

Change, Grow, Live

# New Directions Bradford

## Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

### Ratings

#### Overall rating for this location

Outstanding 

Are services safe?

Good 

Are services effective?

Outstanding 

Are services caring?

Outstanding 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

## Overall summary

Our rating of this location improved. We rated it as outstanding because:

- The service operated a holistic approach to delivering care and treatment. Staff worked with local tissue viability nurses to establish a referral process and develop new consent to share forms. Staff will be able to photograph wounds and send them to the nurses for advice instead of waiting for them to visit the service.
- Staff were proactively supported and encouraged to acquire new skills, use their transferable skills, and share best practice. Staff had utilised their training and knowledge to administer Naloxone to clients and members of the public who had been found unresponsive. One of the staff involved received a police bravery award for their actions in saving a person's life.
- Managers proactively recruited, trained and supported volunteers to work with clients in the service. A client who had come through the integrated offender management system successfully completed the service's volunteer programme. Clients had fed back to the service how helpful it had been to speak with someone who had lived similar experiences as them.
- Staff had excellent working relationships with external partners and agencies. Staff worked collaboratively and had found effective ways to deliver joined-up care and treatment. included a 'one stop shop' with partner agencies at a church, which provided a safe and inclusive space for clients and the homeless community to speak with multiple agencies.
- The service had acted quickly in response to trends identified during the COVID-19 pandemic. This included distributing kits and providing training on administering Naloxone in hostels across Bradford, and significantly increasing the number of mobile phones given to clients.
- Former clients had become staff members and were actively involved in making decisions about the service. People who used the service were active partners in their care and staff empowered them to have a voice.
- Feedback from clients, family members and carers was overwhelmingly positive. There was a strong, visible, person-centred culture at the service. Staff knew the clients well and all observed interactions were kind and respectful.
- The service provided safe care. The premises were clean and staff followed infection control guidelines. The service had enough staff. Staff received regular supervisions, an annual appraisal and a comprehensive induction to the service. They received specialist training for their role, which was effectively utilised.
- Systems were in place to prioritise clients according to risk. Clients had detailed risk management plans and risk assessments in place, which were regularly reviewed and up to date. Staff knew how to recognise adults and children at risk of or suffering harm.
- Managers and senior staff had a very good understanding of the service they managed. They were visible in the service and approachable for clients and staff.
- Staff felt supported in their role and proud to work for the service. There were opportunities for progression within the service and wider organisation. Staff felt comfortable raising concerns and were confident their concerns would be taken seriously.
- Effective systems and processes were in place to monitor the quality of the service. Managers and senior staff reviewed performance data to identify any themes and trends.

However:

- Not all consultation rooms were adequately sound proofed.

# Summary of findings

## Our judgements about each of the main services

| Service                   | Rating  | Summary of each main service  |
|---------------------------|---|---|
| Substance misuse services | Outstanding  | Our rating of this service improved. We rated it as outstanding. See the summary above for details. |



# Summary of findings

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# Summary of this inspection

## Background to New Directions Bradford

New Directions Bradford has been registered with the Care Quality Commission since 2018 to carry out the regulated activity; Treatment of disorder, disease or injury. The service had a registered manager in place.

New Directions Bradford is part of Change, Grow, Live (CGL), and provides specialist information, advice, treatment and support for substance and alcohol misuse in Bradford and Keighley, West Yorkshire.

The service was last inspected in November 2018. It was rated requires improvement overall and in the key questions Safe and Effective. We identified breaches of regulations 9, 12 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and issued requirement notices. During this inspection we found these requirement notices had been met.

## How we carried out this inspection

Our inspection team comprised of a Care Quality Commission (CQC) inspector and assistant inspector, a nurse working as a specialist advisor to CQC and an expert by experience with lived experience of substance misuse.

Before the inspection visit, we reviewed information that we held about the location. During the inspection visit, the inspection team:

- visited the provider's premises in Bradford and Keighley, looked at the quality of the environment and observed how staff were caring for clients;
- spoke with eight clients who were using the service;
- spoke with four carers or family members of clients who were using the service;
- spoke with the registered manager and deputy manager;
- spoke with 19 other staff members including doctors, team leaders, nurses, recovery co-ordinators and support staff;
- spoke with a commissioner and sub-contractors;
- looked at 10 care and treatment records of clients;
- observed one multi-disciplinary team meeting and one flash meeting;
- looked at a range of policies, procedures and other documents relating to the running of the service.

