review of the clinic room and the environment
- observed three internal meetings.

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>.

Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a service **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service SHOULD take to improve:

- The service should ensure that all interview rooms are fully soundproof to protect client's privacy
- The service should ensure that all unexpected exit from treatment plans are detailed with clear action plans with client involvement for staff to follow
- The service should ensure that all policies are reviewed and updated in a timely way to ensure staff have relevant policies to follow
- The service should clearly record whether clients have been offered a copy of their care plan.
- The service should consider ways to actively involve clients and their families and carers in the service design and development

Our findings

Overview of ratings

Our ratings for this location are:

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

Community-based substance misuse services

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

Are Community-based substance misuse services safe?

Good 

Safe and clean environment

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

Staff completed and regularly updated thorough risk assessments of all areas and removed or reduced any risks they identified. Both sites had monthly premises inspections to check the safety of the building. There were also regular health and safety audits and up to date fire risk assessments. There was also a monthly health and safety group for issues to be escalated.

All interview rooms had alarms and staff available to respond. All rooms were fitted with wall alarms that alerted staff to incidents. The alarms were also linked to police stations.

All clinic rooms had the necessary equipment for clients to have thorough physical examinations. Clinic rooms were equipped with examination couches and other equipment such as alcometers and electrocardiogram machines. The Macclesfield location had a phlebotomy chair.

All areas were clean, well maintained, well-furnished and fit for purpose. The premises were observed to be clean. Furniture appeared new and in a good state of repair. There were small rooms for staff to see clients on a one to one basis. However, we observed that in Macclesfield conversations could easily be overheard in the reception and waiting area. Managers felt that during busier times, conversations were less likely to be overheard due to other background noises.

Staff made sure cleaning records were up-to-date and the premises were clean. Cleaning records confirmed there was regular cleaning of the building.

Staff followed infection control guidelines, including handwashing. There was appropriate personal protective equipment available for staff. There were handwashing facilities and alcohol hand gel as needed.

Staff made sure equipment was well maintained, clean and in working order. All equipment had been checked and calibrated. There were stickers advising of the next checking date.

Community-based substance misuse services

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.

Nursing staff

The service had enough nursing and support staff to keep clients safe. Although there were several vacancies, there were enough staff to ensure the service still functioned effectively. There were currently five vacancies across both sites, which included one nurse, one healthcare assistant, one family worker and two recovery workers. Two posts had been recruited to and were going through recruitment checks. There were 55 staff in total across both locations.

The service had reducing vacancy rates. The current vacancy rate was 9%.

The service had low rates of bank and agency nurses. A regular agency nurse was used to cover the registered nurse vacancy. The agency nurse was familiar with the service and had a good understanding of clients needs.

The service had low rates of bank and agency recovery workers. The service did not use bank or agency staff to cover recovery worker positions.

Managers made arrangements to cover staff sickness and absence. Staff absence was covered by cases being allocated to other members of the team. Staff confirmed this was manageable in the short term.

Managers limited their use of bank and agency staff and requested staff familiar with the service. One agency staff member had been employed on a block contract.

Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift. There was an induction policy in place which was overdue for review by 10 months. There were induction checklists for both temporary and permanent staff.

The service had low and / or reducing turnover rates. Turnover rates were now reducing. New staff had been employed and were awaiting to start in their new positions. Managers had recognised that recruitment of good quality experienced staff was becoming increasingly difficult. Staff previously employed as volunteers with lived experience had been successful in achieving permanent positions. Staff were given a 4% pay increase to support with the rising cost of living and to help retain and attract staff.

Managers supported staff who needed time off for ill health. Staff described managers as supportive in relation to absence from work. There was a HR process for managers to follow

Sickness levels were low. However, the service was expecting an increase in maternity leave. There were plans to consider utilising agency staff for cover.

Managers used a recognised tool to calculate safe staffing levels. Staffing levels had recently been reviewed in conjunction with analysing referral rates. It was recognised that there was an increased demand for alcohol workers. The service had been commissioned for five more alcohol workers to meet the future needs of the service.

The number and grade of staff matched the service's staffing plan.

Community-based substance misuse services

Medical staff

The service had enough medical staff. There was a consultant and a non-medical prescriber providing input into the teams.

