

Humankindcharity

Forward Leeds - Armley Park Court

Inspection report

4-6 Armley Park Court
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Leeds
LS12 2AE
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Outstanding 

Are services safe?

Good 

Are services effective?

Outstanding 

Are services caring?

Outstanding 

Are services responsive to people's needs?

Good 

Are services well-led?

Outstanding 

Summary of findings

Overall summary

Our rating of this location improved. We rated it 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 assessed and managed risk well and followed good practice with respect to safeguarding.

Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a wide range of treatments and interventions suitable to the needs of the clients and in line with national guidance about best practice. The service truly considered the needs of different groups of people using its service and sought to address gaps where people's needs were not being met. For example, staff identified a lack of support for people who were addicted to prescribed or over the counter medication and worked alongside GPs to implement a support package to work with these clients to reduce and come off this medication. Staff regularly engaged in clinical audit to evaluate and improve the quality of care they provided.

The teams included or had access to the full range of specialists required to meet the needs of clients under their care. Managers ensured that these staff received a wide range of tailored training, supervision and appraisal. For example, staff took part in peer supervision groups which involved them recording their one-to-one sessions, with the client's permission, and sharing this with a group of peers for in depth reflection and constructive feedback in order to help them improve their practice.

Staff worked extremely well together as a multidisciplinary team and with relevant services outside the organisation.

Staff treated clients with compassion and kindness and respect, and truly understood the individual needs of clients. There was a strong person-centred culture which was incorporated into all aspects of the service. Feedback from people who used the service was overwhelmingly positive and we were told that staff always go the extra mile to support clients. Staff actively involved clients in all decisions and about their care and clients were regularly consulted and involved in the running of the service. This included clients and staff collaborating to produce an information leaflet on microdosing, client involvement when interviewing staff and meaningful consultation with clients. Staff identified groups of people with specific needs and developed pathways to provide tailored support and helped those clients overcome barriers that were stopping them from achieving their goals.

The service was easy to access, staff made reasonable adjustments to enable clients to access the service in a way that met their needs and preferences. Staff planned and managed discharge well and had alternative pathways for people whose needs it could not meet.

The service was extremely well led, and the governance processes ensured that its procedures ran smoothly. Staff felt really well supported by managers who they felt were very approachable. Collaborative work between the service and its partner organisations was highly effective and focused on meeting the needs of the clients. The service was highly innovative and ensured it was up to date with and involved in, new ways of working. The service had effective systems in place for gathering feedback from those who used the service which were used to improve the service. The service gathered and used data effectively and brought in external agencies including universities to review different aspects of the service to help improve its effectiveness.

Summary of findings

However:

The service had not checked the panic alarms since the middle of March 2022.

Not all care plans had been updated every three months in accordance with the providers policy.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Community-based substance misuse services	Outstanding 	See the summary above for details.

Summary of findings

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Summary of this inspection

Background to Forward Leeds - Armley Park Court

Forward Leeds is a partnership organisation in Leeds which provides support for adults and young people, who require support with alcohol or drug misuse. The service operates from four hubs in the Seacroft, Armley and Kirkgate areas of the city. It had approximately 3500 active clients at the time of inspection. The service has been registered with the Care Quality Commission since April 2018 to carry out the following regulated activity:

- Treatment of disease, disorder or injury.

The provider works with several partner organisations by subcontracting them to deliver different areas of the service but remains the main contract holder. This includes the local NHS Mental Health Trust, who support clients with a dual diagnosis of mental health issues and substance misuse problems and provide midwifery and hospital in reach services. There are also two charities who support the family intervention work, harm reduction work, alcohol detoxification and assertive outreach.

The service had a registered manager in place.

We last inspected the service in 2019 and rated it Good overall. We did not identify any breaches when we last inspected the service.

What people who use the service say

We spoke to ten clients and one carer. Everyone we spoke to provided positive feedback about the service. Clients told us that staff were really supportive and caring and went above and beyond. Clients told us that staff had really helped them to move forward with their lives. We were told that the service felt like a safe place and that clients felt respected and not judged.

