

# Forward Leeds - Armley Park Court

## Quality Report

Armley Park Court  
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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

### Ratings

#### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Outstanding 

#### Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

# Summary of findings

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

## Overall summary

We rated Forward Leeds as good, because:

- The service had a strong, established leadership team who were appropriately qualified, passionate and knowledgeable. Leaders were visible and approachable, staff felt the managers were easy to talk to and operated an 'open door policy'. There were robust governance systems in place and good access to information enabling leaders to monitor performance and drive improvement. The service was at the forefront of leading innovative work and developing new ways of working. They were identifying unmet needs within the communities and putting mechanisms in place to address them. Staff were motivated, and demonstrated a positive culture.
- Staff ensured the safe running of the service. The building environment was clean, well maintained and in line with best practice. The service had good safeguarding mechanisms in place to ensure the protection of vulnerable people. Staff ensured incidents were investigated and lessons learnt across the service.
- The service had an effective multidisciplinary team. Staff were skilled in their roles, had the opportunity to develop and were provided with support through regular supervision. All clients had care plans which were recovery orientated, as well as comprehensive risk management plans. Staff provided care and treatment in line with best practice and guidance. Staff ensured they supported clients improving their physical health by having regular reviews and offering blood borne virus testing.
- Staff demonstrated they were kind, compassionate and caring. Clients were at the centre of the work the service offered. Clients were consulted with during times of change and their feedback was used to improve services.
- Staff were responsive to the needs of the people who use the service. They took appropriate measures to ensure clients could access the service by addressing protected characteristics such as disabilities and ethnicity. The service met its target to assess clients within 21 days and was in line with the national target of successful discharges.

However:

- Although care plans were recovery focused, they did not always include all of the positive psychosocial interventions staff undertook.
- The service had not reviewed its disability access audit for the Kirkgate Hub in a timely manner.

# Summary of findings

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Good 

# Forward Leeds

## Services we looked at

Substance misuse services

# Summary of this inspection

## Background to Forward Leeds - Armley Park Court

Forward Leeds is a partnership organisation in Leeds which provides support for adults, who require support with alcohol or drug misuse. The service operates from three main hubs in the Seacroft, Armley and Kirkgate areas of the city. It had approximately 3500 active clients at the time of inspection.

The service has been registered with the Care Quality Commission since April 2018 to carry out the following regulated activity:

- Treatment of disease, disorder or injury.

Forward Leeds is a registered location of the provider Humankind Charity. We have not previously inspected this service whilst it has been managed by this provider. The provider works with several partner organisations by subcontracting them to complete areas of service delivery but remains the main contract holder. This includes the local NHS Mental Health Trust, who support clients with a dual diagnosis of mental health issues and substance misuse problems and provide midwifery and hospital in reach services. There are also two charities who support the family intervention work, harm reduction work, alcohol detoxification and assertive outreach.

Forward Leeds provides; early intervention and prevention, young people's services, longer term support, support for families, detoxification, local GP outreach, harm reduction and needle exchange, housing support, mental health support, pregnancy support and aftercare which includes a recovery academy.

They support people to sustain and achieve recovery via a varied choice of treatments. They include; one-to-one support, group therapy, health and wellbeing checks, health screenings, blood testing and vaccinations, support on reducing the harm of drugs and overdose prevention, substitute medication for certain drugs, detoxification within the community, peer mentors for additional support and specialised support services for those with complex needs such as housing, enduring mental health issues or pregnancy. Services are provided via fast track or longer term active recovery work.

The service had an experienced registered manager. The registered manager, along with the registered provider, is legally responsible and accountable for compliance with the requirements of the Health and Social Care Act 2008 and the associated regulations including the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Care Quality Commission (Registration) Regulations 2009.

## Our inspection team

The team that inspected the service comprised of three CQC inspectors and an assistant inspector. One of the team was a registered nurse with experience of working in substance misuse services.

## Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme.

# Summary of this inspection

## How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before the inspection visit, we reviewed information that we held about the location, and asked a range of other organisations for information.

During the inspection visit, the inspection team:

- visited the three main localities as well as the '5 Ways' recovery hub and looked at the quality of the service environment and observed how staff were caring for clients

- spoke to eight clients using the service
- spoke with the registered manager and two area managers
- received feedback from a range of stakeholders and voluntary organisations who work with the provider
- spoke to 14 staff including doctors, recovery workers, team leaders and non-medical prescribers
- attended and observed one flash meeting and two group activities
- looked at 11 care and treatment records of clients
- carried out checks on the clinic facilities and medication management of all three hubs
- sampled six prescription charts
- looked at a range of policies, procedures and other documents required for the running of the service.

## What people who use the service say

Clients told us that staff were caring and understood their needs. Clients were involved in their care and staff went the extra mile. Staff supported clients to access services which supported their 'recovery capital'; in turn making them more confident and resilient. Recovery capital is a holistic approach to care incorporating social and cultural factors as well as personal wellbeing to support people in their recovery.

We observed genuine and compassionate interactions between staff and clients. Staff celebrated the success of clients no matter how small. Clients told us this made them feel proud and empowered.

Clients were involved within service development and took part in decision making processes such as recruitment. Leaders listened to feedback through complaints and compliments to improve the service. Clients at the '5Ways' recovery hub took a proactive lead in managing the service activities, staff at '5Ways' let clients make the service their own and supported them develop their skills in a safe environment to enable them to thrive.

# Summary of this inspection

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

We rated safe as good because:

- The building environments for all three hubs and recovery centre were clean and well-maintained. Clinic rooms had essential equipment which was checked regularly.
- All clients had risk assessments and risk management plans which were up to date and had been reviewed.
- The service had robust safeguarding mechanisms in place, staff felt confident to identify and report safeguarding.
- There was strong culture of reporting and learning from incidents.
- The service was meeting its target of 85% compliance with mandatory training.

However:

- The disability access audit in Kirkgate was out of date.

Good



### Are services effective?

We rated effective as good because:

- Staff provided a range of interventions in line with best practice and national guidance.
- Staff were skilled in their roles and worked effectively as a multidisciplinary team.
- The service offered development opportunities for staff and supported them acquiring new skills relevant to their roles.
- All clients had a care plan that met their needs and was outcome focused.
- Staff demonstrated good knowledge in the application of the Mental Capacity Act.

However:

- The care plans produced by staff did not always reflect all of the positive therapeutic interventions that clients accessed.