Managers could use locums when they needed additional support or to cover staff sickness or absence.

Managers made sure all locum staff had a full induction and understood the service.

The service could get support from a consultant or non-medical prescriber quickly when they needed to. Clients could access medication reviews and other appointments with the consultant or non-medical prescriber within the same week.

Mandatory training

Staff had completed and kept up-to-date with their mandatory training. Staff needed to complete eight mandatory training modules which included:

- basic life support and anaphylaxis log
- data protection and information security
- equality and diversity
- equality, diversity & inclusion
- health and safety
- Mental Capacity Act
- safeguarding adults
- safeguarding children

All staff had completed 100% of their mandatory training.

The mandatory training programme was comprehensive and met the needs of clients and staff.

Managers monitored mandatory training and alerted staff when they needed to update their training. Staff were alerted in advance when training required completion by an electronic system. Managers had oversight of this and could prompt staff.

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. However, there was some lack of planning around unexpected exit from treatment.

Assessment of client risk

Staff completed risk assessments for each client on admission to the service and reviewed this regularly, including after any incident. All clients had up to date risk assessments that had been completed in a timely manner. All clients had comprehensive risk management plans. There was evidence that risk issues had been shared with other agencies where necessary, such as local authority child protection teams.

Community-based substance misuse services

All client care records we reviewed had unexpected exit from treatment plans. However, six out of twelve care records did not demonstrate clear plans for unexpected exit from treatment. Unexpected exit from treatment plans were vague and lacked detail. It was not clear when a welfare check would be initiated or if there was a specific person for the service to contact.

Management of client risk

Staff responded promptly to any sudden deterioration in a client's health. Staff were able to signpost clients to GP's and accident and emergency departments for support with any physical health decline. Staff were able to conduct physical health checks for clients unable to access GP services as a temporary measure.

The service had no waiting list to manage.

Staff followed clear personal safety protocols, including for lone working. There was a lone working policy for staff to follow. Staff were equipped with mobile phones. Staff conducted home visits in pairs where risk was identified.

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. All staff had received and were up to date with both child and adult safeguarding training.

Staff kept up-to-date with their safeguarding training. Safeguarding training was mandatory for all staff. Managers had oversight of training records to ensure safeguarding training was up to date.

Staff could give examples of how to protect clients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff were able to describe clients with protected characteristics. Staff had received training in equality and diversity to support their understanding.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. There was clear evidence of staff recognising child and adult safeguarding issues and liaising and reporting to outside agencies as needed. There was a process in place to consider safeguarding issues during the assessment. Staff knew to contact the local authority in relation to children considered at risk. Local authorities' feedback to the service whether the child was under their care and joint liaison work was initiated.

The safeguarding lead attended meetings with the local authority to discuss the areas safeguarding and neglect strategy.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff were aware of local procedures to make safeguarding alerts to the local authority. The local authority child safeguarding team were closely located to both teams. Staff spoke of being familiar with individual staff and could contact them for advice when needed. A local authority children's social worker had been placed with the service on a 12-month secondment. This also supported closer working links around safeguarding arrangements.

There was a safeguarding lead staff to seek advice from. The safeguarding lead attended an internal safeguarding national panel and regional safeguarding events to keep up to date with safeguarding legislation and best practice.

Community-based substance misuse services

Managers took part in serious case reviews and made changes based on the outcomes. There had not been any serious case reviews for the service to be involved in. Managers confirmed they would take part if needed.

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.

Client notes were comprehensive and all staff could access them easily. Clients care records were fully recorded on the electronic system. All staff described having easy access to client care records and that notes were straightforward to locate.

When clients transferred to a new team, there were no delays in staff accessing their records. Internal transfers within Change Grow Live went ahead without delay and staff could access records as needed. For clients being referred in from other substance misuse providers in other areas, staff were reliant on the information provided by other organisation until their own processes could be initiated.

Records were stored securely. Client care records were stored on a password protected electronic system.

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 and administer medicines safely. All prescribing was done by the consultant and the non-medical prescriber. There was a system for all prescriptions to be sent electronically to local pharmacies to dispense. There was a medicines management policy that was overdue for review by one month.

The service did not dispense or store medication on the premises other than a limited supply of adrenaline such as naloxone and nyxoid.