How we carried out this inspection

During our inspection we visited Armley, West and North West Leeds Hub; Kirkgate, City and South Leeds Hub and 5 ways to recovery academy. We spoke with 10 clients and one carer. We spoke with 18 staff including managers, recovery workers, non-medical prescribers, the medical director, single point of contact workers and clinical admin workers. We also spoke to two staff from partner agencies. We looked at 10 client records. We attended two morning handover meetings and observed two groups.

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

Outstanding practice

We found the following outstanding practice:

Summary of this inspection

The service carried out a pilot offering a long-acting buprenorphine, to a group of 13 clients. Workers working on this pilot had smaller caseloads and worked flexibly with the clients. The trial has had some successful results including two clients becoming crack and opiate free in six weeks.

The provider has adopted a trauma informed approach which has been embedded into every aspect of the service. This has involved training staff in this way of working and providing ongoing supervision and support. The service has employed a staff member specifically for this purpose. The service has adapted the environment to ensure it is in keeping with trauma informed principles and produced a toolkit to provide guidance to staff about the approach.

The service truly considered the needs of different groups of people using its service and sought to address gaps where people's needs were not being met. Staff identified a lack of support for people who were addicted to prescribed or over the counter medication and implemented a support package to work with these clients to reduce and come off this medication. The service worked alongside GPs to carry out this piece of work.

Staff took part in peer supervision groups which involved them recording their one to one sessions, with the client's permission, and sharing this with a group of peers for in depth reflection and constructive feedback in order to help them improve their practice.

Areas for improvement









Action the service SHOULD take to improve:

- The service should ensure that it carries out appropriate checks on equipment to ensure the safety of staff and clients.
- The service should ensure that it carries out care plan reviews in accordance with the policy.






Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community-based substance misuse services	Good	Outstanding 	Outstanding 	Good	Outstanding 	Outstanding 
Overall	Good	Outstanding 	Outstanding 	Good	Outstanding 	Outstanding 

Community-based substance misuse services

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

Are Community-based substance misuse services safe?

Good 

Safe and clean environment

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

Staff completed and regularly updated thorough risk assessments of all areas and removed or reduced any risks they identified. The service had a fire evacuation plan in place and had an up to date fire risk assessment.

All interview rooms had alarms and staff were available to respond. First responders were allocated each day in the morning flash meeting. However, the panic alarms had not been checked since the middle of March. This was because there was a fault in the system and the alarm did not sound at the control box in reception, which led to the belief that staff were unable to test the alarms. The fault had been reported and an upgrade for the alarm system had been requested. On the second day of our inspection, managers ensured that all alarm points had been manually checked to ensure they were all working.

All clinic rooms had the necessary equipment for clients to have thorough physical examinations. Staff made sure equipment was well maintained, clean and in working order. All equipment was in date and there were processes in place for monitoring, maintaining and reordering equipment.

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

Staff made sure cleaning records were up-to-date and the premises were clean. There was an up to date and comprehensive infection control policy with clear guidance for staff to follow. Staff followed infection control guidelines, including handwashing. The service had an up to date infection control audit and a Covid 19 risk assessment in place. All staff wore masks unless exempt and masks and hand gel were available throughout the building.

Safe staffing



Community-based substance misuse services

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

Nursing staff

The service had enough nursing and support staff to keep clients safe. Staff and clients told us appointments did not get cancelled. Cover for staff that were off work was arranged in the morning meeting. Clients told us they could access staff when they needed them.

The service had reducing vacancy rates.

The service had low rates of bank and agency staff.

Managers made arrangements to cover staff sickness and absence.

Managers limited their use of bank and agency staff and requested staff familiar with the service. The service had a list of preferred providers and tried to request staff from these providers in the first instance.

Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift. The service had low turnover rates. The service had a turnover rate of 5%.

