Change, Grow, Live

CGL Norfolk Alcohol and Drug Behavioural Change Service

Inspection report

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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	Requires Improvement
Are services safe?	Requires Improvement
Are services effective?	Requires Improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Inadequate

Summary of findings

Overall summary

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

The service did not always provide safe care. Risk assessments had not always reflected accurately the current risks and there was a lack of contingency plans in place to mitigate identified risks. The number of out of date risk assessments was 27% at the time of inspection.

Staff had not always developed holistic, recovery-oriented care plans and did not always reflect the range of interventions available.

The service did not ensure that urine drug testing was undertaken regularly with clients when required.

Staff had high caseloads which meant they were unable to maintain full oversight of all their clients' needs and were not always able to respond in a timely way.

Nursing staff had not completed weekly checks of medical equipment on site and the EpiPen dosage in the emergency bag did not have the correct adult dosage which had not been identified as a concern.

The correct monitoring of prescribing reviews according to CGLs own policy had only recently been implemented despite the process changing six months previously.

Not all incidents were reviewed and closed within the correct timeframes stated within CGL policy.

Not all staff were receiving regular appraisals in line with CGL policy.

Governance processes did not identify all the concerns addressed within this report. This meant that managers did not have sufficient oversight to be assured that systems and processes were robust and effective. Where managers had identified concerns, action taken had not resulted in improvement.

However:

Staff worked hard and demonstrated compassion and kindness toward clients they supported.

Feedback from clients and carers was consistently positive about staff attitudes and their approach to care.

All clients had a named recovery co-ordinator who acted as a point of contact for the service.

The service offered a wide range of interventions including substance specific recovery groups, specialist interest groups and carers support groups. During Covid-19 lockdown restrictions the service had adapted their delivery by supporting clients to access online teleconferencing and providing some clients with mobile phones.

Summary of findings

The service worked collaboratively with partner agencies and had successfully launched new initiatives to improve the outcomes for clients. For example, the service had trained police staff in how to administer naloxone to reverse the effects of overdosing and had also launched Project ADDER (Addiction, Diversion, Disruption, Enforcement and Recovery) which consisted of a multi-agency criminal justice team to help support clients involved with drug and crime related activity.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Community-based substance misuse services	Requires Improvement	

Summary of findings

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Summary of this inspection

Background to CGL Norfolk Alcohol and Drug Behavioural Change Service

Change Grow Live Norfolk Alcohol and Drug Behavioural Change Service is part of a national Change Grow Live provider who provide a not-for-profit drug and alcohol treatment service. The Norfolk location has been delivering a service since April 2018.

Change Grow Live Norfolk operates a hub and spoke model. The Norfolk services are across four bases, the main base being Norwich and three further hubs at Great Yarmouth, Kings Lynn and Thetford. The hub sites are strategically planned to maximise the geographical region where the service is provided and ensure accessibility for clients.

The service is available to anyone with a drug or alcohol issue over the age of 18 years. The service delivers a range of interventions including initial advice, assessment and harm reduction services including needle exchange, prescribed medicines for alcohol and opiate detoxification and stabilisation, naloxone dispensing, group recovery programmes, one-to-one key working sessions, blood borne virus testing and vaccination and doctor and nurse clinics which included health checks. The service also offers hospital liaison, collaborative working with the criminal justice service, homeless outreach and integrated support with the local authority's children's social care services.

Change Grow Live Norfolk is registered with the Care Quality Commission to provide the following regulated activity:

Treatment of disease disorder or injury as a regulated activity.

The service opened in April 2018 and the current registered manager has been in post since June 2018. The service was last inspected in July 2019. This inspection found the service was in breach of Regulations 12: Safe care and treatment, 17: Good governance & 18: Staffing, resulting in a requirement notice being issued.

What people who use the service say

We spoke with nine clients and one carer who had been engaged in support from CGL Norfolk for various lengths of time. All nine clients were extremely positive about their experience of care and spoke highly of the staff. One client expressed they felt valued and another said their keyworker was really helpful, professional and supportive and they were always there to listen and "they're much better than any other agency".

One client expressed they hadn't received much one to one contact until they were allocated a regular keyworker who they described as "great". All nine clients had a named co-ordinator although the consistency varied, and one client told us they had had three keyworkers since November 2020 and that "continuity was important".

Five clients felt they had not waited too long from being referred to being assessed and supported and all nine clients said they had regular reviews and felt involved in their care planning.

All nine clients said they were given various information ranging from mental health difficulties and treatment, physical health, local services, helplines and advocacy support.

