Locala Community Partnerships C.I.C. Lifeline South Kirklees

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

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.

Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- All clients were protected from potential harm and abuse. The service had enough staff with the right training and support to deliver safe and effective care. Regular assessment of environmental risk

Summary of findings

ensured facilities and equipment were safe for clients and staff. The culture of the service promoted incident reporting, prompt investigation and shared learning.

- Staff provided care and treatment that was effective, recovery focussed and met the individual needs of clients. The service delivered care and treatment in line with national guidance. Staff were skilled and knowledgeable. The service supported staff with regular supervision and annual appraisal.
- Staff inspired confidence in clients and carers. Staff treated clients with kindness and dignity. Relationships were built on a mutual respect for each other. The service valued feedback from clients and carers.
- The service was responsive to the needs of all clients. The service had a range of facilities and access to partnership services to meet the individual needs of clients. The service received 21 compliments and no formal complaints.
- The governance systems in place ensured the delivery of safe and high quality care. Leadership was good and the service promoted an honest and open culture. Staff felt supported and listened to. The service embraced carer and family involvement.

However, we also found the following issue that the service provider needs to improve:

- The provider should ensure client care records provide a detailed assessment of substance misuse and prescribing rationale. All client care records should reflect clients' preferences for care and treatment.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services		No rating given

Summary of findings

Contents

Summary of this inspection

Background to Locala Community Partnerships C.I.C Lifeline South Kirklees

Locala Community Partnerships was one of four services that were jointly commissioned as Kirklees' Integrated Drug & Alcohol Services for adults. Locala provided the medical and prescribing component of the integrated substance misuse and alcohol service commissioned in Kirklees. Whilst each of the four services were registered separately with the Care Quality Commission, Locala had one registered manager who was responsible for all four locations. The service regarded itself as one integrated drugs and alcohol service delivered in four separate locations. This service operated from premises in the centre of Huddersfield, the location remains registered and identifiable by the previous lead provider within the partnership arrangement.

The service employed a partnership model of delivery with three partner organisations. The service is commissioned by Kirklees Council – Public Health.

Locala Community Partnerships had three partner organisations:

• Change, Grow, Live (CGL) – a voluntary sector organisation specialising in substance misuse and criminal justice intervention projects in England and Wales. This service was the lead provider within the partnership arrangement. The service was responsible for care co-ordination, psychosocial interventions, prevention, wellbeing and recovery.

• Community Links – a not-for-profit provider of mental health and well-being services in Yorkshire and the Humber. This service was sub-contracted to provide assertive outreach for people with both mental health needs and substance misuse problems.

• The Basement Project – a not for profit self-help charity based in Halifax, Huddersfield and Dewsbury. This service was sub-contracted to provide abstinence support and group programmes.

This was the first comprehensive inspection of Locala using CQC's new inspection methodology.

Our inspection team

The team that inspected the service comprised CQC inspector Joanne White (inspection lead), three other CQC inspectors, and a substance misuse nurse.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme to make sure health and care services in England meet the Health and Social Care Act 2008 (regulated activities) regulations 2014.

How we carried out this inspection

To understand the experience of people who use services, we ask the following five questions about every service:

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

Summary of this inspection

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

During the inspection visit, the inspection team:

- looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with 18 clients
- spoke with 6 carers/family members
- collected feedback using comment cards from 6 clients
- spoke with the registered manager, general manager and service manager
- spoke with nine other staff members employed by the service provider, including nurses, support workers, the patient engagement lead and quality manager
- spoke with four staff members who worked in the service but were employed by a different service provider, including a service manager, recovery co-ordinator, administrator and a specialist nurse
- attended and observed one staff meeting and five clinical appointments
- looked at 22 care and treatment records
- toured the premises and checked cleanliness
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

During our inspection, we spoke with 18 clients who were accessing Locala services within Kirklees. Feedback from clients was positive in relation to the service provided. Clients described staff as supportive and understanding. One client described Locala staff as outstanding. All clients we spoke with were complimentary about the partnership arrangement and how collectively, it made a difference to their lives.

We spoke with six carers of clients that accessed the service within Kirklees. Feedback was positive about the service and the opportunities for support within the partnership arrangement. Two family members felt engagement by the service should happen sooner in the clients' recovery journey.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

The Mental Capacity Act is a piece of legislation which recognises that people can make their own decisions wherever possible and provides a process and guidance for decision making where people are unable to make decisions for themselves.

Training on the Mental Capacity Act was mandatory for all staff and 94% had completed this at the time on our inspection.

Staff we spoke with had a good understanding of their responsibilities under the Mental Capacity Act including the statutory principles and the application of the Mental Capacity Act within their role.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

The lead provider within the partnership arrangement had responsibility for the maintenance and health and safety of the building and environment. Locala staff had access to three clinical rooms and two urine testing areas. The building had three floors.

The lead provider had carried out risk assessments of the environment. These included a fire risk assessment completed in November 2017, areas of concern identified were weekly tests of fire detection and alarms and contractor tests of emergency lighting. Health and safety audit was completed in December 2016 and legionella risk assessment report completed in November 2017. Locala had oversight of these assessments through the governance procedures in place within the partnership but were not responsible for undertaking any work required.

In response to the new partnership arrangement, Locala undertook an infection prevention and control environmental audit of the building in August 2017. The audit covered nine individual standards for infection prevention and control. The lead provider needed to achieve 90% to be compliant with the audit, on this occasion a score of 78% was reached. Areas of concern identified included, the general environment, treatment rooms, consulting rooms, management of specimens and cleaning facilities. The audit clearly documented the action required by the lead provider to be compliant with the audit.

During this inspection, we completed a tour of the building and accessed all the clinical rooms used by Locala. The lead provider had completed the required work identified in the infection, prevention and control audit and Locala staff were using the newly refurbished rooms. All rooms were newly decorated, bright, comfortable and organised. The lead provider was responsible for cleaning the environment. Staff told us they did clean equipment and their work area daily. We observed in date 'I'm clean' stickers in each clinic room on chairs, desks, sinks and scales. Each room had the necessary equipment for carrying out physical examinations, such as blood pressure monitor, weighing scales and height measure. All three clinical rooms had examination couches, this meant clients could be physically examined in an appropriate environment. Equipment was maintained and electrically tested to ensure it was fit for purpose and safe to use.