Managers supported staff who needed time off for ill health. Sickness levels were low at 4.5% for the service

Medical staff

The service had enough medical staff. Managers could use locums when they needed additional support or to cover staff sickness or absence. Managers made sure all locum staff had a full induction and understood the service.

The service could get support from a psychiatrist quickly when they needed to.

Mandatory training

Staff had completed and kept up to date with their mandatory training. The mandatory training programme was comprehensive and met the needs of clients and staff.

Managers monitored mandatory training and alerted staff when they needed to update their training. Managers had a rolling programme of workforce development training to complement mandatory training including novel psychoactive substances training, alcohol and older people and relationship between alcohol and domestic abuse training.

Assessing and managing risk to clients and staff

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



Community-based substance misuse services

Assessment of client risk

Staff completed risk assessments for each client on admission / arrival, using a recognised tool, and reviewed this regularly, including after any incident.

Staff used a variety of recognised risk assessment tools to assess risk according to clients' needs. For example, staff used recognised withdrawal scales where required.

Staff could recognise when to develop and use crisis plans according to client need. The service provided staff with extra training on safety planning and worked with the COMHAD (Co-occurring Mental Health Alcohol and Drugs) team who were based at the hubs, when there were concerns about a client's mental health. The service also had a Self Harm Enhanced Assessment & Response pathway in place to provide support to clients where there were concerns about suicidal ideation.

Management of client risk

Staff responded promptly to any sudden deterioration in a client's health. The service had naloxone onsite which could be used if a client had taken an overdose. Naloxone is a medicine which reverses the effects of an opiate detox. Staff gave us examples of actions that had been taken when they had concerns about a client's health. These included contacting an ambulance for a client and arranging a physical health care check.

Staff followed clear personal safety protocols, including for lone working. There was a policy in place for lone working and staff adopted extra support measures where there were concerns that a client may be aggressive.

Safeguarding

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

Staff received training on how to recognise and report abuse, appropriate for their role and kept up to date with their safeguarding training. The service had clear adult and child safeguarding policies which were up to date and contained useful links and diagrams. Staff received safeguarding supervision where required and the service had monthly safeguarding meetings.

Staff could give examples of how to protect clients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. Staff had good links with the local safeguarding team and with other teams such as Multi Agency Risk Assessment Conference and domestic violence services and worked with them to support clients at risk of harm. Staff carried out home visits at the start of treatment which helped identify risks to children such as unsafe storage of medication. Advice and safe storage boxes were given out to clients where required.

Staff knew how to make a safeguarding referral and who to inform if they had concerns.

Managers took part in serious case reviews and made changes based on the outcomes. Managers prioritised safeguarding meetings such as child protection.



Community-based substance misuse services

Staff access to essential information

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

Client notes were comprehensive, and all staff could access them easily. Staff had shared access to GP records, where there were significant concerns around a clients' physical health needs. This enabled Forward Leeds staff to work closely with partner agencies to support clients with their physical health needs.

Records were stored securely. All records were electronic, staff had their own computers and staff received cyber security training to ensure records were kept securely.

Medicines management

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

Staff followed systems and processes to prescribe and administer medicines safely.

Staff reviewed each client's medicines regularly and provided advice to clients and carers about their medicines. Prescribers discussed medicine options with clients and explained the pros and cons of each choice to help clients make an informed choice about the pathway that was right for them. Staff regularly carried out urine screens as to help monitor the safety of client's medicines.

Staff stored and managed all medicines and prescribing documents safely. The service had an up to date medicines policy. There were some vaccinations stored on site. Vaccinations were kept in fridges and fridge temperatures and room temperatures were monitored daily in line with the providers cold chain policy. There was a secure medicine cabinet for buprenorphine prolonged- release solution for injection, however there was none on site during our visit. This is because buprenorphine prolonged- release solution for injection was arranged to be delivered to the site on the day it was due to be given to the client. Prescriptions were stored securely, and clinical admin staff kept an audit trail to monitor prescriptions.

