

The Applegarth

Quality Report

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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

Outstanding 

Are services safe?	Good 
Are services effective?	Good 
Are services caring?	Outstanding 
Are services responsive?	Outstanding 
Are services well-led?	Good 

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.

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

Summary of findings

Overall summary

We rated this service as outstanding because:

- The service provided safe care. The premises where clients were seen were safe and clean. The number of clients on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each client the time they needed. Staff managed risk to clients and themselves well, responding to deterioration in client presentation and advising clients of harm minimisation. Staff provided training to clients and carers in Naloxone administration. They followed good practice with respect to safeguarding, incident reporting and duty of candour.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the clients and in line with national guidance about best practice. The service participated in benchmarking and quality improvement initiatives and had consistently higher proportions of clients in effective treatment than the national average reported through the National Drug Treatment Monitoring System and were involved in a Public Health England enquiry as a result.
- The teams included or had access to the full range of specialists required to meet the needs of clients under their care. Staff had appraisals, supervision and opportunities to further develop their skills. All staff, including agency, had a comprehensive induction programme. Staff worked well together as a multidisciplinary team with their partner organisations and relevant external organisations.
- Clients were truly respected and valued as individuals. Staff always treated clients with compassion, dignity and kindness. They were determined and creative in ensuring clients' social and emotional needs were met; distributing homelessness kits, accompanying clients to appointments, facilitating improvements to clients' homes and the registration of an emotion support animal. They actively involved clients and carers in treatment decisions and care planning and went the extra mile when providing care and support.
- Services were tailored to meet the needs of individuals and delivered in a way to ensure flexibility, choice and continuity of care. They spearheaded significant improvements to the addiction support provided to British military personnel following their introduction of the Mil-SMART programme. They responded proactively and innovatively to the needs of the community, establishing outreach centres in rural locations, extended hours and access to the Breaking Free Online app. The service was easy to access and had established alternative pathways for people whose needs it could not meet.
- The service was well led, managers promoted the delivery of high-quality person-centred care and continuous learning and development. Leaders had transparently and sensitively managed a period of significant service change. Staff felt respected and valued.

However:

- Governance processes were not always operated effectively at hub level, although we did not find that these affected the quality of client care or treatment. There were errors in following of service protocols, audit actions were not always completed, and documentation had errors. Risk assessments and recovery plans were not always accurate and up to date.
- Lead practitioners had not received management training. There was inconsistency in service provision across hubs and psychosocial intervention training had not been given to all eligible staff members. Not all staff demonstrated a good understanding of the Mental Capacity Act 2015.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services	Outstanding 	

Summary of findings

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Summary of this inspection

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Outstanding



The Applegarth

Services we looked at

Substance misuse services

Summary of this inspection

Background to The Applegarth

The Applegarth is the registered name for the Humankind arm of North Yorkshire Horizons. They provide community substance misuse support for adults in North Yorkshire. The service provides structured group therapy and psychosocial interventions, support to reduce the harm of drugs and/or alcohol and achieve a balanced approach to life. Humankind also supported clients going through the criminal justice system.

The local council had commissioned an integrated substance misuse service, combining services between four organisations. Humankind held the contract for care coordination within North Yorkshire Horizons and provided psychosocial interventions. The clinical elements of the service (such as health and wellbeing checks, blood testing and vaccinations and substitute medication) had been subcontracted to a Community Interest Company. A health and social care charity provided recovery support and mentoring and had subcontracted elements of recovery to another non-profit organisation. North Yorkshire Horizons was the overall name for the partnership between these organisations.

This inspection only observed the Humankind element of the service, and the rating applied was specific to the care they provide within North Yorkshire Horizons.

The Applegarth was registered for treatment of disease, disorder or injury. There was a registered manager for this service.

North Yorkshire Horizons operated from five main hubs across North Yorkshire, covering 3,600 square miles, these were: Northallerton, Harrogate, Skipton, Selby and Scarborough. The service also ran outreach clinics in rural areas including Malton, Whitby, Tadcaster, Sherburn, Great Ayton, Catterick, Hambleton, Knaresborough and Ripon.

This was the first inspection of this service as a change in registration had taken place.

Our inspection team

The team that inspected the service comprised of two CQC inspectors, an assistant inspector and a substance misuse specialist advisor.

Why we carried out this inspection

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

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, including stakeholders and commissioners for feedback.

Summary of this inspection

During the inspection visit, the inspection team:

- visited the Scarborough, Harrogate and Northallerton hubs, looked at the quality of the service environment and observed how staff were caring for clients;
- spoke with four staff members in a managerial position;
- spoke with 15 other staff members; including recovery coordinators, criminal justice workers, assessment and engagement workers, business administrators, family coordinator;
- received feedback about the service from one care co-ordinator;
- spoke with three staff members from partner organisations;
- attended and observed two multi-disciplinary handover meetings, one group, one home visit and two appointments in the community;
- spoke with 14 clients who were using the service and four carers;
- collected feedback from 26 clients and two staff using comment cards;
- looked at 10 care and treatment records of clients;
- carried out a specific check of the clinic rooms and needle exchange at the three hubs visited; and
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with 14 people who were using the service during inspection and received 26 comment cards from clients. All gave consistently positive feedback about their experience of the service. Those who had previous experience of substance misuse services told us that the service provided by North Yorkshire Horizons was significantly better. Staff were described as caring, non-judgemental and kind and clients were always treated with dignity, compassion and respect.

Clients told us that they were supported to make informed decisions about their care and were involved in recovery planning. Clients felt staff went above and beyond expectations. We were told the service was flexible and, during times of crisis, staff could be contacted by phone.

The services were accessible, clean and tidy. Clients that were unable to access the hubs were met at home or in the community and spoke positively of this. No clients stated that appointments or groups had been cancelled or delayed.

Clients felt able to raise concerns without fear of reproach and had been able to influence service changes and developments, such as the introduction of text reminders for appointments. Most clients said they would not change anything about the service given the opportunity, one client said they would like it to be available seven days a week.

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:

- All premises where clients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- The service had enough staff, who knew the clients and received appropriate training, to keep them safe from avoidable harm. The number of clients on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each client the time they needed.
- Staff used a multidisciplinary approach to assess and manage risks to clients and themselves well. They had a good knowledge of client risk and 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. The service provided clients and carers with training in the administration of Naloxone when applicable.
- 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.
- The service had a good track record on safety. 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.

However:

- Risk assessments were not consistently reflective of the service's management of client risk, updated according to the provider's guidance or following significant changes in client risk.
- There was a lapse in the lone-working protocol at the Northallerton hub during inspection and small errors in the clinic room checks in Scarborough.

Good



Are services effective?

We rated effective as **good** because:

Good



Summary of this inspection

- Staff completed comprehensive assessments with clients on access to the service. They worked with clients to develop individual care plans. Most care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.
- 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, including facilitating couch to 5k groups and walking groups.
- Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives. The service had consistently higher proportions of clients in effective treatment than the national average reported through the National Drug Treatment Monitoring System and were involved in a Public Health England enquiry as a result.
- 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. Managers provided a comprehensive induction programme for all staff, including agency staff. They supported staff with appraisals and opportunities to update and further develop their skills.
- There were excellent working relationships between the partner organisations of North Yorkshire Horizons. Staff from different disciplines worked together as a cohesive team to benefit clients and supported each other to ensure clients had no gaps in their care.

However:

- Four of the 10 recovery plans reviewed had a period of over three months without update and two had no evidence of consent to treatment.
- Staff had been trained in the Mental Capacity Act 2015 but not all staff were able to describe how this would be used in practice.
- Only 50% of staff who were eligible for training in psychosocial interventions had completed it, though some did have comparable experience. There was a large disparity between the group interventions provided to clients across each hub.

Are services caring?

