

Gateshead Evolve

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 Gateshead Evolve as good because:

- There were enough skilled and experienced staff to meet the needs of clients. Contingency plans were in place to manage staff shortages. All staff working in the service had received an induction which included a mandatory training package.
- All clients had plans in place for the unexpected exit from service and staff worked with clients to agree different methods of communication if this happened. Staff completed comprehensive and timely assessments with clients which detailed their individual needs and an agreed outcome. Staff provided a range of care and treatment interventions suitable for the client group. Staff were aware of the potential effects of medication on clients' physical health and ensured regular reviews were completed in line with national guidance.
- Staff received regular supervision and appraisal in line with the provider's policy. Supervision meetings were documented and included any actions which needed to be completed. There were no waiting lists for the service and all new clients were seen within the service referral to treatment targets.
- Staff treated clients with dignity and respect. Interactions showed staff cared about clients and their wellbeing. Staff supported clients to understand and manage their care and treatment. Clients were encouraged to give feedback on the service. Complaints and concerns were investigated and responded to, in line with the provider's policy. Staff listened to feedback and where appropriate, changes were made to the service to reflect feedback.
- Managers had the skills, knowledge and experience to perform their roles. Staff felt respected and supported in their roles. There was an open-door policy with managers in the service and staff were able to speak with managers about any concerns. Teams within the service worked well together. There were good working relationships with external agencies and staff worked with them to benefit clients.

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

Contents

Summary of this inspection	Page
Background to Gateshead Evolve	6
Our inspection team	6
Why we carried out this inspection	6
How we carried out this inspection	6
What people who use the service say	7
The five questions we ask about services and what we found	8
<hr/>	
Detailed findings from this inspection	
Mental Capacity Act and Deprivation of Liberty Safeguards	10
Overview of ratings	10
Outstanding practice	23
Areas for improvement	23

Good 

Gateshead Evolve

Services we looked at

Substance misuse services

Summary of this inspection

Background to Gateshead Evolve

Gateshead Evolve is a community substance misuse service for people living in Gateshead and the surrounding area. The service provides care and treatment for adults and is based in Jackson Street, Gateshead with an additional needle exchange service based in Newcastle upon Tyne.

The service is commissioned by Public Health England and accepts referrals from healthcare professionals as well as self-referral.

Gateshead Evolve is part of the larger Change, Grow, Live group which is a health and social care charity that works with people across England and Wales who have been affected by drugs, alcohol, crime, homelessness, domestic abuse or anti-social behaviour.

The service is registered to provide one regulated activity;

- Treatment of disease, disorder and injury.

At the time of our inspection there was a registered manager in post. As the service did not store any controlled drugs, they were not required to have a controlled drugs accountable officer.

This is the first time the service has been inspected by the Care Quality Commission.

Our inspection team

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

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 we held about the location, and asked a range of other organisations for information.

During the inspection visit the inspection team;

- walked around the service location, looked at the quality of the service environment and observed how staff were interacting with clients
- spoke with seven clients who were using the service
- spoke with the registered manager
- spoke with seven other staff members including recovery co-ordinators, behaviour change co-ordinators, nurses, safeguarding lead and peer mentors
- spoke with one carer
- attended and observed a morning flash meeting

Summary of this inspection

- looked at the care treatment records of six clients
- looked at the personnel records of six staff members
- carried out a specific check of medicines management and,
- looked at a range of policies, procedures and other documents relating to the running of the service

What people who use the service say

We spoke with six clients who used the service during our inspection and received positive feedback from all of these.

Clients we spoke with told us they felt safe and were fully involved in their care. They told us staff made them aware of how they used information and that if there was a concern about their safety, or the safety of someone else, they had to inform other agencies.

Clients told us that staff were nice and kind and had been very supportive. Some clients told us that they did not access groups but were happy with the support they received, others told us that they enjoyed groups and the support they got from people who were in the same situation as them.

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:

- There were enough skilled staff to meet the needs of the clients and there were contingency plans in place to manage any unforeseen staff shortages.
- Staff were required to complete an induction which included a mandatory training package. Mandatory training included safeguarding, basic life support, Mental Health Act and Mental Capacity Act.
- Staff followed best practice and recommended guidance when prescribing.
- All clients had plans in place for the unexpected exit from the service. Staff worked with clients to agree different methods of communication that could be used if they stopped working with services.
- Staff were aware of the potential effects of medication on clients' physical health and carried out regular reviews in line with guidance from the National Institute of Health and Care Excellence.

Good



Are services effective?

We rated effective as good because:

- Staff completed a comprehensive and timely assessment of clients' needs. Assessments were completed with clients and demonstrated an agreed outcome.
- Staff provided a range of care and treatment interventions suitable for the client group as recommended by, and delivered in line with guidance from the National Institute of Health and Care Excellence.
- All staff received regular supervision and appraisal in line with the provider's policy. Supervision meetings were documented and recorded any actions to be carried out prior to the next meeting.
- Managers recruited volunteers and trained and supported them for the role they undertook.