Staff learned from safety alerts and incidents to improve practice.

Staff reviewed the effects of each client's medicines on their physical health according to NICE guidance.

Track record on safety

The service had a good track record on safety.

Reporting incidents and learning from when things go wrong

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



Community-based substance misuse services

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with the service's policy. We reviewed six incidents, three standard incidents and three serious incidents which were all investigated thoroughly and in line with the providers policy and procedures.

Staff understood the duty of candour. They were open and transparent and gave clients and families a full explanation if and when things went wrong.

Managers debriefed and supported staff after any serious incident. Staff also provided a debrief for clients following an incident.

Staff received feedback from investigation of incidents, both internal and external to the service. Staff met to discuss the feedback and look at improvements to client care. There was evidence that changes had been made as a result of feedback. For example, managers reviewed all client deaths, and identified themes, trends and clinical lessons. Keyworkers were invited to the death in service meetings and lessons learnt were shared with staff.

Are Community-based substance misuse services effective?



Assessment of needs and planning of care

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

Staff completed a comprehensive assessment of each client.

Staff made sure that clients had a full physical health assessment and knew about any physical health problems. The service had employed health care assistants who offered clients physical health care.

Clients were all offered screening for blood borne viruses such as hepatitis C. May was blood borne virus month at the service which meant that all clients who attended the service during that month were offered testing for blood borne viruses. Staff also carried out blood tests and urine screening on all patients and where required electrocardiograms and fibroscanning. Fibroscanning is a non-invasive procedure which assists in identifying liver diseases.

Staff developed a comprehensive care plan for each client that met their mental and physical health needs. We looked at ten client records. All clients had an up to date care plan and staff regularly reviewed and updated care plans when clients' needs changed. Care plans were required to be updated every three months. However, we found two care plans that had a gap between the current and previous care plan that was longer than three months.

Care plans were personalised, holistic and recovery-orientated and focussed on the particular needs of the individual. For example, one care plan related to a patient with palliative care needs and contained a lot of detail regarding how staff were meeting these needs.

Best practice in treatment and care



Community-based substance misuse services

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

Staff provided a range of care and treatment suitable for the clients in the service. The service considered clients individual needs and provided a range of support to meet these needs. For example, the service was trialling Buprenorphine prolonged- release solution for injection with sex workers. This is a buprenorphine medication that can be given to opiate users and works over a longer period of time, typically a month. This means that clients do not have to take daily opiate substitute medication. Two clients had obtained complete abstinence from crack and opiate drugs in six weeks of starting the buprenorphine prolonged- release solution for injection trial.

The service was also offering detoxification from cannabis and spice. Staff could offer some psychosocial interventions such as motivational interviewing, cognitive behavioural therapies and social network behavioural therapy.

Staff delivered care in line with best practice and national guidance from relevant bodies.

Staff made sure clients had support for their physical health needs, either from their GP or community services. Staff worked closely with GPs and shared information where appropriate. We also saw examples of staff accompanying clients to the GPs surgery where there were serious concerns about a client's physical health.

One of the staff members initiated a project to support people who were dependent on prescribed and over the counter opiate medication such as codeine. This involved seeing clients over a 12-week period and working with both clients and GPs to support detox.

Staff supported clients to live healthier lives by supporting them to take part in programmes or giving advice. These included groups around nutrition, smoking cessation advice and sleep hygiene.

Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives. All rating scales were available to staff through the IT systems.

Staff used technology to support clients. Staff offered remote working to clients during the pandemic. The service had since commissioned research to review the effectiveness of remote working, in order to inform decisions about which areas of remote working to use moving forward. The service offered access to a variety of interactive online support services which helped clients to monitor and manage their substance use. Staff could also maintain contact with clients by texting them.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. Audits were reviewed and there were established systems for feeding back to staff and monitoring improvements. Audits were reviewed in manager's meetings to help identify overall trends and themes. There was a strong focus on quality improvement throughout the service.

