Change, Grow, Live

The Alcohol 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	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

The Alcohol Service is a substance misuse service which supports clients in the community to overcome their dependence on alcohol, or to reduce the harm this may cause.

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:

- Whilst routine checks were made of the clinic room, issues were not always responded to promptly.
- Some other routine equipment checks were either overdue or not recorded, although there was evidence of the provider chasing the contractor.

Summary of findings

Our judgements about each of the main services

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

Summary of findings

Contents

Summary of this inspection

Background to The Alcohol Service

The Alcohol Service is run by Change, Grow Live, a national substance misuse services provider. This location was registered on 10 July 2019, it had not been inspected prior to the current inspection.

The location provides the regulated activity Treatment of disease, disorder or injury and at the time of the inspection the Registered Manager was on leave. The deputy service manager was on site to support the inspection in the absence of the Registered Manager.

The Alcohol Service provides a community detoxification and recovery service for adults who need support to end their alcohol dependency. Some parts of the service operate 7 days a week. The service covers 3 London boroughs – Westminster, Kensington and Chelsea and Hammersmith and Fulham. At present, due to commissioning arrangements, the service holds 2 contracts; one for Westminster, Kensington and Chelsea, the other for Hammersmith and Fulham. This means that the services are developing slightly differently in the 2 areas.

The service is delivered from 3 locations and the main office is in Pimlico. Staff also work out of a number of satellite sites in order to maximise contact with clients and potential clients.

What people who use the service say

We looked at recent feedback supplied by 24 clients which was predominantly positive. We saw they did not 'feel like a number' and valued the peer support available. A separate women-only survey showed that most respondents had had a positive experience of treatment and liked the choice of online and face-to-face sessions.

We looked at some of the recent feedback the service had received from carers. This was a typical quote:

'The help and support I've received through the Family and Carers service have helped me so much. It's been so wonderful to have someone on the end of the phone who I can talk to, who can understand and guide me through what are often very lonely and difficult situations.'

How we carried out this inspection

This inspection was carried out by 2 inspectors and a specialist professional advisor with experience of working in substance misuse services.

During this inspection, the inspection team:

- visited the service and observed the environment and how staff were caring for clients
- spoke with the deputy service manager
- spoke with a range of staff including a consultant addictions psychiatrist, alcohol practitioners, a cluster lead nurse, an administrator and the community development and engagement lead
- reviewed client and carer survey responses
- reviewed some clients' care, treatment and medicines records
- reviewed other documents concerning the operation of the service.

Summary of this inspection

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Outstanding practice

We found the following outstanding practice:

- The service had developed a 'Roads to Wellbeing' asset map, which detailed all the local free or low-cost resources that could help clients and others to improve or maintain their wellbeing. At the time of inspection 760 resources had been identified and the map was accessible to all on the provider's website.

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 it has a robust schedule in place for all health and safety checks and that issues identified are actively considered and followed up in a timely way.
- The service should consider displaying its data in a way that shows trends over time.

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

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

We rated it as good.

Safe and clean environment

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

There were some issues with testing and checking equipment and timescales for this were not always adhered to. The provider was aware of most of these issues and we saw they had chased contractors. For example, weekly testing of the emergency lights took place but the certificate for the last safety certificate had not been issued for at least one of the service's bases. The contractor had been contacted about this.

On one of the sites we attended the automated external defibrillator (AED) pads were out of date but were ordered as soon as this was pointed out. In the interim, all staff were advised that in event of cardiac issues arising on the premises, they should use the community AED which was located 50 metres from the premises.

Each premises had an up to date fire risk assessment and fire alarms were tested weekly. Equipment had up to date portable appliance testing. Designated fire wardens were in place.

Clinical and confidential waste was disposed of appropriately. Staff made sure cleaning records were up-to-date and the premises were clean. The premises were cleaned daily. Staff followed infection control guidelines, handwashing signs were on display and hand sanitizer was available throughout the building.

Safe staffing

The service had enough staff, who knew the clients and received appropriate 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.