Good



Are services caring?

We rated caring as good because:

- Staff treated clients respectfully and with dignity. Interactions showed staff cared about clients and their outcomes.

Good



Summary of this inspection

- Staff supported clients to understand and manage their care and treatment.
- All clients had a recovery plan and risk management plan that showed their preferences and recovery capital.
- Staff supported clients to access advocacy services and other support organisations.

Are services responsive?

We rated responsive as good because:

- There were no waiting lists for the service. All new clients were seen within the service referral to treatment targets.
- Staff supported clients during referrals and transfers between services.
- Staff encouraged and supported clients to develop and maintain relationships with people that mattered to them.
- Clients were encouraged to give feedback on the service. Staff listened to feedback and where appropriate, changes were made to the service to reflect feedback.

Good



Are services well-led?

We rated well-led as good because:

- Managers had the skills, knowledge and experience to perform their roles.
- Staff knew the provider's vision and values and what their role was in achieving them.
- Staff felt respected and supported by their immediate managers and senior managers in the company.
- Staff had access to support for their own physical and mental health needs. Staff had a weekly well-being hour which could be used in a way which they found beneficial.
- Teams worked well together. Staff had good working relationships with external agencies and worked with them to benefit clients.

Good



Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

All staff were required to complete training in the Mental Capacity Act as part of the provider's mandatory training package.

Capacity assessments were completed when needed and recorded in care records.






Staff working in the service were aware of their responsibilities in relation to the Mental Capacity Act and recorded any concerns regarding client's capacity.

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

Safety of the facility layout

The service was located on the first floor above local shops. There was a powered door to assist people with physical disabilities and also a stairlift to ensure everyone was able to access the service. Staff told us that these did not always work and this inhibited access at times. The manager of the service told us that the problems with the stairlift had been reported to the building owner but there were still intermittent problems.

The service was split into two separate areas, the first was for people who were participating in assessments and therapies and the second was for medical assessments, needle exchanges and those who were receiving prescriptions. However, due to the location of the service, it could be difficult for people who had mobility problems to access. When the lift was not working properly, clients were offered appointments at an alternative location.

There was also a small needle exchange and harm minimisation service located in Newcastle as part of the same registration.

Maintenance, cleanliness and infection control

Areas that people had access to were clean comfortable and well-maintained. All areas of the service were regularly cleaned and had appropriate furnishings. There were hand cleansing gel dispensers situated throughout the service.

However, on the day of our inspection the service was cold. Staff told us this was because the heating was turned off at weekends and it took nearly all day to heat up after the weekend.

Staff adhered to infection control principles, including handwashing and the disposal of clinical waste. Staff had access to appropriate handwashing facilities and hand gels. Staff were seen using these in line with infection control policies.

Staff in the service disposed of clinical waste in a correct and appropriate way, with needles deposited in sharps bins, and other waste in clinical waste bins. The service had a contract with a company for the specialist disposal of clinical waste and staff were aware of the need for correct disposal.

Safe staffing

Staffing levels and mix

The service had enough skilled staff to meet the needs of clients and had contingency plans to manage unforeseen staff shortages.

The service employed 48 whole time equivalent staff with 2.8 whole time equivalent vacancies. Staffing figures included team leaders, non-medical prescribers, health and wellbeing support workers, recovery co-ordinators, behaviour change co-ordinators, administration and data staff, , nurses and specialist prescribing doctor. There was also a primary care lead who was a doctor and a peer support mentor. In the Newcastle needle exchange service, there was one nurse who worked part-time.

There were enough staff working at the service to cover for sickness, leave and vacant posts. Staff worked together to

Substance misuse services

ensure that they were able to cover absences and ensure client safety. However, staff could be brought in from other services and agency staff could also be recruited if required.

Mandatory training

Personal safety protocols were embedded in the provider's mandatory training package including lone working policies and procedures. Staff were aware of local procedures in relation to lone working.

Staff had completed mandatory health and safety awareness training as part of the provider's induction package.

Staff had completed training in, and understood their responsibilities in relation to the Mental Health Act and Mental Capacity Act. Training was completed as part of the provider's mandatory training package.

Assessing and managing risk to clients and staff

The inspection team reviewed six care records during the inspection. All those reviewed showed evidence of good practice.

Assessment of client risk

Staff created and made good use of crisis and risk management plans. All clients of the service had risk assessments carried out when they first started using the service. Risk management plans were linked to the risk assessments and both were reviewed regularly.

Staff used their knowledge of clients to recognise and respond to potential warning signs and deterioration in clients' health. If staff were concerned about a client they were able to offer more support, introduce them to groups where they could get peer support, or refer them to other services.

Management of client risk

Clients were made aware of the risks of continued substance misuse and harm minimisation was an integral part of recovery plans. Staff spoke with clients about risk and how they could support them to minimise risks and stop using illicit substances.