The service used medicines fridges' to store medication. Medication fridge temperatures were checked twice daily by staff to ensure they were within the safe limits for the storage of medication. We reviewed vaccines that were stored and all were in date. The log for recording fridge temperatures was accurate and up to date. Emergency drugs such as adrenaline and naloxone were available in grab bags within the building, as was a defibrillator, but the lead provider was responsible for these.

Staff adhered to infection control principles. Personal protective equipment was available in all clinical rooms, including latex gloves, disposable hand towels and aprons. Hand washing guidance was on display in toilets and clinical rooms. An infection prevention and control policy was in place to guide staff. All staff had training in the principles of infection control.

The lead provider was responsible for the management and disposal of clinical waste. The contract provider had changed in the twelve months prior to inspection. Waste disposal certificates were available for each quarter from the previous provider between January 2017 and August 2017. Waste collection certificates were available from the new provider. We observed that all clinical rooms had adequate provision for the disposal of clinical waste.

Substance misuse services

Safe staffing

Total number of substantive staff: 16

Total number of substantive staff leavers: 4

Total % of vacancies: 0%

Total % permanent sickness (last 12 months): 1.5%

The service had no vacant posts. The service had regularly used one agency pharmacist within the service to maintain the required staffing compliment. The service manager told us this was required to cover prescribing clinics whilst the service supported prescribing staff to complete advanced nurse practitioner training. The provider required staff to complete mandatory training in 16 different modules, including basic life support, Mental Capacity Act, conflict resolution and safeguarding for adults and children. The service routinely monitored compliance with mandatory training and recorded a compliance rate of 99% at the time of inspection. The service had certain roles, which required additional essential training. This training included modules in psychosocial interventions, substance misuse related topics, annual prescribing updates, medicines management and multi-agency risk assessment conference. The service manager maintained a database to ensure they had oversight of training completed but there was no record of overall compliance. We discussed this with the service manager and they acknowledged the database was a visual tool to aid monitoring and should be more robust. The service manager had begun work with the providers professional lead regarding the development of competency based training. It is anticipated that this will lead to a more streamlined approach to essential role specific training for staff.

As of 14 November 2017, all 16 staff had current disclosure and barring service check. The disclosure and barring service helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

The service provided a snapshot of caseload numbers that showed that there was a ratio of 76 clients per worker in September 2017. The service caseload at the time was 457 clients, with an average of 156 clients seen each week. The substance misuse service across Kirklees had a varied skill mix of non-medical prescribers. This included a dedicated alcohol prescriber, five substance misuse prescribers and two prescribers for both alcohol and substances. The service planned annual leave in advance to ensure the provision of the optimal number of appointments. Staff worked flexibly across all four services to provide cover for absences.

Assessing and managing risk to clients and staff

The lead provider allocated all clients a care co-ordinator and they were responsible for carrying out a risk assessment. Following this assessment, clients were placed on a treatment ledger and this was reviewed daily by clinical staff. Clients would then be allocated a prescribing appointment. The service provided data from August 2017 to September 2017 that demonstrated clients waited between seven and 16 days to be allocated a prescribing appointment. During this time, the lead provider supported clients with psychosocial interventions and accessing mutual aid.

Staff told us they would contribute to the risk assessment of clients and review at each clinical appointment. Staff felt they had joint ownership in the ongoing assessment of risk. We reviewed 22 client care records and all clients had a risk assessment and risk management plan that included clinical updates.

Prescriptions were managed by the lead providers' administration team. We spoke with the administration manager from the lead provider and they were able to describe in detail the process of prescription management. The process was safe, secure and auditable. There were no noted concerns in regards to transport, storage or dispensing of prescriptions. We observed staff offer clients the use of a locked box to safely store medication at home, these were issued directly to clients following their appointment.

Staff had a good understanding of the safeguarding policy and could describe signs of abuse. All staff were up to date with mandatory training for safeguarding adults and children level 3. Staff regularly accessed safeguarding supervision and could seek guidance from the team safeguarding lead and lead professional within the organisation. Safeguarding information was available to clients in the waiting area. The provider had not submitted any safeguarding notifications to the Care Quality Commission, the lead provider was responsible for this.

Locala had a policy to provide guidance for staff that were lone workers or worked away from a fixed work base. The majority of staff within the service were mobile workers and

worked across Kirklees. At weekends, recovery nurses worked alone across two general hospitals, although they based themselves in one hospital site. The service manager told us all staff are scheduled to attend lone worker training in December 2017 and early 2018. The general manager told us the provider had recently participated in a pilot project to test out a series of lone working devices. Evaluation of the project was now complete and planning was in progress to commence the use of a new application for smart phones held by staff. Clinic rooms did not have fixed alarm points to activate if assistance was required. The lead provider located a portable alarm in each clinic and one to one room. When this was activated by staff, an audible alarm sounded and a panel indicated where help was required. A feature of the electronic care record system was the ability to discreetly activate an alarm, all users of the system would be made aware immediately that assistance was required and where. Locala staff and those from the leader provider used this system.

Track record on safety

The service had no serious incidents requiring investigation under the criteria defined by the NHS commissioning board serious incident framework.

Reporting incidents and learning from when things go wrong

The provider had an 'incident reporting, management and investigation' policy and procedure which was introduced in May 2017. All staff we spoke with during the inspection confirmed they were able to use the electronic incident reporting system and were aware of their responsibilities to report incidents. Staff told us they were encouraged to report incidents. We reviewed arrangements the provider had for the management of serious incidents with the quality assurance and risk manager. We found there were clear and co-ordinated systems in place that enabled the provider to have oversight of incidents reported by the service. The head of quality for the provider reviewed all incidents within 48 hours of being reported. All incidents that might be serious or fall within the scope of duty of candour were then reviewed by a panel within 48 hours after the initial review by the head of quality. The panel includes the head of operations for the business unit, a clinician, quality assurance and risk manager, the service manager, medication optimisation and safeguarding where appropriate. The panel discuss the incident, taking into consideration all the information available and make a decision about any action that is required. There has not been a 48 hour panel involving this service.