Skilled staff to deliver care

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



Community-based substance misuse services

The service had access to a full range of specialists to meet the needs of each client. Staff worked closely with partner agencies to ensure clients of the service could have access to staff that were able to meet their needs.

Managers made sure staff had the right skills, qualifications and experience to meet the needs of the clients in their care, including bank and agency staff. Staff, including bank staff and staff from partner agencies could access Humankind training. This ensured that staff at Forward Leeds had a similar level of training irrespective of which agency they were from.

Managers gave each new member of staff a full induction to the service before they started work. Bank and agency staff received the same induction as regular staff. Staff in partner agencies had a Forward Leeds induction alongside their organisational induction.

Managers supported staff through regular, constructive appraisals of their work.

Managers supported staff through a range of regular, constructive clinical supervision of their work. Supervision levels were at 86% and most staff were also receiving regular informal supervision. Staff received regular opportunities for group supervision and reflective practice.

Staff also took part in peer supervision groups which involved them recording their sessions with clients, with the client's permission, and reviewing their practice in a group. This provided staff with an opportunity to carry out in depth reflection and to receive constructive feedback from their peers to improve their practice. Staff from partner agencies could access support from any manager in the Forward Leeds partnership.

Managers made sure staff attended regular team meetings and gave information to those who could not attend.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

Managers made sure staff received any specialist training for their role. The service had a full calendar of training to complement mandatory training to support staff to develop their skills and competence. These included sessions on hidden harm, trauma informed practice and take-home naloxone.

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

Managers recruited, trained and supported peer mentors and volunteers to work with clients in the service. There was a clear volunteering pathway, which had led to some volunteers obtaining paid work at the service.

Multidisciplinary and interagency team work

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

Staff held regular multidisciplinary meetings to discuss clients and improve their care. There were several multidisciplinary meetings. There were clear terms of reference for multidisciplinary meetings. Partner agency staff attended multi-disciplinary meetings.



Community-based substance misuse services

Staff made sure they shared clear information about clients and any changes in their care, including during transfer of care.

Staff had effective working relationships with other teams in the organisation. Staff had excellent working relationships with partner agencies within the organisation and ensured effective transfers when transferring client care and regularly worked alongside other teams to ensure continuity of support for clients.

Staff had very effective working relationships with external teams and organisations. Staff had a comprehensive knowledge of external organisations in the Leeds area and used this knowledge to access wide ranging support for clients. Staff built up relationships with other organisations, including GPs, social service, hospitals, and voluntary organisations and arranged for training and information sharing sessions to increase staff knowledge about other organisations, that could support clients.

Good practice in applying the Mental Capacity Act

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

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

There was a clear policy on the Mental Capacity Act, which staff could describe and knew how to access.

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

Staff gave clients all possible support to make specific decisions for themselves before deciding a client did not have the capacity to do so. Staff understood that capacity could fluctuate, particularly in relation to levels of intoxication. Staff would arrange to see clients at a later time if they were unable to engage and would also consider whether a client needed a chaperone to support them. Staff shared examples of support given to clients, for example staff recorded sessions for a client who struggled to retain information.

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

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

Are Community-based substance misuse services caring?



Kindness, privacy, dignity, respect, compassion and support

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



Community-based substance misuse services

Staff were discreet, respectful, and responsive when caring for clients. The service adopted a trauma informed approach which was embedded across all aspects of the service. This meant the service recognised the impact of trauma and worked to reduce the risk of retraumatisation through introducing a series of key principles which included safety, empowerment, voice and choice and peer support. The service took a series of actions to implement these principles which included recruiting compassionate staff, providing trauma informed training and interventions and considering the impact of the physical environment. The service had produced a trauma informed tool kit which provided in depth guidance relating to the implementation of the trauma informed approach.

Staff gave clients help, emotional support and advice when they needed it. All clients said that staff treated them well and behaved kindly. Clients told us they felt staff really cared for them and went above and beyond to provide support. Some clients told us they did not know what would have happened to them without the support of the staff.