Staff identified and responded to changing risks to, or posed by, clients. Where specific risks were identified, staff

used their knowledge to inform other agencies like the police or social services. Referrals were made when needed and staff were able to work with these agencies to protect clients and other people who may be at risk.

Clients had plans in place for the unexpected exit from treatment. The service had protocols in place for clients who withdrew from treatment without notice. Staff and clients worked together to ensure that contact would be attempted if they stopped treatment, this included different methods and times of contact and in some cases the names of other people that could be contacted if other methods had not been successful.

The service had protocols in place for what to do when there were suspicions or evidence that clients had passed on their medication to a third-party for illicit purposes. There was a clear process in place for staff to follow when medication was being diverted. All staff in the service were aware of the process that should be followed and reporting of these incidents was monitored.

Safeguarding

Staff could give examples of how to protect clients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff had received training in equality and diversity and were able to identify clients with protected characteristics. Staff told us harassment and discrimination was not tolerated in the service and if it was witnessed clients would be made aware of their behaviour.

Staff worked effectively within teams, across services and with other agencies to promote safety including systems and practices in information sharing. Staff in the service worked together well to protect clients and others who may be at risk. Staff worked with external agencies and notified them of risks to clients and family members as well as members of the public.

Staff implemented statutory guidance around vulnerable adults, children and young people and all staff were aware of where and how to refer on as necessary. If clients told staff they were responsible for a vulnerable person, staff carried out checks to ensure people were safe from harm and when needed made referrals to external agencies if there was any concern. Staff in the service also submitted notifications to the CQC when they made safeguarding Referrals.

Substance misuse services

Staff knew how to identify adults and children at risk of, or suffering significant harm. This included working in partnership with other agencies. Where concerns were identified, referrals were made to relevant bodies to ensure they were aware.

Staff access to essential information

Staff in the service used electronic records to record client information. Staff completed online care records, risk assessments and risk management plans for all clients. In addition, details of all appointments were recorded on the electronic system.

Staff had prompt and appropriate access to care records that were accurate and up to date. Care records we reviewed were clear, with relevant information recorded in the correct place. Staff were able to access and navigate around the information they needed easily.

Medicines management

Staff had effective policies, procedures and training related to medication and medicines management including; prescribing, detoxification, assessing people's tolerance to medication and take-home medication. All relevant staff had been trained in medicines management and how they should be stored. Staff visited clients' homes in order to assess if they had a suitable area in which to store drugs.

Staff followed good practice in medicines management (that is, transport, storage, dispensing, administration, recording, disposal) and did it in line with national guidance. The service did not keep any controlled drugs on the premises although there was a procedure in place for dealing with controlled drugs. There were policies and procedures in place for the management of medicines, prescribing and non-medical independent prescribing, as well as sending prescriptions to pharmacies. Prescribing staff followed guidance from the Department of Health Clinical Guidelines for the management of Substance Misuse, 2017 (Orange Book), A Competency Framework for All Prescribers (Royal Pharmaceutical Society) and Public Health England and National Substance Misuse Prescribing Forum guidance to support and underpin best practice in the service.

Staff reviewed the effects of medication on clients' physical health regularly and in line with National Institute of Health and Care Excellence guidance, especially when the client was prescribed a high dose medication. Clients were given

a physical health assessment when they first started using the service and this was reviewed annually. Due to the nature of the service, clients who received prescriptions from GPs had physical health reviews carried out at the GP surgery and others had this carried out at the service.

Track record on safety

The service had reported no serious incidents in the 12 months prior to our inspection. There were no service specific adverse events noted although the provider did acknowledge that the uncertainty of a working stairlift could have repercussions for staff and clients.

Reporting incidents and learning from when things go wrong

All staff knew what incidents to report and how to report them. Staff were trained to recognise which incidents needed to be reported and to who. All staff knew how to submit reports to the appropriate agencies and this was monitored as part of the service quality improvement.

Staff were clear about their roles and responsibilities for reporting incidents, were encouraged to report concerns and did so consistently. There was evidence in care records and other service documents showing reports being made when needed. This included reporting domestic abuse, children and young people at risk of neglect and reports of financial abuse amongst others. Notifications were submitted to CQC in line with the provider's responsibilities.

Staff understood the duty of candour. Staff were open and transparent, and gave people using the service and families a full explanation and apology when something went wrong. The service ran a culture of openness throughout and promoted this in all areas. This helped to ensure that clients felt able to discuss their difficulties in an open and honest way and without fear of judgement.

Staff met to discuss feedback. Staff in the service had regular meetings where they were able to discuss feedback from quality inspections, incidents and other areas relevant to the safety of clients and staff. Daily meetings were held to identify and feedback to staff specific areas of concern and staff were also able to use supervisions to discuss incidents and service feedback.

Are substance misuse services effective?

