

North Yorkshire Horizons







Quality Report

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

Ratings

Overall rating for this location	Outstanding	
Are services safe?	Outstanding	
Are services effective?	Outstanding	
Are services caring?	Outstanding	
Are services responsive?	Outstanding	
Are services well-led?	Outstanding	

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

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

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

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

Summary of findings

Overall summary

We rated North Yorkshire Horizons as outstanding because:

- Clients were protected by a comprehensive safety system with a proactive approach to anticipating and managing client risk. Risk management was discussed as a multidisciplinary team between the partner organisations and utilised the support of external agencies where applicable. Staff used technology to ensure prompt information sharing and support integrated care. Clients were supported to manage their risks at home. Staff maintained effective clinical audits. They introduced batch prescribing to avoid delays in clients' receiving medicine. Lone-working protocols were embedded to safeguard staff. The team had a focus on openness, transparency and learning when things go wrong.
- Outcomes for clients were better than expected when compared with other similar services. Staff worked with partner organisations and external services to provide holistic care. All staff had associated specialisms, such as sexual health. Staff exhibited excellent knowledge of associated national guidance. They had submitted treatment outcomes that were above the average listed by national benchmarking services. They were identified as engaging increasing numbers of detoxification clients, which contrasts the national trend. Harrogate was trialling new urine drug tests. Staff planned discharge in advance to ease care transfer. Staff monitored client's physical health, encouraged healthy lifestyle choices and offered tests and vaccinations for blood borne viruses. Staff would transport clients to appointments external to the service if required.
- Clients were truly respected and valued and empowered as partners in their care, practically and emotionally, by an exceptional service. Staff developed respectful relationships with clients, treating them with kindness and dignity. Clients felt staff "genuinely care". Staff went above and beyond to support clients' and carers' emotional and social needs. Staff introduced links with communities and local support networks. Staff offered flexible support to meet clients' needs. Clients informed treatment choices and their feedback informed services changes.
- Services were tailored to individual's needs and delivered in a way that ensured flexibility, choice and continuity of care. They delivered person-centred pathways to clients with complex needs, through relationship development. Staff were active in re-engaging clients and overcoming barriers to clients accessing care. Staff ran clinics in isolated, rural locations or attended clients' homes to encourage engagement. Staff kept short appointments free to stay responsive to service need. Staff were proactive in understanding and responding to the needs of clients with protected characteristics. Information was available in different formats according to communication needs.
- Leadership, governance and culture were used to drive and improve the delivery of high-quality, person-centred care. Leaders at all levels were compassionate, inclusive and highly experienced. Staff morale was very high, they were proud of the service provided and felt valued. Managers acknowledged staff strengths and supported their development. Managers supported staff work-life balance. Leaders understood the challenges and priorities of the service. There was a focus on service improvement and reflective practice. Staff could contribute to service development. Governance structures adhered to best practice.

Summary of findings

Contents

	Page
Summary of this inspection	
Background to North Yorkshire Horizons	5
Our inspection team	5
Why we carried out this inspection	5
How we carried out this inspection	5
What people who use the service say	6
The five questions we ask about services and what we found	7
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Detailed findings from this inspection	
Mental Capacity Act and Deprivation of Liberty Safeguards	13
Overview of ratings	13
Outstanding practice	28
Areas for improvement	28

Outstanding



North Yorkshire Horizons

Services we looked at

Substance misuse/detoxification

Summary of this inspection

Background to North Yorkshire Horizons

North Yorkshire Horizons provides community substance misuse support for adults in North Yorkshire. Their services include substitute medication and support with detoxification from alcohol and/or drugs in the community, support to reduce the harm of drugs and/or alcohol and achieve a balanced approach to life. The service also provides structured group therapy, support to families, health and wellbeing checks, health screenings, blood testing and vaccinations. North Yorkshire Horizons also supported clients going through the criminal justice system.

The local council had commissioned an integrated substance misuse service, combining services between four organisations. A non-profit organisation held the contract for care coordination within North Yorkshire Horizons and provided psychosocial interventions, the clinical elements of the service had been subcontracted to Spectrum Community Health Community Interest Company. A health and social care charity provided recovery support and mentoring and had subcontracted elements of recovery to another non-profit organisation. North Yorkshire Horizons was the overall name for the partnership between these organisations.