Staff reviewed each client's medicines regularly and provided advice to clients and carers about their medicines. Most clients were up to date with medication reviews. Over the covid 19 pandemic period some clients had become overdue their medical reviews. However, the service had endeavoured to improve this. At the time of the inspection there were only three clients who were overdue medical reviews.

Staff completed medicines records accurately and kept them up-to-date.

Staff stored and managed all medicines and prescribing documents safely. There were regular audits in place and policies to follow.

Staff learned from safety alerts and incidents to improve practice. Information had been shared to staff and clients about current risks associated with illicit tablets.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. The service ensured clients were prescribed the most effective dose of opiate substitute medicine to meet their needs. Clients were encouraged to reduce their opiate substitute medicine if safe to do so. Opiate substitute medicines were also increased at times of clients increased dependency on illegal substances.

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Staff reviewed the effects of each client's medicines on their physical health according to NICE guidance. There was evidence of physical health being assessed on admission to the service and ongoing if necessary.

Track record on safety

The service had a mixed track record on safety.

The service had experienced a serious incident in 2020. This matter continues to be subject to investigation by the CQC. However, there have been no further incidents of concern.

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 were aware of incidents that required reporting and did so on the electronic reporting system.

Staff raised concerns and reported incidents and near misses in line with the service's policy. There was a policy in place for staff to follow and all staff confirmed they understood what to report and how to proceed.

Staff reported serious incidents clearly and in line with the service's policy. Recent serious incidents included client deaths. These were reported appropriately and to the Care Quality Commission.

The service had no never events.

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. Managers and staff had an open and honest relationship with clients and their families following deaths, incidents and complaints. Managers fed back to clients and families any outcomes of investigations. However, the service did not have an up to date duty of candour policy to follow during the onsite visit. The policy had required review since 2019. A new policy was ratified and implemented during July 2022 with staff training to follow in September 2022.

Managers debriefed and supported staff after any serious incident. Staff confirmed de-briefs occurred following incidents. There were more formal and in-depth de-briefs following more serious incidents. Staff described feeling supported by the process.

Managers investigated incidents thoroughly. Clients and their families were involved in these investigations. Incident reports were allocated to managers to investigate and review. Clients and families were involved in this process where necessary.

Staff received feedback from investigation of incidents, both internal and external to the service. There was a process in place for managers to feedback any findings from incidents to staff and others. This was recorded on the electronic system for a clear audit trail.

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Staff met to discuss the feedback and look at improvements to client care. There was a process in place to review client deaths and assess any potential learning. Staff were invited to attend the meeting to give an overview of the clients needs, risks and personal history. Senior managers also attended the meeting to consider any gaps in processes or missed opportunities within practice.

There was evidence that changes had been made as a result of feedback. The service had recognised that regionally there had been an increase in deaths from a street drug. This information was shared with practitioners in order to alert clients of the potential increased risk.

Managers shared learning with their staff about never events that happened elsewhere.

Are Community-based substance misuse services effective?

Good 

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. We reviewed 12 care records and all had comprehensive assessments of drug and/or alcohol use. These included levels of drug use and injecting history, alcohol/drug dependency scores and blood borne virus assessments. Each client had been provided with harm reduction advice and assessed in relation to motivation to change.

Staff made sure that clients had a full physical health assessment and knew about any physical health problems. Physical health had been assessed for each client. Clients were signposted to primary care services for further investigations where necessary.

Staff developed a comprehensive recovery plan for each client that met their substance misuse and other mental and/or physical health needs. All clients had recovery plans that were up to date. All recovery plans were personalised, holistic and recovery orientated.

Staff regularly reviewed and updated care plans when clients' needs changed. There was evidence of plans being updated following changes in circumstances.

Best practice in treatment and care

Staff provided a range of care and treatment interventions suitable for the client group and consistent with national guidance on best practice. They ensured that clients had good access to physical healthcare and supported clients to live healthier lives.

Staff provided a range of care and treatment suitable for the clients in the service. The service had alcohol and opiate teams. Clients had access to home detoxes or were referred to inpatient detoxes dependent on their physical and

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mental health needs. To support client's psychological recovery there were various groups to encourage abstinence and substance stabilisation. Clients were allocated to keyworkers who were able to deliver one to one psycho-social interventions. There was also a psychologist and student counsellors to provide therapies to clients for trauma and other mental health issues.