Incidents that did not meet the threshold for a 48 hour panel review were managed locally by the service manager and identified incident handlers. Following investigation and completion of an action plan, the service manager would share this information with the quality assurance and risk manager. This approach ensured a timely and consistent approach to managing incidents locally within the service. All staff we spoke with told us they received feedback following incidents, this was in person if they reported the incident, by email or at the weekly staff meeting. During this inspection, we observed a team meeting, this was attended by the majority of the services' staff. The operational manager discussed incidents and provided feedback regarding a recent incident and how the service had improved following this. Near misses' were also discussed.

The service manager told us that all non-medical prescribers and recovery nurses' were incident handlers for deaths reported within the service. Staff told us they would undertake investigation into the death, identify any learning and share this within the team. The investigation and outcome would be recorded on the electronic incident recording system. This information would be available to the quality assurance and risk manager for review.

This meant all staff within the service had an awareness of recent incidents reported and the outcome of action taken. Incidents were a standard agenda item for the quarterly partnership substance misuse safeguarding meeting; this ensured the service retained a focus on sharing information and learning from incidents across the partnership arrangement.

The service had had no serious incidents that required a statutory notification to the Care Quality Commission. The senior management team told us staff would be supported following a serious incident. We were assured that a de-brief would take place, this was in line with the providers 'incident reporting, management and investigation' policy and procedure. The service manager also told us that they had an open door policy, whereby staff could approach them directly for support. Staff we spoke with during the inspection confirmed this.

Substance misuse services

Duty of candour

Within the provider incident reporting and investigation procedure, guidance was provided for staff on the principles of being frank, open, honest and transparent when things went wrong. Staff had a good understanding of the Duty of Candour. The service displayed information prominently in staff areas to act as a visual reminder of the importance of this requirement.

The provider had a 'freedom to speak up: raising concerns (whistleblowing) policy' which was introduced in April 2016. The policy provided staff with guidance on how to raise concerns and assured staff that raising concerns would not result in staff losing their jobs or suffering reprisals.

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

Assessment of needs and planning of care (including assessment of physical and mental health needs and existence of referral pathways)

During this inspection of all the drug and alcohol services provided by Locala in Kirklees, we reviewed 22 client care records with regard to the clinical assessments completed by Locala medical and clinical staff.

Recovery workers employed by the lead provider completed comprehensive assessments. All client care records reviewed showed evidence that staff encouraged client participation in psychosocial work, and other recovery support.

The clinical assessments completed by the doctor and non-medical prescribers were adequate, 14 client care records contained good evidence of assessment and eight records lacked detail. Clients' medication was reviewed every 12 weeks or more frequently if they had started treatment, were reducing or had complex needs with increased risk. We observed medication reviews within 18 client records that we reviewed. Of the remaining four records, two clients were high volume service users and not prescribed medication. One client was abstinent from alcohol and one client had entered treatment the previous week. Client care records varied in the quality of details recorded during the medication review. Eight records had limited information relating to the prescribing rational and assessment of drug and alcohol use. For clients using the drug service, all client care records included assessment for blood borne viruses. All records included a plan for unexpected exit from the service.

All clients had an assessment of their physical and mental health and social circumstances. Healthcare support workers took the lead for the physical health assessment of clients. The service offered clients an annual physical health assessment as a minimum standard. This comprehensive assessment included observations of blood pressure, height, weight, pulse, temperature and a calculation of body mass index. Clients could also have these observations completed during routine appointments. We observed staff completing a blood pressure check and an examination of a clients' breathing.

Locala had a consent and confidentiality agreement that all clients signed and agreed when they entered prescribing treatment. This was to ensure that clients understood their rights and responsibilities with regard to treatment, and that treatment was safe and meaningful. All seven records reviewed included a completed agreement for consent to treatment and sharing information.

Locala staff recorded information onto a client's electronic care record. The same electronic care record was used by the lead provider within the partnership, and the majority of primary care GPs in Kirklees, which supported communication regarding clients' care. Staff accessed this system using a smart card, this was individual to each staff member and was password protected. Staff could also access an electronic system to receive and review blood test results from the local hospital. This meant staff could easily access up to date information to support treatment and care.

Best practice in treatment and care

We reviewed the guidelines for opioid substitution therapy and assisted withdrawal policy in relation to prescribing for opiate dependence and medicines management. The policy was underpinned by National Institute for Health and Care Excellence guidance and Department of Health evidence based standards. Clients receiving support for their opiate dependence were offered a choice of medication between methadone and buprenorphine, and relapse prevention medication, like naltrexone.

Staff told us clients were given harm minimisation advice, offered blood borne virus testing, immunisation and

signposted to treatment. We spoke with one staff member who had an interest in blood borne virus care and treatment. A new clinical pathway has been developed and is awaiting ratification by the provider. The pathway includes routine blood borne virus testing and vaccination. To support staff, guidance from the National Institute for Health and Care Excellence has been embedded into the electronic care record and some initial training around pre and post testing discussion has been delivered to staff.

Localas expectation was that clients engaged in psychosocial interventions with the lead provider before they entered into pharmacological treatment, and whilst they were in prescribing treatment. Staff spoke confidently about the best practice guidance that was relevant to the treatment and care delivered, including the National Institute for Health and Care Excellence (2007) clinical guideline 52 for opioid detoxification and the Department of Health (England) (2017) Drug misuse and dependence: UK guidelines on clinical management and the development of administrations.

Locala staff completed a number of clinical audits. All clinical staff undertook an annual peer review of client care records. In August 2017, the service participated in a medicines audit, we reviewed the outcome and associated action plan. Some areas identified for action were already complete and some actions were in progress with identified completion dates. An infection prevention and control audit was completed in August 2017, this was done in conjunction with the lead provider and Locala following essential maintenance work. The audit covered nine standards including infection control management, general environment, management of vaccines and management of cleaning services. The service was 78% compliant and the audit identified key areas of action required to improve the service. Findings from audits were discussed at team meetings.