We rated caring as **outstanding** because:

Outstanding



Summary of this inspection

- Clients were truly respected and valued as individuals and empowered as partners in their care, practically and emotionally, by an exceptional and distinctive service.
- There was a strong person-centred culture and staff provided care with compassion, dignity and kindness.
- Clients felt cared for and valued their relationships with the staff team. Feedback from clients and carers was universally positive, and said staff treated people “as a whole person”, with “empathy” and “no judgement”.
- Staff recognised, appreciated and sought to address clients’ social and emotional needs, as well as their physical ones. For example, they assisted a client in de-cluttering their home, established a clothes exchange in Scarborough, and had a fund that clients could request to use for personal projects to improve their quality of life.
- They understood the individual needs of clients and supported clients to understand and manage their care and treatment and maintain independence.
- Staff went the extra mile when providing care and support. They showed determination and creativity to overcome obstacles to clients accessing care; such as supporting a client’s pet in becoming an emotional support animal.
- They ensured that clients had easy access to additional support, taking clients to external appointments and advocating for them where necessary.
- Clients were supported to be active partners in their care, staff involved clients and carers in care planning and risk assessment and actively sought their feedback on the quality of care provided.

Are services responsive?

We rated responsive as **outstanding** because:

- The importance of flexibility, informed choice and continuity of care was reflected in the service.
- The service was easy to access. They had alternative care pathways and referral systems for people whose needs they could not meet and showed determination to ensure clients received the right support.
- The service was flexible and responsive to the needs of its local communities and had established multiple outreach clinics in rural locations, such as Malton, and conducted home visits to make it easier for clients to access support.

Outstanding



Summary of this inspection

- There was a proactive and persevering approach to understanding the needs and preferences of difficult to access groups; influencing national change with the pioneering work conducted with the military community.
- The service worked to improve knowledge of substance misuse within external organisations, conducting overdose awareness training with the police and naloxone training with homelessness services.
- The service met the needs of all clients, including those with protected characteristics, communication support needs or those receiving palliative care. They had displays promoting inclusion and showing support for the LGBT+ community and attended Pride events to advertise the service provision.
- Clients who could not attend appointments in working hours had late night access for one evening a week across all of the different hubs.
- Technology was used to improve clients' access to support out of hours and increase appointment attendance, including a text messaging service and the introduction of the Breaking Free Online app.
- The design, layout, and furnishings of treatment rooms supported clients' treatment, privacy and dignity. The service responded to client feedback about ways to improve this, introducing a card to allow clients to access the needle exchange without having to ask reception staff.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and the wider service.

Are services well-led?

We rated well led as **good** because:

- Leaders had the skills and experience to perform their role and a good understanding of the services they managed. They were visible in the service and approachable for clients and staff.
- Leaders had transparently and sensitively managed a period of mobilisation which was creating significant change in staffing and service structure.
- Staff felt respected, supported and valued and there were processes in place to promote staff wellbeing. Staff felt able to raise concerns without fear of retribution.
- The organisation had processes to manage current and future service developments and staff collected and analysed data about outcomes and performance.

Good



Summary of this inspection

- There was a strong focus on continuous learning and development; using staff, client and incident feedback to influence service development and implement change.

However:

- Our findings from the other key questions demonstrated that governance processes were not always operated effectively at hub level, although this was not directly impacting on the quality of client care and treatment. We observed errors in following of service protocols, recommendations from audits were not always actioned, and documentation had errors.
- Information within care records did not always reflect staff knowledge, to evidence how they were providing safe and effective care.
- Staff reported that management staff had not yet received management training and there was not always opportunity for progression. Staff records did not always evidence that staff were receiving regular supervision.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

The service had a Mental Capacity Act policy that staff could refer to and 87% of staff had completed the mandatory Mental Capacity Act training. Staff could discuss things that could impair a client's capacity or cause a client to have fluctuating capacity, such as intoxication. However, there was some concern over staff understanding of the Act. Staff occasionally used the wrong terminology and misunderstood what constituted the Mental Health Act rather than the Mental Capacity Act. Some staff stated that the Mental Capacity Act would only be considered for clients with mental health concerns. Some staff commented that they felt they would benefit

from a refresher course. Staff were able to say that if they had concerns over a client's capacity, they would seek advice from their partner organisation who provided the clinical element of the contract.

Consent to treatment was recorded during the assessment. A form was completed within client's care records with who they wished to be involved with their care decisions and that person's consent where applicable. However, of the 10 care records reviewed, two did not have the consent to treatment forms within their file. There were also posters in communal areas informing clients that they could use a chaperone for appointments if they wished.

Overview of ratings

Our ratings for this location are:

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



Substance misuse services

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

Are substance misuse services safe?

Good



Safe and clean environment

The inspection team visited three of the service's five community hubs. Humankind were responsible for the maintenance, cleaning and security of the premises. The environments visited were comfortable and well maintained. All clients said that they were happy with the hub environment and found it to be clean. Clients said that they were made to feel "safe" and "welcome". Cleaning certificates were complete and up to date. Staff were observed to adhere to infection control principles, including hand washing and disposal of clinical waste. However, the infection control policy in the hubs should have been reviewed annually but had not been reviewed since June 2018.

The clinic rooms in each hub were clean, tidy and contained the necessary equipment to carry out physical health observations. Equipment cleanliness and fridge temperatures were monitored by a partner organisation, these were completed in line with guidance. The emergency equipment was checked daily. There was an error in the expiry date listed on the emergency equipment checks at the Scarborough hub. The defibrillator battery expiration was listed as 2017, staff knew the correct date was 2027 and this was listed on earlier checks, it was checked and amended at the time of inspection. One clinical waste bin at the Scarborough hub did not have a date of opening on it, which was not in line with guidance.

The hubs had suitable rooms to see clients in. The basement of the Scarborough hub had been renovated the

previous year to increase the number and quality of therapeutic spaces. At the time of inspection Humankind were looking to rent two alternative buildings to use as hubs, this was to ensure they were able to meet the needs of the growing client base. The group worker in the Northallerton hub had recently redecorated one of the group rooms, it had been turned into a therapeutic space with soft furnishings and sensory equipment.

Not all of the hubs had appropriate disabled access for clients with mobility concerns. Northallerton hub had disabled access, but Harrogate and Scarborough hubs did not. Staff were able to provide a ramp, but clients would still have to climb one or two steps. The service mitigated this by facilitating appointments and meetings within the community or clients' homes. One disabled client attended a hub for needle exchange, they messaged the service before arriving to state what equipment they required, and staff would then meet the client at the bottom of the steps to exchange. The client chose this option over step-free needle exchanges within the community.

The service had clearly identified fire wardens and first aid responders in each hub. However, fire warden and first aid responder information was out of date in the Harrogate hub, this had been identified within internal audits but had not been rectified. It was raised at the time of inspection and corrected.

Safe staffing

Between May 2018 and May 2019, 19 of the 41 staff members left the service. The service ran an active recruitment campaign to replace the staff that had left and had hired 13 new starters between January 2019 and August 2019. The service had employed bank and agency staff to fill the gaps in the interim. Between May 2019 and



Substance misuse services

August 2019, the service had hired six agency staff as recovery co-ordinators or open access and engagement workers. At the time of inspection two had secured full time contracts and four were still continuing their role in an agency provision, providing continuity for the clients. The service had also hired three administrative agency staff, one of whom had secured a permanent contract.

Humankind had between five and 11 permanent members of staff allocated to each hub at the time of inspection, not including administrative staff or area managers. Staff were split into different roles, lead practitioners who held the management position within the hubs, recovery coordinators, open access and engagement workers, group workers and criminal justice workers, the service also worked with a shared care nurse in Scarborough. Staff booked annual leave in advance and coordinated cover for their caseload with their colleagues. For unexpected absences, appointments would be absorbed into the team as much as possible. The service also had a duty worker on shift who would have flexibility to respond to absences.

At the time of inspection, the service was going through a review of their staffing structures. They were looking to change the team sizes across the hubs to make it more equitable and introduce some new roles to adapt the way in which they work, such as introducing two new carer and family worker positions.

The service was able to evidence that they had ensured robust recruitment processes were followed. All staff had had a DBS check completed and risk assessments were present where applicable.

North Yorkshire Horizons had well embedded safety protocols. Staff carried personal “panic” alarms. The electronic record system had a panic button, where it would alert other users that the staff member required support. Staff behind reception also had alarms they could activate. At the morning meetings each day, two members of staff were allocated the role of first responder and would attend to assist if an alarm had been activated.