Substance misuse services

(for example, treatment is effective)

Good 

Assessment of needs and planning of care

The inspection team reviewed the care records of six clients during the inspection.

Staff completed a comprehensive assessment in a timely manner. Staff carried out an assessment of clients' needs when they first entered the service. There was no waiting list to access the service which meant that initial appointments and assessments were carried out within one week.

Staff developed care plans that met the needs identified during assessment. Care plans were completed with clients and identified all areas where clients and staff felt they may need support. This included for example personal relationships, other addictions, physical health problems and mental health problems.

Staff completed recovery plans which clearly identified the client's key worker or care co-ordinator. If there was a change to people involved in care, records were updated to show the most up to date information.

Staff regularly reviewed client's individual needs and recovery plans, including risk management plans and updated them when necessary. Care records were reviewed every 12 weeks as a minimum. If staff were aware of an incident or clients informed them of a change in needs, care records were reviewed and updated the same day to ensure the information was up to date.

Best practice in treatment and care

Staff provided a range of care and treatment interventions suitable for the client group. The interventions used were delivered in line with guidance from the National Institute for Health and Care Excellence. These included, medication, psychological therapies and activities intended to help clients. The service delivered a number of group sessions for clients including peer support, relapse prevention, mutual aid groups, mindfulness, yoga, veterans group and a women only group.

Staff used current evidence based best practice and guidance to provide quality care. Staff in the service

referred to the National Institute for Health and Care Excellence, Department of Health and NHS England to ensure the care provided was up to date and based on the latest guidance.

Staff routinely offered clients tests for blood borne viruses and referred them to other services if they wished to be tested for other infectious diseases. All testing, results and referrals were confidential and only passed to the client or other services who were able to carry out treatment.

Staff supported clients to live healthier lives. Staff in the service were able to assist clients with support to stop smoking and drinking, and also to eat healthier. Clients were also encouraged to participate in health and wellbeing sessions, yoga and mindfulness.

Staff used technology to support clients effectively. Staff were able to access client records and test results through their electronic systems. Clients were able to get information on the service and the events timetable via the website.

Monitoring and comparing treatment outcomes

Staff carried out regular reviews of care and recovery plans with clients. Staff spoke with clients about their needs at all appointments to ensure that if there had been changes they were able to make adjustments to care and support provided. Clients participated in the formulation of their care records and any changes, meaning needs were recorded accurately and were up to date. Staff routinely recorded information relating to treatment and outcomes and these were reported to the National Drug Treatment Monitoring System.

Skilled staff to deliver care

Staff were provided with a comprehensive induction. All staff received a corporate and local induction when they started work at the service. The length of the induction varied according to the role of staff members. Clinical and nursing staff had a longer induction process as they were required to complete a higher number of mandatory training courses. Inductions included health and safety, technology systems, incident reporting, policies and guidance and shadowing of other staff in various roles. New staff were provided with an induction diary to ensure they were aware of what they would be doing and where they should be each day.

Substance misuse services

Staff had completed training as part of the provider's mandatory training package. Information prior to our inspection showed that all mandatory training was above the provider's target of 75% except basic life support which was at 25% and Mental Capacity Act modules one and two. However, these figures had changed and at the time of our inspection basic life support was 75% and the Mental Capacity Act modules one and two had increased to 85% and 79% respectively.

Managers in the service identified the learning needs of staff and provided them with opportunities to develop their skills and knowledge. Training packages were available for staff and these varied according to the required knowledge of each role. Staff were able to request additional training if they wanted to expand their knowledge and this was considered by managers on an individual basis.

Robust recruitment processes were in place and followed. The service had a policy relating to the recruitment of staff, and gave clear guidance on how to carry out a fair and equitable recruitment campaign, while ensuring that appropriate pre-employment checks were completed.

Disclosure and barring service checks were in place for staff at the service. Everyone who worked in the service, including volunteers had a check from the disclosure and barring service carried out. New staff members were not able to start work until these had been completed. Where required, risk assessments had been completed to ensure that staff were able to work with clients in the service.

Staff in the service received regular supervision and a yearly appraisal from appropriate staff. The provider had a policy in place to ensure that staff received support through supervision and appraisal. Staff in the service were required to have nine supervisions throughout the year and also an end of year appraisal. At the time of our inspection all staff in the service had received the required supervision. Staff appraisals had not been carried out for some staff, however the provider was able to show the reason for this as being due to sickness, maternity leave and staff who had not been with the service for 12 months and therefore not due for appraisal.

Poor staff performance was addressed promptly and effectively. The provider had a policy in place for dealing

with poor staff performance. Managers in the service referred to the provider's policy when dealing with concerns relating to staff performance, thereby ensuring they were dealt with quickly and effectively.