This inspection only observed the Spectrum element of the service, and the rating applied is specific to the clinical care they provide for North Yorkshire Horizons.

North Yorkshire Horizons was registered for diagnostic and screening procedures and treatment of disease, disorder or injury. There was a registered manager for this service.

North Yorkshire Horizons operates from five main hubs across North Yorkshire, covering 3,600 square miles, these are: Northallerton, Harrogate, Skipton, Selby and Scarborough. The service also runs outreach clinics in rural areas including Malton, Whitby, Tadcaster, Sherburn, Thirsk, Great Ayton and Catterick.

The service was previously inspected in February 2016, the Care Quality Commission did not rate substance misuse services at that time, the service did not have any regulatory breaches at the last inspection.

Our inspection team

The team that inspected the service comprised of two CQC inspectors, one of whom had a background in substance misuse services, an assistant inspector and a specialist advisor.

Why we carried out this inspection

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

How we carried out this inspection

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

- Is it safe?
- Is it effective?
- Is it caring?

Summary of this inspection

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

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

During the inspection visit, the inspection team:

- visited Harrogate, Skipton, Northallerton and Scarborough hubs, looked at the quality of the ward environment and observed how staff were caring for clients;
- spoke with both wellbeing nurses, the three non-medical prescribers, both the wellbeing prescription administrator and business prescription administrator and one of the two GPs.
- spoke with the registered manager, clinical lead and deputy manager;
- received feedback about the service from one commissioner;
- spoke with the Assistant Director for the non-profit organisation who subcontract to Spectrum;
- spoke with five members of staff who worked for the partner organisations;
- spoke with one community pharmacist;
- attended and observed a morning meeting (multidisciplinary team handover meeting);
- attended and observed three appointments within clients' homes;
- spoke with nine clients and four carers;
- collected feedback from 10 clients using comment cards;
- Looked at 10 care and treatment records of clients;
- carried out a specific check of the clinical areas and medicine management for the four hubs visited;
- Looked at ten prescription records for clients at three hubs; and
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with nine people who were using the service and four carers during the inspection and received 10 comment cards from clients. We received consistently positive feedback from clients about the service and staff. Clients told us that the staff were approachable, caring and respectful. Clients told us that they were always given options about their treatment pathway and that they felt supported in making decisions about their care. Clients felt staff went above and beyond for them. Clients told us that staff were flexible and would support them outside of their working hours in exceptional circumstances and were always accessible by phone.

Clients were very positive about the service locations and told us that the locations were always clean and tidy. None of the clients said their appointments had been cancelled by staff and told us they were always kept informed by the service if there was any changes. Most clients told us that there was nothing about the service that they would change or improve. One client told us that they had different services available to them due to their postcode, but had chosen North Yorkshire Horizons because of the staff that would be supporting the detox and rehabilitation.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as **outstanding** because:

- Staff had a proactive approach to anticipating and managing client risks, this was embedded and recognised as the responsibility of all staff. A client noted that staff implemented risk management strategies before the client had recognised their own decline.
- All staff from across the partner organisations within the service were involved in risk management discussions for vulnerable or complex clients during the daily morning meeting, taking into account current best practice.
- Staff discussed risk and managing risk with clients and carers; supporting them to manage risks at home through interventions such as providing harm minimisation advice and wound care.
- Staff had laptops that they took to outreach appointments in the community so that updates to client records could be made in real time with their partner agencies, supporting integrated care for clients.
- Staff had established good pathways with external agencies to encourage information sharing, all care plans reviewed evidenced external agency involvement.
- Medicine management was routinely monitored through clinical audits and action plans were always implemented promptly; using the positive relationships formed with community pharmacists to share learning from incidents.
- The service sent out six-week batch prescriptions to pharmacies to mitigate any potential errors or delays with the postal service.
- The provider had not had any serious untoward incidents between August 2017 and August 2018.
- There was a genuinely accepting culture in which staff, clients and external agencies were encouraged to raise all safety concerns to inform learning and improvement.
- Staff were open and transparent, and understood their responsibilities around reporting incidents and near misses.
- Duty of candour was embedded and clients were informed when things had gone wrong, with an explanation and apology given.
- The service had embedded lone-working protocols and conducted staff risk assessments where necessary to keep staff safe.