The service also had a lone-working protocol that all staff were familiar with. There was a sign-out board in the staff office where staff could state where they were going when lone working. Staff would contact the office to say when they were leaving an appointment. If they had not contacted the unit at the expected time, an allocated member of staff would contact them. Staff felt comfortable

not entering a client’s home or entering an appointment alone if they felt unsafe. However, reception staff in Northallerton had listed the incorrect location of a member of staff who was facilitating appointments in the community during inspection. This meant that had the staff member required assistance, help would have been sent to the incorrect address. It also meant that clients who had appointments at that location could have gone to the incorrect address. This was fed back to the service at the time of inspection.

Clients that had been identified as a risk to staff had a staff risk assessment completed within their care record. This specified whether a client should be seen with two members of staff, or alongside probation, and whether a more appropriate setting had been identified.

At the time of inspection all mandatory training modules had been completed by between 81% and 100% of staff. Mandatory health and safety awareness training had been completed by 98% of staff.

Assessing and managing risk to clients and staff

During inspection we reviewed 10 care records. All of these had a comprehensive risk assessment completed on admission. However, two care records had a period of over three months without review of their risk assessment within the last 12 months, one of which had not been updated following a serious change in their risk. One other record that was within date had also not been updated following a significant change in their risk. Client care records contained risk management plans.

The mitigation for the risk assessments not being updated was staff’s comprehensive knowledge of their client base. When we asked about the clients, staff were able to give us in depth information about each of them and their changes in circumstances. This was due to the quality of the multidisciplinary team meetings. Any clients that staff had concerns about were discussed as a multidisciplinary team at the morning meeting or as required. There were also weekly meetings at the hubs to discuss clients with complex needs and team meetings to discuss risk and agree a care and treatment plan. We observed two of the morning disciplinary team meetings in which staff discussed high risk clients, deterioration in clients’ health or presentation, and the clients that would be visiting the hub that day. They discussed any perceived risks and the best means of management.



Substance misuse services

Staff identified and responded to changing risks to, or posed by, clients. Clients reported that staff identified changes in their presentation promptly and put in strategies to manage any deterioration in their mental or physical wellbeing proactively. We spoke to a carer who stated that a memory assessment had been arranged in response to a client's perceived psychological deterioration. Clients spoke of staff supporting them through "crisis" and when experiencing suicidal ideation. Multiple clients stated that they felt that the service had saved their lives. The North Yorkshire Horizons newsletter included a "voices from recovery" section with client stories, one client stated: "I was not judged... when I had a lapse, I was supported to learn from this. I now have the tools to help me identify my triggers and progress with my recovery".

There was evidence within care records that clients with physical health concerns and complex needs had this discussed at their appointments and strategies were put in place to manage this. For example, we reviewed the care record of a client who had become pregnant. The service conducted a meeting with the client, their family, the service and maternity and a pre and post birth care plan had been created, which was then shared with the relevant agencies.

Care records and observation from the appointments evidenced that clients were made aware of the risks of continued substance misuse and advice on harm minimisation was given at every appointment. The service website and hubs gave updates of advice according to trends, such as "cannabis is getting stronger" posters. The service had responded to an increase in clients requesting support for steroid use by linking in with local gyms to offer needle exchange and advice. They also conducted performance enhancers and steroid use training for staff.

The service ran overdose awareness campaigns. For example, during Easter 2019 the service ran an incentive in which they offered Easter eggs to clients and carers with a high risk of overdose from opiates if they accepted a take-home Naloxone kit. Naloxone is an injectable medicine that reverses the effects of an opiate induced overdose. Staff provided training to the client and their carers for all kits offered. The service newsletter included a recent example of a client informing staff that a client had collapsed nearby; staff responded and administered Naloxone, providing care until paramedics arrived. The

service had used the incident as an opportunity to promote the importance of naloxone, saying: "all service users are encouraged to be trained on administering naloxone and having a naloxone kit issued to them".

There was no smoking permitted at any of the premises. There was evidence in clients' care plans that they were supported to access smoking cessation services through an established pathway and there were posters about smoke free support services in hub receptions.

Safeguarding

At the time of inspection 93% of staff had completed the mandatory equality and diversity training. 94% had completed safeguarding awareness, which was mandatory for all staff; 81% of staff eligible had completed safeguarding alerter training, and 100% of staff eligible had completed safeguarding responder training. Staff could describe different forms of abuse and knew how to identify adults and children at risk of, or suffering, harm or abuse. Safeguarding concerns were a standing agenda item at the morning meetings in each hub, individual cases were assessed with a multidisciplinary approach between the different North Yorkshire Horizons organisations.

Staff worked effectively with other agencies to promote safety including systems and practices in information sharing. Care records we reviewed evidenced information sharing with relevant external organisations, as well as safeguarding meetings and multi-agency risk assessment conferences being held to discuss clients at risk. The service's safeguarding lead was also the family coordinator. They were based across all of the hubs and offered support and supervision to Humankind staff as well as staff from partner organisations. They were the central point of contact for all safeguarding correspondence and compiled safeguarding reports to determine themes and learning to be fed back to the teams.

The service had noticed an increase in the incidents of cuckooing and the impact of county lines drug operations in some of their hubs. Cuckooing is a practice where people take over a person's home and exploit the property for their own purposes, most commonly for the distribution of drugs. Staff attended awareness courses run by the police to learn more about the concern and how they can develop their response to this to better safeguard clients. The service had a strategy of sharing information they gather with police, attending the weekly community safety hub to



Substance misuse services

discuss concerns with relevant external agencies. Any clients who were noted to be involved then had a joint care plan created. In July 2019 the service ran a campaign encouraging clients who had been affected by these issues to approach a member of North Yorkshire Horizons staff for support and had leaflets with further information within the hubs.

Staff access to essential information

Staff used an electronic record system to record client interactions and care records. This was easy to navigate and use and the staff team used it consistently. The database was not being used to its full potential. For example, the Mental Capacity Act form within the software could have assisted staff in their assessment of the client but staff had not utilised this. However, the system did allow for easier information sharing as it was the same software as some health care services within the area used. Some staff also had access to a different local database, this was updated during joint meetings to ensure that all parties involved in the client's care had a copy of the record.

Staff had laptops that they could take to outreach appointments in the community so that client information could be accessed and updated promptly, to ensure records were contemporary and accurate. Humankind was in the process of replacing their computers at the time of inspection as a recent upgrade in their software required more advanced technology.

Medicines management

A partner organisation was contracted to carry out the medicines management element of client care. They had policies, procedures and training in place relating to medicines management. They conducted training for Humankind staff in pharmacology, providing a more consistent knowledge base across the teams. This was to improve their understanding of clinical decisions, including the legal perimeters, relapse prevention and reason behind the threshold for community detoxes. The same partner organisation was also responsible for carrying out regular health and wellbeing checks.

The service issued naloxone kits for clients with a high risk of overdose from opiates. Naloxone is an injectable medicine that reverses the effects of an opiate induced overdose. Staff provided training to the client and their carers for all kits offered.

Track record on safety

North Yorkshire Horizons had had three serious incidents between April 2018 and April 2019. These were a client injury caused by slipping on some external stairs, an injury to a volunteer and an envelope containing 21 prescriptions arrived damaged at a pharmacy. The service had identified learning in response to all of these events. For example, Humankind had installed an additional hand rail at the entrance to the Harrogate hub. Equally, all clients whose prescriptions had been inside the envelope were informed, apologised to, and the service worked with the postal service to ensure all prescriptions were recovered. North Yorkshire Horizons now use plastic envelopes that should not split to avoid a similar incident.

Reporting incidents and learning from when things go wrong

Staff understood the duty of candour. They were open and transparent and gave clients a full explanation when something went wrong. All staff knew what incidents to report and how to report them. Staff reported incidents that they should report, were clear about their roles and responsibilities for reporting incidents and reported in a consistent way. Incidents were reviewed and signed by senior managers. The incident software was also used as a message board, allowing the reviewing manager to send prompts for further actions required.