Client progress and changes were measured using the treatment outcome profile. This was completed by the recovery workers employed by the lead provider. This is a monitoring tool developed by the National Treatment Agency for staff to use throughout treatment with clients and the information is reported through the National Drug Treatment Monitoring System. Public Health England then provides both national data, and local outcome data for substance misuse services in Kirklees, which includes Locala, which is presented in the diagnostic outcomes monitoring executive summary on a quarterly basis.

Skilled staff to deliver care

There was a range of professionals employed by the service to deliver treatment and care to clients. This included a general practitioner, non-medical prescribers, nurses and support staff. Staff told us relationships within the team were strong and supportive. Staff we spoke with stated relationships were positive within the partnership arrangement, including the provider of mental health services and colleagues within the general hospitals.

We reviewed six staff personnel records, which included verification of identification, staff personal and training details, professional qualifications, registrations, disclosure and barring checks, job description, and at least two written references that were obtained before staff started work. All six staff had a current disclosure and barring check, as at 14 November 2017. All staff had completed an induction at the start their employment. This was supported by the issue of a colleague handbook. Information regarding systems, governance and the policies and procedures were included in the staff induction.

The service had systems in place to manage and monitor staff registration with professional bodies including the Nursing and Midwifery Council and the General Medical Council, as well as the continuous professional development required for their registration. Non-medical prescribers were working towards revalidation. The doctor had completed Royal College of General Practitioner's level one and two in specialist training in substance misuse and was an accredited trainer.

All staff had completed some specialist training to enable them to carry out their role. These included, training on relapse prevention, motivating lifestyle change, mutual aid, blood borne viruses, drug and alcohol awareness. The service manager told us that two support workers had successfully completed the advanced health care practice apprenticeship. The service was supporting two non-medical prescribers to undertake their advanced nurse practitioners qualification. The service manager told us they had completed leadership training, this included being a better managing and coaching conversations. The

service encouraged staff to complete the Royal College of General Practitioners certificates in alcohol and drug misuse. Seven staff had completed this and four were scheduled to attend training.

The service manager told us that staff received regular supervision, through a number of mechanisms. Frequency ranged from four to eight weeks, dependent on role. Support workers received supervision from a non-medical prescriber and the remaining staff had supervision with the service manager. In addition, monthly peer led supervision was available through non-medical prescribers and safeguarding supervision was available. The service manager, clinical lead and non-medical prescribers also had quarterly supervision. The records for supervision were electronic and could be accessed through the providers' intranet. Access was restricted to the service manager and individual staff member. All staff confirmed they received supervision and compliance was 100%.

All staff we spoke with confirmed they had received an appraisal carried out by their line manager. Data we reviewed before the inspection showed that all permanent non-medical staff had an appraisal within the last 12 months, as at 4 September 2017. We reviewed the appraisal template with the service manager, the information within the document was comprehensive and linked the organisations values and objectives to each individual member of staffs' performance.

Staff confirmed there was always a manager available to contact for advice and support. In their absence, two senior members of the team were identified to provide support to the wider team. Staff complimented the service manager for their open door approach to providing support. Peer support across the service was evident.

Regular team meetings were held and were attended by all Locala staff working across the four drug and alcohol services in Kirklees.

The service supported student nurse clinical practice placements through the local university. The service identified a student co-ordinator from within the team and they took the lead for negotiating placements and evaluation of student experiences. The service had four staff accredited as mentors.

Multidisciplinary and inter-agency team work

The service worked in partnership with three other organisations to deliver care and treatment for substance misusers as part of the Kirklees substance misuse service. There were a range of professionals involved, such as nurses, non-medical prescribers, a doctor, pharmacists, a consultant psychiatrist and staff from community recovery based service. The service held regular multidisciplinary meetings to review clients with complex needs, who were identified by recovery co-ordinators and clinicians to ensure effective and relevant treatment continued to be delivered.

Staff told us working relationships with partner agencies were positive and productive. Recovery nurses within the service told us they worked alongside teams within the local general hospital. Staff had successfully developed a care pathway and had established the service within the hospital. Staff told us they worked effectively alongside medical teams in gastroenterology and respiratory to deliver safe care and treatment for substance misusers.

A clear mental health pathway was in place and staff knew how to make a referral to the mental health provider. Staff from Locala also worked in partnership with a multi-agency service for pregnant women with complex social needs. Based at the local general hospital, the service supported clients that would not usually access mainstream substance misuse services.

Locala staff worked in partnership with GP practices and pharmacies within the local community. We observed staff contacting a community pharmacy to inform them of a prescription cancellation and re-issue. This action was in response to a client requesting a change to the frequency of the prescription being issued, this ensured the clients treatment was maintained in a safe a responsive way. Shared care pathway guidance was available to staff to support the transfer of a clients' care to a GP practice. Communication with most GP practices was supported by the use of the same electronic care record system. Locala worked closely with a local recovery based project, this was an abstinence based group work provider.

During this inspection, we observed how staff worked with other community organisations. We observed one client attending a review with the nurse prescriber, recovery co-ordinator and a staff member from a local domestic

violence service. This co-ordinated approach provided the client with a comprehensive review and intervention by the substance misuse service and wider community organisations.

Good practice in applying the MCA (if people currently using the service have capacity, do staff know what to do if the situation changes?)

The Mental Capacity Act is a piece of legislation which enables people to make their own decisions wherever possible and provides a process and guidance for decision making where people are unable to make decisions for themselves.

The service provided guidance to staff through the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) Policy and Guidance 2016**.** The policy was easily accessible through the providers' intranet. The policy provided clear guidance to staff on the basic principles of the Mental Capacity Act 2005 and considerations around a client's capacity to consent to treatment or interventions. There service had an identified staff lead for the Mental Capacity Act to offer support to staff in the application of the Act.