Staff supported clients to understand and manage their own care treatment or condition. Clients were active partners in their own care and staff gave clients information about care and treatment options and supported them to make their own choices about what was best for them. Staff were fully committed to working in partnership with people. Staff always empowered people who used the service to have a voice and to realise their potential.

Staff directed clients to other services and supported them to access those services if they needed help. Staff worked closely with other services and supported clients to access services that helped them. Staff transferred care to partners such as the COMHAD team which supported clients with their mental health where other teams were more suitable to meet the client's needs, but they also offered joint working options where they worked alongside other services to offer comprehensive joint support for clients.

Staff understood and respected the totality of individual needs of each client. Managers worked to identify needs related to specific groups and provided them with tailored services. For example, the service provided a pathway for clients who were addicted to prescribed and over the counter medication which met their specific needs. Staff also identified that some clients who had more complex needs such as poly drug use, chronic physical pain and limited social support required a different approach. The provider developed an enhanced pathway for this group of clients which involved offering more flexible and intensive support to reduce the barriers to engaging in treatment for those clients.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards clients and staff. All clients told us they felt safe at the service.

Staff followed policy to keep client information confidential.

Involvement in care

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

Involvement of clients

Staff fully involved clients in their care and gave them access to their care plans.



Community-based substance misuse services

Staff made sure clients understood their care and treatment and found ways to communicate with clients who had communication difficulties. Staff at the service had identified that people accessing the service from different countries did not always understand the treatment systems and sometimes had different expectations of the system. Managers had commissioned research to investigate this and to identify ways to support clients to gain an improved understanding of the systems in place.

Staff involved clients in decisions about the service, when appropriate. Staff worked together with clients on new projects. For example, staff had consulted clients regarding the trauma informed pathway and clients and staff had worked together to produce an accessible leaflet on microdosing. Clients were also involved in interviewing staff.

Clients could give feedback on the service and their treatment and staff supported them to do this. There were several ways the clients could give feedback including directly to members of staff, through group feedback sessions and through client surveys. The service had commissioned external reviews of particular pieces of work which provided an independent review of client feedback.

Staff regularly sought client feedback and used this to make changes to the service. This included direct feedback, you said we did boards, surveys and discussion groups.

Staff made sure clients could access advocacy services.

Staff informed and involved families and carers appropriately.

Involvement of families and carers

Staff informed and involved families and carers appropriately. All records contained a record of individuals the client had given permission for the service to have contact with. Where permission had been given staff involved family members and carers in the client's support. Carers were given information about local carers support groups and the service linked in with the service to ensure staff were up to date around offering support to family and carers. We saw records that showed ongoing support provided to clients' family and clients told us that some family and carers were considered by staff and could attend one to one sessions and some of the groups.

Staff provided information and support to families with children. Each hub had a family plus worker based at it and recovery coordinators could refer clients who had children and required extra support.

Staff helped families to give feedback on the service.

Staff gave carers information on how to find the carer's assessment.

Are Community-based substance misuse services responsive?

Good



Access and waiting times



Community-based substance misuse services

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

The service met the service's target times for seeing clients from referral to assessment and assessment to treatment. The service had a target of three weeks from referral to admission into the service. The service did not have a waiting list. The service had recently increased its referral routes to enable clients to access the service more easily. Clients were able to refer themselves via an online referral.

Staff saw urgent referrals quickly and non-urgent referrals within the service's target time. Staff screened clients to identify vulnerability and would see client's sooner if this was identified.

Staff tried to engage with people who found it difficult, or were reluctant, to seek support from services. The service identified groups of clients with specific needs and offered tailored support services to meet those needs. For example, the service had dedicated workers to meet the needs of sex workers. Joint outreach was carried out with sex worker projects and tailored prescribing was put in place to meet the needs of this group of clients. Staff also ran an outreach clinic for university students which offered support to the local student population.