Incidents were discussed within flash meetings, team meetings and governance meetings, both as Humankind and with their partner organisations. The service held learning loops and incidents, both actual and hypothetical, would be discussed to decide on how best to proceed to avoid such an incident from happening again. Learning from incidents was discussed with lead practitioners and disseminated to the teams. Prior to inspection an incident occurred whereby a new member of staff had breached boundaries and confidentiality. Disciplinary action was taken and the incident was discussed within the hubs as well as at a board level within the monthly Integrated Governance Board meetings. A task and finish group was created and boundaries training was to be introduced to all staff.

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



Substance misuse services

Good



Assessment of needs and planning of care

Client's triage assessment and full assessment were carried out by Humankind staff on referral. The client was then referred onto a partner organisation for a wellbeing check and a prescribing appointment if applicable. The service aimed to have this process completed within 21 days. This process was under review at the time of inspection.

We reviewed 10 care records. All demonstrated that staff had completed an assessment in a timely manner. Clients' motivation was evaluated during assessment. Care records identified the client's key worker and members of partner organisations that were involved in their care. All of the care records had evidence of ongoing physical health assessments, which were conducted by a partner organisation, they also evidenced physical health being discussed at appointments. Recovery plans identified goals with associated "strengths to build on", and "thoughts and behaviours to build on" sections. However, there were varying degrees of quality in the care records viewed during inspection. Of the ten files reviewed, four had a period of over three months without their recovery plan being reviewed within the last 12 months.

Two of the ten records reviewed did not have evidence of the client's voice, were not holistic in their approach and had no information within the "strength to build on" section. For example, one only had two goals identified, to maintain abstinence from alcohol and abstinence from drugs; this was not reflective of the needs identified in their risk assessment or those discussed in appointments. The remaining recovery plans were of a good standard, they evidenced goals that addressed the client's family, social, physical and psychological needs, according to individual requirements and had clear evidence of client involvement. The quality of the care records reviewed varied across and within hubs, the records from the Scarborough hub were the most inconsistent in quality, though they had had the highest rates of agency use in the months leading up to inspection.

The service had guidance in place for unexpected exit from treatment. Clients signed a contract on entry into the service that identified ways that they were willing to be

contacted. The client's key worker would attempt to contact them, followed by partner organisation staff. Staff also linked in with external organisations to try to gain contact, such as probation services.

Best practice in treatment and care

Staff provided a range of care and treatment interventions suitable for the client group. Staff provided treatment in line with the National Institute for Health and Care Excellence guidance and the Drug misuse and dependence: UK guidelines on clinical management (often called the Orange Book). Humankind staff offered psychosocial interventions, group therapies and acupuncture in selected hubs. Prescriptions and clinical assessments were provided by a partner organisation. Employment support and preparation for discharge was provided by another partner organisation, though Humankind staff supported this by providing client computer suites within the hubs.

Humankind provided the following group therapies: building resilience, anxiety management, alcohol pathway, motivation to change, freedom from addiction, breaking free and back to you. The group provision varied according to hub. Harrogate hub had a significantly higher number of groups than the other hubs, they held 12 groups across the course of the week. Northallerton hub ran five groups across two days, these were split between Northallerton and Catterick. Selby and Skipton hubs ran four group therapy sessions. Skipton and Scarborough both held breakfast clubs, though this was the only group activity that Humankind was providing in Scarborough at the time of inspection, there were no group therapies. This was due to long-term sickness within the hub, agency staff had been able to fill the staff member's caseload but the group provision had not been filled. The hubs did, however, also have Self-Management and Recovery Training (SMART) groups held by a partner organisation, some of which took place in the evenings. SMART groups are mutual support groups to provide tools for people to overcome their problematic behaviours.

North Yorkshire Horizons supported clients to lead healthier lives. Each hub had posters in communal areas supporting this, such as information of the calorie content of alcoholic beverages. The service could assist clients with membership to a slimming club and short-term gym subscriptions. Scarborough hub created a running club in response to clients' wishes to continue physical activities



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after their gym subscription had expired. The Harrogate hub held twice weekly “couch to 5k” events which were held in the evenings. Each hub also took part in walking groups, which were conducted with various regularity according to location.

Clients attended quarterly health and wellbeing checks with a partner organisation and care records evidenced that staff routinely offered blood borne virus testing and vaccination. Clients could also access contraception from the needle exchange, and in reception at Harrogate.

Monitoring and comparing treatment outcomes

Staff used recognised measures and approaches to measure severity and outcomes. These included the Clinical Institute Withdrawal Assessment for Alcohol; the Alcohol Use Disorders Identification Test and, if the client’s score was appropriate, the Severity of Alcohol Dependence Questionnaires; these were detailed within client care notes during inspection. Staff also informed us that they completed the Treatment Outcomes Profile form every 12 weeks. This information reports into the National Drug Treatment Monitoring Service. The National Drug Treatment Monitoring Service collects, collates and analyses information from and for those involved in the drug treatment sector. Public Health England manages the National Drug Treatment Monitoring Service; producing activity reports for providers to give a full picture of activity nationally.

The National Drug Treatment Monitoring Service data showed that North Yorkshire Horizons consistently achieved higher percentages of effective treatment than the national average. The national proportion of opiate clients in effective treatment was 94% for all results recorded between April 2018 and March 2019, North Yorkshire Horizons achieved 96%. For the same period the national proportion of non-opiate clients in effective treatment was 85%, North Yorkshire Horizons achieved 95%. Equally, the national proportion of non-opiate and alcohol clients in effective treatment was 86% and North Yorkshire Horizons achieved 90%.

The service was involved in a Public Health England inquiry into the fall in numbers of people in alcohol treatment: findings, published 01 November 2018. They were included as they had been identified as a service that had continued to engage increasing numbers of alcohol detoxification clients against a backdrop of falling numbers nationally. We

were advised by the service’s commissioner that the report had selected five local authorities based on the highest increases in number of clients in alcohol treatment, all of which had achieved an increase of over 10% in the number of alcohol only clients between 2013 to 2014 and 2016 to 2017.

Skilled staff to deliver care

The service provided all staff with a comprehensive induction. Bank, agency and regular staff were required to complete the same training and shadowing period. They then had a period with a lower caseload and were supported during their first appointments or groups by an experienced member of staff, prior to being given a full caseload. This extended induction process had placed a further strain on staff during the recent period of high turnover, as they were required to facilitate a full induction for all of the new starters and agency staff. However, in the longer term, it had formed a greater cohesion in the team, ensured a suitable level of competence had been met by all staff before they had a portfolio and resulted in minimal impact on the client group.

The service funded staff training in psychosocial interventions, an external course over four days. At the time of inspection 50% of the staff who were eligible for this training had completed it. Some eligible staff had not completed it as they had prior relevant experience or qualifications. The service was conducting recovery training, facilitated by a senior manager, at the time of inspection. Staff informed us that the service encouraged and supported staff to acquire new skills. A criminal justice worker informed us that they had received training in treatment of registered sex offenders. Two members of staff had been supported to undertake an acupuncture qualification and were facilitating this as a therapy choice in two hubs. The service had also supported a member of staff to complete a dual diagnosis degree, providing protected study time.

North Yorkshire Horizons’ volunteers worked for a partner organisation but were supported and referred into this role by Humankind staff. We spoke with two staff members during the inspection who had been supported through recovery as a client, progressed to a peer mentor and volunteer and were now hired by Humankind as



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permanent members of staff. Some clients told us that being supported by a professional who had lived experience had given them additional motivation and had a positive impact on their recovery.

Managers were able to describe times that they had promptly and effectively addressed poor performance. Staff gave varying accounts of the regularity of supervision, some said that they had it every six weeks, while others reported it was every three months. Staff reported that they were able to approach their colleagues and managers for informal supervision regularly. 78% of staff were recorded as having had supervision within two months and 98% within three months at the time of inspection. This was not reflected within the staff files we reviewed. Of the four viewed, one had no supervision recorded since December 2018, another since January 2019 and another, that did have a recent record, had no others listed for the five months previous. 100% of staff who had worked for the organisation for a year had received an appraisal between May 2018 and May 2019.