Good



### Are services caring?

We rated caring as good because:

- Staff engaged with clients with empathy and kindness.
- The service built on the interests of individuals, establishing contacts with new services to maintain and improve clients' social networks, employment and education opportunities.

Good



# Summary of this inspection

- The service actively sought to involve clients, families and carers in its improvement by listening to their feedback.
- Clients provided positive feedback about how vital the service was to them and the impact it had had on their lives.

## Are services responsive?

We rated responsive as good because:

- The service met its targets in assessing clients within 21 days of referral and starting treatment thereafter.
- There was a robust complaints procedure, the service ensured learning was taken from complaints to improve the service.
- The service supported clients who did not attend appointments by a proactive and non-punitive approach to engagement.
- Staff were responsive to the needs of its clients. They worked closely with them to engage within the local community and access services to promote their recovery. They were part of several projects to address need within the community including the sex worker project, needle pick up service and palliative care pharmacy service.

Good



## Are services well-led?

We rated well-led as outstanding because:

- The service had robust governance systems to ensure leaders could effectively monitor performance and service delivery. Governance systems were proactively reviewed and reflected best practice.
- There were high levels of staff satisfaction across different levels. Staff were proud to work for the organisation and demonstrated a strong positive culture. There was regular engagement with staff and staff were actively encouraged to raise concerns.
- Leadership drove continuous improvement. Safe innovation was celebrated, the service they took positive risks and staff were accountable for delivering change. Innovative practice included pioneering treatment pathways for psychoactive substance addiction.
- Leaders were knowledgeable, experienced and fit for their roles. They were visible and ensured staff could access them at all times.
- The service had a clear and co-produced vision and values. Staff were integral to helping the service develop their vision and values. Staff demonstrated these values during the inspection.

Outstanding





# Detailed findings from this inspection

## Mental Capacity Act and Deprivation of Liberty Safeguards


The service had an up to date policy in place to support staff as well as offering mandatory training around the Mental Capacity Act. Compliance with Mental Capacity Act training was 90%. The electronic care record system supported staff by providing prompts if they had concerns around a client's capacity. Staff ensured service users consented to care and treatment, this was assessed, recorded and reviewed.

Staff had good knowledge on what they would do if they deemed a client not to have capacity. Staff demonstrated






different understandings between clients not having capacity due to intoxication and clients not having capacity due to mental health issues or acquired brain injuries. Staff recognised fluctuations in capacity and made alternative arrangements for clients to attend the service to engage in interventions when they could make informed decisions. Staff felt confident to ask for support should they require it.

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Substance misuse services	Good	Good	Good	Good	 <b>Outstanding</b>	Good
<b>Overall</b>	Good	Good	Good	Good	 <b>Outstanding</b>	Good

# Substance misuse services

Safe	Good 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Outstanding 

## Are substance misuse services safe?

Good 

### Safe and clean environment

The service was clean and well maintained. All clinic rooms and therapy rooms were accessible for clients which required additional support. The service had daily cleaning staff to maintain the cleanliness of the building, the schedules were up to date and signed off appropriately.

There was an infection prevention policy in place, and staff adhered to infection prevention principles. There were sufficient hand washing and hand sanitising equipment as well appropriate signage demonstrating best practice in hand washing. The service had regular audits to ensure staff maintained a high standard.

Clinic rooms were clean and well equipped with the necessary equipment to carry out physical examinations. Equipment was calibrated and maintained appropriately. Staff had access to the appropriate emergency equipment including a defibrillator, oxygen, emergency drugs and

equipment was checked regularly to ensure it was ready to use. Clinical waste was disposed of appropriately.

The service had fire risk assessments in place which had been conducted within the last 12 months. In addition, there were weekly fire alarm checks and six-monthly fire drills. There were gas safety and electrical appliance safety certificates in place and control of substance hazardous to health risk assessments. Although the service overall managed the building safety well, we found the 'disability access audit' in the Kirkgate Hub to be out of date.

All clinic rooms and therapy rooms had panic alarms buttons should staff require support. Each of the three hubs had designated 'first responders' which meant there were always people onsite who could respond to an emergency.

### Safe staffing

The provider had sufficient staffing levels to meet the needs of the service. There were a total of 93 substantive staff employed by Humankind, this was complimented with staff from other agencies who worked alongside Humankind staff as part of the partnership agreement. Vacancy levels were low, with only one vacancy in all three hubs and sickness levels over the last 12 months was 3%.

Staff had caseloads between 40 to 70 clients depending on the team. The caseloads were weighted based on risk as well as substance group. For example, staff working with sex workers had lower caseloads due to the complexity of their clients. Staff told us they felt the caseloads were manageable, but if they felt pressured they could address it with management. The service had a system in place to flag case loads to managers if they went above the recommended number.

The service had plans in place to manage future planning, long-term sickness, vacancies, and unforeseen circumstances. This was done through regular senior management reviews which included representatives from the partnership agreement. Managers were able to discuss any potential staffing shortfalls across the service and what resource was required. The service utilised agency staff as a last resort and employed agency staff as block bookings to ensure they were regular agency staff. Managers told us they aimed to limit their use of agency staff due to continuity in care and the long-term impact on client

# Substance misuse services

relationships. At the time of the inspection the provider was using one agency staff member. The area managers and registered manager were happy with staffing levels and felt there were appropriate mechanisms in place to monitor and identify shortfalls.

In the 12 months leading up to December 2018, Humankind had a staff turnover of 20%. Some of the staff leavers were moving onto alternative roles within the organisation, for example, a member of the 'single point of contact' team moving into one of the recovery teams.

The service had access to a doctor in each of the three hubs. Staff could access medical support in a timely manner.

Each hub held morning 'flash meetings' which were attended by all staff from all partners agencies. This meeting was short and effective, it set out the day's activities and appointed key roles to staff for that day. During this meeting the teams established the duty person, any safeguarding or risk information for clients, who the first responders were in the event the alarms going off, fire marshals for the day and cover for any absence.

Overall compliance with mandatory training was 85%. This was in line with the service target of 85%. Completion figures for individual modules included, Mental Capacity Act training 89%, safeguarding 94%, infection control 81% and venepuncture 100%. Safeguarding responder training had a compliance figure of 75%, not all staff were required to complete this training.

Staff completed their mandatory training during their induction and they were responsible for completing any refresher training. The service had recently introduced an electronic portal which provided staff with a dashboard showing them their compliance, what training was outstanding, and how to book onto a course. The dashboard enabled staff to add additional training they had completed outside the mandatory modules. All staff told us the dashboard was an effective system and supported them to ensure their training was up to date.