Good

Community-based substance misuse services

The service had enough medical and support staff to keep clients safe. Caseloads were manageable. Some staff routinely worked across all boroughs. Others were borough-specific but helped out when required, such as during the peak of the COVID-19 pandemic. The service was in the process of expanding its team. Nurses were employed to provide an in-reach service to local hospitals to ensure people attending those hospitals could receive timely support for alcohol issues if needed. Other nurses worked on health and wellbeing with people who were attending the service.

There were 2 full-time doctors within the service who worked across the 3 boroughs and provided cover for each other. They received support from the provider's clinical director.

Additional funding had been used for the recruitment of 2 complex needs navigators in Westminster who each worked to support up to 15 clients with needs that were not easily met. Other specialist workers were employed, such as a family and carer lead who held a small caseload but also supported other staff to work with families and carers, and a violence against women lead who did the same in their area of expertise.

When there was long term absence or whilst posts were being recruited to there was usually block agency staff cover in place. This helped with consistency as it meant the agency worker did not change each day.

Mandatory training

Staff had completed and kept up-to-date with 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.

Face-to-face basic life support training had been paused during COVID-19. The provider had introduced some e-learning modules in its place, having checked it met the requirements of the Resuscitation Council UK. As part of its COVID-19 recovery plan the service had contracted with a face-to-face training provider which was working through the backlog to give everyone refresher training.

Assessing and managing risk to clients and staff

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

Assessment of client risk

The service used recognised tools, such as the severity of dependence on alcohol questionnaire (SAD-Q) and the Alcohol Use Disorders Identification Test (AUDIT) to assess the level of clients' alcohol dependency to make decisions about whether or not a community detoxification was appropriate.

If other risks were indicated at referral, or later emerged, a risk assessment was completed, and risk management plans put in place.

Management of client risk

Client risks were routinely discussed and reviewed at weekly MDT meetings and at key points in their recovery journey. The service worked closely with external organisations to address and manage identified risks, including the police and social services.

Good

Community-based substance misuse services

When clients were assessed for the detoxification (detox) pathway appropriate checks were completed before detox was started. For example, liver function tests were used to determine whether a community detox was appropriate or whether the client needed to be referred to an inpatient service.

The service was part of the provider's London-wide initiative called Connecting London, which gave clients online access to group sessions throughout the COVID-19 pandemic.

Risks associated with community visits were routinely considered and mitigated. A flow chart was in place to guide this process. For example, an alcohol recovery practitioner described making home visits when required in the company of another professional. Appropriate arrangements were also in place when staff visited other services, such as homeless hostels. Staff could use a code word to communicate to their colleagues that an incident was underway.

It was easy for clients to reengage with the service once discharged if they found themselves at risk of relapse.

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.

Records showed that 100% of staff had completed safeguarding training for both adults and children to the level required for their role.

Staff were able to describe how they would identify and respond to a safeguarding issue. This included liaising with the service's safeguarding lead or the senior person on duty when they were not around. Minutes showed that safeguarding was a regular topic of discussion in the service's weekly multidisciplinary and daily morning meetings.

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.

Most records were kept electronically and were accessible by relevant staff members. Staff confirmed they could access everything they needed to and there were no IT issues. The service was in the process of separating its electronic client records so they could be held in a way that corresponded to the 2 contracts they held.

Medicines management

The service used systems and processes to safely prescribe, administer, record and store medicines.

Only emergency medicines were kept on site. Doctors liaised with clients' GPs who usually provided the prescriptions for medicines to counteract some of the long-term effects of alcohol misuse. The doctors within the service often provided interim prescriptions whilst GP arrangements were set up. They also prescribed medicines to counteract withdrawal symptoms for clients who were on the community detox pathway. Clients were routinely given leaflets on medicines and their side-effects or links to the information online. There had been no medicines errors in the last year.

Prescription pads were stored securely as required. Prescription stationery was audited weekly, as was Naloxone and EpiPen stock.

Appropriate physical health checks were completed in line with guidance before medicines were prescribed or recommendations made to GPs. For example, blood tests.

Good

Community-based substance misuse services

Recent nurse training had covered Pabrinex /alcohol-related brain disorder. This was followed by a session on medically assisted withdrawal, benzodiazepines, and anti-craving medications. This included a competency check of the participants' administration of Pabrinex, which was carried out by the lead nurse and consultant psychiatrist.