Managers recruited volunteers when required, and trained and supported them for the roles they undertook. At the time of our inspection there were two volunteers working in the service. Both volunteers had received an induction and training in line with their role in the service. We spoke with one of the service volunteers who confirmed that they had received the appropriate training and also said they felt welcomed and fully supported by all staff.

Multidisciplinary and inter-agency team work

Staff in the service ensured there was multidisciplinary input into client's assessments. The service had staff from several disciplines which helped to ensure that clients received a multidisciplinary approach. In addition, staff worked with members of other agencies and teams such as, police, prison service, children and family services and social workers amongst others. Staff used information from these services to complete risk assessments and risk management plans.

Staff recorded the name of care co-ordinators in client care records. All the care records we looked at clearly showed the name of the client's care co-ordinator and all the clients we spoke with were able to tell us who their care co-ordinator was.

Staff in the service participated in regular multidisciplinary team meetings. Multidisciplinary team meetings were carried out every four weeks, with further meetings being carried out as client needs dictated. All meetings followed a standard agenda and minutes were recorded and distributed to staff involved.

Client's recovery plans included clear pathways to other supporting services. Staff worked with multiple agencies and attended case conference meetings for clients to ensure effective information sharing and case monitoring. There were good links with agencies such as police and safeguarding to help staff identify and respond to risk and develop joint plans and approaches. Staff signposted clients to other agencies where they were able to gain help and support and made referrals when required.

Substance misuse services

Staff discharged clients when specialist care was no longer necessary and worked with the relevant supporting service to ensure the timely transfer of information. This included transfers out of area and to judicial services.

Good practice in applying the MCA

The service had a policy on the Mental Capacity Act which staff were aware of and could refer to. Staff were able to access the provider's policy via the intranet and were able to gain further advice and support from the provider's mental capacity lead if needed. Staff in the service were required to complete two modules of Mental Capacity Act training. The service compliance rate was 85% for module one and 79% for module two, although this included two staff members who had only started working for the service recently and so had not completed their induction.

Staff were able to demonstrate a good understanding of the Mental Capacity Act. Capacity assessments were carried out when required and clients were supported to make decisions relating to their care and treatment. Evidence of capacity assessments being completed and the outcome of these, was seen in client care records.

Staff ensured clients consented to care and treatment and that it was assessed, recorded and reviewed in a timely manner.

Are substance misuse services caring?

Good 

Kindness, privacy, dignity, respect, compassion and support

Clients reported that staff attitudes and behaviours demonstrated compassion, dignity and respect. Staff provided responsive, practical and emotional support. During our inspection we spoke with clients and observed a group session. Clients we spoke with told us that staff were supportive and understood their needs.

Staff said they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes without fear of the consequences. Staff told us that they were encouraged to raise concerns and that the managers in the service encouraged staff to be open and honest. Staff were aware of what should be reported and how negative attitudes or behaviour could impact on client's recovery.

Staff supported clients to understand and manage their care, treatment or condition. Information was provided as part of group or individual appointments and in a format which was appropriate to the client's needs. Staff involved clients in identifying their needs and formulating their care records. Clients told us they were fully involved in their care and were given opportunities to provide feedback on the service and the care they received.

Staff directed clients to other services and supported them to access those services. This included, housing support, counselling for other difficulties they may experience and also to access benefits or employment support.

The service had clear confidentiality policies in place which were understood and adhered to by staff. Staff maintained the confidentiality of information about clients and documented in care records that confidentiality policies had been explained and understood by the people who used the service.

Involvement in care

Involvement of clients

Staff communicated well with clients so they understood their care and treatment, including finding effective ways to communicate with clients with communication difficulties. Staff were able to gain access to interpreters for clients whose first language was not English. There were posters in the waiting areas giving clients information about communication methods. The service had access to information in different formats including braille, large print and alternative languages and signers could also be accessed if needed.

Staff empowered and supported access to appropriate advocacy for clients, their families and carers. The service worked with various advocacy services who specialised in different areas including, housing, mental health, bereavement and asylum support.

Each person who used the service had a recovery plan in place which demonstrated the person's preferences, recovery capital and goals. Staff recorded information which was important to clients, including what their protective factors were. This meant that clients had a reason to stop destructive or addictive behaviours and these could be used to help.

Staff actively engaged clients and their families and carers in planning their care and treatment. Staff worked with

Substance misuse services

clients to develop outcomes that met their needs and personal circumstances. Staff kept clients up to date and gave them information about their treatment and any changes. People we spoke with told us that staff provided them with a good level of information, and so they felt included in all aspects of their care.

Involvement of families and carers

Staff enabled families and carers to give feedback on the service they received. All visitors to the service were encouraged to leave feedback on their experience, this included professional visitors as well as clients. The service had a comments post-box which allowed visitors to leave anonymous comments or suggestions, and there were also regular questionnaires for previous clients or those who had left the service. In addition, feedback could be given directly to staff and in the group meeting.

Staff supported clients to maintain contact with their families and carers. Staff were clear on the importance of support from people close to clients and encouraged them to maintain these relationships as part of their recovery.