There were effective lone working protocols in place to support staff working within the community. Staff assessed client risk prior to community visits, which indicated whether they were required to go in pairs. All first contacts in the community were completed by two staff. In addition, the service had a buddy system in place whereby the duty worker was responsible for knowing where all staff were

and calling them in the event they did not return within the scheduled time. All staff felt safe with the process and felt confident in what they would do if they had concerns about their colleagues.

## Assessing and managing risk to patients and staff

Staff used a standard risk assessment tool which was embedded into the electronic record system. A member of the 'single point of contact' team completed an initial risk screening at the point of referral. A further in-depth risk assessment was completed at the face to face assessment. The risk assessment document was a live document that could be updated at any time.

The service had developed a 'blue light questionnaire' which was used by the 'single point of contact' staff. This questionnaire was designed to identify immediate physical health risks to clients if the member of staff had any concerns. Staff used the questionnaire to determine if emergency services were required and took appropriate action if their health required more urgent intervention. The service found clients occasionally called Forward Leeds for support when their health had deteriorated, and they were unable to receive the type of care the service could provide. This system was developed through the death in service reviews, as the service had identified that clients did not always recognise deterioration in their physical health. It was aimed at preventing future deaths between referral and treatment.

We reviewed 11 client records and found the risk assessments were comprehensive and had been reviewed regularly. Each risk assessment had a risk management plan which provided clear guidance to staff and clients around management of the identified risks.

Staff made appropriate changes to the risk assessments where client risk had increased or reduced. Staff were able to flag any immediate risks within the client record so all staff accessing that record were made aware. We found one example where staff were notified about a client potentially carrying a bladed article on their person from the police. They sought advice and put measures in place to ensure the safety of themselves and other clients. This including changing local working protocols and flagging the client risk on the electronic system.

## Safeguarding

# Substance misuse services

The service had robust safeguarding mechanisms in place to ensure staff were able to protect vulnerable adults and children they came into contact with. All staff we spoke to were clear on their responsibilities and felt confident to make safeguarding referrals. In the last 12 months there were 95 safeguarding referrals made. We reviewed a sample of safeguarding incidents and found staff made appropriate referrals in a timely manner. Staff could access support around safeguarding from the safeguarding champions, management and guidance documents. In addition, safeguarding training was part of the mandatory training for staff. Staff were regularly liaising with the local authority and discussing cases as well as seeking advice.

The service had demonstrated good practice in respect of managing safeguarding and risks surrounding domestic violence to vulnerable clients and their children. They had done this by using the domestic violence disclosure scheme (Clare's law), making third party referrals to the police where they had concerns, and supported clients to access their 'right to know'.

Management had good oversight of safeguarding incidents, there was a monthly safeguarding panel attended by the commissioner, local authority and relevant partners. They used this forum to discuss the safeguarding incidents for that month. Any learning was shared with staff through the 'safeguarding learning loop' which was fed into a quarterly newsletter outlining figures for the last month, themes, trends, and any learning.

## Staff access to essential information

The service operated a paperless system. Client records were stored on the electronic system which all staff had access to. Agency staff could also access the electronic system once they had completed their mandatory training.

Staff did not have any concerns about the electronic client record system. Staff were complementary of the new information system that held their training records and the information system where they had to report incidents. They felt it was easy to navigate, fit for purpose and effective.

The service had business continuity plans in place in the event the electronic systems went down. Each hub had a box which held all the essential blank paper documents required should staff need to operate without the system,

for example, prescriptions. Staff were also required to print out a paper copy of the following days appointments and activities each day as a precaution should their systems go down.

## Medicines management

Staff had access to effective and up-to date policies, as well as procedures and training relating to medication and medicines management. The service did not store controlled drugs on site. Naloxone was available, and some staff had received basic naloxone training. Take home naloxone kits were provided to clients at high risk of overdose and clients received information and training in how to use the kits. Naloxone is medication to block the effects of opioids, especially in an overdose.

There were some vaccinations stored on site. Vaccinations were kept in fridges, were all in date and documentation was in line with the provider's cold chain policy. A cold chain is an uninterrupted system of storing and transporting vaccinations within the recommended temperature.

Prescriptions were dispensed via local pharmacies and clients could chose the pharmacy that was most convenient for them.

Physical health monitoring took place in line with national guidance. Clients received an electrocardiogram if they were prescribed above 100ml of methadone, at the time of inspection this applied to 146 clients using the service.

Clients prescribed buprenorphine had the appropriate blood tests completed to monitor their liver function. Clients who were receiving treatment for their alcohol use received baseline physical health checks prior to commencing detoxification, this included blood pressure and height and weight. This was monitored throughout their treatment.

## Track record on safety

The service had recorded two serious incidents at Armley Court, three serious incidents at Irford House and three serious incidents in Kirkgate in the last 12 months.

There were no themes or trends identified in the serious incidents over the last 12 months. Serious incidents ranged from, theft of property, violence, aggression and issues around infection prevention. The service was responsive to managing serious incidents and learning from them. For

# Substance misuse services

example, one incident when a member of the public brought a needle into the service this was not managed safely. As a result, the service identified a training need for administration staff and provided the training around safe disposal of sharps to all three hubs should a similar incident occur.

## Reporting incidents and learning from when things go wrong

The service had robust and effective mechanisms for reporting incidents and learning from them. Staff reported incidents on an online 'Hub' system. Staff identified which relevant managers needed to access the incidents and it was sent to them individually to review. We sampled a range of incidents and found managers were proactively reviewing these incidents requesting further pieces of information, asking relevant questions and ensuring staff were supported. Staff told us they felt the process empowered and supported them to report incidents. The system did not allow staff to close incidents until learning had been documented.

The service had 'learning loops' which were thematic reviews from the previous quarter incidents, safeguarding deaths and complaints. Staff received quarterly newsletters outlining figures, themes and learning. The newsletters were very detailed and provided staff with an array of information. In the last published newsletter, staff were informed that the number of premises related incidents at the Kirkgate Hub had decreased due to a new lock system being put in place. Due to an increase in behavioural related incident across all three hubs the service had introduced a 'behavioural assessment response tool' to provide consistency in challenging behaviour across all the hubs. Some learning shared through the newsletter included staff ensuring they documented appropriate challenging behaviour on care records and for staff to be aware of data protection and information governance when sending out information.