Multi-disciplinary and inter-agency team work

Each hub had a meeting every morning to discuss the upcoming appointments and discuss any vulnerable clients or complex cases as a multi-disciplinary team involving all North Yorkshire Horizons internal organisations. There were also fortnightly team meetings where staff from the different organisations came together to discuss cases. The service was able to show how the different partner organisations worked together for client care; for example, they would jointly review an assessment to decide which staff members from each organisation would be best suited to manage that client's needs and identify which Humankind staff member would be their keyworker. They also conducted joint appointments. During inspection all three individual appointments observed had staff members from two separate organisations present.

Humankind staff, commissioners and staff from the partner organisations spoke positively of their multi-disciplinary team dynamic. This was supported by our observations, particularly regarding the relationship between Humankind and the clinical team.

The service had clear care pathways to other supporting services. They had established links with multiple external agencies; including maternity services, local authorities,

housing associations, community mental health teams, prisons and criminal justice services, to plan integrated and coordinated pathways of care to meet the needs of clients. The service had effective protocols in place for managing shared care and effective sharing of information.

The service had worked to develop relationships and knowledge within external agencies through different projects. For example, they had conducted overdose awareness training with local police forces and set up a joint pathway with a homelessness worker in Harrogate, including training in Naloxone administration. The service also coordinated with prisons to ensure that clients who were released from prison were processed as urgent referrals.

Staff informed us of strong and prompt multi-agency responses to clients with safeguarding concerns. For example, we were told of a domestic abuse incident where the service arranged for alternative accommodation, domestic abuse support and moved the client to a safe environment without the partner's knowledge. The service observed a different client's deterioration and suspected it was as a result of cuckooing, after support from the service they felt able to disclose the abuse they were suffering, staff contacted the police and ensured the client was moved to accommodation in a different area.

Good practice in applying the MCA

The service had a Mental Capacity Act policy that staff could refer to and 87% of staff had completed the mandatory Mental Capacity Act training. Staff could discuss things that could impair a client's capacity or cause a client to have fluctuating capacity, such as intoxication. However, there was some concern over staff understanding of the Act. Staff occasionally used the wrong terminology and misunderstood what constituted the Mental Health Act rather than the Mental Capacity Act. Some staff stated that the Mental Capacity Act would only be considered for clients with mental health concerns. Some staff commented that they felt they would benefit from a refresher course. Staff were able to say that if they had concerns over a client's capacity, they would seek advice from their partner organisation who provided the clinical element of the contract.

Consent to treatment was recorded during the assessment. A form was completed within client's care records with who they wished to be involved with their care decisions and



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that person's consent where applicable. However, of the 10 care records reviewed, two did not have the consent to treatment forms within their file. There were also posters in communal areas informing clients that they could use a chaperone for appointments if they wished.

Are substance misuse services caring?

Outstanding



Kindness, privacy, dignity, respect, compassion and support

Feedback from clients and carers was universally positive about staff treatment of clients. Clients told us that staff went the extra mile and support exceeded their expectations. Clients told us that the hubs were "safe" and "welcoming" and staff approached them with "kindness", "empathy" and with "no judgement". Clients who used the service said that they had been "treated as a whole person, not just... substance use", it had made them "feel normal" and that the service had "saved me". Observations during inspection supported this. Clients noted feeling added benefits from having staff members in the team with lived experience, as they felt it provided hope as well as an extra level of understanding.

Staff of all grades, including senior managers, were seen to interact with clients with compassion, dignity and respect. Reception staff welcomed clients in a friendly and warm manner, knowing most clients by name and having jovial exchanges, including cake in Northallerton. In the client survey from October 2018 100% of responders felt that staff cared about them, respected them and they felt listened to and supported.

Clients valued their relationships with the staff team. Clients and carers informed us that staff were available to contact outside office hours during times of crisis and clients felt they could always reach out to the staff team in a time of need. Staff used their relationships with clients to quickly identify change in presentation and consider the reasons for this, approaching safeguarding where necessary.

Staff and clients said they could raise concerns about disrespectful, discriminatory or abusive behaviour without fear of the consequences. The service had clear

confidentiality policies in place that were understood and adhered to by staff. The service also had a code of conduct that outlined expected and tolerated behaviours within the hubs, this was agreed upon on admission.

Staff recognised and respected the totality of client's needs. They sought to meet clients' social and emotional needs, as well as their physical ones. One of the recovery plans we reviewed detailed how staff had assisted a client in de-cluttering their home and sorting through their possessions, to improve the welfare of them and their family. The Skipton hub had distributed homelessness kits, including sleeping bags, tents, warm clothing and toiletries to provide to clients in need. The service also had a separate fund that clients could request the use of to improve their quality of life. Prior to inspection a client had been granted the funds to decorate their home and buy their children new bedding.

The Scarborough hub had introduced a "sock box" in response to an increase in the number of clients reporting homelessness. Staff and clients donated socks and underwear for clients to access as required. In response to client feedback, this developed into a clothes exchange, so that clients could come and take, or swap, items of clothing. Clients reported that this had been a valuable resource and that they had felt more positive about the experience when able to aid someone else through the exchange.

Where the clients' needs were outside of what Humankind staff could provide, staff directed clients to other services and when required, supported them to access those services. For example, a partner organisation within North Yorkshire Horizons was able to assist clients with financial and employment advice. The service also linked in with external services, such as domestic abuse charities, homelessness services and community health services. Where clients were unable to access these services, staff would collect the client and take them to the required appointment, being present to advocate on their behalf if requested.

The service found creative ways to ensure that clients were supported to have the totality of their needs met. For example, we were informed that a client with complex needs had been disengaging from external agencies as those services would not see the client with their pet present. Their keyworker recognised this as a barrier to them receiving necessary care and supported the client in



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registering their pet as an emotional support animal and made a successful application for the fee to be funded for by North Yorkshire Horizons. This had led to measurable improvements in not just the client's engagement with external services, but also their recovery within the service.

Involvement in care

Clients' recovery plans were goal orientated and had "strengths to build on", and "thoughts and behaviours to build on" sections to be completed. Of the 10 care records reviewed, eight covered a holistic range of the client's needs, and evidence of their voice, containing personalised information and quotes. Staff actively engaged clients and their carers in planning their treatment ensuring that they had information needed to make informed decisions about their care. All clients and carers spoken with stated that they had been involved in treatment decisions and felt that staff had listened to and respected their opinions.

Staff supported clients to understand and manage their condition and treatment. Harm minimisation advice was discussed at every appointment. Take home Naloxone kits were given to clients and carers, where suitable. Staff provided training in administering Naloxone to the client and their carers for all kits offered.

The service could provide access to appropriate advocacy for clients and had information available within hubs and welcome packs. Some staff and carers reported that signposting to carers' support and resources was offered, but this was not consistent. Carers did, however, feel that they received adequate support from the service and could call the hubs at any time to ask for support or advice. The service was also developing their family and carer provision at the time of inspection and were introducing two new roles to the service to specifically support families of clients using the service.

Carers and clients were able to feedback on the service through comment boxes in reception, within appointments or groups and within surveys. Feedback from the 57 exit surveys completed between January 2019 and April 2019 scored a satisfaction rating of 4.8 out of 5. Comments included "I felt cared for", "you've all been very respectful, even down to the receptionist who remembered my name" and "it's the first time I've felt listened to".

Are substance misuse services responsive to people's needs? (for example, to feedback?)

Outstanding



Access and discharge

The service was accessed through a single point of contact phone number. This had recently been updated in response to a complaint and client feedback about lack of phone access. The number had been amended to be assigned to any of the hubs, with multiple phones set to ring when to ensure clients could access a member of staff when they were calling. This had also enabled staff to provide a single point of contact during the service's extended hours, to ensure clients could access a member of staff between 9am and 8pm Monday to Friday.

The service had clearly documented admission criteria. Clients' triage assessments and full assessments were carried out by Humankind staff on referral. There was a target of 21 days from referral to prescription appointment, clients would attend a full assessment and a wellbeing appointment with a partner organisation within this timeframe. The service report for June showed that all new referrals had received treatment within the 21-day target period. Clients who had complex needs or were considered a high-risk referral could be processed more quickly, and Humankind would work closely with their partner organisation to ensure that the client's needs were met promptly. For example, the service aimed to treat clients who were being released from prison on the same day as their release or the following day. Clients who were being released from prison were discussed within the morning multidisciplinary team meeting, they had a different pathway into the service and were assessed by the criminal justice team.