Staff delivered care in line with best practice and national guidance (from relevant bodies such as NICE).

Staff made sure clients had support for their physical health needs, either from their GP or community services. Physical health needs were considered during the assessment process and ongoing as required. Clients confirmed that staff supported them with any physical health needs and signposted them to their GP or other primary care service.

Staff supported clients to live healthier lives by supporting them to take part in programmes or giving advice. Clients were advised in relation to healthy nutrient as part of a good diet intake to support recovery from alcohol and/or substances. Clients were advised about the benefits of daily routines and exercise.

Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives. Rating scales were incorporated into the electronic care records system. They were completed as part of the assessment process and reviewed again at different stages of treatment. Staff took part in audits. This included audits and checks completed by the nurse. Team leaders audited client care records to check the quality of the records.

Staff used technology to support clients. Clients were given mobile phones during the covid 19 pandemic to support contact during lockdown restrictions. Clients had opportunities to attend group sessions virtually if unable to attend in person. There was a system to automatically text client's reminders about appointments to improve attendance levels.

Managers used results from audits to make improvements. Manager used results from care record audits to support clinical supervision sessions and aid staff learning.

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. The service employed the following staff disciplines:

- nurses
- healthcare assistant
- doctor and non-medical prescriber
- criminal justice workers
- family workers
- young people workers
- alcohol keyworkers
- opiate keyworkers
- team leaders
- assessment workers

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- admin assistants
- psychologist

The service also linked in closely with a third sector organisation called Emerging Futures who facilitated some group sessions and recruited peer volunteers.

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. Staff were trained in several modules suitable for their roles. Most staff were experienced and had worked in similar positions in previous employments. Managers recognised that good recruitment was becoming increasingly difficult and were considering ways to employ less experienced staff in the future and provide more specialist training to bridge any gaps in knowledge and skill.

Managers gave each new member of staff a full induction to the service before they started work. There was an induction policy in place which was overdue for review by 10 months. There were induction checklists for both temporary and permanent staff.

Managers supported staff through regular, constructive appraisals of their work. There were no separate figures relating to appraisals only. The appraisal model was incorporated into the supervision data. All of which was 90% compliant.

Managers supported non-medical staff through regular, constructive clinical supervision of their work. Staff confirmed clinical and managerial supervision took place regularly and that it was beneficial in supporting their work. Staff and managers identified that supervision took place approximately every four to six weeks. There was a supervision policy that stated the minimum supervision target is four supervisions within a 12-month period. Supervision compliance was 90%.

Managers supported medical staff through regular, constructive clinical supervision of their work.

Managers made sure staff attended regular team meetings and gave information to those who could not attend. There were monthly team meetings for staff to attend. Meeting minutes were recorded and shared with staff including those who could not attend.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Extra training was discussed as part of the appraisal process. However, no staff had recently undertaken any additional training to the mandatory training programme.

Managers considered staff's specialist training needs for their role. However, no staff had undertaken any specialist training over the last 12 months. Regionally, the psychologists had received eye movement desensitization and reprocessing training.

Managers recognised poor performance, could identify the reasons and dealt with these. There had not been any issues relating to poor performance. Improvements in best practice such as better record keeping and other common issues were addressed during team meetings and in individual supervision sessions.

Managers recruited, trained and supported volunteers to work with clients in the service. The service linked in with a third sector organisation who recruited clients in recovery to become peer volunteers. There was a pathway for peer volunteers to apply for permanent positions within the third sector organisation or with the service. Former clients had recently been successful in obtaining permanent roles.

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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. There were daily flash meeting where discussions could take place in relation to clients with increased needs and risks. Flash meetings were attended by all available staff. There were weekly multidisciplinary meetings attended by the lead nurse, team leaders and relevant keyworkers and other staff. The meeting discussed the progress of clients deemed high risk or in need of a home or inpatient detox. Keyworkers were able to update the team of the current circumstances of the client and the team confirmed a plan for the next steps.

Staff made sure they shared clear information about clients and any changes in their care, including during transfer of care. Information was shared by documenting changes within the clients care record and daily flash meeting and multidisciplinary meetings if appropriate.

Staff had effective working relationships with other teams in the organisation. The service worked closely with the young people's team.