Staff received feedback from learning through their team meetings as well as the newsletters. Learning was a standing agenda item on the meeting, staff and managers felt the service had developed significantly to improve how they learn from incidents.

The service had a duty of candour policy in place. Staff understood their responsibilities under the duty of candour and told us about being open, honest and transparent.

## Are substance misuse services effective? (for example, treatment is effective)

Good 

### Assessment of needs and planning of care

All clients received an initial screening when referred into services and a more comprehensive assessment once triaged to the appropriate team. Staff assessed a range of needs as well as substance misuse. This included: housing, mental health, physical health and other social factors which impacted on the client such as criminal justice and education. Once accepted into the treatment services, all clients had an allocated worker assigned to them.

We reviewed 11 care and treatment records and found they were detailed and had been reviewed regularly. Care plans were appropriately amended when there were changes in treatment plans and circumstances. Clients had achievable goals and objectives within the care plans which were recovery focused. Although the care plans had sufficient detail, staff did not always include the positive psycho-social interventions and groups clients were involved in.

All care records had risk management plans which staff formulated from the risk assessments. They provided clear guidance to staff, carers and clients on how to manage client risk within the community. The risk management plans could be used if the client had an early exit from the service.

### Best practice in treatment and care

Staff provided a range of care and treatment interventions suitable for the client group. These interventions were those recommended by, and were delivered in line with, guidance from the National Institute for Health and Care Excellence as well as 'Drug Misuse and Dependence UK Guidelines on Clinical Management', commonly known as the 'Orange Book'. These included advice and information on harm reduction, education and brief interventions based on psychosocial approaches. For those clients requiring structured approaches to care and treatment, interventions included support, detoxification, substitute prescribing and psychosocial interventions.

# Substance misuse services

We reviewed six prescribing records. All records clearly recorded a comprehensive assessment, urine testing and treatment rationales in line with national guidance. There was evidence of regular reviews by the clinical team.

The service used recovery road maps to guide staff and clients through a recovery journey. Recovery road maps were divided into nine stages, with each stage including pharmacological interventions, psychosocial interventions and recovery support as appropriate to each of the stages. These interventions were underpinned by national guidance, including the Strang (2011): Medications in recovery: re-orientating drug dependence treatment.

The service offered clients blood borne virus testing and immunisation at the point of initial assessment and routinely throughout care and treatment. The service had systems in place to ensure clients were offered blood borne virus testing, and treatment including HIV and hepatitis C, and were offered, vaccination courses for hepatitis B. Through clinical audit, the service identified accuracy issues with the recording of data and were undertaking a cleanse of the data. The clinical administration team and clinical services manager had oversight of this process through the use of a tracker and could easily identify clients that required immunisation or needed to be recalled. Alongside this, the service worked in partnership with specialist nurses to deliver regular hepatitis C clinics within the service.

Staff supported clients to live healthier lives through a range of interventions at the service and with partner organisations. For example, the service supported clients to attend sexual health clinic for clients to access screening and advice. Staff provided information on harm reduction, sleep, diet and respiratory health. This was supported through the availability of leaflets and posters on display in the reception areas.

Forward Leeds had a recovery provision named '5 ways' which provided ongoing support to abstinent clients discharged from the main service. '5 Ways' offered a range of structured activities within the community ranging from horticulture, cooking and acting classes. Although there were staff based at '5 Ways', clients were at the heart of the service and took a lead in all aspects of it. They had a strong peer support network. This service also offered up to six counselling sessions if clients required it. We visited '5

Ways' and found staff were very enthusiastic and passionate about their jobs. Clients were very complimentary about the provision and felt it was integral to their abstinence and recovery journey.

## Monitoring and Comparing Treatment Outcomes

Staff regularly reviewed recovery plans with the clients within the service. There were audits in place to ensure the service had appropriate oversight and were monitoring compliance of these reviews.

The service submitted outcomes to the National Drug Treatment Monitoring System which is a national database that collects trends from other public funded substance misuse treatment services. The service reviewed this on a quarterly to review their performance in comparison to the national picture.

The service reported on a range of clinical key performance indicators which impacted on treatment outcomes. The target for letters being sent to GPs within one month of treatment was 95% and actual score was 100%. The urine testing target was 100% and the actual score was 99%, however, the target for urine testing reviews was 80% and actual score was 93%. There were also outcome measures for physical health including, hepatitis C and hepatitis B vaccinations and high dose methadone reviews.

The commissioner for the service provided positive feedback in relation to the effectiveness and performance of the service. There was an acknowledgement of the complexities of these types of services and how well Forward Leeds was performing.

## Skilled staff to deliver care

The service employed staff from a range of professional disciplines including, doctors, non-medical prescribers, recovery workers, criminal justice workers and young people practitioners. In addition, the partnership agreement meant the service benefited from other specialist workers such as dual diagnosis nurses who had specialisms in mental health and substance misuse and housing workers.

All staff received an induction which comprised of a corporate introduction, mandatory training and shadowing the different teams within the organisation. Staff told us they felt the induction was sufficient and enabled them to

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ease into their role. We sampled five staff personnel files and found appropriate employment checks had been made, including references, right to work checks and disclosure and barring services checks.

All staff received regular supervision and annual appraisals. As of January 2019, 81% of staff had received their annual appraisal and 100% of staff had received monthly supervision. Staff told us they received regular supervision and they could speak to their managers informally outside of their monthly meeting. To support clinical aspects of development, a peer network was set up where staff filmed one to one sessions with clients and it was shared during sessions. Staff reflected upon how the session was facilitated, taking away good practice and areas of improvement. Staff told us they found this helpful as they learnt a lot about themselves and identified areas of good practice to build into their own work. Sessions could only be recorded if the client gave consent, and the filming focused on the practitioner not the client.

Poor performance was managed appropriately. Managers gave us examples where they had acted appropriately to address performance that had fallen below expectation. They told us support development plans were put in place for staff, and any training needs were provided where appropriate. There was a clear escalation process if the support plans did not work.

The service invested time and resource into ensuring staff received appropriate training and development within their roles. Staff could access diplomas in substance misuse, undertake specialist training such as motivational interviewing and put forward any training needs they felt they needed. For example, some clinical team and non-clinical members undertook dry blood spot testing for blood borne viruses. There were a total of 20 staff across the sites. Staff could access individual training if it was appropriate for their role.

The service developed a 'practice development group' which provided a platform for staff with specialist knowledge to train staff. For example, staff who had expertise in mental health offered sessions around supporting clients with mental health issues and staff who were working closely with sex workers offered a session on how best to engage that client group to keep them within services.

