

Response to the consultation on our
provider handbook

Specialist substance misuse services

July 2015

The Care Quality Commission is the independent regulator of health and adult social care in England

Our purpose:

We make sure health and social care services provide people with safe, effective, compassionate, high quality care and we encourage care services to improve.

Our role:

We monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and we publish what we find, including performance ratings to help people choose care.

Our values:

- Excellence – being a high performing organisation
- Caring – treating everyone with dignity and respect
- Integrity – doing the right thing
- Teamwork – learning from each other to be the best we can

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Section 1: Our consultation

Introduction

From 22 January to 19 March 2015, CQC consulted on our 'specialist substance misuse services provider handbook' that set out our proposals for inspecting and rating providers of specialist substance misuse services. This built on our [A New Start](#) consultation, published on 22 September 2014, which proposed radical changes to the way we inspect and regulate specialist substance misuse services.

The consultation document (the provider handbook) set out our intention to initially roll out our regulatory model to independent standalone substance misuse services, and to further consider and test our approach to substance misuse services offered by other providers (such as NHS trusts and GP practices, and independent providers that also offer other services). It outlined proposals for how we will carry out inspections of independent substance misuse services, which includes gathering information and engaging with people who use services and the public beforehand, the inspection visit itself, and our process for awarding a rating, where appropriate.

The consultation included a proposed set of key lines of enquiry (KLOEs), which our inspection teams will use to direct the focus of their inspection. The KLOEs directly relate to the five key questions we ask of services – are they safe, effective, caring, responsive and well-led? Our proposals on how we would rate services included detailed descriptions of the characteristics we would use to decide whether a service is outstanding, good, requires improvement or inadequate, the principles that we would use to apply these ratings and the review process for providers to challenge ratings.

Alongside this consultation, we tested the new approach through pilot inspections of independent and NHS substance misuse services between January and March 2015. We also held four substance misuse co-production workshops with the purpose of hearing what providers from our Expert Advisory Groups had to say about the draft consultation guidance.

[Section 2](#) of this document sets out the key things that we are changing since the pilot inspections and consultation. [Section 3](#) sets out the themes of the consultation, the key points from the feedback and our response.

Incorporating learning from our pilot inspections

We have embedded evaluation within each new wave of inspections for every sector. This has incorporated a range of methods including surveys, interviews and focus groups with providers, CQC staff and associate inspectors (specialist advisors and Experts by Experience) and observations from the inspections themselves. We used the findings to inform changes to policy, process and practice from wave to wave, and before full implementation.

Throughout these inspections we have been gathering feedback from inspection teams and providers to test our approach. We have used this feedback to inform changes to the inspection framework and the inspection process.

How we engaged and who we heard from

In total, 46 people contributed to the consultation. We received 13 responses to the CQC online webform and seven written responses. The breakdown of people who participated in the consultation online and in writing includes:

- 10 stakeholders/organisations
- 5 healthcare professionals
- 3 providers of services
- 1 member of the public
- 1 commissioner of services

Feedback was also obtained via two focus groups from 12 participants.

In addition, we held a co-production workshop (organised by CQC) on the draft provider handbook. Attendees included 7 substance misuse External Advisory Group (EAG) members from both the NHS, independent and voluntary sectors, and 3 CQC staff members. We also held two additional, more detailed workshops with EAG members on draft key indicators and inspection tools, which are not reflected in this report.

Feedback was obtained from 4 participants, 3 stakeholders and a CQC staff member, via teleconference.

In addition, Research Works Limited carried out six individual in-depth interviews with recent and ongoing service users with experience of substance misuse services across community, residential and inpatient settings. Both males and females were interviewed. One Lesbian, Gay, Bisexual and Transgender (LGBT) service user took part in the survey, as well as someone from a Black and Minority Ethnic (BME) background.

The opportunity to provide feedback for the draft substance misuse consultation was promoted on CQC's website, as well as in the January 2015 public bulletin and the February healthcare services bulletin.

How we analysed feedback from the consultation

We commissioned Quality Health, an independent healthcare consultancy, to support the consultation process. Quality Health have reviewed, analysed and reported on the feedback collected from aspects of the consultation.

Section 2: Key changes to our approach to inspecting

Our provider handbook, which was the subject of this consultation between 22 January to 19 March 2015, sets out in detail how we propose to regulate and inspect specialist substance misuse services. It focuses primarily on independent substance misuse services, setting out our intention to initially roll out our regulatory approach to independent standalone substance misuse services. We have committed to testing the feasibility and scope of inspecting and separately rating substance misuse services offered by other providers, for example NHS trusts and GP practices, with a view to rolling out our approach to these providers after the current inspection cycle. In the interim, we will inspect substance misuse services offered by these providers if risks are identified.