Staff supported carers to access information about carers assessments and local support groups for people who had relatives in similar circumstances.

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

Good 

Access and discharge

The service had robust alternative care pathways and referral systems in place for people whose needs could not be met by the service. For example, people with diagnosed mental health problems. Staff in the service carried out regular complex case reviews to ensure clients were receiving the care and support that was most appropriate to their needs.

Staff worked closely with other services and were able to offer alternative treatment options to clients when needed. For example, for clients who were pregnant or who had multiple addictions.

The service had an agreed response time for accepting referrals. At the time of our inspection the service did not have a waiting list. The service accepted new clients through referral and also via walk-ins and there was a duty worker each day to work with new clients. All new clients were seen initially and given a follow-up appointment with an appropriate case worker within five days. Urgent referrals were usually able to be seen on the same working day but if that was not possible, they would be given an appointment for the following day.

The service had set target for times from referral to triage to comprehensive assessment and from assessment to treatment. Target times were set by service commissioners and at the time of our inspection, the service was meeting all targets.

The service had processes in place for when clients arrived late or failed to attend their appointments which were fair and reasonable and did not place the client at risk. When clients arrived late staff members would try to see them for their appointments, however if this was not possible they were offered another appointment. Clients who had arrived late or missed their appointments for medication or titration were able to return to the service at the end of the day when there was a 'sit and wait' clinic. This meant they were still able to have their appointment but would need to wait until the staff were free.

Discharge and transfers of care

Recovery and risk management templates included space to reflect the diverse and complex needs of clients, this ensured all needs were able to be planned for.

Staff supported clients during referrals and transfers between services – for example, if they required treatment in an acute hospital. The service provided an in-reach programme to the local acute hospital which allowed clients to continue to receive support while being treated for other conditions. Support was also provided for people in prison and mental health services if needed. If clients were moving out of the area, staff arranged for the transfer of care to a service in another region.

Staff prepared for clients' discharge throughout their treatment plan. Discussions were held with clients about discharge and these were recorded in client care records.

Substance misuse services

Staff discussed the reduction of medication and opiate substitutes and next steps toward discharge. Clients we spoke with told us they were fully involved in their care and reaching their goals.

The facilities promote recovery, comfort, dignity and confidentiality

The service was clean and tidy with décor and furnishings appropriate to its use. There was a welcoming environment with tea and coffee making facilities available for clients. Clinic rooms had all the equipment needed to allow staff to carry out their roles and all equipment was properly maintained and within expiration dates.

Clients' engagement with the wider community

Staff supported clients to maintain contact with their families and carers. Staff encouraged clients to maintain or re-establish contact with people that mattered to them. Clients were encouraged to access local activities and resources and to contact other support services such as narcotics anonymous. The service hosted community groups, yoga groups and allotment sessions as well as men only and women only groups.

When appropriate, staff ensured clients had access to education and work opportunities. Staff supported clients to access local colleges where they were able to participate in courses which could help them to plan their future. Clients were also supported to access benefits which they were entitled to and to apply for local authority housing, if needed.

Meeting the needs of all people who use the service

Staff demonstrated an understanding of the potential issues facing specific groups e.g. lesbian, gay, bisexual and transgender, black and minority ethnicity, older people, people experiencing domestic abuse and sex workers and offered appropriate support. The service had a policy in place regarding equality and diversity and staff supported events for vulnerable groups. There were established links with groups for vulnerable people and clients were supported to contact relevant authorities if they were being abused or targeted.

Staff clearly understood potential issues faced by clients, including those with protected characteristics. All staff were

required to complete two equality and diversity training sessions as part of the provider's mandatory training package. At the time of our inspection the compliance rate for the first session was 87% and the second 93%.

Public areas within the service displayed information for clients relating to support services, helplines and additional support available. Leaflets were available providing information about help for those with disabilities, in abusive relationships or those from ethnic minorities. There was a suggestion/comments box for clients and details of action taken to improve the service for clients. In addition, there were details of how clients could get a naloxone kit to take home. These were provided free of charge and clients were trained in how to use them.

None of the people we spoke with told us that their appointments had ever been delayed or cancelled.

Listening to and learning from concerns and complaints

Staff protected clients who raised concerns or complaints from discrimination or harassment. Clients who used the service knew how to make a complaint and were comfortable doing so. The service had a suggestion/comments box in the reception area, and there were also posters describing the complaints process. Clients were able to make complaints in different ways, including speaking directly with staff, submitting complaints into the comments box (including anonymous complaints), or formally in writing. All complaints were reviewed and where possible discussed directly with the people involved.

The service had a clear complaints process to show how complaints were managed and lessons learnt were acted upon to improve the quality of the service. Reviews were carried out to see if there were any lessons that could be learnt from complaints and these were shared with staff during team meetings, morning meetings and during supervision. Lessons learnt were also shared at other provider locations to ensure a consistent approach.