Training on the Mental Capacity Act was mandatory for clinical staff and the compliance rate was 94%. All staff we spoke with had a good understanding of the principles of the Mental Capacity Act 2005. Staff told us a prompt template had been embedded into the electronic care record to support decision making during client assessments and appointments. The recovery nurses based in the general hospital told us they would liaise with the ward based medical teams if they had concerns regarding the capacity of a client.

Equality and human rights

The service had an equal opportunities and dignity at work policy and procedure**.** This was last reviewed in October 2017 and was due for review again in April 2018. All new and reviewed policies had an equality impact assessment included ensuring that no groups were misrepresented. Equality and diversity training was mandatory for all staff. The compliance rate for this training module was 100%.

The service operated in an area with a diverse population and clients represented the diversity of these communities. The service did not exclude clients on the basis of gender, race or sexual exploitation. The only criteria for entry into the service was clients needed to be over 18 years of age.

Clients were varied in age and had different religions and beliefs. There was a mix of males and females and variety of sexual orientations and preferences within the client group.

Information provided to us by the provider prior to the inspection highlighted work by the equality and diversity steering group. The group were working to improve the service approach to the accessible information standard. The outcome of this work will ensure clients using the service are more able to highlight communication needs they may have and receive information in a format that is more accessible to them.

Management of transition arrangements, referral and discharge

Clients accessed treatment for their substance misuse by self-referral or they could be referred by their GP, criminal justice system and other agencies or professionals. The service was meeting targets for clients accessing treatment.

Clients had a structured discharge process out of the service and clients were encouraged to maintain their engagement with the lead provider for psychosocial interventions and accessing mutual aid. Disengagement from the service was mitigated through the risk assessment and a comprehensive 'did not attend procedure.'

The lead provider had a transitional pathway protocol for the transfer of care for young people into adult substance misuse services. Locala provided the same clinical intervention as they would for an adult.

Are substance misuse services caring?

Kindness, dignity, respect and support

During this inspection of all the drug and alcohol services provided by Locala in Kirklees, we spoke with 18 clients who used the service. Feedback was received from six comment cards left at the service. The majority of the feedback we received was positive and complimentary about the service. Most of the clients told us staff were caring, polite and respectful towards them.

During the inspection, we observed five clinic appointments with non-medical prescribers. We observed candid conversations between staff and clients. Interactions were positive and staff showed a genuine interest in the clients' wellbeing. Staff demonstrated active

listening skills, used humour appropriately and took time to understand the individual needs of clients. Staff consistently gave clients the opportunity to make choices about their care. All clients were responsive to the approach taken by staff during reviews.

The provider had a policy for confidentiality; all staff were aware of this and adhered to the guidance. We saw client care records that included completed consent to treatment templates and information sharing agreements. We observed staff obtaining verbal consent from clients in relation to contacting partner agencies within the wider community.

The involvement of clients in the care they receive

All client care records reviewed demonstrated that clients had been actively involved in planning their care. The quality of information in client care plans was inconsistent; ten did not record in detail how the client wanted to achieve their goals. This meant care plans did not always reflect client choice and opinion. Each client had a recovery plan and risk management plan and included a plan for an unexpected exit from treatment. Staff offered all clients copies of their care plans, with the exception of two clients.

During this inspection, we observed a staff member discussing a care plan with their client, the client was able to demonstrate their understanding of their recovery goals and treatment plan. The client acknowledged they lacked motivation to change. The non-medical prescriber was sensitive and responsive to the clients' needs. Together they discussed options for amendments to the care plan and agreed some small changes. The benefit of continued engagement with the clients' recovery co-ordinator was emphasised and discussion took place regarding accessing group work in the community. The non-medical prescriber stressed the importance of these activities in relation to both the clients' mental and physical health and general wellbeing. This meant the client received support with their immediate needs and were involved in decisions about their care. The non-medical prescriber was flexible in their approach, whilst maintaining focus on the clients' recovery.

In partnership with the lead provider, a number of advocacy services were available for clients to access. Details were on display on notice boards for clients in the waiting area. These included, but not exclusively, advocacy for mental health, domestic violence and gender specific advocacy.

In the 12 months prior to this inspection, the provider had recognised the need to gather information that is more meaningful from the client group across Kirklees substance misuse services. We spoke with the services' engagement and inclusion manager during this inspection. Since late 2016, the service has worked creatively with the providers' volunteer manager to establish a pool of volunteers to obtain feedback from clients. Alongside the friends and family test, the provider has used care opinion, an online feedback portal and has facilitated coffee mornings and drop in sessions for clients to attend. These sessions were undertaken in partnership with a community based recovery service.

The Kirklees substance misuse service had received 43 responses since November 2016 on the friends and family test. The general manager told us the service was going to trial the use of text messaging as a means of increasing the response.

In July 2017, the service held a drop in session at the community based recovery service. Feedback was good but two clients felt that waiting times to access prescribing appointments did not support their changing needs. We reviewed the online feedback received from 20 clients between March 2017 and October 2017. Feedback was positive and reflected a service that was inclusive, responsive to clients' needs and delivered by staff that genuinely cared. One client commented that they were treated as an individual and made to feel important.

One theme emerged from the overall feedback was the need to explore the opportunity to run drop in prescribing clinics. The service has consulted with staff during team meetings and the service manager is scheduled to discuss this service development with key stakeholders.

During this inspection we spoke with seven family members affected by someone they care for who has a substance misuse problem. Feedback was positive about the service and the opportunities for support within the partnership arrangement. Two family members felt engagement by the service should happen sooner in the clients' recovery journey.

Substance misuse services

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

Access and discharge

The service worked with adults 18 years and over who were misusing drugs. Referrals into the service were from recovery co-ordinators employed by the lead provider. Between April and June 2017, the drug service in South Kirklees received 86 new referrals into the service. As of 6 September 2017, 457 clients were accessing the service in South Kirklees. The Department of Health (England) (2017) Drug misuse and dependence: UK guidelines on clinical management and the development of administrations indicates a maximum 21 days wait from assessment to treatment. During quarter 1 2017-2018, the service was performing better than the national average in relation to the wait time to start a clients' first intervention. Locala achieved this between seven and 16 days. The service manager told us work is in progress with the aim to reduce this target to five days.