Staff tried to contact people who did not attend appointments and offer support. The service had a discharge plan for clients who unexpectedly left treatment which included attempting to phone the client, carrying out a welfare check and carrying out a home visit.

Clients had some flexibility and choice in the appointment times available. The service offered evening appointments three evenings week for clients unable to make appointments during the day. Staff also took into consideration client's preferences for appointment times. Staff also asked clients if they had a preference to work with a staff member of a particular gender and attempted to accommodate these requests where possible.

Staff worked hard to avoid cancelling appointments and when they had to, they gave clients clear explanations and offered new appointments as soon as possible.

Appointments ran on time and staff informed clients when they did not.

Staff supported clients when they were referred, transferred between services, or needed physical health care. The service had clear guidance for providing support when clients transferred between services and staff were aware that clients could be vulnerable during this time and provided extra support around this time.

The service had also introduced an 18-24 year old pathway which provided extra support to people in this age group and helped ease the transition between young people and adult services.

The service followed national standards for transfer.

The facilities promote comfort, dignity and privacy

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

The service had a full range of rooms and equipment to support treatment and care. The service had adapted the receptions and some of the group and one to one rooms to offer a less clinical and more homely environment as part of



Community-based substance misuse services

its trauma informed approach. This included removing window grills and providing more comfortable chairs and furnishings. The 5 ways to recovery location had space for a variety of groups including yoga, craft and music activity. It also had outdoor space where clients could take part in gardening activity. Staff and clients had been involved in fundraising to provide pizza ovens and this had enabled them to hold pizza evenings for clients.

Interview rooms in the service had sound proofing to protect privacy and confidentiality.

Meeting the needs of all people who use the service

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

The service supported and made adjustments for people with disabilities, communication needs or other specific needs. Staff received equality and diversity training and there were equality and diversity leads in each hub. The service was carrying out a piece of work to identify whether the service was meeting the needs of the LGBTQ+ community and had identified a need for and sourced gender identity training. The service had up to date disability audits for all three services and had installed handrails to help clients who struggled with mobilisation.

Staff made sure clients could access information on treatment, local services, their rights and how to complain. The service also had an Individual Placement and Support team who offered support for clients wishing to gain employment.

The service provided information in a variety of accessible formats so the clients could understand more easily. This included online videos with information about what to expect from the service which was coproduced with clients.

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

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

Listening to and learning from concerns and complaints

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

Clients, relatives and carers knew how to complain or raise concerns.

Staff understood the policy on complaints and knew how to handle them. We reviewed two complaints one which was not upheld and one which was partly upheld. Both complaints were investigated thoroughly, and apologies were given to the client for any distress caused.

Staff knew how to acknowledge complaints and clients received feedback from managers after the investigation into their complaint. There was a focus on listening to and validating clients when they complained.

Managers investigated complaints and identified themes. Complaints were reviewed at the integrated governance board meeting.



Community-based substance misuse services

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

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

Managers shared feedback from complaints with staff and learning was used to improve the service.

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

Are Community-based substance misuse services well-led?



Leadership

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

Leadership was compassionate inclusive and effective. Leaders set out clear and ambitious targets and provided staff with support to meet these. Leaders worked effectively with partnership organisations, external organisations and with commissioners to provide a truly client centred service.

Senior leaders were highly visible in the service. Staff knew their senior leaders well and told us they wouldn't hesitate to speak with them if they had problems or concerns. Staff told us they felt leaders really listened to them and gave examples of changes being made when they raised issues or made suggestions for improvements to the service. Staff told us they felt really supported by leaders and gave us examples of managers making changes to support individual staff needs.

Senior leaders were highly experienced and really understood the service. Leaders considered the learning needs of all staff including the staff of partner organisations. For example, managers provided access to Humankind training and development sessions to staff from partner organisations, and staff from partner organisations could access support from any manager at Forward Leeds.