Outstanding



Summary of this inspection

Are services effective?

We rated effective as **outstanding** because:

- Staff were committed to working collaboratively with partner organisations to provide a truly holistic approach to assessing, planning and delivering care and treatment to all clients.
- All staff had been proactively encouraged and supported to acquire specialisms in different areas to better address clients' needs, such as mental health and palliative care.
- Staff were encouraged to share their knowledge and held learning sessions such as a liver study day.
- Staff showed excellent knowledge of national guidance in interviews and during the three appointments we observed.
- Staff engaged in activities to monitor and improve quality and outcomes. Opportunities to participate in benchmarking and peer review were proactively pursued, such as submitting regular treatment outcome profiles to the National Drug Treatment Monitoring Service.
- The service was involved in a Public Health England report because they had continued to engage increasing numbers of alcohol detoxification clients against a backdrop of falling numbers nationally.
- Harrogate hub was trialling a new urine test that isolated a metabolite associated with heroin, so staff could more effectively test whether clients were using heroin, without the potential for a positive reading for other opiates such as codeine.
- Clients transitioned seamlessly between services because of advance planning and strong information sharing between teams; discharge staff from a partner organisation attended detoxification clients' first appointments.
- Staff routinely supported clients to live healthier lives, identifying clients who required extra support. The service routinely monitored client's physical health, including blood borne virus testing, vaccination and referrals for treatment with shared follow up monitoring; as well as liver functioning tests for alcohol detox clients.
- Staff would explore whether clients were accessing the required physical health support from external agencies, and if they were not or were unable, staff collected them from their home address and took them to appointments.

Outstanding



Are services caring?

We rated caring as **outstanding** because:

Outstanding



Summary of this inspection

- Clients were truly respected and valued as individuals and are empowered as partners in their care. All client notes reviewed evidenced that clients and carers were involved in all decisions surrounding care and treatment.
- Feedback from clients and carers was consistently positive, stating that staff's care and support regularly exceeded their expectations. Clients said that staff made them "feel special" and that they "genuinely care".
- Staff approached clients' and carers' emotional and social needs with the same importance as their clinical needs. For example, staff attended a client's address daily to ensure their carer felt comfortable enough to go on holiday.
- There was a strong person-centred culture among staff, they demonstrated a kind and dignified approach to client care and had developed caring and respectful relationships with clients and carers.
- Staff provided support that responded to the totality of client's needs. Staff provided interim support outside of working hours for clients and their families, while they waited for the appropriate psychiatric input on multiple occasions.
- Staff recognised clients' need to have links with their community and external support networks and assisted them in accessing these.
- Staff were observed to talk about and talk to clients with kindness and dignity throughout the inspection.
- Clients and carers were trained in Naloxone administration and provided take-home kits where appropriate.
- The service could evidence that they had used client feedback to inform service amendments, such as creating a card for clients to present at front desk so they did not have to verbalise their reason for accessing the service.
- Staff were flexible and available for clients, to offer support when the client needed it.

Are services responsive?

We rated responsive as **outstanding** because:

- Services were tailored to meet the needs of individuals, ensuring they delivered a service specific to the needs of that client.
- They had innovative approaches to providing integrated person-centred pathways of care that involve other service providers, particularly for people with multiple and complex

Outstanding



Summary of this inspection

needs. Staff members' specialist areas and the pathways they had formed with external services, such as maternity units, hepatology and sexual health clinics, ensured they provided an informed choice of care.

- Rather than remove treatment if clients disengaged, staff tried to reengage the client, using strategies such as increased contact and visiting the client with their probation worker.
- The service had outreach clinics in more isolated rural locations, such as Great Ayton, to make it easier for clients to access support.
- Staff often attended appointments at clients' home addresses or in the community if clients had difficulties attending the service.
- There was a proactive approach to understanding the needs of different groups of people, the service could evidence multiple objectives for engaging and supporting clients with protected characteristics, including attending lesbian, gay, bi-sexual, transgender, queer and questioning Pride events and providing outreach in women's refuges.
- The service had developed strong links with community facilities, such as a café that provided protected time for people who are lonely.
- The service had late night access for one evening per week, across the different hubs, for clients who could not attend during working hours.
- Staff retained emergency appointments so they could respond quickly to new referrals or a sudden change in client need.
- Clients were supported and encouraged to give feedback about their care, using client experience questionnaires and comment boxes in reception. The client questionnaire form was available in audio, large print and different languages.
- The service had not received any formal complaints between August 2017 and August 2018. We spoke with one client who had raised a complaint with staff and they were satisfied with the resolution.