We reviewed the 'diagnostic outcomes monitoring executive summary', a quarterly report produced by Public Health England which provided information on key performance indicators. In the reporting period July 2016 to June 2017, there were 170 completed treatment programmes for opiate and non-opiate clients across Kirklees substance misuse service. The service had improved its performance since the previous reporting period ending March 2017. The number of clients that had completed treatment and not re-presented to the service within six months had increased, meaning fewer clients were re-presenting back into the service within six months of completing their treatment. Kirklees substance misuse services data showed that opiate clients spent an average of 5.9 years in treatment; this was above the national average of 4.9 years. Non-opiate clients spent 1 year in treatment; this was above the national average of 8 months.

Early unplanned exists from the service for opiate and non-opiate clients were significantly below the national average across Kirklees substance misuse services. The service had discharged 240 clients in the previous 12 months, as of 31 August 2017, this included those clients on a drug rehabilitation requirement order.

The service provided a variety of clinics for clients to access. Between 13 and 17 November 2017, the number of available appointments for this service included; 37 clinical reviews, 93 non-medical prescribing/medical reviews and 8 healthcare support appointments. The service was flexible when clients informed them that they were unable to attend appointments. We observed a recovery co-ordinator negotiate with a non-medical prescriber a new appointment time, as the client had to unexpectedly leave their appointment with the recovery co-ordinator. This ensured the client was not disadvantaged due to unforeseen circumstances.

The provider produced a quarterly report focussing on the number of clients that did not attend appointments. The service manager showed us this report and had the ability to identify by clinician, the percentage of appointments not attended. Between July 2017 and September 2017, between 20% and 30% of clients did not attend appointments with clinicians. The service manager discussed this in team meetings and on an individual basis in supervision.

The service had a process to follow when clients did not attend appointments; staff told us this usually involved a telephone call to the client, if unsuccessful a letter would be sent to try and re-engage with the client. Staff told us this approach was mirrored by the recovery co-ordinators from the lead provider. The service manager told us the service had completed an audit of all appointments not attended and at the time of this inspection, the outcome was not final.

For clients whose needs were not be met by the service, there were alternative care pathways in place to support individual need. Recovery nurses supported high volume service users at the local general hospital. High volume services users form a group of clients who are repeatedly admitted to hospital or who are attending the emergency department for treatment of drug and alcohol related conditions or conditions that are exacerbated by drug and alcohol use . For those clients that consented to engage with the team, one intervention available was the development of an emergency care plan. The care plan provided roles and contact details of all those involved in the care of the client, who to contact in the case of an emergency and early warning signs for the client and ways of addressing these to avoid escalation or crisis situations.

Substance misuse services

Clients were asked to retain their copy and to share with emergency services in the case of escalation or on contact with the emergency service. This initiative had achieved a reduction in substance misuse related readmissions.

The service provided support and interventions for clients who are seen as high risk with a known history of either violence or aggression towards staff. During this inspection, we observed the restricted access meeting, a regular meeting attended by all services within the partnership arrangement. The meeting was convened as a response to incidents within the service. The partnership reviewed all violence and aggression incidents or incidents of concern, discussed those clients on the restricted access list and reviewed the caseload of the doctor. The discussion captured how the service worked with primary care GPs and community mental health teams.

The service offered one late night clinic each week and this enabled those that were unable to attend during the day to remain in treatment. The recovery nurses provided a seven day service to the general hospital within the core hours of 09.00 to 17.00.

The facilities promote recovery, comfort, dignity and confidentiality

All clinical areas had recently been refurbished following essential maintenance by the lead provider. Rooms were of a good size, appropriately furnished and decorated to a good standard. Access to each clinical room was restricted to staff only and by an electronic swipe card.

All rooms were sound proofed, so confidentiality was maintained. The reception area was of a good size and clean. The reception desk was close to the seating area and therefore could limit any confidential conversation.

We saw a wide selection of information available to clients in the reception area. Physical and mental health information was on display. Information specific to weekly group sessions was extensive and the availability of mutual aid across the Kirklees area covering Monday through to Sunday was on display. Information on community initiatives for clients, families and carers was prominent. Clinical rooms provided a selection of leaflets for clients to take away. These included information on drugs, treatment options, complaints and driving. Recovery nurses provided information packs for clients that were in hospital, this included information on drugs and alcohol, building recovery capital and accessing mutual aid.

Meeting the needs of all clients

The service in South Kirklees had four clinical rooms and two urine testing areas to support treatment and care, three clinical rooms were located on the upper floors of the building. The service had an accessible clinical room within the alcohol service and this could be accessed at street level.

Interpreting services were accessible through the lead provider. During this inspection, we observed the use of interpreting services for a vulnerable client that did not speak English. The client presented with complex physical and mental health problems. The use of a hands free phone ensured the clinical review of the client by the non-medical prescriber and recovery co-ordinator was seamless. The client received a comprehensive review of their substance misuse issue and an assessment of their physical and mental health. The client was able to express their thoughts and feelings in response to the clinicians concerns. The client confirmed they had received an appointment following referral to specialist mental health services.

Recovery nurses provided an additional resource to mainstream drug services in meeting the needs of all clients. The team had established effective working relationships with staff in key departments of the hospital, such as the emergency department, respiratory and gastroenterology services. The fundamental role of the service was to provide easy access to advice and support to substance misusers who were in hospital. Staff also provided liaison with recovery co-ordinators and referral to community based services, including mainstream drug services.

Clients did not raise concern regarding the cancellation of appointments, although some appointments did over run. During this inspection, the service manager confirmed there had been no cancellations in recent months. If the need arose, staff confirmed that they would work flexibly and provide cover for colleagues.