Complaints records demonstrated that individual complaints were accurately recorded and managers ensured that complaints were responded to in accordance with the provider's complaints policy. The service had an electronic system in place to record and manage complaints.

Substance misuse services

In the 12 months prior to our inspection, the service received 15 complaints. Following investigation, two were upheld, nine were partially upheld and four were not upheld. There were no specific themes identified in these complaints.

Are substance misuse services well-led?

Good 

Leadership

Leaders had the skills, knowledge and experience to perform their roles. Gateshead Evolve consisted of a service manager, partnership manager and performance and quality manager. All of these staff had several years of experience within drug and alcohol services. In addition, there were project managers, clinical leads, team leaders and safeguarding leads who provided daily operational management.

The organisation had a clear definition of recovery and this was shared and understood by all staff. Staff we spoke with told us that their role was to support clients to achieve their recovery goals and that recovery was personal to each client.

Leaders had a good understanding of the services they managed and could explain clearly how the teams were working to provide high quality care. Managers were fully involved in the running of the service and reviewed data which demonstrated how the service was performing when compared with other similar services. Managers used data gathered to help them decide where improvements were required and how these could be achieved.

Leaders were highly visible in the service and approachable for clients and staff. Staff described good working relationships with their managers. Managers interacted with clients and staff on a daily basis and senior leaders visited the service regularly to meet with staff, carry out training and quality work.

Vision and strategy

Staff knew and understood the vision and values of the team and organisation and what their role was in achieving it. The values of the provider were;

- Focus – We focus on the service user as the way to achieve positive change for the individual and community at large.
- Empowerment – Allows service users and employees to reach their full potential and achieve their ambitions.
- Social Justice – A shared commitment as individuals and as an organisation.
- Respect – For each person we engage, without reservation or judgement.
- Passion – Being driven by innovation and determination – to bring about the safest, healthiest outcomes for individuals and communities.
- Vocation – Our work is more than just a job.

Staff had the opportunity to contribute to discussion about the strategy for their service especially where the service was changing. The service had recently been through a significant change and staff told us they had been involved in discussions regarding changes.

Staff could explain how they were working to deliver high quality care within the budgets available. Staff were aware of cost implications related to their work and ensured that they worked in a cost-efficient way when planning their time and appointments.

Culture

Staff felt respected, supported and valued. There was an open-door policy in the service and staff were encouraged to use this to discuss individual cases, concerns and ideas. There was a clear focus on staff wellbeing with staff being encouraged to discuss this during supervision and all staff had access to the provider's intranet which gave staff access to the wellbeing zone and employee assistance programme. Staff had access to support for their own physical and emotional health needs through occupational health service and other initiatives. Staff were provided with a wellbeing hour each week. The provider's intranet had a wellbeing zone which included a variety of wellbeing subjects. For example, mindfulness, healthy eating and exercise. Staff in the service valued this time and were able to use it at a time which fitted in with their individual needs.

Staff within the service were positive about their roles and support. Staff told us they were provided with a good level of support from managers and peers. Career development was possible and enabled by the various training courses available to staff.

Substance misuse services

Manager's monitored morale, job satisfaction and sense of empowerment. Feedback received from staff during team meetings, supervision and informal interactions were used as a thermometer to measure staff morale and job satisfaction. Staff were also able to provide feedback via the comments/suggestions box in the service reception area and surveys were to be carried out.

Staff reported that the provider promoted equality and diversity in its day to day work and in providing opportunities for career progression. We saw evidence of this throughout the service recruitment process, and the increase in Change, Grow, Live on the Stonewall Workplace Equality index. The provider's position was now 169 out of 434 organisations who were the best employers for lesbian, gay, bisexual and transvestite staff. The service also recruited staff with previous criminal convictions and those who had themselves been dependent on drugs or alcohol. This allowed for a varied staff group with a wealth of experience.

The service also had links with the (British English) Black, Asian and Minority Ethnic community and had a Disability Confidence working group. In addition, there was use of a national translation and accessibility tool to assist people with disabilities like dyslexia and those whose first language was not English. .

Managers responded proactively to bullying and harassment cases. Discussions with staff indicated that there had been no bullying or harassment reported in the service. The service manager told us that any concerns would be dealt with promptly and would follow the policies of the provider.

Governance

Clients were treated with dignity and respect and fully involved in all aspects of their care. Staff were aware of the need to make reports of specific incidents and completed reports and notifications to the appropriate bodies in a timely manner. Staff and volunteers were provided with a comprehensive induction and training appropriate to their roles. Checks were completed in relation to people working in the service to ensure they were not a risk to clients. Staff were aware of national guidance and the service operated in line with this. Monitoring was carried out to ensure the service was performing as expected and to measure performance against other similar services.

Governance policies, procedures and protocols were regularly reviewed and improved. There was evidence of continual review and changes being implemented to ensure improvement.