Are services well-led?

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

- The service operates as a flattened hierarchy and staff felt senior leaders in the organisation were visible and approachable. Senior members of staff at a local level, including the clinical manager, were actively involved in client care.
- There was compassionate, inclusive and effective leadership at all levels.

Outstanding



Summary of this inspection

- Even when on long-term sick leave, a senior member of staff stayed in touch with the service and clients and used their experience to inspire others.
- Staff morale was very high and there was a sense of camaraderie in the team. Staff described being proud of the care they provided and spoke highly of the culture.
- There was a high level of staff satisfaction, staff felt valued and appreciated by the organisation.
- Managers acknowledged staff strengths and encouraged their professional development.
- Managers recognised the importance of staff's personal life and allocated temporary paid leave for staff to spend with family.
- Leaders at all levels demonstrated the high levels of experience, capacity and capability needed to deliver excellent and sustainable care.
- Leaders had a deep understanding of issues, challenges and priorities within their service. Staff were dedicated to designing creative ways of working to ensure that changes in budget was not reflected in client care.
- There was strong collaboration, team-working and support across all functions and a common focus on improving the quality and sustainability of care and people's experiences.
- Strategies and plans were aligned with plans in the wider health economy. There was a demonstrated commitment to system-wide collaboration and leadership; such as the service's efforts to engage a local mental health trust in a joint approach to dual diagnosis clients.
- The service managers had an inspiring attitude towards client, staff and organisational development.
- Governance arrangements were proactively reviewed and reflected best practice. Any concerns were identified, investigated and resolved promptly.
- The Integrated Clinical Governance Board meetings showed senior staff across the partner organisations taking a cohesive, systematic approach to serious incidents, complaints, internal audits, safeguarding and considered lessons learned from these to inform system-wide working and improvement.
- Clients and carers were encouraged to give feedback and were given regular service updates through the website and social media page.
- Staff were aware of, and their practice reflected, the service's values and visions.
- The senior leaders held an annual "roadshow" to keep staff informed of decisions and encourage them to ask questions.

Summary of this inspection

- Staff at all levels were able to give examples of how they had been involved in innovative practice for the service; such as developing pathways and specialist learning.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

All staff had completed mandatory training in the Mental Capacity Act. Staff demonstrated good understating of the principles of the Mental Capacity Act and assumed clients had capacity and that capacity could change. Staff approached capacity as an ongoing assessment and






considered different approaches to encourage clients to be able to inform their care. Staff could give examples of illnesses which affected capacity that may be found in clients with a history of substance misuse.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Substance misuse/ detoxification	★ Outstanding	★ Outstanding	★ Outstanding	★ Outstanding	★ Outstanding	★ Outstanding
Overall	★ Outstanding	★ Outstanding	★ Outstanding	★ Outstanding	★ Outstanding	★ Outstanding

Substance misuse/detoxification

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

Are substance misuse/detoxification services safe?

Outstanding 

Safe and clean environment

The inspection team visited four of the service’s five community hubs. All the environments were clean and tidy; though the clinical spaces in Harrogate and Skipton were quite cold. The basement of the Scarborough hub had recently been renovated. Clients described the service as “homely” and “welcoming”. The premises used were managed by a partner organisation who were also responsible for the maintenance, cleaning and security of the buildings. The locations of the first aid box, fire exits and fire extinguishers were clearly displayed. The names of fire marshals and first aiders were also displayed.

Each hub had rooms for individual and group interventions. Not all the hubs had appropriate disabled access, some hubs had ramps or a separate access with one or two steps for people who had limited mobility. However, staff could accommodate this by facilitating meetings within the client’s home or in a community setting.