Track record on safety

The service had a good track record on safety.

Reporting incidents and learning from when things go wrong

The service managed client safety incidents well. Staff recognised incidents and reported them appropriately.

The service had appropriate arrangements in place for reporting, investigating and analysing client deaths and other incidents. Aside from the sad deaths of a few people known to the service, none of which were related to the carrying on of the regulated activity, there had been no serious incidents within the last year. Full discussion took place at monthly strategic governance meetings. There were opportunities within regular meetings for the staff team to learn about and discuss incidents that had taken place within the service or wider organisation. Staff we spoke with were confident about raising any concerns.

There was evidence of learning from incidents in other services. For example, an administrative system was in place to check that referrals had not inadvertently been sent to junk folders.

Leaders within the service were aware of their responsibility to notify CQC and other bodies when certain incidents took place. We saw that incidents and the associated learning were also reported to commissioners.

Are Community-based substance misuse services effective?

Good

We rated it as good.

Assessment of needs and planning of care

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

Clients were fully involved in their assessment and deciding which treatment pathway was likely to work for them at that point in their lives. For example, community detox or controlled drinking. A support plan was drawn up to reflect their treatment plan and specific needs. These plans underpinned the one to one keyworker meetings, so they were regularly reviewed in the sessions and amended to reflect the client's revised goals if necessary. Recognised tools were used to aid the assessment process - the severity of dependence on alcohol questionnaire (SAD-Q) and the Alcohol Use Disorders Identification Test (AUDIT).

Appropriate physical health checks were made and repeated at intervals, especially if the client had physical health issues. The service supplied people with literature so they could understand their care and treatment and there was similar information on the provider's website if clients wanted to 'go paperless'.

Good

Community-based substance misuse services

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.

Following assessment, support and treatment was made available, mainly in the form of individual keyworker sessions or groupwork. For some people this was supplemented by medication. The service worked in line with National Institute of Care and Health Excellence (NICE) guidance on alcohol use disorders.

Staff provided groupwork opportunities at the provider's bases but also in community venues to make them as accessible as possible.

Many individual and one-to-one sessions had moved online during the pandemic, but face-to-face work had been reintroduced and the groups and settings available were being reviewed prior to their relaunch. Some online work would continue as some people were still anxious about mixing and, for others, it suited their lifestyle.

Some staff within the service were accredited by the charity that set up the scheme to facilitate SMART recovery meetings. New participants were welcome to observe if they were not yet comfortable contributing to the meeting. SMART uses evidence-based tools and techniques, such as cognitive behavioural therapy and motivational interviewing.

The service was involved in lots of outreach work in order to try to engage with people who had been marginalised in society. For example, staff attended homeless hostels to build familiarity and rapport so that people felt confident enough to consider treatment.

The website for the service was easy to navigate and provided information, advice and a self-assessment option for anyone who was worried about their alcohol use.

If clients had needs that could not be met within the service, such as problems with their liver or welfare benefits issues, they were referred or signposted to appropriate support. The service had also developed a Roads to Wellness asset map which detailed local wellbeing resources and was freely available on their website.

In 2021-22 statistics showed that for the bi-borough contract approximately twice as many clients completed their structured treatment successfully when compared to those who did not.

There was a comprehensive audit schedule which was being re-established following a minimalist approach to audit during the COVID-19 pandemic when it could not be prioritised. Recent audits included one on client records; staff who had not maintained satisfactory records received appropriate advice.

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.

Good

Community-based substance misuse services

The make-up of each borough team varied according to the contract in place but, at a minimum, there were alcohol practitioners in each team with admin support. There were also 2 engagement teams, 1 for each contract, each included a family and carer practitioner. A nursing team worked across all 3 boroughs, as did the doctors. The nursing team comprised Hospital Alcohol Liaison nurses and Health and Wellbeing nurses.

The staff we spoke with described regular supervision and annual appraisal. We noted that 59% of staff had received an appraisal before the mid-point of the financial year. Staff could access psychologist-led monthly reflective practice sessions. Nurses and clinical leads also took part in clinical group supervision sessions.