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

## Outstanding practice

We found the following outstanding practice:

- The service operated a holistic approach to delivering care and treatment. Staff worked with local tissue viability nurses to establish a referral process and develop new consent to share forms. Staff will be able to photograph wounds and send them to the nurses for advice instead of waiting for them to visit the service. The tissue viability nurses were receiving training in basic drug and alcohol awareness, allowing more collaborative understanding.

# Summary of this inspection

- The service employed a dedicated Hepatitis C lead worker. They trained staff and ran a campaign to test as many clients as possible for Hepatitis C and referred into treatment those who needed it. The campaign had been a success and had referred clients who may not have been identified as needing treatment.
- Staff were proactively supported and encouraged to acquire new skills, use their transferable skills, and share best practice. Staff had successfully trained and provided Naloxone to several supported housing sites and pharmacy staff. Staff had utilised their training and knowledge to administer Naloxone to clients and members of the public who had been found unresponsive. One of the staff involved received a police bravery award for their actions in saving a person's life.
- Managers proactively recruited, trained and supported volunteers to work with clients in the service. A client who had come through the integrated offender management system expressed an interest in becoming a volunteer and successfully completed the service's volunteer programme. Clients had fed back to the service how helpful it had been to speak with someone who had lived similar experiences as them.
- Staff had excellent working relationships with external partners and agencies. Staff worked collaboratively and had found effective ways to deliver joined-up care and treatment. This included a 'one stop shop' with partner agencies at a church, which provided a safe and inclusive space for clients and the homeless community to speak with multiple agencies.
- The service had acted quickly in response to trends identified during the COVID-19 pandemic. They distributed kits and provided training on administering Naloxone in hostels across Bradford. The service's harm minimisation team established and distributed a bespoke training package and materials on understanding, recognising and responding to opiate overdose. The service significantly increased the number of mobile phones given to clients. In the first six months of the pandemic, the service provided 681 mobile phones and 25 mobile top ups to support clients to maintain contact with the service, other professionals and their support networks.
- Former clients had become staff members and were actively involved in making decisions about the service. People who used the service were active partners in their care and staff empowered them to have a voice.

## Areas for improvement







### Action the service SHOULD take to improve:

The service should ensure that all consultation rooms are adequately sound proofed.






# Our findings

## Overview of ratings

Our ratings for this location are:

|                           | Safe | Effective   | Caring  | Responsive | Well-led | Overall   |
|---------------------------|------|---|---|------------|----------|---|
| Substance misuse services | Good | Outstanding  | Outstanding  | Good       | Good     | Outstanding  |
| Overall                   | Good | Outstanding  | Outstanding  | Good       | Good     | Outstanding  |

# Substance misuse services

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

## Are Substance misuse services safe?

Good 

Our rating of safe improved. We rated it as good.

### Safe and clean environment

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

Staff completed and regularly updated thorough risk assessments of all areas and removed or reduced any risks they identified. Regular health and safety checks were carried out. These included a monthly inspection of the premises, a ligature point checklist, a six-monthly review of fire risks and a weekly testing of fire alarms.

All interview rooms had alarms and staff available to respond. Alarms were tested weekly.

All clinic rooms had the necessary equipment for clients to have thorough physical examinations.

All areas were clean, well maintained, well-furnished and fit for purpose.

Staff made sure cleaning records were up-to-date and the premises were clean. Cleaning records were maintained daily.

Staff followed infection control guidelines, including handwashing. The provider's infection control policy described how staff protected themselves and others from the spread of infection. Staff were aware of the policy and the current guidance on the wearing of personal protective equipment (PPE). Visitors were prompted to wear appropriate PPE and sanitise hands before entering the premises. Signage and guidance were on display around the premises.

Staff made sure equipment was well maintained, clean and in working order. The service had advocated for automated external defibrillators (AED) to be installed at their sites for use in emergency situations. This had been agreed with the provider and the AEDs were due to be installed.





# Substance misuse services

## Safe staffing

**The service had enough staff, who knew the clients and received basic training to keep them safe from avoidable harm. The number of clients on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each client the time they needed.**

## Nursing and support staff

The service had enough nursing and support staff to keep clients safe. All had staff had been safely recruited and had a Disclosure and Barring Service (DBS) check carried out.