Listening to and learning from concerns and complaints

The service had not received any formal complaints in the 12 months prior to this inspection. The provider had a policy that guided staff on their responsibilities in dealing with complaints and manging them effectively. All concerns and complaints were recorded on the electronic incident

reporting system. The complaints manager and customer liaison team have oversight of this. Staff had a good understanding of how to deal with a complaint. Staff told us they would manage a clients' concern in the first instance. Clients we spoke with were aware of how to make a complaint and were confident in raising any concerns with staff.

Information was available to clients on how to make a complaint about the service. Posters were on display in waiting areas and complaints leaflets were located in clinical rooms for clients. The service provided information to clients on who to contact with a complaint about the service, including a contact telephone number, email and postal address.

Clients were encouraged to give feedback about the service. Twenty one compliments were received by the provider in the 12 months prior to this inspection relating to Kirklees substance misuse services. The compliments referenced staff going that extra mile, treating clients as individuals and being listened to. Compliments reflected the positive and supportive relationships between clients and staff.

The provider produced a monthly quality report for the board, this included complaints. The provider also held a complaints closure panel, this gave the provider the opportunity to review closed complaints. The panel ensured complaints had been fully investigated and identified if there were themes and trends.

A suggestions box was also available in the reception area, this meant clients could feedback to the service any concerns or compliments they had, including completed friends and family test questionnaires.

Are substance misuse services well-led?

Vision and values

Locala had a vision statement which was 'making a striking difference to the wellbeing of the people and communities we serve'. This vision statement replaced a longer more detailed vision statement in 2017.

Locala had three values which were each underpinned by supporting statements. The values and supporting statements were:

- Be caring:
  - Support, care and respect
  - Provide great customer service
- Be inspirational:
  - Be accountable
  - Innovate, challenge and improve
  - Be Inspirational
- Be part of it:
  - Build great communities
  - Develop myself and my colleagues
  - Work together, win together

Locala's values were introduced in 2012. All staff knew the vision and values of the organisation and these behaviours were reflected in the interactions we observed. The values were included in annual appraisals. Managers and staff were required to jointly complete a section of the annual appraisal which asked staff to describe how they demonstrated the organisation's values in the course of their day to day work.

In 2017, Locala set three strategic objectives to define how the organisation intended to realise the vision statement. The three strategic objectives were:

- The delivery of high quality health care and support in our core business while contributing to the wider determinants of health in partnership with others.
- Seek opportunities to expand in to new geographical areas where we have the capability to do so. This will vary service by service.
- We will work with our colleagues, community members, partners and the wider public to develop our longer term strategy – to become the cornerstone of the communities we serve.

These strategic objectives were included in the Locala operational plan for 2017/18.

Good governance

Public Health England produced a quarterly report called 'diagnostic outcomes monitoring executive summary' which provided information on key performance indicators.

Substance misuse services

The service did not have targets related to clinical activity but was able to use the report to benchmark specific clinical activity and outcomes against national averages. Areas of performance covered included:

- Successful completion and presentation performance.
- Proportion of all in treatment who successfully completed treatment and did not re-present within six months.
- Proportion of new presentations who had an unplanned exit or transferred and not continuing a journey before being retained for 12 weeks.

The service also monitored local internal performance indicators for compliance with mandatory training, sickness rates, completed annual appraisals and safeguarding supervision rates. In September 2017, Locala had introduced a new performance dashboard which provided local teams with an executive summary of key performance indicators. The performance dashboard showed that as of September 2017, hand hygiene audits showed 100%, mandatory training had reached 99% compliance and appraisal rates were 100%. Sickness rates were 1.5% which was lower than the provider rate of 5.2% in November 2017. The dashboard showed that sickness rates had steadily increased since July 2017. All staff were required to attend an annual one to one session of safeguarding supervision with Locala's safeguarding leads or safeguarding team. Team meeting minutes showed that in September 2017 compliance with safeguarding supervision was 81%. This had improved to 100% compliance by October 2017.

The service had regular team meetings. Team meeting minutes for the period September to November 2017 showed that the team had met four times within the three month period. Team meeting minutes showed that the teams discussed opportunities for further training, key performance indicators, incidents, risk registers, service user feedback and newly introduced guidance from the National Institute for Health and Care Excellence. The clinical manager for the service attended the business unit meeting which was chaired by the operational manager. This allowed the clinical manager to escalate concerns from a local level to the senior managers. The operational manager attended Locala's monthly 'Stand Up Tuesday'. This was a meeting of senior managers and Locala's executive directors and allowed the operational manager to escalate concerns from local teams to the executive directors.

Locala provided the clinical and prescribing element of a shared contract for substance misuse services in Kirklees. In 2017, the lead provider for substance misuse services in Kirklees had gone into administration which resulted in a transfer of the contract to a new lead provider. Prior to the inspection the operational manager for Locala's wellbeing business unit told us that the relationship between Locala and the new provider had started to improve after a period of initial challenge. Team meeting minutes from November 2017 showed that the relationship with the new provider had been included on the Locala's risk register. The operational manager described how the process of escalation had been used to raise concerns about the relationship between Locala and the new lead provider for substance misuse services in Kirklees. The clinical manager had raised concerns at a business unit meeting. The operational manager had then escalated concerns at the 'Stand Up Tuesday' meeting. In October 2017, the senior leadership team of both the new lead provider and Locala services in Kirklees had a partnership meeting which resulted in a service action plan which included all partners in the shared contract. The operational manager told us that following these meetings there had been a substantial improvement in the working relationship between the two providers. We reviewed team meeting minutes and business unit meeting minutes for September and October 2017 which supported how the escalation process had been used to identify and address concerns between the two providers.

All Locala policies included an equality impact assessment. The head of operations told us that Locala was in the process of reviewing policies to ensure that Locala policies were in line with the organisations working in partnership to provide substance misuse services in Kirklees. The 'infection prevention and control management arrangements' policy was issued in November 2015 and was due for review in November 2017. This policy was being reviewed at the time of inspection.