New staff said they had had a comprehensive 2-week induction to the service. They had completed their mandatory training which covered topics essential for their role and received reminders when refreshers were due. All staff had opportunities for additional training, recent examples included motivational interviewing and neurodiversity training. A workshop to review client assessments was planned.

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 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. They made sure they shared clear information about clients and any changes in their care, including during transfer of care. Staff had effective working relationships with other teams in the organisation.

Staff had effective working relationships with external teams and organisations, such as local hospitals. Community development and engagement workers facilitated and maintained links with a wide range of organisations for the benefit of clients. Hospital liaison nurses regularly attended multidisciplinary meetings at the local acute hospitals to identify patients who required the service.

In Hammersmith and Fulham where there was a particular focus on addressing alcohol misuse in pregnant women and new mothers and their partners there was evidence of extensive engagement with midwives and a range of other professionals, mums' and carers' groups, local authority staff and faith groups.

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.

Records showed that 100% of relevant staff had received training in the Mental Capacity Act. Staff we spoke with understood when to check a client had capacity to make a decision. They deferred capacity assessments if the client was intoxicated. There was a clear policy on the Mental Capacity Act, which staff knew how to access. They knew where to get accurate advice on Mental Capacity Act if more expertise was needed and involved social services in complex cases.

Capacity was always a consideration when clients made a decision about community detox, as they were required to sign their consent for this once they understood what it involved and the associated risks.

Good

Community-based substance misuse services

Are Community-based substance misuse services caring?

Good

We rated it as good.

Kindness, privacy, dignity, respect, compassion and support

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

Client survey results were largely positive, they said staff were caring, empathetic and non-judgemental and helped them feel confident and empowered. They felt safe within the service and felt it was well-organised.

A women-only survey revealed that clients had found staff to be helpful and the support to be flexible. They said they would value some more women-only groups. We saw this was under review and, in the meantime, the service was looking to recruit some more female peer mentors.

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

Support plans were devised with the clients to maximise the chance of success. Staff provided information about the treatment pathways and made sure the client understood, especially if they opted for community detoxification. However, we saw clients had asked for a more robust support plan for those who were alcohol-free presenting at risk of relapse and more help with smoking cessation. We noted that the service was taking this on board.

There were opportunities for clients to feedback about the wider service too. However, the service had had difficulty getting clients interested in attending the service users' forum during the COVID-19 pandemic. Digital access was thought to be an issue for some potential attendees, but the forum was being relaunched as a face-to-face event which the service hoped would make it more appealing and accessible.

Involvement of families and carers

If clients consented, families and carers were involved in their treatment and support plans. As it was important for those on a community detox to have good support at home whilst undertaking it, there was particular emphasis on involving family and carers in this pathway.

There were family and carer practitioners within the service who led on this area of work; one had a particular focus on the families of those under the care of maternity services.

Staff were provided with training on the potential impact of alcohol misuse on clients' friends and families and advice on how best to support them so they could, in turn, provide appropriate support to their friend or family member. The service also offered training specifically for foster carers, including on foetal alcohol syndrome (FAS). The feedback on the training for families and carers was very good.

Good

Community-based substance misuse services

Are Community-based substance misuse services responsive?

Good

We rated it as good.

Access and waiting times

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

The website for the service contained very helpful information for people worried about their drinking, including a self-assessment. It was easy for a professional to make a referral or for someone to self-refer if they felt they did have a problem. There was a form on the website, but people could also phone or email if they could not use the online form.

Referrals were screened each day by the duty manager to check the person's home address was in one of the 3 boroughs covered by the service and to consider the risks disclosed on the referral form. For example, if potential clients used class A drugs in addition to alcohol, they were referred on to another more suitable service.

If alcohol misuse was identified as the primary diagnosis, the referral was passed to an alcohol practitioner who called the client and agreed an appointment for a fuller assessment and discussion of treatment pathways. Most delays were due to clients not answering the phone.

There was a very clear engagement process that was easy for staff to follow. It covered issuing appointment reminders, what to do if appointments were missed and when to get the engagement team involved. The engagement team took an assertive outreach approach to try to re-engage clients who were finding it hard to commit to recovery or harm minimisation.