The service had low vacancy rates. The vacancy rate for the service was 4.9%. There was one nurse vacancy.

The service was not using agency nurses but was using two agency recovery coordinators. Managers requested agency staff familiar with the service.

Managers made sure all agency staff had a full induction and understood the service before starting their shift.

Managers supported staff who needed time off for ill health. Sickness levels were low. The service sickness rate was 2.5% for short term and 1.8% for long term sickness absence.

Managers used a recognised tool to calculate safe staffing levels. Managers regularly reviewed demand and caseloads. Staff who worked with more complex clients had a lower caseload.

## Medical staff

The service had enough medical staff. The service employed a lead consultant and several speciality doctors. Non-medical prescribers were employed and overseen by one of the speciality doctors.

Managers could use locums when they needed additional support or to cover staff sickness or absence.

Managers made sure all locum staff had a full induction and understood the service.

The service could get support from a psychiatrist quickly when they needed to. A client told us the service had helped them access a psychiatrist and had provided contact details for other support they may find useful.

## Mandatory training

Staff had completed and kept up to date with their mandatory training. Most mandatory training had a 100% completion rate. This included; Safeguarding Adults and Children, the Mental Capacity Act, Health and Safety, Equality, Diversity and Inclusion, and Data Protection and Information Sharing.

The mandatory training programme was comprehensive and met the needs of clients and staff. Staff were trained in Basic Life Support (BLS) and First Aid Awareness. Face to face training for BLS had paused during the COVID-19 pandemic. However, this had now resumed and compliance was 90% for those staff that were eligible.

Managers monitored mandatory training and alerted staff when they needed to update their training.



# Substance misuse services

## Assessing and managing risk to clients and staff

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

## Assessment of client risk

Staff completed risk assessments for each client on admission, using a recognised tool, and reviewed this regularly, including after any incident. 10 care records were reviewed during the inspection. The service had made improvements since the last inspection and clients now had detailed risk management plans and risk assessments in place. These included a full assessment of the client's substance misuse history. Systems were in place to prioritise clients according to risk. Records were regularly reviewed and up to date.

A staff member attended a meeting with another service in which risks for a client who was due to attend New Directions Bradford for a personal assessment were raised. These risks hadn't been raised during the initial referral. As a result, the service was able to take preventative action to reduce the risk while the client was in the premises.

## Management of client risk

Staff responded promptly to any sudden deterioration in a client's health. There was access to nurses and doctors on site. Any concerns or clients identified as being at risk were discussed in daily flash meetings and at the multi-disciplinary team meetings that ran throughout the week.

Staff followed clear personal safety protocols, including for lone working. The provider had a lone working policy in place.

## Safeguarding

**Staff understood how to protect clients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.**

Staff received training on how to recognise and report abuse. Compliance with training for safeguarding adults and children was 100%.

Staff could give examples of how to protect clients from harassment and discrimination, including those with protected characteristics under the Equality Act. Examples included clients at risk of harm from others and financial abuse.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The service had made 40 safeguarding referrals in the previous 12 months. The service employed a safeguarding lead. Their role included reviewing all safeguarding referrals, discussing any specific concerns or issues with staff and attending any relevant meetings.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. This was evidenced in the number of safeguarding referrals made for adults and children. Staff told us they were aware of signs that would indicate abuse or harm to self or others and provided specific examples.

Specific safeguarding concerns were discussed at multi-disciplinary team (MDT) meetings, for example, vulnerable children.



# Substance misuse services

The service had established a 'Safe Haven' partnership with a local GP practice and used bespoke facilities on their site for clinics, using multi-agency staff.

Managers took part in serious case reviews and made changes based on the outcomes. The safeguarding lead worked closely with partners and attended multi-agency risk assessment conferences (MARAC). This had enabled them to develop good working relationships with partners such as the police, local authority and probation service.

## Staff access to essential information

**Staff kept detailed records of clients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.**

Client notes were comprehensive and all staff could access them easily. The service used an electronic record system. Feedback from staff was positive about the system in place.

When clients transferred to a new team, there were no delays in staff accessing their records.

Records were stored securely and were password protected.

## Medicines management

**The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each client's mental and physical health.**

Staff followed systems and processes to prescribe and administer medicines safely. Prescribing was overseen by a doctor, who was employed by the service. They supported the management of safe titration and ongoing stabilisation, and supported clients to transfer to other opiate substitutes.