## Multi-disciplinary and inter-agency team work

The service demonstrated good multi-disciplinary and interagency working. Staff told us over the last 18 months the partnership working had improved significantly and was now embedded.

Staff had morning 'flash meetings' where they discussed the plan for the day, assigned key roles, shared risks, safeguarding issues, and provided cover for absences. All staff from across the partnership attended this daily 'flash meeting' meeting. Humankind staff had monthly team meetings where they discussed wider things including performance indicators, learning from lessons and business communications.

The service met regularly with local stakeholders including the local authority, GP services, local general and mental health hospitals, commissioners and other third-party organisations. Forward Leeds worked closely with front line emergency services such the police to engage hard to engage clients such as sex workers. The service had dedicated staff to work with clients on the criminal justice pathway service who were under drug rehabilitation orders. Managers told us the service was well integrated within the Leeds community and had built effective relationships.

There were clear pathways between teams within and outside of the service. If a client required mental health support staff could link in with the dual diagnoses nurses, who could provide direct access to mental health services. Forward Leeds supported young people as well as adults, this meant there was fluid transition between teams and no gaps in care when young people moved to adult services. For clients being discharged from services, they could access the recovery service '5 Ways' for ongoing support within the community.

## Good practice in applying the Mental Capacity Act

The service had an up to date policy in place to support staff as well as offering mandatory training around the Mental Capacity Act. Compliance with Mental Capacity Act training was 90%. The electronic care record system supported staff by providing prompts if they had concerns around a client's capacity. Staff ensured service users consented to care and treatment, that this was assessed, recorded and reviewed.

Staff had good knowledge on what they would do if they deemed a client not to have capacity. Staff demonstrated different understandings between clients not having

# Substance misuse services

capacity due to intoxication and clients not having capacity due to mental health issues or acquired brain injuries. Staff recognised fluctuations in capacity and made alternative arrangements for clients to attend the service to engage in interventions when they could make informed decisions. Staff felt confident to ask for support should they require it.

## Are substance misuse services caring?

Good 

### Kindness, privacy, dignity, respect, compassion and support

We observed two group sessions and spoke with eight clients. Clients told us that staff were always attentive and treated them with compassion, kindness, respect and dignity. Interactions between clients and staff were consistently positive, empathetic and a genuine warmth was observed between staff and clients when they visited the service. Clients told us that the staff were excellent at what they did and emphasised they trusted staff. In addition, they told us staff always exceeded their expectations in the quality of the care and treatment they delivered. Clients told us 'there is nobody else able to do the work that they do' and one client stated they 'would not be here without the help from the staff'.

Staff told us they could raise concerns about disrespectful, discriminatory or abusive behaviour and that these would be listened to by managers. Staff stated that management actively encouraged reporting of concerns, and promoted an open and honest culture within the workplace. Staff supported clients to understand and manage their care, treatment or condition. Staff achieved this through regular key working and clinical appointments. This was strengthened by clients attending recovery and abstinence based group work. Clients told us that during their initial assessment they were given information about treatment options and felt that they had a choice in determining their care and treatment. Staff promoted the importance of holistic recovery and could signpost clients to additional support groups and agencies where appropriate. Staff stated their relationships with external agencies were strong, and that multi agency working was embedded in the work they did. When clients were involved with additional agencies this was documented within their care plan clearly. When clients expressed interest in accessing

groups that staff did not have existing contacts for, staff actively contacted services to established pathways for clients. Staff could attend initial sessions with clients if requested to provide them with support. For example, a client had expressed interest in attending an outdoor gardening group but was anxious about attending alone. A staff member was able to attend with the client which eased their anxiety and helped them to work towards the recovery goal of exploring new interests to shift their focus away from their substance addiction. This was evident across all three sites, and particularly prominent within the '5 Ways' recovery hub. The service had a clear confidentiality policy, which staff were aware of and implemented to ensure information about clients was kept safe. Clients completed a confidentiality agreement as part of their initial assessment, and staff discussed with clients the remit of this. Information was shared with clients consent as per the agreement and in compliance with the Data Protection Act.

### Involvement in care

Staff effectively communicated with clients to ensure they understood their care and treatment. Staff could access interpretation services for client's whose first language was not English. A group session was facilitated in Farsi at the '5 Ways' hub. Staff were also able to support access to advocacy for their clients when appropriate.

We reviewed 11 care records. All care records had a corresponding risk assessment, in which all risks identified within the plan had an action plan. Client's recovery plans and records highlighted their protected characteristics. Recovery plans were client centred, holistic and identified what client's individual goals were. However, recovery plans had a stronger focus on clinical aspects of clients care and treatment and did not always reflect the full range of interaction's and psychosocial interventions clients were involved in.

Staff engaged with people using the service to develop responses that met their needs. Staff had acknowledged that exiting treatment should be a time for clients to celebrate their success and achievements. Staff reflected upon the fact there was no formal opportunities for celebration, and piloted a graduation event in 2018 attended by 60 clients to celebrate their success in achieving their recovery goals. Staff involved colleagues across Forward Leeds in fundraising events, marketing the



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event and running the day itself. The graduation event is now run on an annual basis. The event demonstrated staff's investment in their clients reaching their recovery goals.

Clients' feedback about the service was sought through a number of different mediums which included surveys, prompts in their 1-1 meetings with recovery workers, comment boxes, and through exit questionnaires. Clients were also involved in recruitment of new members of staff.

Staff actively engaged clients, and where appropriate clients' family members and/or carers when planning their care and treatment. Staff emphasised the importance of maintaining strong relationships with people who were important to clients, and how this would benefit their recovery. If clients expressed desires to involve family members or carers, staff encouraged their attendance at assessments, meetings and also welcomed their attendance at any recovery groups. However, it was not always possible to identify within care records the involvement of family member's/carers as there was no designated space for this.

The service provided support to families and carers by signposting them to local peer led carer groups that offered drop in session within the services. Families and carers were made aware of other organisations within the local area that provide specialist support and carer's assessments.

## Are substance misuse services responsive to people's needs?

(for example, to feedback?)

Good 

### Access, Wait Times and Discharge

People requiring any type of support for substance misuse could access the service. This included people who were abstinent but needed extra support in fear of relapse. Although the service had a broad referral criteria, they managed the referrals into the service well. The service accepted referrals from difference sources, including clients, families, third sector organisations, primary and secondary care services.