The clinical rooms at all hubs were clean and tidy and carried the necessary equipment to carry out physical examinations. All equipment was calibrated and monitored by a local trust, the most recent was the month prior to inspection. Cleaning of equipment and checking the clinical fridges was carried out by Spectrum and records demonstrated that staff adhered to infection control principles. The emergency equipment was checked by a partner organisation and the checks were in date. Clinical

waste was stored and disposed of in line with the organisation’s policy. The disposal was arranged by a partner organisation, though Spectrum could request additional collections if required.

Safe staffing

Spectrum had a small workforce, each assigned to specific hubs and surrounding areas. The nursing provision was spread equally across the hubs, with staff being flexible to attend different areas within the county to provide support where necessary. The staff team consisted of a clinical manager (who was a non-medical prescriber), a deputy clinical manager, clinical lead (who was a non-medical prescriber), two general practitioners, three non-medical prescribers, two wellbeing nurses, a business and prescription administrator, and a wellbeing and prescription administrator. A doctor from a secure setting also attended the Scarborough hub monthly, giving additional support to staff in providing effective treatment for clients from secure services.

At the time of inspection, a senior member of staff had been on long-term sick leave. The staff team had amended their working hours and restructured the team’s job roles to ensure that this had minimal impact on the service. Other than this one instance, no member of staff had been absent due to sickness in the six months prior to inspection. The service had not used bank or agency staff between August 2017 and the time of inspection; though they did have access to Spectrum bank staff should they have required the support. Within the same timescale the service had not had any staff leavers and did not have any vacancies.

The service had a clear process in place to be able to manage sickness and absences and would ensure



Substance misuse/detoxification

continuity of care for clients. The service kept shorter appointment slots available to ensure that they could be flexible in response to new referrals, enhanced client need or unexpected staff absence. Staff also reported using this time to discuss concerns or complex cases with managers or the multi-disciplinary team.

Staff carried personal “panic” alarms. One was accidentally activated by a member of staff during inspection and staff responded appropriately to this. Staff followed the service’s lone working protocol. There was a sign-out board in the staff office where staff could state where they were going when lone working. Staff would contact the office to say when they were leaving an appointment. If they had not contacted the unit at the expected time, an allocated member of staff would contact them. The electronic record system had a panic button, where it would alert other users that the staff member required support. Staff behind reception also had alarms they could activate. At the morning meetings each day, two members of staff were allocated the role of first responder and would attend to assist if an alarm had been activated. Staff felt comfortable not entering a client’s home if they felt unsafe and stated they would explain the reasons why to the client and try to arrange an alternative location.

All staff had completed and were up to date with mandatory training in health, safety and welfare; fire safety; and infection prevention and control.

Assessing and managing risk to clients and staff

We reviewed 10 client care records during inspection and found these to be up to date. A partner organisation was responsible for collating the risk assessment and care plan, but Spectrum staff contributed to this and kept their own comprehensive notes of interactions and treatment decisions. All the clients’ clinical notes reviewed detailed staff discussing risks associated with continued substance misuse and advising clients about harm minimisation.

A partner organisation conducted risk assessments for clients. They also completed risk assessments for staff with clients where applicable. Spectrum contributed to these entries to ensure they reflected their client observations. An example of risk to staff management was evidenced in one plan that stated that all appointments should take place at a hub, which progressed to two members of staff for all home visits before being reduced to one staff member for a home visit, in line with decreased risk presented to staff.

Clients who had a known conflict with each other had appointments arranged for different times so they would not access the hub at the same time. Clients also signed a service user agreement with a partner organisation discussing appropriate behaviour and agreeing a list of banned items, such as weapons or alcohol.

Any clients that staff had concerns about were discussed as a multidisciplinary team at the morning meeting or as required. There were also weekly meetings at the hubs to discuss clients with complex needs and team meetings to discuss risk and agree a care and treatment plan. Clients reported that staff identified changes in their presentation promptly and put in strategies to manage any deterioration in their mental or physical wellbeing proactively. One client said staff are “very good at picking up on my needs, before I am. They can see it coming and I go downhill but these coping things have already been put in place for me”. Spectrum staff provided advice and support to enable clients to manage their own risks. For example, if a client had a wound at risk of infection but was unlikely to access primary medical services for assistance; Spectrum staff would provide wound care and show the client how to effectively manage the wound, providing the necessary equipment (such as gauze) for them to manage this at home. Staff also supported clients through physical health treatments and gave examples of accompanying clients to chemotherapy treatment and supporting a client and their family when they had a liver transplant.