Staff had effective working relationships with external teams and organisations. Staff had developed good working relationships with the local authority child safeguarding teams. The local authority child safeguarding team were closely located to both teams. Staff spoke of being familiar with individual staff and could contact them for advice when needed. A local authority children's social worker had been placed with the service on a 12-month secondment. This also supported closer working links around safeguarding arrangements. There were also strong working relationships with GP's in relation to shared care pathways. The service was part of the multi agency risk assessment conference panel attended by all other relevant agencies.

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. All staff were expected to complete a mandatory training module on the Mental Capacity Act. Compliance with this was 100% for all staff. Staff understood the principles of the Mental Capacity Act and were able to describe the processes to follow.

There was not a specific policy on the Mental Capacity Act, information about the Mental Capacity Act was incorporated into the safeguarding adult's policy and the consent policy. Staff could describe the principles and knew how to access the policies if needed.

It was clear where staff could get advice on the Mental Capacity Act. There was not a designated Mental Capacity Act lead. However, staff could seek advice from the doctor if required. Mental Capacity Act governance arrangements had recently been reviewed nationally by the provider. There was a plan to introduce a Mental Capacity Act policy and lead professional. However, there was no timeframe for this work to be completed.

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Staff gave clients all possible support to make specific decisions for themselves before deciding a client did not have the capacity to do so.

Staff assessed and recorded capacity to consent clearly each time a client needed to make an important decision. Staff ensured clients consented to care and treatment and that this was assessed, recorded and reviewed in a timely manner. There was evidence within the electronic care record system that capacity had been considered where necessary.

Are Community-based substance misuse services caring?

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 respectful and responsive when caring for clients. We observed caring interactions between staff and clients. Staff were warm and approachable.

Staff gave clients help, emotional support and advice when they needed it. Staff advised clients in relation to practical support and wellbeing issues.

Staff supported clients to understand and manage their own care treatment or condition. Clients were educated in relation to harm minimisation and pathways towards recovery. Clients were offered Naloxone, (a medicine to reverse the effects of opiate overdose), and training on how to use it.

Staff directed clients to other services and supported them to access those services if they needed help. Clients were encouraged to attend external groups such as alcoholics anonymous and narcotics anonymous. Other groups were available to clients organised, by the third sector organisation dependant on where they were in their treatment journey. Staff also linked clients in with housing and homeless support if necessary.

Clients said staff treated them well and behaved kindly. All clients confirmed staff had kind attitudes towards them and endeavoured to support them as best they could.

Staff understood and respected the individual needs of each client. Staff were professional towards individual needs of clients and attempted to meet all individual needs.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards clients and staff. All staff confirmed they felt confident and assured to raise any issues about the poor behaviour of others. Staff said they felt they would be treated fairly and that matters would be addressed accordingly.

Staff followed policy to keep client information confidential. Clients did not have access to areas of the building that contained client information. All electronic equipment that contained confidential client information was password protected and automatically locked after a short time.

Community-based substance misuse services

Involvement in care

Staff involved clients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that clients had easy access to additional support.

Involvement of clients

Staff involved clients and gave them access to their recovery plans. All clients confirmed that they felt involved in their care and knew the content of their recovery plans. Client said they had been involved in the development of their recovery plans and agreed with the content. However, it wasn't always fully clear in eight out of 12 care records that a copy of the recovery plan had been offered to clients.

Staff made sure clients understood their care and treatment. Clients said that their care and treatment options were explained to them in plain language that they understood. Recovery plans were also written in format that was easily understood.

Staff involved clients in decisions about the service, when appropriate. The provider was engaging with clients at a national level to listen to the client voice and make decisions about service delivery following the covid 19 pandemic. The service was considering a blended approach of utilising technology for remote access and continuing face to face provision. Locally there was a framework to have regular client consultations regarding service design and client forums.

Clients could give feedback on the service and their treatment and staff supported them to do this. Clients could give feedback via the formal complaints and compliments system. Informal feedback could be given via comment cards. Due to less clients visiting the building over recent years due to covid restrictions comment cards had been very few. Clients could also give feedback about the service via the providers internet page. Feedback could also be given informally verbally during discussions with staff.

Staff made sure clients could access advocacy services. There were posters highlighting independent local advocacy services clients could access.