Naloxone was stored on site and full information was provided to clients about its use, administration and expiry date.

Staff reviewed each client's medicines regularly and provided advice to clients and carers about their medicines. Clients were provided with full information about their prescription. Side effects were explained, including the effects medicines may have on driving or work.

Staff completed medicines records accurately and kept them up to date.

Staff stored and managed all medicines and prescribing documents safely. The lead nurse carried out clinical audits and fed back any concerns to senior management.

Staff followed national practice to check clients had the correct medicines when they were admitted or they moved between services.

Staff learned from safety alerts and incidents to improve practice.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines.

Staff reviewed the effects of each client's medicines on their physical health according to NICE guidance. National guidance was followed to ensure prescribing was safe and following best practice.



## Substance misuse services

### Track record on safety

**The service had a good track record on safety.**

### Reporting incidents and learning from when things go wrong

**The service managed client safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave clients honest information and suitable support.**

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with the service's policy. Staff described the types of incidents that were reportable and the process followed. Incidents were allocated to a team leader, investigated and shared with staff. Out of hours support was available.

Staff understood the duty of candour. They were open and transparent and gave clients and families a full explanation if and when things went wrong. There had been one incident requiring a duty of candour response in the previous 12 months.

Managers debriefed and supported staff after any serious incident.

Managers investigated incidents thoroughly. Clients and their families were involved in these investigations when it had involved a client.

Staff received feedback from investigation of incidents, both internal and external to the service. Outcomes and lessons learned were fed back via MDTs, flash meetings, team debriefs, and supervisions.

There was evidence that changes had been made as a result of feedback. For example, a training need was identified about correctly recording the distribution of Naloxone. It was being recorded but not always in the correct place, so it didn't reflect correctly in reports.

Managers shared learning with their staff about never events that happened elsewhere. There had not been any never events at the service.

### Are Substance misuse services effective?



Our rating of effective improved. We rated it as outstanding.

### Assessment of needs and planning of care

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

Staff completed a comprehensive mental health assessment of each client.



## Substance misuse services

Staff made sure that clients had a full physical health assessment and knew about any physical health problems. Staff could book a physical health assessment with a nurse for their client if they had any concerns. Discussions about physical health were recorded in the initial assessment and staff liaised with GPs and social workers.

Staff developed a comprehensive care plan for each client that met their mental and physical health needs. Clients were given information treatment options and pathways at the initial assessment. The pathway was built on what the individual person wanted. If they changed their mind, they could be moved over to another route.

Staff regularly reviewed and updated care plans when clients' needs changed. Medical staff, nurses and recovery coordinators worked together to ensure clients' needs were regularly reviewed and care plans were updated.

Care plans were personalised, holistic and recovery orientated.

### Best practice in treatment and care

**Staff provided a range of care and treatment interventions suitable for the client group and consistent with national guidance on best practice. They ensured that clients had good access to physical healthcare and supported clients to live healthier lives.**

Staff provided a range of care and treatments, which were in line with best practice and national guidance. The service provided specialist information, advice, treatment and support for substance and alcohol misuse. There was a needle exchange on site in Bradford and clients were offered blood borne virus (BBV) testing.

Between April 2021 and March 2022 inclusive, 33% of people leaving treatment at the service did so successfully, which equated to 529 people. Others were discharged for a variety of reasons, for example, they felt treatment wasn't for them at that time, some had passed away and others transferred elsewhere.

Staff made sure clients had support for their physical health needs, either from their GP or community services.

The service operated a holistic approach to delivering care and treatment. Staff worked with local tissue viability nurses to establish a referral process and develop new consent to share forms. Staff will be able to photograph wounds and send them to the nurses for advice instead of waiting for them to visit the service. The tissue viability nurses were receiving training in basic drug and alcohol awareness, allowing more collaborative understanding. The provider was working with a wound care specialist to establish a specialist wound care model and staff training, focusing on prevention, treatment and healing of wounds.

The service employed a dedicated Hepatitis C lead worker. They trained staff and ran a campaign to test as many clients as possible for Hepatitis C and referred into treatment those who needed it. The campaign had been a success and had referred clients who may not have been identified as needing treatment.

The service was in discussion with gyms to offer BBV testing for gym users. They also provided education and information sessions at local gyms about the dangers of image and performance enhancing drugs (IPEDs) and poly street drug use to improve awareness.