The service issued out naloxone kits for clients with a high risk of overdose from opiates. Naloxone is an injectable medicine that reverses the effects of an opiate induced overdose. Staff provided training to the client and their carers for all kits offered. Staff gave us a demonstration of this training and it was concise, clear and easy to remember.

During the morning meeting that we observed, staff discussed clients with complex needs. They were observed to take a holistic approach to the clients’ needs. They discussed input from family and carers (who they knew by name), social workers, hepatology department, pharmacists, safeguarding, general hospital nurses. They also discussed clients’ housing, work and family dynamics where applicable.

There was no smoking permitted at any of the premises. There was evidence in clients’ care plans that they were



Substance misuse/detoxification

supported to access smoking cessation services through an established pathway and there were posters in reception at the hubs giving information about smoke free support services.

Staff told us that the service worked closely with pharmacies to manage incident where they had suspicions that a client had passed their medication on to a third party for illicit purposes. Staff reported that when they received notification of suspected diversion, staff would always challenge the client about their concerns; while ensuring they did not identify the person who notified them. They would then decide how to respond on an individual basis, and consider actions such as introducing supervised prescriptions.

Safeguarding

All staff had completed the mandatory equality, diversity and human rights training; safeguarding of children; and safeguarding of adults training. Staff could describe different forms of abuse and ways of identifying it. Safeguarding concerns were an agenda item at the morning meetings in each hub so individual cases could be assessed with a multidisciplinary approach between the different North Yorkshire Horizons organisations. Each hub had a safeguarding champion. The service had a safeguarding lead who was employed by a partner organisation and staff could also utilise Spectrum's safeguarding lead at a provider level. The safeguarding lead provided supervision to staff across all the hubs. The care plans reviewed evidenced links with the local authority and social workers where applicable and good information sharing with external agencies.

Staff access to essential information

Staff used an electronic record system to record client interactions and care records. They had electronic records of prescriptions and paper copies. Paper copies were held in locked safes in the hubs. Staff had laptops that they could take to outreach appointments in the community so that client information could be accessed and updated promptly, to ensure records were contemporary and accurate.

Medicines management

The service had effective policies, procedures and training in place relating to medicines management. This included prescribing, storage, dispensing and prescription

management. Staff stored vaccinations in a fridge in a locked clinical room with limited access. Fridge temperatures were checked daily and staff carried out regular audits. Anaphylaxis treatment was in stock in the clinic rooms and in date. Naloxone was in date and stored in line with guidance. Controlled drugs were not stored or dispensed from any of the locations. Spectrum conducted Royal College of General Practitioners Alcohol and Drug training for North Yorkshire practice staff. Spectrum also had a policy for opioid substitute treatment and detoxification prescribing guidance, specialist alcohol prescribing guidance and a standard operating procedure for prescribing within North Yorkshire Horizons. Staff completed a letter to the client's GP discussing proposed care and to ensure they had safely addressed medicines reconciliation before prescribing.

Staff reviewed the effects of medication on clients' physical health regularly and in line with National Institute for Health and Care Excellence guidance. All clients were reviewed by a wellbeing nurse or non-medical prescriber. Those who were identified as having more complex needs, such as those with existing serious health concerns and pregnant clients, were also seen by the service's doctors. Clients had milestone appointments every three months, (more regularly for complex clients, those on high-dose methadone and new alcohol detoxification referrals) during which their medication was reviewed.

The service also sent out batches of six weeks' worth of prescriptions, which were sent two weeks prior to when they were due to allow for any changes. Once prescriptions had been prepared, the prescriber had protected time set aside to do a full notes review before they signed off the prescription. The service also had guidance on making alterations to the prescriptions, with a step by step process to be followed and a list of information the pharmacy should be updated with. They put protected time in clinics for the doctors and non-medical prescribers so that they could case review as they signed off prescriptions. A member of staff then stored them in a locked bag and hand delivered any that were local to the hub. This was arranged to mitigate the impact of any potential errors or delays with the postal service and to further improve working relationships with local pharmacies.

Track record on safety

The service had not had any serious incidents between August 2017 and August 2018.