Staff informed and involved families and carers appropriately. There were family workers in each team to liaise with families and carers where necessary.

Involvement of families and carers

Staff informed and involved families and carers appropriately. Staff respected clients consent regarding sharing information with others. Staff shared client information with families and carers where consent had been agreed. However, there was no formal process to involve clients and their families and carers in decisions about the service design or development.

Staff gave carers information on how to find the carer's assessment. Carers were signposted to the local authority for carers assessments to be completed.

Community-based substance misuse services

Are Community-based substance misuse services responsive?

Good 

Access and waiting times

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

The service did not have a clear criteria to describe which clients they would offer services to. However, there was a list of vulnerabilities that the service would prioritise. This included homelessness, risk of overdose, safeguarding, alcohol, mental health, respiratory issues and clients on prescribed treatment with a safe storage box.

The service met the service's target times for seeing clients from referral to assessment and assessment to treatment. There were 552 referrals in the last three months. The referral to assessment target was three weeks. This was met in 100% of case for both alcohol and drug referral over the last 12 months. There was a separate assessment team providing assessments to clients. Following assessments clients were allocated to keyworkers to follow up the next steps in treatment. There were no delays in this process.

Staff saw urgent referrals quickly and non-urgent referrals within the service's target time. Clients with high needs could be prioritised as needed and seen sooner. Assessors were able to be flexible in response to risk. The average caseload size was approximately 50 for most keyworkers. This meant there were no delays in moving from assessment to treatment.

Staff tried to contact people who did not attend appointments and offer support. Clients who did not attend appointments were followed up with telephone calls. For clients disengaging from treatment staff had unexpected exit from treatment plans to follow. However, the unexpected exit from treatment plans often lacked specific detail.

Clients had some flexibility and choice in the appointment times available. Staff tried to make appointments at times that were mutually convenient to both parties.

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 were rarely cancelled other than due to staff absence. Caseloads for absent staff were shared between other staff. Staff confirmed this did not impact too much on their ability to continue their roles and responsibilities.

Appointments ran on time and staff informed clients when they did not.

The service used systems to help them support clients. Clients were sent automatic text reminders to support clients to attend appointments. Group sessions were supported by electronic systems that allowed clients to attend remotely if they were unable to attend in person.

The facilities promote comfort, dignity and privacy

The design, layout, and furnishings of treatment rooms did not always support clients' treatment, privacy and dignity.

Community-based substance misuse services

The service had a full range of rooms and equipment to support treatment and care. However, there were not enough one to one rooms in either location. Group sessions were facilitated within the community. Managers and staff were considering way to utilise more community provision for keyworker one to one sessions.

Interview rooms in the service did not have sound proofing to protect privacy and confidentiality. Interview rooms and the clinic room did not have adequate sound proofing to protect client confidentiality in Macclesfield. Conversations could easily be overheard in the waiting and reception area.

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.

The service could support and make adjustments for people with disabilities, communication needs or other specific needs. The service had access to interpreter services for people whose first language was not English or they were deaf. The Macclesfield location was located on the first floor. There was a chair lift available for clients with mobility issues. The Crewe location had their client area on the ground floor.

Staff made sure clients could access information on treatment, local service, their rights and how to complain. There were leaflets available about treatments, external support and complaints. Leaflet displays had reduced as part of infection prevention measures but were being reinstated for ease of client access.

The service provided information in a variety of accessible formats so the clients could understand more easily. Information was available in other formats upon request.

The service had information leaflets available in languages spoken by the clients and local community. Information was available in other formats upon request.

Managers made sure staff and clients could get hold of interpreters or signers when needed. The service had access to an interpreter service.

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 knew how to complain or raise concerns. Clients understood they could raise a complaint informally via staff or through the formal complaints process.

Staff understood the policy on complaints and knew how to handle them. Staff knew to escalate complaints to managers. Complaints were logged on the electronic care records system. There was an up to date complaints policy for staff to refer to.

Staff knew how to acknowledge complaints and clients received feedback from managers after the investigation into their complaint. Staff knew how to support clients to make complaints. Complaints were then logged onto the electronic care records system and allocated to a manager to investigate and review. There had only been one complaint in the last four months.