Clinical decisions were discussed as a multidisciplinary team and decided in conjunction with the client and carers. Clients were involved in creating their care and treatment plans. Clients and carers informed us that they had been able to instigate a change in their treatment plan when they had felt the current plan was not working for them; this included medication and therapeutic interventions.



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The service had linked with an app called “Breaking Free Online” to provide clients with a support resource outside of the service hubs. One of the functions allowed clients to mark their trigger locations, the app would then send them an alert when they were in close proximity and assist them to plot an alternative route to their destination. Every month Humankind received statistics about who was accessing the app and this was shared with the team. Between July 2018 and August 2019 the app had been activated by 240 clients or individuals that had recently completed treatment with the service. 41% of activations had occurred outside of the service’s opening hours. The service had received positive feedback about the impact of this.

The service had extended opening hours for one day a week at each of the hubs, meaning there was evening provision across the county every working day. This ensured that clients who were not available in working hours had an opportunity to access the service. North Yorkshire Horizons also held alternative activities in the evening, such as groups provided with a partner organisation and couch to 5k.

Due to the vast geography covered, the service had established outreach clinics in rural areas of Malton, Whitby, Tadcaster, Sherburn, Great Ayton, Catterick and Thirsk. This was to ensure that isolated, rural communities had a service presence and make access more convenient for clients, rather than them having to travel into one of the main hubs for treatment. The service had recently expanded this in response to client feedback and analysis of trends, introducing three further clinics in Thirsk, Ripon and Knaresborough, and were attempting to open further clinics. This helped reduce the distance that clients would have to travel and increased service engagement among isolated, rural communities. They also provided outreach to community settings such as homeless shelters.

North Yorkshire Horizons had clear care pathways and referral systems in place for clients whose needs could not be met by the service. There was evidence within care records of shared recovery plans and multiagency meetings being conducted to address the client’s needs. The service had well established links with services such as local GPs, phlebotomy, maternity, sexual health services,

detox services and local hospices. The service had developed a pathway with a hospice provider, to ensure client’s substance misuse needs were being met as part of their end of life care.

The service had historically had some difficulty accessing mental health care for some clients, but they had made significant developments with this at the time of inspection. The service had forged links with a local mental health trust, connecting each hub manager with a locality manager from the trust. They were improving information sharing and mutual referral pathways; at the time of inspection this had developed to staff being able to refer directly to the trust, instead of requesting the client’s GP to assess them for the service. Staff reported that there had been increased access to specific teams and relationships had improved.

Staff provided emotional and practical support for clients to access external services. For example, the service funded a client’s pet being registered as a support animal, to ensure that they felt able to access necessary external agencies in relation to their health needs. Care records showed that clients had been picked up for an appointment, accompanied in the appointment for support and returned home by staff. There was also evidence that staff had made repeat referrals to services until a client was accepted and provided additional support while they waited to be assessed. This was echoed by clients, who described staff providing a contact number to call when they had been in a crisis.

Discharge and recovery elements of clients’ care was provided by a partner organisation. They supported clients with housing, education, benefits and employment. Staff from all of the partner organisations met with clients throughout their treatment at the service and attended some appointments jointly in order to provide continuity of care for the client. Humankind staff also gave examples of how they continued to support clients even after they had been discharged from the service.

The facilities promote recovery, comfort, dignity and confidentiality

Interview and clinic rooms were available and there was space for group work in the hubs. Clients could access drinks in communal areas; Scarborough and Skipton hubs also held breakfast clubs and encouraged clients to bring friends and family along.



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Communal areas displayed a wide variety of information; including smoking cessation advice, local services' information, education opportunities, carer support services, domestic violence services and current drug warnings.

Clients had said they did not always feel comfortable having to ask to use the needle exchange, so the service utilised rear entrances for clients to be able to access the hubs for needle exchange without needing to walk through the main reception area. The service had also created a card that clients could pass to the reception staff to ask to access needle exchange without having to say it aloud.

Clients' engagement with the wider community

Clients were supported to maintain relationships with their families and carers, particularly clients who had children or dependents in their care. One of the client stories from the "voices from recovery" section of the service newsletter described the way that their relationships had improved in their time with the service. The service had a family coordinator in role but were looking to increase this support at the time of inspection, altering their staffing matrix to create two family and carer worker roles.

The service promoted mutual support and encouraged clients to engage in the group activities and peer support programmes run by partner organisations. Hubs welcomed families and friends to attend appointments, with the client's permission and encouraged clients to bring friends to breakfast group and hub events. Some of the recovery plans reviewed had goals set that addressed improving relationships, such as actions that could be taken to increase time with their children.

The Scarborough hub had links with a local college and 28 clients had been supported to access their community engagement programme; undertaking courses in employability, first aid and health and safety, before accessing level two and level three courses in subjects such as animal management and tree surgery.

All hubs had information displayed about local events and organisations and facilitated clients' attendance. For example, the Northallerton hub had arranged for a minibus to collect clients so that they could attend the UK Recovery Walk being held in Middlesbrough, in support for those affected by substance misuse. North Yorkshire Horizons had links with local charities, churches and projects, giving clients access to support such as the provision of food

parcels and linking with local services that could provide hot meals. Some hubs also held book swaps and clothes swaps, which were created in response to client suggestion.

Meeting the needs of all people who use the service

Staff communicated with clients so that they understood their care and treatment, including finding effective ways to communicate with clients with communication difficulties. Staff informed us that they were able to access interpreters, use language line and get some leaflets and information printed in alternative languages, although there could be a delay in receiving this. The service had also adopted a "browsealoud" system on their website to assist clients with dyslexia and reading difficulties. One staff member we spoke with supported a client who could not read or write, they adapted their terminology to ensure they could understand and read the client's recovery plan back to them to ensure they agreed with the contents. This was the approach observed of staff during inspection, except one instance during a joint-agency intervention, in which staff were unable to explain a concept in a way that the client understood.

Staff demonstrated an understanding of the potential issues facing vulnerable groups e.g. ethnic minorities, older people, people experiencing domestic abuse and sex workers and offered appropriate support. Staff tried to ensure that they could effectively engage people from difficult to reach communities. Alongside their partner agencies they approached services such as women's shelters, hostels and homelessness charities to raise awareness of the service and to encourage links with other health providers for the clients using those services. One member of staff informed us that they conducted outreach at a local hospital and could conduct an assessment there if there were barriers with engagement.

A recovery coordinator at the Northallerton hub had been instrumental in forming links with a local military base. They had recognised a need for a recovery service within the military community and overcame barriers with access and acceptance to become a welcome and important part of the community and instrumental in raising awareness of substance misuse, not just locally, but across the British military.

The service had identified a reluctance from military personnel to access existing recovery structures and



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groups, citing the reason as the groups being with civilians, or non-military clients. In response, North Yorkshire Horizons worked in collaboration with a national recovery charity to implement the first military based SMART group within the UK, with the pilot being launched at the end of 2017. The programme aimed to create an environment that accounts for specific cultural and social aspects of military life, providing a peer support network within the groups, reducing isolation. The meetings were facilitated by Humankind staff and representatives from military welfare and military department of community health. North Yorkshire Horizons provided a weekly Mil-SMART group as well as one to one sessions. The service had developed the scheme in response to client feedback, introducing tools such as the SMART Recovery Military handbook, providing clients with a structure to follow and a resource if unable to attend groups due to being on exercise or deployment.

North Yorkshire Horizons held presentations and teaching events to raise awareness and understanding. For example, North Yorkshire Horizons held a two-day event to discuss the effects of drug and alcohol use, warning signs and pathways to seeking help. This was presented to 10 regiments and 300 soldiers. They also provided training to the Army Welfare Service.

The Mil-SMART impact report for 2018/2019 stated that in addition to the individual benefits experienced by clients who had attended the programme, there was also noted benefits professionally. They reported increased levels of service retention, individual fitness and wellbeing, and availability of proactive support in disciplinary procedures. Two of the clients accessing Mil-SMART had also become qualified SMART instructors since accessing the service.

Another engagement scheme had recently been developed in Malton to engage members of the racing community into North Yorkshire Horizons. The service has joined with a charity supporting the welfare of the horse racing community to offer outreach therapeutic groups and create links into the service.