One client expressed they would never have engaged in groupwork but then completed a 17-week course which they enjoyed and said it had helped their recovery from substance misuse. Another client said they "couldn't fault CGL at all especially all the way through Covid-19."

Summary of this inspection

How we carried out this inspection

We carried out an unannounced focussed visit to Change Grow Live Norwich on 5th & 6th October 2021 with offsite interviews with staff held up until 12 October 2021.

We focused on three key lines of enquiry within the safe, effective and well-led domains.

During the inspection visit, the inspection team:

- visited the main hub at Norwich for this service
- spoke with the registered manager
- spoke with the service quality and performance lead
- spoke with two line managers
- spoke with the deputy service manager
- spoke with a specialist doctor
- spoke with a non-medical prescriber, two recovery co-ordinators and the under 25s worker
- spoke with lead cluster nurse
- spoke with nine clients and one carer
- spoke with one volunteer
- reviewed a total of 12 client care records which included risk assessments and support plans
- reviewed the clinic room
- reviewed policies and procedures, data & documentation related to the running of the service
- attended and observed two “flash” meetings and one team meeting
- observed staffs’ interactions with clients on the telephone

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 provider 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 MUST take to improve:

The service must ensure that the emergency box has the correct adult dosage of Epipen available (Regulation, 12(g))

The service must ensure that all medical equipment is routinely inspected in line with CGL policy (Regulation 15, (1)(e))

The service must implement robust systems to ensure that service user plans are designed to meet the needs of clients, are comprehensive and recovery focused (Regulation 17, (1)(a)(b)(c))

The service must implement robust systems to ensure that client risk assessments are up to date and accurately reflect presenting risk and are reviewed regularly. Mitigations to manage client risks must be clearly documented to ensure safe practice (Regulation 17, (1)(2)(a)(b))

Summary of this inspection

The service must implement robust systems to ensure that regular drug testing is undertaken with clients when required (Regulation 17, (2)(a)(b))

The service must implement robust systems to ensure robust monitoring and oversight of medical reviews (Regulation 17, (1)(2)(a)(b)

The service must implement robust systems to ensure the data recording processes are consistently used by staff to avoid the risk of information being missed. (Regulation 17, (2) (c)

The service must implement systems to ensure that staff receive regular appraisals (Regulation 17)

Our findings

Overview of ratings

Our ratings for this location are:

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

Requires Improvement

Community-based substance misuse services

Safe	Requires Improvement
Effective	Requires Improvement
Caring	Good
Responsive	Good
Well-led	Inadequate

Are Community-based substance misuse services safe?

Requires Improvement

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

All premises where clients received care were safe, clean, well equipped, well furnished, and fit for purpose. Monthly clinical environment and equipment checks were completed but weekly checks of medical equipment were not. The emergency drug box was in place, but it did not hold the correct adult dosage of EpiPen adrenaline for anaphylaxis shock. This had not been identified as a concern via the internal audit processes. All medical equipment within the clinic room was tested in February 2021 and was compliant.

The service did not have enough staff to support the numbers of clients entering the system. The number of clients on the caseload of the teams, and of individual members of staff, was too high and there were issues of capacity partly due to the impact of Covid-19 and ongoing recruitment. Thirteen staff had caseloads over 80 with the highest for one worker being 104. High caseloads prevented staff from giving each client the time they needed and respond to changing presentations of risk in a timely manner. To address the issue of capacity management had secured additional funding for an extra team leader and two recovery co-ordinators from local commissioners. The service had also recently reorganised the structure of the teams to become substance specific rather by geographical location and introduced a new management structure in June 2021 to help streamline processes. Whilst these processes were positive steps it was too early to ascertain their efficacy and for them to be fully embedded.

Staff had not always accurately assessed and managed risks to clients and themselves well. Out of the 12 risk assessments reviewed we found 10 were not fully completed to evidence all risks had been considered for each client. Risk management plans were brief and did not address in enough detail how staff mitigated risks identified. Some risk assessments had contradictory information and documentation was inconsistent. Staff did not always respond promptly to sudden deterioration in clients' physical and mental health. For example, a GP had raised concerns regarding a client's mental health. Whilst the service made an initial attempt to make contact there was a delay of ten days before any further attempts were made and then a further 34 days thereafter. During this period there was no liaison with other agencies with whom the client was known to ascertain as to their safety and wellbeing.

Staff made clients aware of harm minimisation and the risks of continued substance misuse, but this was often documented in a separate part of the database. Safety planning was not consistently evidenced as an integral part of recovery plans.