## Substance misuse services

Staff were consistent in supporting people to live healthier lives, including identifying those who needed extra support. Clients were signposted to other services and groups as necessary, for example, mental health services and charities. These services provided advice and ran groups on mindfulness, health and wellbeing, nutrition, and arts and crafts. Nurses at the service provided information to clients on diet and nutrition and increasing water intake. There was also a good link with the Hepatology department at the local hospital.

Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.

Staff used technology to support clients. Video calling software was used for group sessions and appointments. The provider's electronic system had a built-in booking system and all clients who had consented to receive text messages could be sent them. An option to rate the service was also provided via text message. The service had enhanced their social media presence to improve connection and communication with clients, staff and the local community.

Staff took part in clinical audits, benchmarking and quality improvement initiatives.

Managers used results from audits to make improvements.

### Skilled staff to deliver care

**The teams included or had access to the full range of specialists required to meet the needs of clients under their care. Managers made sure that staff had the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.**

The service had a full range of specialists to meet the needs of each client. The team included doctors, nurses, non-medical prescribers, safeguarding lead, recovery co-ordinators, harm reduction worker, group workers, recovery champion and administrative support.

Managers made sure staff had the right skills, qualifications and experience to meet the needs of the clients in their care, including agency staff. Value based interviews took place.

Managers gave each new member of staff a full induction to the service before they started work.

Managers supported all staff through regular, constructive supervision and appraisals of their work. All staff received a regular supervision or one to one meeting with their line manager. 85% of staff had received an appraisal during the previous 12 months. The remaining 15% were all planned postponements and included staff who were supporting service implementations elsewhere. Those that were due had been scheduled and were expected to be completed by the end of May 2022.

Managers made sure staff attended regular team meetings and gave information to those who could not attend. Flash meetings took place every morning. Regular MDT meetings took place. These included specific meetings for opiates, domestic violence, pregnancy, safe haven, alcohol, complex needs and loss of life. These were attended by various senior staff, including the lead psychiatry consultant, specialist doctor, the service manager and deputy service manager, safeguarding lead and quality lead. Departmental and all staff meetings took place every month. Commissioners visited the service and had taken part in team meetings.



## Substance misuse services

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff told us personal and professional development was encouraged. There were opportunities for staff to lead on and take part in various groups, workstreams and forums. Some staff were part of the national working group for the provider's people plan. There was a good staff mentoring process. Staff were encouraged and supported to go on secondments and apply for internal promotion. All of the management team were previously frontline workers.

Managers made sure staff received any specialist training for their role. Specialist training included tackling homelessness, modern slavery awareness, child criminal exploitation, overdose awareness, Naloxone saves lives and Wernicke-Korsakoff syndrome.

Staff were proactively supported and encouraged to acquire new skills, use their transferable skills, and share best practice. The service's outreach team were advocates for Naloxone in the community. All staff were trained in the safe use and administration of Naloxone and training was offered to partner agencies. Staff had successfully trained and provided Naloxone to several supported housing sites and pharmacy staff.

The importance of early Naloxone administration had been evidenced in several incidents where staff had utilised their training and knowledge to administer Naloxone to clients and members of the public who had been found unresponsive. One of the staff involved received a police bravery award for their actions in saving a person's life. There were also two incidents where clients, who had been provided with Naloxone kits and training by staff, used them successfully on people who were unresponsive.

Managers recognised poor performance, could identify the reasons and dealt with these.

Managers proactively recruited, trained and supported volunteers to work with clients in the service. We spoke with a former volunteer who was now a member of the staff team. They had been involved in making changes at the service.

A client who had come through the integrated offender management system made significant progress with the service and completed their programme. They expressed an interest in becoming a volunteer and successfully completed the service's volunteer programme. One of their roles was to speak with people who had just been released from prison and support them into treatment. Clients had fed back to the service how helpful it had been to speak with someone who had lived similar experiences as them.

### Multidisciplinary and interagency teamwork

**Staff from different disciplines worked together as a team to benefit clients. They supported each other to make sure clients had no gaps in their care. The team(s) had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.**

Staff held regular multidisciplinary meetings to discuss clients and improve their care.

Staff made sure they shared clear information about clients and any changes in their care, including during transfer of care. A daily flash meeting took place. This included discussions on staffing, updates and concerns on individual clients, health and safety and infection control.