Each hub had a LGBT+ lead and the service took part at the annual Pride events and had a designated week annually focused on promoting equality for the community. There were pictures up the stairs of the Harrogate hub of the team at the Pride event. All hubs could demonstrate how they supported LGBT+ clients and had displays in communal areas.

The service did not have a waiting list and would conduct a triage assessment on contact with the service. Humankind staff conducted a “next steps” group for clients who had been referred into service that week, this gave clients more information about the service and what they could provide. Both staff and clients reported that treatment was rarely delayed and that activities and appointments were rarely cancelled. The one concern raised by clients or carers was the wait time between referral and accessing inpatient detoxification, but staff explained that there were limited spaces, that certain criteria needed to have been met before accessing the inpatient service and that urgent referrals could be accessed when clinically necessary.

Listening to and learning from concerns and complaints

Staff protected clients who raised concerns or complaints from discrimination and harassment. All clients and carers spoken with said that they knew how to complain and would feel confident to raise a complaint. One client spoken with had raised an informal concern rather than a complaint and said the staff member had been supportive and taken their concerns on board. Complaint information was in all of the hubs and there were suggestion boxes in reception for clients to raise concerns anonymously. Complaint handling was included in staff induction. Complaints were recorded centrally and signed off by senior management and clients were given both written and verbal outcomes. Complaints were reviewed in the Integrated Governance Board meetings and learning was disseminated to the staff teams.

North Yorkshire Horizons received 12 complaints between May 2018 and May 2019. Of these, two were upheld and six were partially upheld. Eight of the complaints received were regarding the Harrogate hub, who had been impacted by a large number of staff sicknesses and high staff turnover during the period. During the same period the service received 128 compliments, the highest number were for Selby and Northallerton hub, who received 43 and 39 respectively. The service was able to evidence actions taken in response to client feedback and complaints, such as a new text messaging service which provided clients with text reminders prior to appointments. This was spoken about very positively among clients and staff reported it had reduced in the number of appointments that had been missed.



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The service was able to demonstrate where improvements had been made following review events and this was shared with external agencies. For example, the service had responded to client feedback by creating the outreach clinics in rural communities. The benefits of taking the service to the client, rather than asking the client to always travel in to the service, had been shared with other substance misuse organisations. The service also held regular client meetings within each hub, this was to discuss any upcoming changes to the service and gain a client's perspective on ways that the service could progress.

Are substance misuse services well-led?

Good



Leadership

Leaders had substantial experience of working within substance misuse environments and had the required knowledge and skills to lead their teams. During inspection we were told that lead practitioners would benefit from having management training specific to their role. This was supported by the staff survey results from February 2019 which included five responses that specifically referenced the need for further management training. The service had identified within their current staffing restructure that they would be providing management training for all staff in leadership positions. They were in the early stages of organising this at the time of inspection.

Leaders were visible in the service and approachable for both clients and staff. Staff described managers as "fantastic", "supportive" and "pragmatic". Staff knew the names and roles of senior leaders within the organisation and worked closely with lead practitioners, area managers and the assistant director.

The organisation had a clear definition of recovery which was understood by all staff. The teams understood their role within the client pathway and the way in which this interacted with the other organisations within North Yorkshire Horizons. Leaders balanced client and staff welfare, managing a relatively small staff team which covered a vast geographical area, encouraging joint working and welfare initiatives to avoid isolation.

Leaders had a good understanding of the services they managed. Leaders up to and including the assistant

director were able to discuss service wide themes and trends, challenges specific to hub local communities, as well as individual complex clients. As such, they could explain clearly how teams were operating in order to ensure that staff were delivering high quality care on a personal, hub and service level.

Vision and strategy

Staff understood their job roles and the perimeters of their responsibilities. Humankind's visions and values were documented within staff induction and supervision. These were:

"Our Vision: At HumanKind, we envision a compassionate society where every person is valued, families are healthy and communities prosper.

Our Values: Our commitment to our values is intended for every individual we encounter by:

- Service is providing compassionate care and support to everyone.
- Integrity is consistently demonstrating honest and ethical behaviour.
- Teamwork is working collaboratively with positive attitudes and shared responsibility.
- Excellence is achieving quality through continuous improvement.
- Developing Potential is encouraging and cultivating growth in ourselves and those we serve.
- Diversity is respecting, encouraging and celebrating differences.
- Resilience is embracing change through innovation and adaptability."

Staff exhibited many of these characteristics during inspection. 99% of staff had completed the introduction to Humankind training and 100% stated they were aware of these visions and values in the February 2019 staff survey. However, not all staff spoken with were aware of Humankind's vision and values during inspection.

Staff spoke of feeling "proud" about the work they do and the impact they have with clients. They told us that they were regularly asked to give feedback on how the service could improve informally and within team meetings. Staff reported that their "input feels valid" and that managers were "very receptive". Staff were invited to attend executive road shows to gain information about service developments and ask questions of senior leaders.



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Culture

All staff, including agency staff, interviewed during inspection reported that they felt supported, respected and valued. In the staff survey from February 2019, 76% either agreed or strongly agreed, 9% neither agreed or disagreed and 15% of responders disagreed with this statement. Two comments which referenced this stated that they felt valued within the service but were not sure if they agreed with the sentiment beyond service level. This was supported by two other questions within the survey; when asked if staff were confident that they are listened to by their line manager, 91% either agreed or strongly agreed and 9% neither agreed or disagreed; when asked whether their contribution was recognised and valued by their colleagues 88% either agreed or strongly agreed and 12% neither agreed nor disagreed. The staffing rates had improved between the February 2019 staff survey and the time of inspection.

The service was going through a period of mobilisation and staff roles and locations were under review. Staff interviews were being conducted at the time of inspection to determine which roles would be changed. This is, traditionally, a period of high stress and anxiety within an organisation. However, all of the staff spoke with felt happy in the role and did not feel that they were under a lot of stress. Staff commented that Humankind managers had been supportive and transparent in their management of the process and “nothing had been hidden from staff”. At the time of inspection, the proposed changes to the staffing matrix indicated that there would be more roles than the current staffing numbers, providing security for staff.

The service had recently introduced a staff recognition scheme in which staff were able to write thank you cards to their colleagues which were then collated and entered into a quarterly prize draw. There was also a team award category for the team that consistently demonstrated Humankind’s values. Winners were then able to attend an event to be presented with a certificate and vouchers.

The service made adjustments for staff members according to individual needs, taking into account physical, social and mental health concerns. For example, a staff member felt able to approach their manager to request a reduction in their working hours for their personal wellbeing and this was facilitated. Staff were also able to access a staff

wellbeing support service to help staff who were experiencing low mood, stress and anxiety. We spoke with a member of staff who had accessed this service and they reported that it had been very beneficial.

Teams worked well together and where there were difficulties managers dealt with them appropriately. Staff spoken with were unaware of any bullying or harassment cases within the last 12 months and reported that there had been a recent improvement in team dynamics. Scarborough hub had a wellbeing lead who had worked to improve staff morale with small incentives, such as improving the tea and coffee within the hubs and introducing peer lunches, which provided protected time to do an enjoyable activity with colleagues.

Staff had access to the service whistleblowing processes and reported that they would feel confident to use it. Staff were able to give examples of an incident in which staff raised concerns about the conduct of a staff member, who was subsequently involved in disciplinary proceedings.

Staff appraisals included conversations about development, but staff gave mixed responses about whether there were development opportunities available. Some staff attributed the high staff turnover to a pattern of the service investing in staff development and training in role, but then being unable to facilitate a leadership role or a wage to reflect the additional skills learnt, so staff moved on. Managers were aware that the wage was a source of concern and had impacted upon staff retention, but they were also a charity and constrained by their budget within the commissioning contract.

Humankind was awarded the Equality Standard “Gold Award” in November 2018. This was in response to the service’s promotion of equality and diversity practices in the workplace.