Vision and strategy

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

The provider had a clear vision which was, "our vision is for people all ages to be safe, building ambitions for the future and reaching their full potential". Staff were aware of the services values which were to be honest, committed and inventive.

There was a strong focus on innovation and creativity in the service. Staff were encouraged to continually review service provision and identify improvements that could be made to the service. The service worked well with its commissioner and the commissioner told us the service worked highly effectively with its partner agencies and linked in with the Cities vision and strategies.



Community-based substance misuse services

Culture

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

Staff told us they loved their jobs and felt valued and well supported. Managers provided positive feedback to staff and arranged value days where staff could spend time carrying out an enjoyable activity together. The service had a whistleblowing policy which staff were aware of. Staff told us they would not hesitate to raise concerns if they had them. Managers and staff actively sought to challenge and reduce inequalities. The service had a rolling focus on different areas of diversity and during our inspection it had a focus on LGBTQ+.

Staff were truly invested in the service and regularly engaged in fundraising and awareness raising for the service, for example staff took three service users on the Leeds 10K run and a number of staff members completed the 3 peaks challenge. This helped to raise money for service user graduations which were held as a real celebration of client's achievements and attended by local celebrities and senior members of the organisation.

The service also regularly linked in with the local community and was involved in local campaigns such as the no regrets drinking campaigning aiming to improve public understanding about drinking safely.

Governance

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

Humankind was the lead provider within the partnership organisations that made up Forward Leeds and worked extremely effectively with its partner organisations. There were clear management responsibilities and effective communication pathways to enable highly effective collaboration. The organisations worked together to benefit the clients and the service had a strong client centred focus.

The provider had a robust governance system which ensured leaders could assess, monitor and improve the safety and quality of the service.

The Forward Leeds partnership board consisted of managers from across the partnership and had executive oversight for the organisation. The lead practitioners group and the operational management group fed into this board.

Alongside this was an integrated governance board which reported to the partnership board and provided assurance on key matters of governance and compliance. Sub groups that fed into the integrated governance board included groups on safeguarding, death in service reviews, clinical practice group, a quality improvement group, trauma informed care, working together and workforce development. Management groups had terms of reference which set out their purpose and processes.

Information from these meetings was shared with staff through team meetings which were recorded for staff who could not attend.

The provider regularly reviewed its policies and policies were clear up to date and contained flow charts to help staff with procedures and links to provide extra information.



Community-based substance misuse services

There was a strong focus on improving practice. Meetings were used effectively to review practice and identify issues and solutions. There were clear links between meetings to enable improvements to be agreed and implemented. Managers supported and encouraged innovation amongst staff and staff were encouraged and supported to adopt projects they had a passion for to improve the service.

There was a strong focus on working together with clients and managers regularly and actively sought feedback on the service and made changes based on that feedback. This included commissioning external organisations to carry out research about the effectiveness of particular elements of the service.

Managers carried out regular audits, shared their findings with the relevant staff and closely monitored improvements.

The service closely monitored its key performance indicators. Managers received weekly performance reports and recovery coordinators had access to their own targets through the computer system. Managers could drill down into the data to look at individual staff performance.

The service consistently exceeded its targets for successful completions and had low re-presentation rates

Management of risk, issues and performance

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

The team had an up-to-date risk register which was comprehensive and contained operational, financial and environmental risks. Risks were regularly reviewed and updated and there were mitigating actions related to each risk. Staff could raise concerns they felt needed to be included on the risk register.

Managers monitored staff performance and supported staff when they were not performing as required. Action plans were used where managers had concerns about staff performance.

Information management

Staff collected analysed data about outcomes and performance.

Staff had access to trackers which provide them with client information including when risk assessments and care plans are due for review.

Staff collected detailed information about client outcomes including completions, levels of re-presentations and treatment outcome profiles and analysed this with focus on which areas of the service could be improved.

Managers had access to information about how the service was performing as a whole including relevant information about partner agencies. This ensured effective oversight of the whole service.