Staff had excellent working relationships with external teams and organisations. Staff were committed to working collaboratively and had found effective ways to deliver joined-up care and treatment.



## Substance misuse services

The service worked effectively with a number of partners to operate outreach and inreach services for hard to reach, high risk and vulnerable people. These included a 'one stop shop' with partner agencies at a church, which provided a safe and inclusive space for clients and the homeless community to speak with multiple agencies. Partnership working also took place with a local supported living provider, probation and prison release services, integrated offender management, sexual health services, the homeless outreach partnership, the Together Women Project, local supplement shops and gyms, and the local community mental health team.

The service was part of the Bradford Business Improvement District (BID) Taskforce, comprising of partners from across the city centre, including West Yorkshire Police and the council. One of the leadership team was the deputy chair of the taskforce, which was also supporting Bradford in its BID to become a city of culture.

The service was discussing a pilot proposal with West Yorkshire Police for officers to carry Naloxone as part of their first aid response. This was alongside training booked for Bradford 'street angels' who patrol the city centre during evenings.

The service worked closely with the MIND charity and the My Wellbeing College, who offered one to one and group therapy sessions, and ran a service called Healthy Minds that clients had access to.

The service's Public Health England (now known as the UK Health Security Agency) funded outreach team was very successful at reaching criminal justice and other hard to reach clients. They worked with other providers across the district to explore opportunities for new and enhanced partnership working. The team was set up to help reduce re-offending, offer treatment to those who struggle to access it and reduce drug related deaths.

### Good practice in applying the Mental Capacity Act

**Staff supported clients to make decisions on their care for themselves. They understood the service's policy on the Mental Capacity Act 2015 and knew what to do if a client's capacity to make decisions about their care might be impaired.**

Staff received and kept up to date with training in the Mental Capacity Act and had a good understanding of at least the five principles.

The provider was carrying out a review of mental capacity governance. This included reviewing legal and regulatory compliance, current policies and procedures, roles and competency of the workforce and opportunities for improvement. Mental capacity featured prominently in other policies such as safeguarding adults, safeguarding children and consent.

Staff knew where to get accurate advice on Mental Capacity Act.

Staff gave clients all possible support to make specific decisions for themselves before deciding a client did not have the capacity to do so.

Staff assessed and recorded capacity to consent clearly each time a client needed to make an important decision.

When staff assessed clients as not having capacity, they made decisions in the best interest of clients and considered the client's wishes, feelings, culture and history.

The service monitored how well it followed the Mental Capacity Act and made changes to practice when necessary.





# Substance misuse services

Staff audited how they applied the Mental Capacity Act and identified and acted when they needed to make changes to improve.

## Are Substance misuse services caring?

Outstanding



Our rating of caring improved. We rated it as outstanding.

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

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

Staff were extremely discreet, respectful, and responsive when caring for clients. Feedback from clients, family members and carers was continually positive about the way staff treated clients.

We spoke with eight clients and four carers or family members. Everyone we spoke with was complimentary about the care and support they received and thought staff went the extra mile. Comments included, “Staff are respectful and polite” and “They [staff] go out of their way.”

There was a strong, visible, person-centred culture at the service. Staff knew the clients well and all interactions we observed were kind and respectful. Staff and clients valued the relationships they had with each other. One staff member told us, “Communication is vital to build relationships.” A client told us, “Staff are helpful, always there, easy to talk to and they can keep you company”

Staff gave clients help, support and advice when they needed it and found innovative ways to help clients manage their own health and care. The service had acted quickly in response to trends identified during the pandemic. They ensured Naloxone was accessible in accommodation where opiate users lived. They distributed kits and provided training on administering Naloxone in hostels across Bradford. The service’s harm minimisation team established and distributed a bespoke training package and materials on understanding, recognising and responding to opiate overdose, with particular attention to Methadone overdose.

During the pandemic, the service significantly increased the number of mobile phones given to clients. In the first six months of the pandemic, the service provided 681 mobile phones and 25 mobile top ups to support clients to maintain contact with the service, other professionals and their support networks. Additional positive feedback was received regarding the ongoing outreach offered for some of the more high-risk clients.

Staff supported clients to understand and manage their own care, treatment or condition.

Staff directed clients to other services and supported them to access those services if they needed help. A client told us, “There is no pressure and I do whatever works for me.” Another told us the service was “good at signposting”.