Governance

The service had governance systems and audits in place to monitor the performance of the hubs. However, not all of these were proven to be effective in implementing change. For example, the Harrogate hub had documented two environmental checklists, neither had a date or name of the individual who had completed the form listed. The form was largely uncompleted, the only two areas that had been completed were the first aid responder and fire warden sections; both stated that the information was not correct, but no required action or date of completion had been



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identified. At the time of inspection, the fire warden and first aid responder sign were still incorrect. The hub had sufficient staff trained in and identified to act in these roles, but they were not the staff listed on the signs. This was raised to managers during inspection and corrected.

There were some errors in hub documentation. For example, the infection control guidance had last been updated in June 2018, so was slightly behind its renewal date. Documentation was difficult to follow within service folders, with outdated files and updated records being kept in separate folders. Equally, of the four staff files reviewed in Northallerton, one listed the most recent supervision date as December 2018, another listed theirs as January 2019, another had a recent supervision date but had no other records for the five months previous. However, most staff reported that they had regular supervision, this was supported by the supervision figures provided by the service.

The hub specific risk assessments varied in their quality. The assessment in Scarborough and Harrogate both had lower risk severity attached to certain things than would be expected. For example, "violence towards employees" was listed as minimum severity, but the potential could be much worse. All risks on both assessments were listed as low risk rating with satisfactory measures in place. The Harrogate hub risk assessments lacked specificity and appeared to be a template that could be used at any hub, as it had phrases such as "if applicable to hub".

Small errors had been made in the clinic room checks at the Scarborough hub, despite staff being familiar with the processes. For example, the main sharps bin did not have a date of opening on it. Although the emergency equipment was checked daily, there was an error in the expiry date listed on emergency equipment checks for the defibrillator battery. Staff knew the correct date (2027) but for several checks previously they had listed 2017, this had not been picked up or amended but was corrected at the time of inspection.

The recovery plans and risk assessments were also regularly audited. However, there was inconsistency in the quality of care records. For example, of the 10 care records we reviewed, four recovery plans and two risk assessments had a period of over three months without a review within

the past 12 months. The service was aware of the need to improve consistency of care records and the auditing process, they were in the process of developing a new review system at the time of inspection.

Humankind's governance structures included: a monthly operational managers group, which focused on the topics of performance, action plans and hub updates on rotation; a quarterly information clinical governance board meeting which covered a wide range of topics including death in service reviews, quality and performance reports and harm reduction; and annual internal inspections which followed a similar structure to a CQC inspection. Action plans were created from all of these governance structures and were reviewed in the next meeting. Quality managers maintained the quality audit schedules and produced quality reports for management, highlighting areas that had not been actioned.

Learning was recorded following the closure of incidents, complaints and safeguarding. Learning was disseminated on the service intranet and shared through team meetings and governance meetings. The service was evidenced to have made changes to the service in response to this, such as adding an additional hand rail to the steps of the Harrogate hub.

The service regularly met with their partner organisations and relevant external bodies to conduct death reviews for clients who were accessing the service at the time of their death. They produced reports to identify themes and learning. A recent review, which staff from the local authority and health service had also attended, had identified some breaks in communication between the different agencies involved in care. Actions were decided in response to these findings, such as follow up calls with clients after medical appointments and notifying health care providers when clients reported symptoms from medication.

The service's review of clients' death process had identified that there had recently been an increase in the number of client deaths where suicide had been suspected. In response to this, the service was producing a piece of work to assess each client against a list of risk indicators to identify if they would benefit from a strengthened support care pathway to reduce the risk of suicide. The service was also creating a new policy around how they respond to the death of clients at the time of inspection.



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Management of risk, issues and performance

Staff were able to raise topics to be considered for the risk register during team meetings. North Yorkshire Horizons had a service specific risk register which was discussed at quarterly information clinical governance board meetings. Actions were identified and allocated to individuals to complete with an identified date of completion.

The service monitored sickness and absence rates and had strategies in place to manage this, using longer-term contracts with bank and agency staff. Staff had invested in staff welfare initiatives to try to reduce sickness rates.

Humankind had a five-year strategic plan and senior managers and leaders monitored progression at quarterly meetings. The service regularly discussed the financial implications of the commissioning contract with their partnership organisations to determine plans to ensure client care did not become compromised.

Information management

Staff had access to laptops that they could take to outreach appointments, this meant they could update clients' files promptly. Staff also took mobile phones with them when visiting clients outside of the hubs.

Data was stored securely and in May 2019 99% of staff had completed their mandatory training in data security awareness. Staff from the partner organisations could link in to the same system, so that they had easy access to contemporaneous client information, as well as service policies.

Staff made notifications to external bodies as required. They had developed strong joint-working and information sharing arrangements with other services where appropriate. Clients and carers (where applicable) signed confidentiality and consent forms with a partner agency, though this was not evidenced in two of the 10 care records reviewed during inspection.

Engagement

Clients and carers were encouraged to give feedback on the service. Each hub had comment boxes within the reception area, which were checked weekly, conducted service user surveys and exit from service questionnaires. The service also held service user involvement groups for clients to have a say in changes that were occurring within the service. Clients were able to meet with managers within

the service to provide feedback. The service had previously involved clients in interview panels and staff reported that they were planning to re-introduce this, as well as inviting clients to input on changes to the safeguarding policy as it was due for renewal.

The service had “you said, we did” boards in communal areas. There were practical examples of ways in which this had been used to inform changes to care. For example, the introduction of a card to hand in to reception to discreetly signal that clients wish to use the needle exchange, the increase in family focus, holding a world book day event in Selby, book exchanges and the breakfast club were all adaptations made in response to client feedback.

Staff, clients and carers were kept updated of upcoming events and changes to the service on North Yorkshire Horizons' website, their social media accounts and printed newsletters. The service also regularly updated their notice boards with information about local events and services available to clients.

Staff received updates during team meetings detailing what had been discussed at board meetings, any actions and shared learning. The service leaders had good engagement with external stakeholders and commissioners and met regularly to discuss the needs of the local population. Clients spoke about different pathways the service had created to address their individual needs. Client care records reviewed on inspection detailed information sharing with external organisations and a cohesive approach to addressing clients' needs.

Learning, continuous improvement and innovation

The service was involved in a Public Health England research, used as a positive example against a declining national engagement in alcohol services.

The organisation encouraged creativity and innovation to ensure that the service continued to progress and improve; particularly regarding increasing the number and range of clients able to access the service. For example, the service's recent work to engage with previously under-represented groups, such as military staff and the horse riding communities. The service's investment in the Breaking Free Online app and introduction of a text messaging service also demonstrated the service's willingness to adapt and evolve in response to changes in technology and engagement methods.



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The service engaged in joint learning with their partner organisations to increase shared knowledge and staff, such as staff partaking in pharmacology training from their

partner organisation. The service also engaged with alternative therapeutic treatment options, such as acupuncture, assisting staff in achieving the necessary qualifications to practice.

Outstanding practice and areas for improvement

Outstanding practice

Staff took a proactive approach to engaging new and existing clients with the service, developing outreach clinics in rural areas, visiting community services to engage prospective clients, facilitating evening hours and visiting clients' home addresses. They had also linked with the Breaking Free online app to support clients outside of the service.

The service had conducted innovative work with difficult to access professions. They had conducted pioneering work with their approach to addressing the needs of the military community and produced Mil-SMART as a tool tailored to the needs of the community, producing results of national significance. They were also making developments with the horse-riding population in Malton.

The service had created pathways and initiatives to address a holistic range of client needs; introducing couch to 5k in Harrogate and a clothes swap in Scarborough. They supported clients in accessing external services, taking them to appointments when necessary and supporting a client's pet becoming a registered emotional support animal.

The service had consistently higher proportions of clients in effective treatment than the national average reported through the National Drug Treatment Monitoring System and were involved in a Public Health England enquiry as a result.

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure that an accurate, complete and up to date recovery plan and risk assessment is present for all clients, and continue with plans to improve the consistency in the quality of client records.
- The provider should ensure that processes and procedures, include lone-working protocols, clinic room processes, supervision, and local governance procedures are operated effectively, and that accurate documentation is upheld.
- The provider should ensure that staff have a good knowledge of the Mental Capacity Act.
- The provider should continue their work to provide more equitable services across the different locations.
- The provider should continue their work to train staff in psycho social interventions and provide all lead practitioners with management training.