In response to what we heard during the consultation and what we learned during the testing of our new approach, we have made improvements throughout the handbook to clarify and confirm the inspection process.

The detailed feedback from the consultation and our responses are set out in [Section 3](#) under the different themes of the consultation. The following are the key specific changes we are making to our original proposals:

- A definition of 'independent standalone substance misuse service' is given in the handbook, to provide further clarity about the services that our approach will initially apply to.
- Further details about the inspection processes will be included in the handbook, such as the duration of on-site inspections.
- We have further refined elements of the proposed methodology – including engagement approaches and one of the KLOE prompts for specialist substance misuse services.

Furthermore, we now intend to initially inspect independent standalone substance misuse services without rating them. However, our ambition is to rate these services in the future and we are working with the Department of Health to clarify our regulatory powers to do so. We will further consider the roll out of ratings to independent standalone substance misuse services if the ratings regulations are changed.

Section 3: What you told us and our response

Key lines of enquiry (KLOEs) and prompts

What we said in our consultation

To direct the focus of their inspection, our inspection teams will use a standard set of key lines of enquiry (KLOEs) that directly relate to the five key questions – are services safe, effective, caring, responsive and well-led?

Having a standard set of KLOEs ensures consistency of what we look at under each of the five questions and that we focus on those areas that matter most. This is vital for reaching a credible, comparable rating. To enable inspection teams to reach a rating, they will gather and record evidence to answer each KLOE.

Our consultation set out proposed KLOEs, prompts and characteristics of ratings for substance misuse services.

Consultation question

- **Do you feel confident that the key lines of enquiry and the list of prompts will help our inspectors' judge how safe, effective, caring, responsive and well-led specialist substance misuse service providers are?**
- **We have provided examples of evidence we may collect to inspect substance misuse services. Do you agree that this is the right kind of evidence for us to look at? Please explain.**

What you said

- The majority of online and written respondents (13 out of 17) were confident that the key lines of enquiry and the list of prompts will help our inspectors' judge specialist substance misuse service providers. Focus group members emphasised that KLOEs should focus on the needs of people using services.
- We received detailed feedback from some respondents, with suggestions for alterations and additions to the KLOEs. For example:
 - Tailoring the KLOEs and prompts more to enable further discussion and to involve family members in investigations.
 - Not relying solely on providers to give evidence. For example, one respondent suggested the views of third sector providers should be included.
 - Looking at the safe management of medicines, and the risks posed by take home prescriptions.

- Nearly all (14 out of 15) online and written respondents agreed with the given examples of evidence to collect when inspecting substance misuse services.
- Other sources of evidence suggested included Treatment Outcomes Profile (TOP) and evidence-based outcome measures, the range of psychosocial and medical interventions, and the offer for families.

Our response

- A key principle of our approach is to seek out and listen to experiences of care and the voice of service users. We will therefore continue to evaluate and refine our approach to gathering this evidence.
- We agree that it is important to make sure the prompts and ratings characteristics are appropriately tailored to specialist substance misuse services. This needs to be balanced with a consistent framework for assessing services across a range of provider types.
- Following the consultation, we have made a further change to one of the KLOE prompts under the 'safe' key question, to more explicitly refer to drug and alcohol-related deaths.
- We have not made other changes to the KLOEs, prompts or ratings characteristics following the consultation. However, we will ensure that other feedback is considered as we continue to develop guidance for inspection teams. This includes feedback on detailed areas of focus for substance misuse services in different service settings.

Data and intelligence monitoring

What we said in our consultation

Intelligent Monitoring combines information from a wide range of data sources to give our inspectors a clear picture of the areas of care that may need to be followed up within a provider. Together with local insight and other factors, this information helps us to decide when, where and what to inspect. This means that we can anticipate, identify and respond more quickly to services at risk of failing.

Consultation question

- **Are there any other sources of evidence you think we should look at?**
- **How confident are you that the sources of information we plan to look at will identify risks of poor quality care and good practice in specialist substance misuse services? What other indicators would you suggest?**

What you said

- The majority (10 out of 12) of online and written respondents said that there were other sources of evidence that CQC should look at. We received a wide range of suggestions of evidence we should look at including:
 - Feedback from referral agencies and organisations.
 - Staff qualifications, training and experience.
 - Certain data in more detail, for example drug-related deaths, needle exchange provision, and blood borne virus data.
- Most people (9 out of 12 online and written respondents) were confident that the sources of information we plan to look at will identify poor quality care and good practice.
- Respondents gave diverse, and detailed, suggestions for what other indicators we could look at. For example:
 - Looking at the outcomes for clients in the context of the area. For example some areas have a high number of people with ongoing health, personal care and support needs so the reduction of harm, rather than achieving abstinence may be considered a good outcome.
 - Taking the views of local commissioners and Public Health England centre teams into consideration.