Requires Improvement

Community-based substance misuse services

Staff understood how to protect clients from abuse and the service worked well with other agencies in relation to safeguarding. Staff had training on how to recognise and report abuse, and they knew how to apply it and each team had a designated safeguarding lead. The service maintained a safeguarding log and 11 safeguarding referrals had been made to the local authority within the last nine months. All staff had completed mandatory training suitable to their role. At the time of inspection 86% of staff had completed safeguarding adults training and 82% had completed safeguarding children and young people 82%. The registered manager maintained positive links with the local adult and children's safeguarding boards and staff members were successfully integrated within children's social care teams.

Staff had not always kept detailed records of clients' care and treatment. Records were not always clear, up-to-date and easily available to all staff providing care. Ten of the twelve records reviewed did not record all relevant information. Staff were not consistently able to find the most up to date information when they needed it as information was recorded in different locations on the database.

The service did not always use systems and processes to safely prescribe, administer, record and store medicines. The service had 134 overdue medical reviews; three clients had not been reviewed in two years or more, 23 clients had not been reviewed within 1 ½ to 2 years and drug urine testing was not consistently completed with clients. Clients presentation and risk was not reviewed regularly enough to ensure treatment options were optimised and medications were safely prescribed. The accurate monitoring and oversight of medical reviews had not been followed according to CGLs own policy. This oversight was not noted for six months. To address the backlog of outstanding medical reviews management had recently created a dedicated clinic to review those clients most at risk.

The service had a good track record on safety; however, the service had their first serious incident ten months ago and an internal investigation was ongoing at the time of inspection. Learning from this incident had led to enhanced processes being implemented to ensure home detoxifications were completed safely.

The service managed client safety incidents well in most instances but not always in a timely manner. Staff recognised incidents and reported them appropriately. However, there were a total of 27 out of 65 incidents that had not been reviewed by managers within the correct timeframe, although in some instances further information was required. 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.

Are Community-based substance misuse services effective?

Requires Improvement

Our rating of effective stayed the same. We rated it as requires improvement.

Staff had not always completed comprehensive assessments with clients on accessing the service. They did not always work with clients to develop individual care plans or update them as needed. Care plans did not always reflect the assessed needs, nor were they personalised, holistic and recovery-oriented and there was little evidence of contributions from other staff within the multi-disciplinary team. All four of the service user plans reviewed by the inspection team did not evidence interventions or strategies implemented to minimise harm.

Staff provided a range of care and treatment interventions suitable for the client group that were mostly consistent with national guidance on best practice. However, there were some gaps. Records and service user plans did not

demonstrate that clients had good access to physical healthcare or that staff supported clients to live healthier lives. The service had reminded staff to complete the "12 health questions" when completing the personalised assessment with clients whose rating score indicated this but we did not see evidence of this in the assessments reviewed. Staff were referring clients for blood borne virus testing and treatment.

In most instances staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives. Staff utilised "mapping tools" to work effectively with clients. Managers benchmarked their service outcomes against Public Health England and CGLs medically assisted treatment policy was similar to the department of health "orange book" guidelines.

The teams included or had access to the full range of specialists required to meet the needs of clients under their care. However, managers did not have total oversight or always ensure that staff had the range of skills needed to provide high quality care. We were given different figures of staff appraisal completion rates ranging from 31% to 77% and there was no consistent approach to supervision across all teams. However, there were other forums where staff could engage in clinical case management, for example in the daily "flash" meeting or team meetings although staff may not access this. Managers provided an induction programme for new staff and this had recently been made more robust following feedback from staff.

Staff from different disciplines worked together as a team to benefit clients. They supported each other to try to ensure clients had no gaps in their care. The teams had effective working relationships with other relevant teams within the organisation and with most relevant services outside the organisation. The service demonstrated collaborative working with other partner agencies such as housing, the criminal justice system and local hospitals. The successful launch of the new ADDER (Addiction, Diversion, Disruption, Enforcement and Recovery) project in March 2021 had been recognised by the Home Office and was starting to show positive outcomes with the client group it served.

Staff supported clients to make decisions on their care for themselves. They understood the provider'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.

Are Community-based substance misuse services caring?

Good

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

This was a focussed inspection and we did not examine this key question in detail. The rating from the previous inspection remains in place.

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 committed to supporting clients and worked extremely hard to maintain this support throughout the Covid-19 pandemic despite the capacity issues placed on the service

Staff involved clients in the initial 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.

Requires Improvement

Community-based substance misuse services

Are Community-based substance misuse services responsive?