Substance misuse/detoxification

Reporting incidents and learning from when things go wrong

Staff knew what incidents to report and how to report them. They were clear about their responsibilities for reporting incidents. Staff would liaise with relevant agencies, such as pharmacies, and raise incidents at commissioner level where applicable. The service discussed incidents at the morning meetings and held regular team meetings, both as individual services and as a multi-disciplinary team. There was also quarterly incident learning review meetings and learning was fed back through team meetings.

Staff showed an understanding and acceptance of the duty of candour and could readily give examples of when they had given clients full explanations after something had gone wrong. One such example involved prescriptions going missing in the recorded post as the envelope had torn before reaching the pharmacy. All prescriptions were returned in time, but the same thing happened again that month. All clients affected were informed and apologies made. The incident was investigated and the post office and ombudsman were informed. In response to this incident, prescriptions were sent in plastic envelopes that couldn't be split and were hand-delivered (in locked bags) where possible.

Are substance misuse/detoxification services effective?

(for example, treatment is effective)

Outstanding



Assessment of needs and planning of care

The clients' triage assessments and full assessments were completed by a partner organisation. Spectrum staff then followed this up with a wellbeing check and prescription appointment. Staff aimed to have this process completed within 21 days but said that, at a maximum, it could take up to four weeks from first presentation for clients to receive their prescription. Clients had two or three appointments prior to their prescribing appointment, staff compiled a letter to the client's GP to ensure they had a full medicine reconciliation prior to prescribing. The client's motivation for treatment was also assessed during assessment.

We reviewed 10 client records, and reviewed elements of the files of three more. The clients' recovery plans and risk assessments were completed, reviewed and updated by a partner organisation, considering their findings at assessment. Spectrum staff could add to this if they identified a change in risk or a new goal the client wished to achieve. North Yorkshire Horizons used an electronic case management system, which all partner organisations could access. This meant all staff involved in a client's care could access information added by each agency.

Best practice in treatment and care

We looked at the prescribing records for the ten clients whose care plans we reviewed. We also took an overview of 10 prescribing records in Harrogate, Skipton and Northallerton hubs. All showed prescribing and detoxification rationale and regimes in line with national guidance, evidence of regular clinical reviews and a multi-disciplinary input. Staff showed excellent knowledge of guidance in interviews and during the three appointments we observed.

Staff provided treatment in line with the NICE guidance and the Drug misuse and dependence: UK guidelines on clinical management (often called the Orange Book). All staff had completed the Royal College of General Practitioners Alcohol and Drug training. Any change in guidance was cascaded from the medicines management and governance team. There was evidence within the North Yorkshire Horizons Integrated Clinical Governance Board minutes that changes to NICE guidance had been discussed and plans had been made to circulate this to staff.

The service had supported staff members to have different specialisms linked to client treatment options and pathways, such as palliative care, dental care, mental health and sexual health. Nurses identified training and attended conferences in their specialist areas as part of their ongoing training. For example, a nurse was scheduled to attend a conference on palliative care in substance misuse conference at the end of the year. Clients were assessed to see which staff member would be best suited to inform their care needs outside of their substance misuse or detoxification needs. For example, if a client had mental health concerns, the nurse linked with the mental



Substance misuse/detoxification

health pathway would be involved in the client's care. Staff could describe how they responded to clients with life changing conditions, supporting them and their families and accompanying them for treatment if required.

The service's GPs and the non-medical prescribers generated prescriptions. A general prescription was used for the vaccines and individual prescriptions were used for detoxification and substitute prescribing. The service kept regular review of clients' adherence to collecting medication. Staff were able to give an example of when they had arranged for a pharmacy to deliver medicine to a client's home address on a short-term basis as an injury had left them physically unable to collect it.

The service considered clients' healthcare needs at the wellbeing checks and during medical reviews or milestone appointments. This included testing, vaccinating and referral for treatment for blood borne viruses with shared follow up monitoring. Following this, the clinical team offered vaccinations and screening in line with Public Health England's target to eliminate Hepatitis C by 2025. The service also did liver functioning tests for alcohol detox clients.