Staff understood and respected the individual needs of each client. A client told us, “They [staff] do not insist on treatment, they are helpful and guide you.”



# Substance misuse services

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards clients and staff.

Staff followed policy to keep client information confidential.

## Involvement in care

**Staff involved clients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that clients had easy access to additional support.**

## Involvement of clients

Staff involved clients and gave them access to their care plans. Clients were active partners in their care. They told us they felt involved in all aspects of their care and support. They were offered a copy of their care plan if they wanted one.

People who used the service were active partners in their care and staff empowered them to have a voice. Following consultation with client groups, a 'Service user voice' forum was introduced and was held monthly. Questions and feedback could be raised and responded to in an open forum available to all. Discussions included volunteering opportunities, group work delivery, client voice in entry into service, training opportunities and the COVID-19 response and risk assessment.

Some former clients had become staff members and had been involved in making decisions about the service.

Clients could give feedback on the service and their treatment and staff supported them to do this. Feedback was obtained from clients in a number of ways. An annual 'Rate your service' survey was carried out. In the most recent survey (October 2021), 83% of clients rated the service as "excellent" or "good".

Service user paper feedback forms were used throughout the year to gauge opinion on the quality of the service. Paper forms were used so people with barriers to accessing digital or online forms could provide their views. The most recent results from the feedback forms (April 2022), showed 96% of clients rated the service as "excellent" or "good".

The provider ran a national "PULSE" survey during the COVID-19 pandemic. Local identified themes included a preference for a blended digital and face to face model. Clients also expressed satisfaction at feeling more autonomy and in control of their own treatment.

Treatment outcome profile (TOPs) questions were used to measure client satisfaction throughout treatment. This involved discussing several aspects of the client's life and the client rating each area out of 20. The results were reviewed to identify whether the client's satisfaction had increased or decreased in each area throughout their treatment journey, and whether any changes were required.

Staff made sure clients could access advocacy services if required.

## Involvement of families and carers

Staff informed and involved families and carers appropriately. Some clients did not want family involvement however those that did were predominantly clients receiving treatment for alcohol misuse. One family member told us staff kept them involved and updated about their relative's care and provided contact details to get help if needed.

Staff helped families to give feedback on the service.



# Substance misuse services

## Are Substance misuse services responsive?

Good



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

### Access and waiting times

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

The service had clear criteria to describe which clients they would offer services to. The service was easy to access and available to anyone with a need for support with substance or alcohol misuse. They offered a single point of contact referral pathway for third-party and self-referrals and various treatment pathways depending on the person's need.

The service met the service's target times for seeing clients from referral to assessment and assessment to treatment. There were no waiting lists. The only waiting time was from referral until the next welcome session, which were run several times per week. The team leaders monitored who had attended the welcome sessions. Once a client attended a session, they were entered on the electronic system to be booked an initial assessment.

Staff saw urgent referrals quickly and non-urgent referrals within the service's target time.

Staff tried to engage with people who found it difficult, or were reluctant, to seek support from mental health services.

Staff tried to contact people who did not attend appointments and offer support. Staff discussed with clients how they wanted to be approached if they disengaged from the service. Staff attempted to contact all clients who missed appointments or disengaged from the service.

Clients had some flexibility and choice in the appointment times available. Appointments ran on time and staff informed clients when they did not.

Staff supported clients when they were referred, transferred between services, or needed physical health care.

### The facilities promote comfort, dignity and privacy

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

The service had a full range of rooms and equipment to support treatment and care.

Not all consultation rooms in the service had sound proofing to protect privacy and confidentiality. Following the inspection visit, the registered manager informed us action would be taken to address this.

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

**The service met the needs of all clients, including those with a protected characteristic or with communication support needs.**



## Substance misuse services

The service could support and make adjustments for people with disabilities, communication needs or other specific needs. The service did not have a lift but rooms were available on the ground floor for disabled people to access. There was also ramp access to the needle exchange in Bradford.

Staff made sure clients could access information on treatment, local service, their rights and how to complain. Information was provided to clients in a number of ways about their options and other services available to them.

The service provided information in a variety of accessible formats so the clients could understand more easily.

The service had information leaflets available in languages spoken by the clients and local community.

Managers made sure staff and clients could get hold of interpreters or signers when needed.