The service had integrated pathways for clients requiring different levels of intervention. Clients could access support for opiate addiction, non-opiate addiction and alcohol addiction.

All referrals were triaged through the single point of contact where an initial assessment was undertaken. The service had a target to have a formal assessment within 21 days of the initial referral. The service provided us with their figures over the last 12 months:

- The target to assess clients within 21 days with an opiate addiction was 91%. The service assessed 93% of clients within 21 days.
- The target to assess clients within 21 days with an alcohol and non-opiate addiction was 86%. The service assessed 88% of clients within 21 days.
- The target to assess clients within 21 days with an alcohol addiction was 86%. The service assessed 89% of clients within 21 days.
- The target to assess clients within 21 days with a non-opiate addiction was 91%. The service assessed 89% clients within 21 days.

The service looked to improve targets where possible using the 'National Drug Treatment Monitoring Service' data as comparison to the national picture. Where the service did not meet the target, focused work was done to improve that area.

Staff at the single point of contact team signposted people onto more appropriate services if Forward Leeds could not meet their needs. The service had a number of referral pathways and systems in place for clients whose needs could not be met by the service, this included signposting clients to support services for domestic abuse, housing, employment and faith based support.

There were no wait times for clients to access services after their formal assessment within 21 days. Pharmacological interventions could start as soon as 24 hours from the assessment.

### Discharge and Transfer of Care

The service was discharging clients when their treatment came to an end. Forward Leeds provided a recovery service '5 Ways' for clients who had been discharged from services but required ongoing therapeutic support within the community. The service worked with young people as well

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as adults. There was a structured transfer of care when young people moved to the adult services. There was a transition period and the transfer of care was done within a multi-disciplinary platform.

Discharge plans were documented within care records. They outlined goals and outcomes clients had to achieve for a successful discharge. The service routinely monitored discharge from services to ensure they had appropriate resources in place to manage caseloads safely. Data showed the service was in line or above the national average for the different treatment pathways:

- Opiate discharges: as of September 2018, Forward Leeds had an average successful treatment completion rate of 6.05%, the national average was 6.25%. However, two of the three hubs at Forward Leeds achieved above the national average, Ilford House at 8.5% and Armley Park Court at 7%. The service acknowledged more work needed to be done at their Kirkgate Hub, but since September 2018, there was evidence of progress being made.
- Alcohol discharges: as of September 2018, Forward Leeds had an average successful treatment completion rate of 43.34% and the national average was 39.42%. The service was ranked third in the country for outcomes in successful alcohol treatments.
- Non- Opiate discharges: as of September 2018, Forward Leeds had an average successful treatment completion rate 34.05% and the national average was 39.04%. The service said they were doing targeted work to address this area. They identified this pathway which required the most work to improve.
- Alcohol and non-opiate discharges: as of September 2018, Forward Leeds had an average successful completion rate of 35.61% and the national average was 35.64%. Forward Leeds were forth in the English core cities league table in relation to this treatment pathway.
- The young people services : as of December 2018, the young people service was in line with the national average of planned discharges of 76%.

Due to the large size of the service, it meant discharge figures were not always representative in comparison to many smaller services across the country. As a result, the service would have been significantly above national

average across all treatment pathways if the size of the service was taken into consideration. The commissioner told us there had been consistent increases in the number of successful completions throughout the contract period.

The service ensured they offered additional support for clients who were hard to reach or difficult to engage. For example, they held regular clinics for sex workers which ensured a safe time for them to attend the service. Each hub had one member of staff who with a specialised role to support the sex workers. Urgent referrals could be seen immediately at each of the three hubs. Staff worked closely with local pharmacies to safely manage clients who failed to attend appointments. Attempts were made to contact clients if more than one appointment was missed, if this continued the service stopped the prescription due to the increased risk to the client. The service had a non-punitive approach to clients that missed their appointment. They did not turn clients away. Staff supported clients to address wider factors which impacted on their recovery and access those services. For example, mental health, midwifery, housing and education.

In the 12 months before November 2018 the service had 1398 clients successfully completing treatment and 3471 clients leaving the service.

## **The facilities promote recovery, comfort, dignity and confidentiality**

All three hubs had welcoming reception areas where clients could make themselves a free hot drink. The therapy rooms were comfortable, with soft furnishings to make the environment look less clinical. All clinic rooms had frosted glass to ensure the privacy and dignity of the clients.

The recovery service '5 Ways' had a warm, relaxed, and welcoming environment. Clients had access to a kitchen, group rooms, lounge spaces and a roof top garden.

The outside of the buildings had discrete signage which didn't give any indication to what the service was to the wider public. This promoted the privacy of clients who access the service.

## **Patients' engagement with the wider community**

Clients had access to information on educational opportunities, leisure, health and well-being and support within the community. Staff provided clients with this information during their one to one sessions, in addition, it was available in the reception of the hubs.

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Staff encouraged clients to maintain positive relationships within their network, including family, friends and carers. This formed part of the recovery pathway in investing in their social capital. Staff supported clients to attend mutual aid groups including, alcohol anonymous, narcotics anonymous.

Clients at the '5 Ways' recovery hub were given the opportunity to do a drama production of Macbeth at the local theatre. Staff told us this process enabled clients to become confident to access and engage services within the community when they previously may not have. Voluntary groups and community services utilised the recovery hub to offer services to clients. They had cooking groups, music groups and horticultural groups.

The service identified a significant risk in used needles unsafely disposed of within the local community. As a result, they created a mobile van disposal unit, whereby any reported unsafe needles within the community were safely disposed of by a member of staff. This responsive measure meant the local community were safe from needle stick injuries and the potential risk of contracting diseases as a result.

## Meeting the needs of all people who use the service

The service were identifying needs within the local community and addressing them, this was done through regular meetings, consultations and through feedback. For example, they were facilitating alcohol anonymous meetings in a different language to encourage clients whose first language was not English to engage with the programme. The service had a range of resources to support staff where there were language barriers, this included literature in different languages and interpreting services.

All the young people's services were situated away from the adult services, and located in more appropriate environments. The three adult hubs were situated across different regions in Leeds to ensure the public could access services. The service worked with other agencies to access hard to reach clients, for example, there were two dedicated key workers who with the support of the police worked closely with sex workers.

There was appropriate disability access for clients who required additional support. In the Kirkgate hub, where the service did not have lift access for the clinic rooms, they located a clinic room and therapy room on the ground floor to ensure the service was accessible for all.