There was a clear framework of what had to be discussed at team meetings to ensure that essential information, such as learning from incidents and complaints, was shared and discussed. Staff were given information relating to things like incidents, risks, lessons learnt and safeguarding and these were discussed during meetings, as well as any changes to be implemented as a result of these.

Staff participated in clinical audits. The audits provided assurance as to the quality of the service and where needed, staff acted on the results of these. The service had an ongoing audit schedule which included, health and safety, medicines management and safeguarding. Any areas where the service was not fully compliant led to an action plan being developed which staff were required to complete to improve quality standards. Further audits were carried out twice yearly around incident reporting to ensure the service was compliant with this.

Data and notifications were submitted to external bodies and internal departments as required. Staff in the service were aware of what should be reported and who they were reported to. Incidents reviewed during our inspection showed that appropriate data and notifications had been submitted for all of these within the required timescales.

Staff understood the arrangements for working with other teams, both within the provider and external, to meet the needs of the clients. There were good working relationships with external agencies and other services within the provider group and staff were aware of what information could be shared with all of these and in what format, ensuring the protection of personal data.

The service had a whistle blowing policy in place. Information was posted in staff areas regarding whistle blowing and how staff could report concerns. The provider's policy was located on the intranet, to which all staff had access. Staff we spoke with were able to tell us where the policy was and that they were aware of what action to take if they had concerns about another member of staff. At the time of our inspection there had been no whistle blowing reports.

Management of risk, issues and performance

Substance misuse services

There was a clear quality assurance management and performance framework in place that was integrated across all organisational policies and procedures.

Staff maintained and had access to the risk register. Staff could escalate concerns when required. There was a local risk register in place which was updated with all local concerns. When staff concerns were raised the service manager was able to place them on the risk register if deemed necessary and these could be further escalated to the provider's corporate risk register if appropriate.

The service had plans for emergencies. There was a detailed business continuity plan in place which showed contingency measures for events which could potentially stop the service. For example, adverse weather, loss of power or a flu outbreak.

Managers in the service monitored sickness and absence rates. The service had systems and processes in place to help with the monitoring of sickness and absence and subsequently planning for cover when needed. Processes were followed appropriately and managers communicated with absent staff to ensure they were being supported.

Information management

The service used systems to collect data that were not over-burdensome for frontline staff. Technology used by staff included software which allowed managers to collect data without adding to workloads of staff.

Staff had access to the equipment and information technology needed to do their work. All staff had access to the software needed to access client records and allow them to offer support and treatment appropriate to the care plan that was in place. Staff interactions with clients were recorded on systems ensuring that it was possible to monitor which staff had been involved with client care.

Information governance systems included confidentiality of client records. Client records were accessible to all staff via password protected software.

Staff in the service ensured service confidentiality agreements were clearly explained including in relation to the sharing of information and data. Staff informed clients of the circumstances under which they were required to pass information to external agencies like police and social services, and ensured that they understood this.

The service had developed information sharing processes and joint working arrangements with other services where appropriate to do so. This included GPs, pharmacies and other medical services. Staff in the service were aware of client confidentiality and the terms for sharing client information.

Managers had access to information to support them with their management role, including information on the performance of the service, staffing and client care. Managers had access to local and national information which helped them to monitor the service and its performance compared to similar services. Analysts produced information in an accessible format which was timely, accurate and identified areas for improvement.

All information needed to deliver care was stored securely and available to staff, in an accessible form, when they needed. All information relating to client's care and support was kept on the service database and was accessible to all staff through password protected software.

Engagement

Staff and clients had access to up-to-date information about the work of the provider and the services they used. The provider had a website which gave clients information on services provided and upcoming events. In addition, new clients were provided with detailed information regarding the service. There were notices in the service regarding events and groups for clients to access.

Clients and carers had the opportunity to give feedback on the service in a way which reflected their individual needs. People were encouraged to provide feedback and this could be done by speaking with staff either in person or by telephone or by using the comments box.

Clients and staff could meet with members of the provider's senior leadership team to give feedback. The service was regularly visited by members of the senior leadership team who met informally with clients and staff to discuss the work being carried out and receive feedback.

Learning, continuous improvement and innovation

The service contributed and worked with other similar services to review processes for drug and alcohol related deaths and worked to identify trends and patterns.

Substance misuse services

Information relating to new drugs or those which were suspected to be contaminated were shared with clients, similar services and external agencies to try to prevent the risk of overdose amongst clients in the community.

Staff in the service offered clients naloxone kits and taught them how they could be used to help prevent death due to overdose of opiates. The service had a good uptake of this and were aware of several clients having used them when friends had been in danger.

The service had been accredited as part of the peer mentor accreditation scheme and was a member of the 'stonewall accredited index of providers'.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

The provider should consider how the care environment can be improved, including improving access to the building and maintaining a comfortable temperature for clients.