Locala had an 'incident reporting, management and investigation' policy and procedure which was introduced in May 2017 and was due for review in May 2020. The policy provided staff with a definition of what constituted an

incident with the legal requirement of the duty of candour. An incident meeting the duty of candour was defined as one that 'must be 1) clinical 2) resulted or may have resulted in harm, 3) the harm must be either moderate, severe or have resulted in death and 4) was a direct cause of the treatment they were provided by Locala. The policy included the description of incidents meeting the duty of candour in with the regulation's requirement for providers which were not NHS trusts.

The service provided a breakdown of incidents by category for the six months prior to inspection. The data showed that the service had reported 20 deaths in total during this period comprised of 14 unexpected deaths of clients within the service or within tier two or tier three services and six expected deaths of clients. The clinical meeting agenda for August 2017 which included the clinical leadership team for Locala and the lead provider for substance misuse services in Kirklees noted that prior to August 2016 Locala was required to report deaths of clients to CQC as well as the lead provider which resulted in dual reporting. Since August 2016, the lead provider for substance misuse services makes all notifications to CQC following the death of clients receiving care from the shared contract.

The risk register for Locala was maintained using an electronic system closely modelled on the incident reporting system. Risk registers were discussed in local team meetings. Team meeting minutes showed evidence of discussion of local level risks and noted when higher level risks had been escalated through the internal governance structure. Risks could be entered to the risk register by staff at team leader level and above, although all staff could raise identified risks in team meetings for discussion. There were nine risks on the risk register specifically for substance misuse services. One risk was graded at 16 which was the highest risk faced by the service. This risk related to the service not achieving current key performance indicators. As the risk was graded above 15, the risk was discussed in Locala's 'Stand Up Tuesday' and was included on the corporate risk register.

Leadership, morale and staff engagement

We observed that staff had a strong and purposeful approach to their work. Staff told us that morale was very positive; the senior management team echoed this. Staff reported a cohesive working relationship within the team and the partnership arrangement. We saw extensive mutual support within the service and this made a positive difference to staff. Staff spoke highly about the team and the senior management team. Lines of communication were open and honest within the service and staff felt listened to and valued.

Locala provided leadership development training to service managers. The operational manager for wellbeing services, which was the business unit within Locala which included substance misuse services, had completed an 'aspiring leaders programme' provided by the University of Salford in May 2016.

The clinical manager for the service was a nurse by background. The operational manager told us that the long term goal of the service was to become a nurse led service. We were told that this fitted with the original service specification submitted as part of the shared contract.

The service monitored sickness and absence rates. In September Locala had introduced a new performance dashboard which allowed local teams to have oversight of performance against sickness targets. Sickness rates were monitored at business unit level. The provider target for sickness rates was 4.6%. The wellbeing business unit which included substance misuse services was higher than the target at 5.5%. We discussed this with the service manager and the substance misuse service sickness rate was recorded at 1.5%. The performance dashboard for substance misuse services showed that sickness rates had increased each month between July and September.

The service participated in the Locala colleague survey which was undertaken in February 2017. Results of the survey were broken down to business unit, locality and by staff profession. Results were not broken down to represent the results of individual teams. The operational manager told us that this was because it was recognised that as teams had small establishment levels, a further breakdown of the survey would identify individual staff members in what was intended to be an anonymous survey.

Substance misuse services were managed within Locala's wellbeing business unit and information was available at locality level which combined substance misuse services and sexual health services for Kirklees, sexual health services in Bradford, the cytology mentors service, tuberculosis specialist services and the White House GP surgery. The staff survey showed a higher staff engagement score compared to the other two sub-divisions of the wellbeing business unit, however the results also showed

that only 40% of staff within the sub-division would recommend Locala as a place to work. The staff survey results were presented as a paper to Locala's board of directors in April 2017 which noted that Locala's four business units were each required to produce an action plan in response to the survey results. The wellbeing business unit had produced an action plan designed to improve communication, management visibility and opportunities for staff development which were highlighted as issues in the staff survey.

Locala had a 'freedom to speak up: raising concerns (whistleblowing) policy' which was introduced in April 2016. The policy was initially due for review in September 2017 however the review date was extended to March 2018 in October 2017. The policy provided staff with guidance on how to raise concerns and assured staff that raising concerns would not result in staff losing their jobs or suffering reprisals. Staff confirmed that they were able to raise concerns without the fear of victimisation.

The operational manager told us that as part of the new approach to partnership working within the shared contract, changes to the service were being assessed for their impact on quality and sustainability. This included changes to staff roles within the partnership and changes that had the potential to affect all partners.

In November 2017 the service produced a report detailing service user engagement and feedback for the twelve months prior to inspection. The service used 'Care Opinion' which was an engagement tool facilitated by volunteers using electronic tablets to collect feedback from clients attending clinics in both Huddersfield and Dewsbury. The feedback from clients was mostly positive, however some clients raised concerns about access to appointments. The service manager told us that the service was responding to these concerns by increasing the number of available appointments and were planning to introduce drop-in sessions for clients who could not attend for an appointment time. The survey indicated that 74% of clients (drawn from 43 respondents) answered 'extremely likely' to the survey question 'how likely is it that you would recommend this service to a friend or family member if they needed similar care or treatment'. An additional 19% answered that they were 'likely'.

Commitment to quality improvement and innovation

During the inspection the chief executive told us that the service had participated in the annual internal Locala staff awards ceremony. This was attended by over three hundred staff working across Locala's four business units. The service manager was a recipient of a staff award in 2016.

Locala had a staff recognition scheme which was introduced after consultation with Locala's members' council.

Recovery nurses within the service had established positive working relationships with colleagues within the local general hospital. Staff had a reciprocal arrangement for delivering training within the service. The recovery nurses shared their specialist knowledge with nurses and doctors from the hospital. In turn, the doctors and nurses shared their expert knowledge from clinical areas such as respiratory medicine and gastroenterology. The recovery nurses told us they would share this learning within their immediate team to improve the service.

The provider was committed to improving service quality by actively engaging with clients to receive feedback about the service. The service has maintained this focus following the development of the new partnership arrangement. This approach reflects the values of the organisation and is clearly embedded within the service.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure client care records provide a detailed assessment of substance misuse and prescribing rationale. All client care records should reflect clients' preferences for care and treatment.