

DEFINING 'GOOD' IN HEALTHCARE
SUMMARY REPORT OF FINDINGS: SUBSTANCE MISUSE SERVICES

1. INTRODUCTION, BACKGROUND TO THE RESEARCH AND OBJECTIVES

In April 2013, CQC published its new strategy 'Raising Standards, Putting People First'. In this document, CQC stated its intention to redevelop its inspection methodology and the information that is provided to the public following an inspection. This change focuses not only on how services are inspected, but also the five key questions which inspectors will ask about services: Are they safe? Are they effective? Are they caring? Are they well led? Are they responsive to people's needs?

CQC has been working to develop new fundamental standards that focus on these five questions. As part of this work, CQC seeks to define the criteria that will be used to assign a rating to a service provider – in other words, understanding the features of a service that is considered 'inadequate', a service that 'requires improvement', is 'good' and 'outstanding'.

For this new inspection model to be credible with the public, it is essential that these criteria reflect the public's expectations. There is a particular focus on understanding what the public expects 'good' and 'outstanding' services to look like, across all care settings, and at all service levels.

Qualitative research was commissioned to provide a clear understanding of what the public and service users think 'good' and 'outstanding' look like in relation to substance misuse services. While specialist substance misuse services are not currently rated, these services may be rated in the future. In addition, the research explored what information requirements the public have in relation to inspection reports about substance misuse services. The business objective was:

To inform the criteria that are developed for rating services and to inform the development of a new style of inspection reports for each of these services.

2. SUBSTANCE MISUSE SERVICES SUMMARY

2.1 Method and sample

In total, six (6) individual depth interviews were conducted with people with recent and ongoing experience of substance misuse services.

Service type/setting	Frequency of use	Gender	Sexual orientation
Community	Mix of frequent and less frequent users	Mix of male/female	One LGBT service user was included
Residential			
Inpatient			

Ethnic minority (BME) representation was also achieved within this sample.

The fieldwork was conducted during w/c 23rd February and w/c 2nd March 2015.

2.2 Care standards experienced

All participants were very appreciative of the services they had used and several rated their overall experiences as 'outstanding'. This rating was often related to the positive outcomes service users achieved with the support of trusted members of staff.

'... they are so understanding and accommodating. They take everybody on board. Sometimes it must be hard for her to deal with me because I am messy because we are all still drinking but they do and they are just so nice, without judgement. (Female service user)

'Because they go above and beyond the duty of care.' (Male service user)

'It's accessible, open minded, it's forward thinking, contemporary and not stuck in its ways. It listens to service users; it moves forward and doesn't get stagnant.' (Male service user)

Those participants who didn't rate their overall experiences as 'outstanding' generally described them as 'good'. Services had met their expectations and they were continuing to make progress with their treatment plan.

'They make you feel safe; the safety in the group and confidentiality makes you feel safe.' (Male service user)

Some had encountered moments in their pathway that they felt had either 'required improvement' or considered 'inadequate'. These moments were rare and isolated instances when services had been hard to access, or were perceived to be less suited to their personal needs. Participants seemed to understand these events as isolated and specific, and they did not detract from the overall rating of the service.

'I'm living in a supported hostel and there is a complaints procedure in place but my complaints aren't being listened to.' (Male service user)

2.3 Spontaneous definitions of 'good' and 'outstanding' care

Outstanding care was related to positive outcomes and non-judgemental staff. Respondents valued the positive outcomes they had experienced, particularly the relationships they had developed with staff. Being welcomed and accepted without judgement when going through hard times was considered extremely valuable.

'They treat you as an individual and services are scheduled for when you are ready. It's a very personal plan to ensure success.' (Female service user)

In particular, participants mentioned the experience of staff spending time with patients. This had a significant impact; staff were regularly described as 'friends' who completely accepted users, but also knew how to help them. Services were considered 'outstanding' when they adapted to individuals' needs and did not immediately 'shut off' once the formal care pathway was complete.