Staff monitored client risk daily in the morning 'flash meetings'. This provided staff the opportunity to share any concerns, safeguarding or risk information about clients that were being seen that day. They could also ensure client appointments were not missed or cancelled due to staff sickness or absence by allocating appointments to other staff. We observed a 'flash meeting' and found it to be succinct and comprehensive.

The service did not have wait times to see clients. After clients had been triaged and had a formal assessment they could access services immediately. In the 21-day period between triage to assessment, clients could still access support to meet any immediate needs.

The service agreed commissioning for treating clients receiving palliative care within the community. This meant doctors undertook home visits, offered prescriptions and pharmacists attended homes to dispense the medication. Due to the funding, this level of treatment was not commonly available.

## Listening to and learning from concerns and complaints

Forward Leeds had a robust process to manage concerns and complaints. There was a complaints policy in place which was clear and outlined staffs' obligations in managing complaints.

Staff told us they were confident in dealing with concerns raised by clients at the earliest opportunity and escalated these to a manager if this was not successful.

In the 12 months before January 2019, the service received a total of 81 complaints and 28 of these were partially upheld. In the same period the service received 145 compliments. The most common types of partially upheld complaints were in relation to 'prescribing decisions', those accounted for 13 complaints. The second highest were in relation to in accessing the service and premises related issues, those accounted for 10 complaints.

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Information was available to clients on how to complain and suggestion boxes available to provide feedback or raise concerns about the service. All the clients we spoke with during the

inspection stated they would be comfortable in raising a concern or complaint with staff should the need arise.

The area managers were responsible for reviewing and responding to complaints. All complaints were reviewed within the governance process and any learning was shared through the team meetings and learning loops. In the last quarters learning loop, data showed that Lrford house received the most complaints at 58%. Themes around the types of complaints were around wait times during busy periods. Learning from the learning loop focused heavily on better engagement with clients, and supporting them around appointments, improving communication and referring staff to the organisations engagement policy.

The service received nearly twice as many compliments to the complaints. Clients told the service,

“Great, awesome, brilliant service. Reception staff are very very helpful.”

“I’ve stopped using cannabis and tobacco, I’ve learnt more about drugs and the support received was very good”.

## Are substance misuse services well-led?

Outstanding 

### Leadership

The service was well led. Forward Leeds had strong leadership, they were established, knowledgeable, and suitably qualified for their roles. Leaders had autonomy to make decisions and were supported by the directors and chief executive. The service supported leaders develop through management qualifications to upskill them to undertake their role successfully. For example, the registered manager was supported to develop from area manager to operational director through to his current post as a registered manager.

All three hubs were overseen by area managers, they had responsibility for operational aspects of the service

alongside the clinical manager who was responsible for clinical services across all three hubs. Team leaders reported to area managers had management responsibility of front-line staff.

Leaders were visible on a local and organisational level. The executive team visited the service regularly as part of the ‘executive roadshows’. This provided them the platform to connect with staff. Staff told us both local leadership and senior leadership was present and they felt supported at every level within the organisation. Early data from the staff survey showed staff indicated they were happy with management within the organisation.

### Vision and strategy

The provider had a clear vision which was, “our vision is for people all ages to be safe, building ambitions for the future and reaching their full potential”. This was underpinned by the three main values :

Honest. We are open and realistic, building trusted relationships in which we challenge, collaborate and change.

Committed. We are passionate about being the best we can be, and we do this by keeping people at the heart of everything we do.

Inventive. We are ambitious, drawing together skills and resources to innovate and adapt in determined pursuit of our mission.

The provider had recently changed their name to Humankind Charity. Staff and leaders told us they had been consulted on this process and had had the opportunity to attend executive roadshows and focus groups to contribute ideas to co-produce the mission, vision and values of the new organisation. Staff were able to demonstrate the values through speaking to them and observing them interact with clients.

### Culture

There was open and candid culture across the service. Staff felt positive and motivated in their roles. They felt valued within the organisation, and that their work was having a positive impact.

Staff told us about how challenging this area of work could be, but work-related stress was offset by supportive managers and a strong team ethos. Humankind Charity

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scheduled three 'values days' in summer where staff could attend and partake in activities such as mindfulness, art and walking. This was done to bring staff together, remind them of their values and give something back to them.

The service did not have staff awards. Managers told us this was a considered choice as they did not want the other staff to feel undervalued or left out. However, managers tried to show their recognition in other ways, by ensuring staff felt appreciated for the good work they did and having the 'values days' to thank them of the good work they do.

The service had low sickness levels at only 3%. Staff could access occupational health to support them through any work-related issues. This included items such as counselling. Staff told us they could raise any concerns without fear of victimisation, were familiar with the concept of whistleblowing and how to access the providers policy to support whistleblowing.

## Governance

The provider had a robust governance system which ensured leaders could assess, monitor and improve the safety and quality of the service. The governance framework was effective and ensured there was a clear escalation process for key information to be discussed and shared.

The 'Forward Leeds Partnership Board' had executive oversight for the organisation. This comprised of directors from all the partners. The 'integrated governance board' and 'operational management group' fed into the partnership board. They were responsible for risk, policy, regulation and assurance as well operational and the day-to-day running of the service respectively. Six sub groups fed into the operational management group which provided oversight to running of the organisation including, death in service, safeguarding, workforce development and clinical practice. Each subgroup had representatives from all the partners in their meetings.

The service regularly reviewed its policies and procedures in line with best practice and guidance. They were ratified within the integrated governance board.

The service monitored and reported on a range of key performance indicators and managers attended regular meetings with colleagues from across the service and partnership organisation to understand current themes and issues. The service also had processes in place to

monitor clinical performance and a programme of audits; these were consistent and effective in implementing change. For example, risk assessments were identified as an area of improvement in the last full service audit. Managers undertook risk assessment audits which were reviewed in monthly managers meetings. Staff were supported within supervision to address any areas of improvement. Staff received their own weekly tracker which identified areas of work which were outstanding or required further attention, for example risk assessments and care plans requiring an update.

There was whistleblowing policy in place. Staff were aware of the whistleblowing policy and what they should do in the event they needed to raise concerns.

## Management of risk, issues and performance

The service had an up to date risk register in place with an associated action plan. The risk register was reviewed regularly at the operational management meetings and information governance board meetings, however, the information governance board maintained overall responsibility of the risk register. The risk register was split into five areas including, operational, environmental, finance, governance and clinical. The partnership board maintained overall responsibility for the risk register.