Community-based substance misuse services

Managers investigated complaints and identified themes. We examined complaints logged onto the electronic care record system. We saw there was evidence of managers investigating and feeding back to clients about their complaint.

Managers shared feedback from complaints with staff and learning was used to improve the service. Any learning from complaints was shared with staff during team meetings.

The service used compliments to learn, celebrate success and improve the quality of care. The service had received 72 compliments over the last six months. Compliments were summarised and feedback to staff every six weeks during flash meetings. Recent compliments included acknowledging that staff were professional, dedicated and committed to their work.

Are Community-based substance misuse services well-led?

Good 

Leadership

Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for clients and staff.

Leaders had the appropriate skills for their roles. Senior managers understood the service well and the needs of the client group.

Senior managers were based within the service and were a visible presence to staff and clients. Staff knew who senior managers were and what their individual roles were. Staff stated that senior managers were approachable and supportive.

Vision and strategy

Staff knew and understood the service's vision and values and how they (were) applied to the work of their team.

Staff confirmed they understood the vision and values of the service which were:

“Our mission is to help people change the direction of their lives, grow as individuals, and live life to its full potential. The vision we're working towards is to develop, deliver and share a whole person approach that changes society. Our values work together, as principles that guide the way we act and the choices we make. Be open, be compassionate, be bold. Make a difference”.

It was clear from our findings that staff were working within this vision and endeavoured to improve clients lives and uphold these values. Values were reiterated during monthly team meetings.

During the onsite inspection the service was working towards a business as usual model following the relaxation of covid 19 restrictions. This included more face to face sessions with clients and encouraging clients to visit the building for review meetings which had previously been conducted over the phone.

Community-based substance misuse services

The service was considering a future strategy for the winter to support clients during the potential cost of living crisis. There were no formal plans in place but ideas included creating a warm place for clients to visit with access to hot drinks and food.

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.

All staff told us they felt supported and valued. Staff said that there were times when caseloads increased due to staff absence but that this was manageable and morale was good. Staff were given a weekly wellbeing hour to promote improving mental health.

Staff told us equality and diversity was promoted within their work and that training regarding this was ongoing.

Staff felt there were opportunities for career progression such as team leader roles, however, additional specialist training was minimal.

All staff said they felt they could raise any compliant or concern without fear of retribution.

Governance

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

There were systems and processes in place to ensure that the quality of care was measured and that risks were identified and control measures put in place. There were sufficient and regular audits of care records and the environment and equipment.

There were a series of meetings where information could be shared and escalated. This included monthly staff meetings, fortnightly operational meetings, monthly managers meetings, regional staff forums and monthly regional leadership meetings. There was evidence of common themes being identified and learning shared.

The service had a suite of appropriate policies in place for staff to follow. However, there were three policies that were out of date. These were the medicines management policy, duty of candour policy and the induction policy. There was no specific Mental Capacity Act policy.

There were electronic systems that supported the service to understand and improve data such as mandatory training, supervision compliance and incidents.

The service had recently introduced loss of life meetings which reviewed deaths and identified any possible learning. Any learning was feedback to individuals and to wider teams by the meetings as described above.

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. Staff collected analysed data about outcomes and performance.

Community-based substance misuse services

The service collated data to input into the performance management framework on a quarterly basis to measure the quality and effectiveness of the service. This included:

- the number of referrals
- types of treatment
- demographics
- hepatitis status
- prescribing figures
- detox and rehabilitation data
- recovery and discharge information

The service also measured and monitored itself against the substance misuse service workbook which was shared with commissioners. This included:

- information and figures about clients in treatment longer than four years
- waiting time data
- wellbeing improvements
- completion rates
- employment
- local business support
- staffing
- costs
- qualitative information such as case studies

Managers were able to use this information to target areas of concern and drive improvement.

There was a risk register in place for the service to identify, monitor and action areas of risk. This was comprehensive and accurately reflected areas of concern.

Learning and continuous development

The service was involved in a ministry of justice pilot scheme to support clients newly released from prison into the community. The scheme was funded from November 2021 until December 2022. The aim was to support substance misuse clients who had links to the local area and to have shown motivation to recover. Support was offered regarding housing, psychological input and regular contact from recovery coaches who would encourage clients to attend peer support groups and other recovery activities. The project is currently generating positive feedback from clients involved.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.