Overall, an **outstanding** service was seen as one that:

- Is easily identifiable and clear about what services are on offer
- Provides a comprehensive and effective course towards rehabilitation
- Prioritises and adapts to individual needs
- Does not judge the individual or make assumptions
- Encourages staff to go 'beyond the basics' and offer friendship
- Helps the individual user to achieve independence and establish networks
- Provides ongoing support mechanisms to prevent recurring problems

Good care focused on delivering an appropriate service. It was felt to involve establishing a trustworthy relationship with the patient, identifying suitable care and communicating well with other partner organisations.

The key characteristics of good care were seen as:

- Staff maintaining confidentiality, being trustworthy and non-judgemental
- Reacting promptly and appropriately to a crisis
- Holding discussions with wider family, where appropriate
- Maintaining strict rules, with no opportunities for detrimental behaviour

- Professional guidance and counselling
- Step-by-step help to full recovery
- Good communication with partner organisations

Elements of care that **required improvement** tended to be associated with out of hours access and continuity of care. Some participants rated elements of communication with other organisations as requiring improvement; these participants felt they had needed to 'push hard' to access services they required.

Occasionally, situations had arisen that participants felt were high risk; they reported feeling 'stuck' between services, and feeling 'lost' or 'confused'.

'When you're not being listened to that's a very dangerous area, especially when you are in recovery.' (Female service user)

Follow-up care and support was perceived to be particularly important for those leaving residential care services; participants felt that during this period they were at increased risk of sleeping rough and/or returning to substance misuse.

'Aftercare in the big bad world, I want to know I can survive.' (Male service user)

Weekends were identified as especially challenging times for service users in the community; being able to access substance misuse services at this time was felt to be particularly welcome and important.

Services were rarely rated **inadequate**; when they were, these ratings related to isolated experiences. Examples of such experiences included: being denied access to services, or encountering delays and problems in accessing services; being left on their own to manage their situations; and situations where service users felt there were 'too many faces' to deal with. Overall, occurrences of inadequate ratings were minimal.

2.4 Definitions of 'good' care within the five domains

2.4.1 Safe

Safe was a priority domain for participants in this research sample. They felt themselves to be in a vulnerable position, and thus saw safety as a particularly important characteristic for support services. Trust and confidentiality were seen as key elements in a safe service. The relationship between staff and service users was crucial to feeling safe: staff who knew how to 'handle' service users – who could, for example, challenge users without 'getting their backs up' – were valued.

"I think the most important thing is that initial contact... that first meeting, that first point of contact is, and I'm not saying this light heartedly, is the difference between life and death – how you are received." (Male service user)

Non-judgemental approaches were seen as important for safety. Staff who knew how to respond in crisis situations, and who knew how to respond to extreme behaviours, were seen as offering a safe service. It was seen as important for services to have strict rules in place (e.g. rules against having or using drugs on the premises), with sanctions for those service users who didn't respect the rules.

2.4.2 Effective

The priorities in relation to **effective** care were around successful treatment. An effective service understood addiction, and mental health issues, and knew how to deal with each case. An effective service responded appropriately to setbacks and episodes of substance abuse. Staff would be good at building skills and facilitating independence.

'Recovery is a process and a journey so you need to keep moving with that journey with the help of whatever particular service you are using at the time.' (Male service user)

High success rates meant positive outcomes: changing people for the better. This would be achieved through tried and tested, individually tailored improvement plans. An effective service gave service users enough time and support to improve at their own speed, but was also strict.

'I think it's important that you are encouraged to really personalise your recovery and make it important to yourself.' (Male service user)

2.4.3 Caring

The key priorities in the **caring** domain were relationship building and 'going above and beyond'. Participants felt cared for when staff demonstrated that they cared enough to spend extra time with them; they listened, and felt like friends. Caring staff fully understood the individual, their personality and their individual needs; they encouraged users to open up without fear of being judged.

'You need to feel like you can walk into a room, hold your hand up and say look I've messed up and I need care and support in order for me to move on from this...'
(Female service user)

A caring service included aftercare to prevent setbacks after core services had been received. It entailed checking up on patients to ensure that they were okay; it was proactive, and did not always rely on patients to come to them or ask for help.