Staff could raise concerns to put onto the risk register. They felt confident to raise concerns without fear of retribution.

The registered manager told us they ensured quality of service was not compromised when budgets were reduced. For example, they improved their recruitment process to reduce agency use. In addition, the service was open and transparent with its staff to ensure they were aware of cuts and pressures.

The service had business continuity plans in place in case of emergencies.

## Information Management

The service had effective systems to collect data. There was a quality and performance manager responsible for the collating data and populating reports. In addition, there were systems in place to auto populate information around the day to day running of the service. This meant data collection was not over burdensome for frontline staff and managers had access to information to support them in

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their role relating to performance of the service. Staff received weekly and monthly dashboards to outline their performance. It used a red, amber and green traffic light system to indicate if something needed to be actioned.

Staff had access to the equipment and information technology needed to do their work. The information technology infrastructure, including the telephone system, worked well and helped to improve the quality of care. Staff were able to access essential information in a timely manner and told us the client electronic system worked well. All staff had access to the client electronic system.

Staff discussed confidentiality with clients during their first appointments and consent was sought prior to treatment. Staff recorded this on the client's electronic record.

The service met its obligation in sending mandatory notifications to the appropriate authorities.

## Engagement

Staff, clients and carers had up to date information about the work of the provider and the service they used. For example, through the intranet, information boards, newsletters and leaflets. Clients were provided with information during their one to one and group sessions at the service.

Clients and carers had opportunities to give feedback on the service they received. The service routinely conducted client surveys, as well as gathering feedback through informally during groups and one to one sessions. This information was collated and used to improve the service. For example, clients accessing the '5 Ways' recovery hub supported staff in deciding what decorations, fixtures and fittings they wanted in the centre. They were also central in naming the provision '5 Ways' recovery hub. Clients supported managers with decision making, for example during recruitment of new staff.

The service had developed good working relationships and arrangements with other services where appropriate to do so. This included, the police, voluntary sector organisations, primary and secondary care.

## Learning, continuous improvement and innovation

The provider encouraged creativity and innovation. Up to date evidence-based practice was implemented and embedded. The service was involved in pioneering work, research as well using technology to improve health outcomes.

The service was at the forefront of providing a treatment pathway for clients using synthetic cannabinoids. Due to the high use of this drug in the communities and detrimental effect the service wanted to try to establish a staged detoxification. Staff successfully piloted treatment for two clients using this substance. Staff used a pharmacological and therapeutic approach to support clients manage the difficult withdrawal including physical pain, sickness and low mood. After the initial withdrawals were managed, further work was done to support clients fully complete their detoxification. As a result of the success of the trial, the service had been invited to present their findings at an international conference on Novel Psychoactive Substances in the Netherlands. There are currently no recommended or established treatment pathways for the use of synthetic cannabinoids.

The service agreed commissioning for treating clients receiving palliative care within the community. This meant doctors undertook home visits, offered prescriptions and pharmacists attended homes to dispense the medication. Due to the funding, this level of treatment was not commonly available.

Leeds has a managed red-light district where key services are aware of the sex workers and aim to work towards keeping them safe. Forward Leeds had three dedicated staff across the hubs to work closely with sex workers. Clinics were provided for a time which suited these clients to ensure the staff could work safely with them and offer them harm reduction advice and information. In addition, staff did outreach work with the police to support the clients within the community. The service was seeing these hard to reach clients were staying in services longer since the work began.

In the Armley Hub, the service was piloting mobile liver scanners to check for early signs of liver disease. Due to the poor uptake of clients attending the local acute hospital for check-ups, staff could offer the scan during regular appointment slots within the service. This preventative measure ensured early detection of liver disease. If successful, the service would roll it out to the other hubs.

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The service identified a significant risk in used needles unsafely disposed of within the local community. As a result, they created a mobile van disposal unit, whereby any reported unsafe needles within the community were safely disposed of by a member of staff. This responsive measure meant the local community were safe from needle stick injuries and contracting diseases as a result.

The service achieved a 95% success rate in offering clients for Hepatitis C across all three sites. Clients were offered the service at the local hospital but there was a low response rate, as a result Forward Leeds offered monthly clinics for testing and vaccinations at their service. As a result of the success, the service was awarded the Leeds 'Time to Shine' award.

Forward Leeds invested in supporting staff to develop. They did this in many ways including creating a 'professional development group' whereby staff with skill sets in particular areas (e.g. mental health) would offer training sessions to other staff within the organisation. Staff suggested the training they required and a training schedule was set up on a 12 month plan. Staff were encouraged to undertake training and formal qualifications including diplomas and management courses. The service used innovative ways of reflective practice so staff could share and learn from each other, for example, filming one to one sessions with clients and watching back the session with a peer group to highlight areas of good practice and learning.

# Outstanding practice and areas for improvement

## Outstanding practice

The service was heavily involved in innovative practices and addressing unmet needs within the local community.

The service was pioneering a detoxification treatment pathway for clients using synthetic cannabis. Their work had been internationally recognised and were asked to present their findings at a conference in the Netherlands.

The service took part in a variety of preventative work to promote physical health and wellbeing. The service offered a number of clinics at the hubs including mobile liver scans to detect early signs of liver disease. They had key workers dedicated to working with hard to reach clients such as sex workers, this included private clinic slots and outreach work with the police.

Although Hepatitis C testing is common practice amongst substance misuse services, Forward Leeds was recognised for its success in providing blood borne virus testing for its clients. Community nurses attended the hubs once a month to offer testing, as clients did not always attend the local acute hospital to have it done. In addition, clinical and non-clinical staff were being trained in dry spot blood testing so they could undertake blood borne virus testing.

The service were working towards protecting its local community by funding a member of staff to safely dispose of needles around the community. The general public could ring the service and Forward Leeds would send the member of staff to safely dispose of the needles.

The service was investing in staff by establishing peer networks so staff could learn from each other, share good practice and reflect specific cases that they had recorded. This included the professional development groups and peer supervision groups. In addition, the service offered staff formal qualifications to upskill them in order to do their jobs effectively.

The service had robust governance processes to monitor performance and drive improvement. This included effective safeguarding and incident reporting systems. The service embraced a learning culture, whereby incidents were regularly reviewed and learning was shared through the learning loops.

## Areas for improvement

### Action the provider **SHOULD** take to improve

- The provider should ensure they document all aspects of clients' care within the care plan.
- The provider should ensure they review building audits in a timely manner.