- Performance and local outcomes.
- The provision of needle and syringe programmes.

Our response

- We are pleased that the majority of people were confident that the sources of information we plan to look at will identify poor quality care and good practice.
- We welcome the feedback received on other sources of evidence people felt we should look at. We will continue to work with Public Health England to develop our Intelligent Monitoring for specialist substance misuse services. As part of this, we will ensure that we consider whether indicators could be developed to reflect issues raised in response to this question.

Evidence gathering

What we said in our consultation

To make the most of the time that we are on site for an inspection, we must make sure that we have the right information to help us focus on what matters most to people. The information that we gather during this time before the inspection would also be used as evidence when we make our ratings judgements.

Consultation question

- **Is there other information we should be asking for from providers about the specialist substance misuse services they deliver before an inspection?**
- **What are your views on the methods we propose to use for gathering evidence during inspections of specialist substance misuse services?**
- **What are your views on our proposed approach to reviewing the cases of individual people who use specialist substance misuse services?**
- **What are your views on our proposed approach to reviewing the use of restrictions by specialist substance misuse service providers?**

What you said

- Out of 14 online and written respondents, 13 had suggestions for other information CQC should ask providers for. These included reviewing:
 - Specific evidence-based treatments and interventions
 - The provider's standard operating procedures
 - Treatment and drop-out rates
 - Pathways and relationships with other key services
 - The service's monitoring of demographics (including LGBT).
- Seven out of 12 respondents (online and written) supported the methods proposed for gathering evidence during the inspections, saying that they were fair, wide-ranging and inclusive.
- Most people (7 out of 10 online and written respondents) supported our proposed approach to reviewing individual cases.

- Six out of nine online and written respondents also supported our approach to reviewing the use of restrictions, although safeguarding was highlighted as a priority area.

Our response

- We welcome these suggestions on what other information we should be asking for from providers before inspections. Some of these suggestions, for example, information about how providers are meeting the needs of people with protected characteristics and about key stakeholders that providers regularly have contact with while providing treatment, are already included in our provider information request (PIR) and we will consider other suggestions as we continue to refine our approach.
- We are pleased there was support for the methods that we have proposed for gathering evidence during inspections and to our proposed approach for reviewing the cases of individual people who use specialist substance misuse service.
- We will also look at the use of restrictions by specialist substance misuse providers. We will develop a brief guide for our inspectors on restrictive practices and will make this available on our website once it is finalised.

Gathering the views of people who use services and stakeholders

What we said in our consultation

Good, ongoing relationships with stakeholders are vital to our inspection approach. These relationships allow CQC better access to qualitative, as well as quantitative, information about services, particularly local evidence about people's experience of care. Local relationships also provide opportunities to identify good practice and to work with others to push up standards.

Consultation question

- We recognise the difficulties sometimes experienced in engaging with people who use specialist substance misuse services. Have we proposed appropriate methods to ensure that we are able to gather the views of people who use different types of substance misuse services before and during inspections? Please explain.
- Would different methods be needed to engage with people who have complex needs or who are in vulnerable circumstances before and during inspections? If so, what methods would you suggest?
- How should we best seek to gather the views of people who use community-based substance misuse services?
- How should we best seek to gather the views of young people who use specialist substance misuse services?
- How do you think we should seek the views of families, carers or people close to people who use specialist substance misuse services to help inform our inspections and assessments?
- Are there any additional organisations that we should develop relationships with to understand people's experiences of care and identify examples of good practice in substance misuse organisations? If so, what organisations would you suggest?

What you said

- People who have used services spoke at our focus groups about the importance of finding out their experiences to enhance our inspection work in future. And they told us 'a one size fits all' approach to engagement will not work, since people's preferences for giving views will be very diverse.