### Listening to and learning from concerns and complaints

**The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.**

Clients, relatives and carers knew how to complain or raise concerns. Information on how to make a complaint was provided at welcome sessions. Complaints information was available in all the buildings. The service actively welcomed complaints and forms were posted out if required.

Clients, relatives and carers told us they did not have any complaints about the service.

Staff understood the policy on complaints and knew how to handle them. All complaints were acknowledged within five days and responded to within 28 days.

Staff knew how to acknowledge complaints and clients received feedback from managers after the investigation into their complaint.

Managers investigated complaints and identified themes. The service had received 20 complaints during the previous year. A team leader took ownership of each complaint. They carried out an investigation, spoke with staff and clients involved, and identified any themes.

Staff protected clients who raised concerns or complaints from discrimination and harassment.

Clients received feedback from managers after the investigation into their complaint.

Managers shared feedback from complaints with staff and learning was used to improve the service. Feedback and lessons learned from complaints were shared with staff during meetings and supervisions.

The service used compliments to learn, celebrate success and improve the quality of care.



# Substance misuse services

## Are Substance misuse services well-led?

Good



Our rating of well-led stayed the same. We rated it as good.

### Leadership

**Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for clients and staff.**

The managers and senior staff had a very good understanding of the service they managed. They operated a joined-up approach and could describe who was responsible for each aspect of the service.

Managers and senior staff were visible in the service and approachable for clients and staff. Staff told us, “We are all one work family”, “The managers have a good rapport. It makes doing the job a lot easier” and “This is the best team I have ever been in.”

The leadership team met weekly and regular MDT and flash meetings ensured important information was shared in a timely manner.

The service worked closely with two sub-contractors in Bradford and Keighley. The sub-contractors provided positive feedback on the working relationship. They told us there were multiple links with the service, they felt “embedded” in the larger service and it worked “as seamlessly as possible”.

### Vision and strategy

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

Some staff could describe better than others what the provider’s values were, but they all had some understanding of how the values were embedded in the service and were used to guide decision making.

Staff felt involved in making decisions about how the service was run. Managers within the service welcomed feedback.

Staff told us they had worked well together as a team during the COVID-19 pandemic and had received a lot of support from managers and senior staff.

### Culture

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

Staff felt supported in their role. They told us, “The level of support I get in this role is second to none”, “You can go to anyone in the building” and “The support you get from everybody is amazing. It has always been such a welcoming, really positive environment.”



# Substance misuse services

Staff were proud to work for the service. One staff member told us, “I love my job. You can't do this job if you don't.”

The service proactively employed former clients.

There were opportunities for progression within the service and wider organisation. There were many examples of staff achieving promotion or progression to different roles.

Staff felt comfortable raising concerns and were confident their concerns would be taken seriously. The provider had a whistle blowing policy in place that was accessible to all staff.

## Governance

**Our findings from the other key questions demonstrated that governance processes operated effectively and that performance and risk were managed well.**

The provider and management team had effective systems and processes in place to monitor the quality of the service. Audits were regularly carried out to identify any areas for improvement.

The service had an improvement plan, with individual projects allocated to managers and senior leaders and supported by staff.

A quarterly quality report was produced for the service's commissioner. This included compliance with key performance indicators, trends, recruitment, updates on projects and pathways, compliments and complaints.

A sample of policies and procedures were reviewed during the inspection. All were either up to date or in the process of being reviewed.

Statutory notifications were submitted to CQC in a timely manner.

## Management of risk, issues and performance

**Teams had access to the information they needed to provide safe and effective care and used that information to good effect.**

Staff managed risks well and kept information up to date. Risks were managed via regular meetings and reviews.

The risk register was regularly reviewed, with input from staff.

The service had adapted well and responded proactively to changes needed due to the COVID-19 pandemic.

The service had plans for emergencies and business continuity.

## Information management

**Staff collected and analysed data about outcomes and performance.**

Managers and senior staff reviewed performance data to identify any themes and trends.



## Substance misuse services

Additional questions had been added to the TOPs satisfaction survey and trialled in a number of pilot sites. The questions have now been rolled out nationally and adopted by The Office of Health Improvement and Disparities (OHID) as quantitative measures of client satisfaction.

Local survey results were analysed to identify any themes or trends.

The service was planning to launch 'Care Opinion', an online service that would be used by clients, carers and family members to provide feedback. Any feedback could be responded to in a timely manner by the service.