The facilities promote comfort, dignity and privacy

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

The service used its own and other organisations' premises to meet with clients in order to make it as easy as possible for them to access support.

There were arrangements in place to access clinical rooms at other locations of the provider for appointments, which required physical examinations.

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.

Over 98% of staff had competed training on equality, diversity and inclusion.

The service discreetly reached out to people in hospital who were identified as alcohol dependent, perhaps as a result of self-disclosure or due to the circumstances of their admission. There were also robust arrangements in place to re-engage clients who fell out of contact during their recovery. This was governed by policy and procedures which were well understood by staff.

Good

Community-based substance misuse services

Some staff had recently undertaken basic training in neurodiversity in recognition that some of their clients were autistic or had attention deficit hyperactivity disorder (ADHD), which impacted on their drinking behaviour. The provider had set up a national working group on neurodiversity and 2 of the service's managers were participating in this.

There had been mandatory staff attendance at a seminar on the topic of harmful practices, so staff were aware of issues such as forced marriage, as well as wider domestic abuse issues.

The provider had guidance in place for staff to follow for older people and people with learning disabilities who had substance misuse issues. This ensured they received a service that took account of any additional needs they may have had.

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.

The service followed the provider's policy on complaints and compliments and clients were supported and encouraged to speak up about the service they received. Their feedback was recorded on an electronic system, reviewed by managers and actioned accordingly.

There had been no formal complaints in the last year, but one informal complaint had been recorded about reception not being staffed. This was during the transition from an entirely online service to a hybrid online / face-to-face arrangement and we saw that action was quickly taken to ensure there was no repeat.

Are Community-based substance misuse services well-led?

Good

We rated it as 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.

The members of the management team had a wide range of clinical and non-clinical skills and knowledge and they were visible within the service; many worked directly with clients in addition to their management role.

The new staff we spoke with described excellent support and guidance they had received from managers as they settled into their roles.

Vision and strategy

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

The staff we spoke with were clear about their roles and how they assisted the service to achieve its aims and those of its commissioners.

Good

Community-based substance misuse services

Culture

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

Staff told us they felt able to ask questions and voice concerns and they were encouraged to give their views.

Each team held weekly business meetings where staff could discuss both regular topics and new issues that impacted on the team. Staff said they could talk about their work, aspirations and personal matters in their regular supervision sessions with their managers.

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.

We saw that there were monthly meetings in which the service's leaders looked strategically at governance issues and reviewed the risk register. They were helped in this task by comprehensive and up-to-date data, although this could have been enhanced to show trends over time which would be useful to show, for example, the long-term impact of the COVID-19 pandemic on the service. Any relevant information was cascaded to the teams via their regular information governance meetings or staff bulletins or a combination of both.

The service maintained a service quality improvement plan (SQIP) which identified 6 priority areas for improvement. Managers had assessed they were on course to complete all the actions.

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.

The service maintained an up-to-date business continuity plan which covered issues such as disruption to electronic systems and COVID-19 outbreaks.

A risk register was maintained; the highest risk area reflected what we found on inspection - environmental health and safety risks. Mitigations were planned, including a more robust system of audits and checks.

The service produced regular contract monitoring reports for its commissioners in which it detailed its performance against the contract requirements. For example, for the bi-borough contract there were 9 key performance indicators and the service's performance was rated (red/amber green) against them. The service was performing well in regard to unplanned exits from treatment which had been lower than the national average in 2021-2022, but less well with the proportion of clients who successfully completed treatment in the first 6 months (of the latest 12-month period) and re-presented within 6 months.

The service's audit schedule was almost fully re-established post-COVID-19. It contained a comprehensive range of audits which had been delegated to specific postholders for completion.

Information management

Staff collected analysed data about outcomes and performance.

Good

Community-based substance misuse services

Leaders were well supported by data analysts who provided them with the information required to oversee the service and to report on the service's performance.

Information technology was fit for purpose. The contract split when the London Borough of Hammersmith and Fulham started operating independently had necessitated a lot of work to disaggregate service-wide information so it was easy to maintain separate records and report accordingly. This work was not yet fully completed.