- Most online and written respondents (10 out of 14) agreed we proposed appropriate methods for gathering the views of people who use different types of substance misuse services (both before and after inspection). Comments in support included:
 - ‘The methods suggested... seem comprehensive.’
 - The inclusion of an ‘expert by experience’ ... is an excellent measure in seeking to gather views of people who use the service...’
- Some respondents suggested additional ways of gathering views. For example:
 - Working with related services to gain access to people who use services.
 - Using online approaches, including social media, to minimise impact on people delivering services.
 - Being flexible in when and where we approach people for their views.
- The majority of people (10 out of 12 online and written respondents) felt CQC would need to use different methods to engage people with complex needs or in vulnerable circumstances. Additional suggestions included:
 - Working in conjunction with hostels, outreach services and mental health services.
 - Telephone interviews, utilising peer mentors and attending group sessions.
 - Taking the location of the people who use services into account.
- Online and written respondents suggested a wide variety of ways to gather feedback from community-based substance misuse services. These included:
 - Advertising in pharmacies
 - Online surveys
 - Incentives/reward systems (for example, vouchers for food or clothes)
 - Drop-in sessions
 - Accompanying a member of staff on an outreach visit
 - Focus groups.
- Respondents to the online/written survey gave similar suggestions for reaching young people. Other comments included gathering information through:
 - The local voluntary and community sector
 - Education services.
- Sixteen online/written survey respondents gave us suggestions on how we could seek the views of families and carers. They generally thought that this group would be happy to be involved if it was coordinated by services as part of the inspection. Our focus groups told us how important it is to engage with families and carers, but also emphasised that we would need to do this sensitively.

- Most online and written respondents (11 out of 14) thought that there were additional organisations that we could develop relationships with, suggesting the types of local public and voluntary bodies mentioned above.

Our response

- We are pleased that there was support for our methods of gathering feedback from people using services. We are continuing to develop these and learn from our evaluation.
- We have included telephone interviews in our list of engagement methods.
- We will continue to explore the use of social media and how best to identify with some groups. This may involve working with voluntary and community sector organisations to promote CQC inspections through their own social media routes.
- We may also use other online options for engaging with people who use services.
- As part of our inspection process, we may ask local organisations/groups to assist with service user engagement.

Applying and reviewing ratings

What we said in our consultation

Initially, we will inspect independent standalone substance misuse services from July 2015 without rating them. However, our ambition is to rate these services in the future and we are working with the Department of Health to clarify our regulatory powers to do so.

In our consultation, we proposed rating independent standalone services at two levels – key question and overall location. We have developed characteristics to describe what outstanding, good, requires improvement and inadequate care look like in relation to each of the five key questions in these services. These characteristics will provide a framework that, applied using professional judgement, guides our inspection teams when they award a rating to a specialist substance misuse service.

We are currently considering our approach to separately rating specialist substance misuse services provided by NHS mental health and acute trusts, GP practices and independent substance misuse services that also provide other services. We will test this with a view to rolling out our approach after the current inspection cycle is completed.

Consultation question

- **What are your views on how we should rate specialist substance misuse services?**
- **What are your views on the characteristics outlined (in appendix B)? Are these what you would expect to see in a specialist substance misuse service that was outstanding, good, required improvement or was inadequate?**
- **What are your views on the proposal that we will rate independent standalone substance misuse services at key question and location levels?**

What you said

- Respondents were generally supportive of our proposals for rating substance misuse services, though some wanted more guidance about ‘services that are not independent and standalone’. Some respondents gave detailed comments, for example:

- One respondent suggested that as substance misuse services often have multiple providers under one umbrella organisations they should be rated separately rather than treated as a whole.
- Most respondents thought the characteristics of ratings were appropriate, although one respondent thought the terms (i.e. 'caring' etc.) could be defined better.

Our response

- We are pleased that there was support for our ratings proposal however we recognise that there is a need for further clarity about the providers this would initially be relevant for. We have included a definition of 'independent standalone substance misuse service' to help with this.
- We will continue to consider our approach to other types of independent substance misuse services (i.e. those that also provide other types of services).
- We have identified that some independent standalone substance misuse services do not fall within the regulations' provisions for providers that can be rated. This includes, for example, a standalone independent service that is only registered for the regulated activity 'Accommodation for persons who require treatment for substance misuse', and possibly some community substance misuse services provided by an independent provider. The limitations with the ratings regulations apply to other types of providers, such as independent ambulances, and we are currently working with the Department of Health to explore the possibility of changing the regulations to allow us to rate services which are currently anomalous.
- In the meantime, we will roll out inspections of independent standalone substance misuse services from July 2015, but will not rate these until the rating regulations are changed.
- We recognise the challenges where multiple providers are involved in service provisions. We will ask providers to let us know about shared contracting relationships that may exist with other providers to help prepare for inspections.
- If a provider has an arrangement in place whereby a third party organisation provides part or all of a regulated service, often on the provider's premises, we will not inspect or rate the third party service as part of the provider's inspection. However, we will consider the care pathways between the service and the provider's own services as part of inspection. Our reports will explain where a third party provider is delivering part or all of a service and who that third party provider is.