'Trust and confidentiality. Being brought into a service they need to know your background and who they should be talking to without breaking confidentiality. You feel safe in your recovery if other parties are more connected.' (Male service user)

2.4.4 Responsive

Responsive was a key criterion for participants. A responsive service was seen as being organised in a way that met people's needs, for instance in terms of developing the right care plan. It meant ensuring a fast response to issues, complaints, or requests raised by service users.

'I would expect them to be able to help you and point you in the right direction in a very positive and friendly manner, but one that's tailored to your situation and needs. It can't just be one size fits all. You're dealing with people and it doesn't work like that.' (Female service user)

Participants saw a service as responsive when they felt listened to; this was demonstrated by requests – including complaints – being listened to, and responded to. Participants felt that a responsive service would encourage feedback from clients and use that feedback to develop the services they offered.

'I think because quite often the experience of drugs, especially for gay men in London tends to be linked to sex. So it was quite important to go to a place where they would understand that link.' (Male service user)

'It's the small things. I was due to leave on a Friday morning and they sent an escort down to collect me and go to the rehab centre; a lot of people can do runners en route.' (Female service user)

A responsive service had time for its clients: it was not simply trying to 'rush people out the door'. Staff were available in person and/or over the phone, particularly in times of distress or difficulty.

'You are with people who understand you. It helps you accept what you are and to deal with it.' (Female service user)

2.4.5 Well led

Participants had clear ideas about what constituted a **well-led** service. The main priorities were seen as clear communication, staff safety and ensuring positive outcomes. Clear communication entailed good lines of communication between staff, between staff and patients, and with partner organisations. A single point of contact (the care co-ordinator) was seen as pivotal to the success of this process.

'If a service is well-led, when you first interact with it, once they've explained the service and what it can do, you have a reasonable understanding of what is available and how they can help you. That comes from the top down doesn't it? You get a clear picture of what it is and what it can do for you.' (Male service user)

'From day one when you walk in the door you are assigned a key worker and that person stays with you through the whole process.' (Male service user)

Ensuring safety entailed carrying out background checks on staff and patients. It included comprehensive training for staff on how to develop relationships with service users, how to identify their needs and which services to recommend. Good leaders were people who understood the needs of their staff and patients.

Ensuring positive outcomes was a marker of good leadership. Good leaders were seen as those knew how to generate and use data on service quality and outcomes to assure and increase service quality, and produce positive treatment outcomes.

2.5 Information requirements

For participants in this sample, the main priorities in terms of information about substance misuse services were based around **safety**, **responsiveness** and **caring**. The information they wanted to see available included success rates and the type of treatment available. They also wanted to know about aftercare and, more generally, what they could expect from a specific service.

'If I go into a service as an alcoholic I would want to know what services they offer. Is it pre-treatment or relapse prevention? ... What kind of journey can you offer me?'

(Male service user)

Participants wanted assurances about the quality of care and the professionalism of staff. They were keen to see reviews of the service from other service users and feedback from employees. They also wanted to see statistics about how many people had used the service – ‘what your chances are’ – so they could more accurately assess outcomes.

More broadly, participants generally felt that a description of **good** care should be used as a basis for inspections. In terms of substance misuse services, the emphasis should be on personalised care, as participants saw themselves as being individually vulnerable and having wide-ranging and complex needs.

While participants agreed that information in the form of summary reports would be useful, most felt that they were unlikely to go looking for such information.

It was felt that the focus of inspections and reports should be on the **safety, caring** and **responsiveness** elements of the service. Participants wanted to know:

- How long has the service been established?
- What are the success rates, and the experiences of other patients?
- What programmes do they offer and to what extent are they personalised?
- Are patients prevented from abusing substances throughout the treatment programme and if so how?
- Does treatment include aftercare?

When considering a prospective service, participants wanted to know how they would be treated by staff. They wanted to know that they would be understood, and not judged. They

wanted reassurances about confidentiality, and wanted to know that a service would be capable of speaking to their family where appropriate.