Good

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

This was a focussed inspection and we did not examine this key question. The rating from the previous inspection remains in place.

Are Community-based substance misuse services well-led?

Inadequate

Our rating of well-led went down. We rated it as inadequate.

We issued a warning notice under Section 29 of the Health and Social Care Act 2008. The warning notice told the provider they were not complying with the requirements of Regulation 17: Good governance. The warning notice we served has limited the rating in well-led to inadequate.

Leaders had a good understanding of the services they managed and were visible in the service and approachable for clients and staff.

Staff knew and understood the provider's vision and values and how they were applied in the work of their team. They showed compassion and commitment to the clients they supported. All teams had completed a 12-week behavioural change programme "Believe in People' to help teams focus on personal and team development and wellbeing to create conditions for a happy and healthy workplace.

Most staff felt respected, supported and valued. The majority of staff felt supported by management and team leaders and told us morale had improved since the new management structure had been implemented in June 2021. The new team had started to develop new processes to make them more robust and provide greater oversight of the service. For example, they were developing a new entry into service and re-engagement process, but these were yet to be implemented.

Governance processes did not always operate effectively at team level and performance and risk were not always managed well. Whilst we saw evidence that the provider had made attempts to improve their governance systems these had not resulted in improvements which could be demonstrated and embedded into practice. Further action was required to ensure managers had total oversight and that all systems were robust and effective, particularly in relation to assessing client risk, care planning and adhering to policy processes.

The monitoring and oversight of medical reviews was not being undertaken according to CGLs own policy. This was not realised for six months and only identified as a concern when a new temporary lead consultant came into post. This is an example of lack of effective oversight in not identifying this concern sooner.

Requires Improvement

Community-based substance misuse services

A recent audit of five client deaths identified none had received recent drug urine tests. The systems in place had not pro-actively identified this risk. To address this concern, the provider was in the process of developing a drug test audit tool to ensure greater oversight. However, at the time of inspection this was not fully embedded.

Incidents recorded on the Datix log were not always reviewed within the correct timeframe as per CGL policy. This could mean there is a delay in addressing any concerns and delay implementing improvements to practice.

In March 2021 management had implemented an action to improve the quality of risk assessments, service user plans and case recording. Training was delivered to staff in April 2021 and a 10% monthly review of care records completed and areas of improvement fed back to team leaders. In addition, the new quality and performance lead had delivered bitesize training to staff in July 2021. Despite these actions, the overall quality of documentation had not significantly improved. The issue of poor risk assessments and risk mitigation had been highlighted at the last inspection in July 2019.

The number of out of date risk assessments was 27% at the time of inspection. Despite management having an action plan in place to reduce this figure this had not improved significantly enough as it was 29% in March 2021. This meant that opportunities to increase the frequency of appointments or medical reviews for clients may have been missed. Management told us they had faced challenges trying to address this issue as they had been impacted by staff sickness, senior staff being involved in designing, implementing and recruiting into new projects alongside implementing a new management structure. There was a lack of clarity of process regarding the frequency of risk assessments being reviewed as there was no official CGL guidance, so the service had developed their own approach as to the timeframe.

There was a lack of clarity regarding the accurate figure for completed mini appraisals. Figures provided by management for staff appraisals ranged from 31% to 77% which demonstrated lack of robust governance processes in place. Staff not receiving appraisals was an issue of concern at the last inspection in July 2019. Out of a total of 107 staff only 47 had received supervision within the last four months. There was not a consistent approach to supervision across all teams and whilst staff had access to mechanisms for caseload management for example through peer supervision and daily “flash” meetings it was not robust enough. We were not assured all staff received regular caseload and management supervision consistently and that management had oversight of risks towards clients.

Teams did not always have access to the information they needed to provide safe and effective care and were therefore not always able to use that information to good effect. Information was not consistently recorded in the same locations within the database system used.

Staff collected and analysed data about outcomes and performance. Data was reviewed regularly at governance and strategic team meetings and was also shared with the local commissioners of the service.

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.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment The service did not ensure that all medical equipment was routinely inspected in line with CGL policy (Regulation 15, (1)(e))

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The service did not ensure that the emergency box had the correct adult dosage of Epipen available (Regulation, 12(g))

This section is primarily information for the provider

Enforcement actions

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.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance We issued a warning notice under Section 29 of the Health and Social Care Act 2008. The warning notice told the provider they were not complying with the requirements of Regulation 17 as systems and processes did not operate effectively in relation to: Risk Assessments Service user plans Drug Testing Medical Reviews Appraisals