Our Human Rights approach

What we said in our consultation

One of CQC's principles is to promote equality, diversity and human rights. This is a means to an end and not an end in itself. The end is good quality care for all. Respecting diversity, promoting equality and ensuring human rights will help to make sure that everyone using health and social care services receives good quality care.

To put this into practice, we have developed a human rights approach to regulation. This looks at a set of human rights principles – fairness, respect, equality, dignity, autonomy, right to life and rights for staff – in relation to the five key questions we ask. All of these principles are enshrined in the NHS Constitution.

Consultation question

- What are your views on our equality and human rights duties impact analysis?

What you said

- Overall, online and written respondents were positive about equality and human rights duties impact analysis, with comments such as 'comprehensive and well thought through' and 'It's a good idea' and we believe it could support equality and diversity being integrated into all parts of the inspection process.

Our response

- We are pleased that respondents are supportive about our approach to equality and human rights. We have provided more information in our final regulatory impact assessment about the costs and benefits of our new inspection model, which is published alongside this document.
- We believe that our human rights-based approach to regulation, inspection and monitoring care services is the best method to ensure that we promote equality and human rights in our work.
- We will continue to integrate our human rights principles into our key lines of enquiry (KLOEs), ratings descriptors, Intelligent Monitoring, inspection methods, learning and development for inspection teams and into our policies around judgment making and enforcement.
- We have published our guidance for providers on our approach to enforcement, which reinforces our approach to regulating the equality and human rights aspects of the regulations.

- We are developing a programme of learning for CQC staff so that they all have the knowledge and skills to implement our human rights approach in inspection, including gathering evidence, reporting, making judgements about ratings and about whether providers are meeting the fundamental standards related to equality and human rights.
- Our approach to equality and human rights does not add extra requirements on providers. It uncovers and addresses the equality and human rights aspects that are inherent in our five key questions and the fundamental standards.

Appendix A: Organisations that submitted responses

Adfam

Bolton University

British Psychological Society

Developing Initiatives Supporting Communities

National Needle Exchange Forum (NNEF)

Public Health England (PHE)

Rotherham, Doncaster and South Humber NHS Foundation Trust

Royal College of Psychiatrists

Somerset Partnership NHS Foundation Trust

Substance Misuse Management in General Practice (SMMGP)

The Lesbian & Gay Foundation (LGF)

The National LGB&T (lesbian, gay, bisexual and trans) Partnership

University of York

Appendix B: Consultation engagement events and responses

Engagement events

- Substance misuse key indicators workshop Monday 23 February 2015.
Location: Bonhill House, Etc Venues, London: eight members of the External Advisory Group, made up of providers and stakeholders.
- Substance misuse CQC inspection tool workshop, Monday 2 March 2015.
Location: Bonhill House, Etc Venues, eight members of the External Advisory Group made up of providers and stakeholders.
- Substance misuse draft provider handbook, Wednesday 11 March 2015.
Location: Bonhill House, Etc Venues, London: seven members of the External Advisory Group, made up of providers and stakeholders.

Responses received

46 people contributed to the consultation.

13 respondents replied to the consultation questions via the webform and 7 responded to the consultation questions via written responses

- 10 stakeholders
- 5 healthcare professionals
- 3 provider of services
- 1 member of the public
- 1 commissioner of services

Feedback was obtained via two focus groups from 12 participants.

Feedback was obtained via a workshop on the substance misuse draft provider handbook, attended by 7 stakeholders and 3 CQC staff members.

Feedback was obtained from 4 participants, 3 stakeholders and a CQC staff member, via teleconference.

Appendix C: External Advisory Group and Task and Finish Group participants

Addaction	London Friend
Addiction Dependency Solutions	Medical Council on Alcohol
ADFAM	Oxfordshire User Team
Alcoholics Anonymous	Phoenix Futures
Association of Directors of Public Health	Priory Group
BAC and O'Connor	Public Health England
Bill Puddicombe, Consultant	Recovery Group UK
Dr Graham Sanderson, Bradford Clinical Commissioning Group	Rehabilitation for Addicted Prisoners Trust
Blenheim	Southern Addictions Advisory Service (SADAS)
Cranstoun	South London and Maudsley NHS Foundation Trust
Crime Reduction Initiatives (CRI)	South West London and St George's Mental Health NHS Trust
David Finney, Independent Consultant	Sussex Partnership NHS Foundation Trust
Equinox	Turning Point
Expert by Experience	Western Counselling
Federation of Drug and Alcohol Professionals	Whittington Hospital NHS Trust
iHear Partnership Service	
KCA	