Staff supported clients to live healthier lives; for example, through smoking cessation, giving harm minimisation advice, and there were posters in communal areas discussing the calorific content of different alcoholic drinks. Staff had identified that some GPs were prescribing gym memberships and had begun to make links for clients to access this. Staff made excellent links with external organisations to ensure that every aspect of clients' needs were addressed; going so far as to collect clients and take them to necessary appointments if they were unable or unlikely to attend. Staff said that they would facilitate this to ensure clients received the appropriate care, and would gradually encourage clients to have more autonomy as they progressed through recovery. A senior member of staff informed us that a client had looked unwell during an appointment, when questioned, they said they had not wanted to wait in the accident and emergency department to be seen. The staff member escorted the client to hospital and waited with them until they had been seen by the doctor, spending 3 hours in hospital after their shift had finished.

At the time of inspection, the Harrogate hub was trialling a new urine test that isolated a metabolite associated with heroin, so staff could more effectively test whether clients

were using heroin, without the potential for a positive reading for other opiates such as codeine. Staff also had good links with GPs in the area and could evidence that they successfully linked with these services to provide electrocardiographs for clients on a high-dose methadone prescription.

Monitoring and comparing treatment outcomes

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

The National Drug Treatment Monitoring Service showed that the national proportion of opiate clients in effective treatment was 95% for all results recorded between January and July 2018, while North Yorkshire Horizons had achieved 98%. For the same period the national proportion of non-opiate clients in effective treatment was between 84-85%, North Yorkshire Horizons had achieved between 90-92%. Equally, the national proportion of non-opiate and alcohol clients in effective treatment was 86% and North Yorkshire Horizons had achieved between 87-89%. The service also monitored employment outcomes for clients, recording those who were working 10 days or more on completion of treatment. In October 2018 they published figures on their website stating that opiate clients had achieved employment rates 2% above national average, and 13% above national average for non-opiate clients.

We were advised by commissioners that the service had been identified as a service that had continued to engage increasing numbers of alcohol detoxification clients against



Substance misuse/detoxification

a backdrop of falling numbers nationally. They were involved in a Public Health England inquiry into the fall in numbers of people in alcohol treatment: findings, published 01 November 2018. The report selected five local authorities based on the highest increases in number of clients in alcohol treatment, all of which had achieved an increase of over 10% in the number of alcohol only clients between 2013 to 2014 and 2016 to 2017.

Skilled staff to deliver care

The service had an induction policy which outlined the process for introducing new staff members to the service, though they had not had any staff changes so had not used this. The service managers had drawn up a recruitment advertisement ready to publish should a member of staff hand in their notice.

All staff had completed 100% of their mandatory training at the time of inspection, except for one member of staff who had not completed one module, though they had started it. Mandatory training included data and security awareness, conflict resolution, safeguarding of adults and children and equality, diversity and human rights.

The service did joint learning with their colleagues from partner organisations. Staff were supported to pursue additional learning, such as conducting a liver study day, training on clients presenting with Attention Deficit Hyperactivity Disorder, overdose prevention training, and encouraging staff to attend national conferences. The prescription administrator roles had been adapted to include different specialisms – wellbeing and business. The wellbeing prescription administrator had been trained in phlebotomy and was doing training in immunisation, the service was hopeful the role would lead on to nurse training. The business prescription administrator had been sent on courses to assist in the business management aspects of the service; such as taking part in clinical audits, liaising with head office and looking at key performance indicators.

Two members of staff had been trained to be non-medical prescribers during the contract. They had been qualified for around two years but continued to receive additional support from management as required. The clinical lead for the service had developed a non-medical prescriber evaluation form which was used to inform their appraisal, and had been adopted by Spectrum as a wider organisation. Staff specified their area of specialism,

evidence of competence, their evidence of continuing professional development and examples of guidance and protocols and sections of the British National Formulary that applied. They were asked to self-evaluate their confidence in knowledge and practice, and to consider why there was a difference between their scores (if applicable) and consider extra learning that could help them to feel confident in their knowledge and practice.

All staff received regular managerial and clinical supervision and annual appraisals, with a six-monthly review. Staff reported that they felt supported by supervision. Managers could give examples where they had acted quickly and appropriately to address staff performance that had fallen short of expectations. For example, when a member of staff had been observed to be abrupt in response to a member of a partner organisation, this was addressed immediately with the staff member involved. Learning was incorporated into supervision and raised within team meetings, while ensuring the individuals it related to were kept anonymous.

Multi-disciplinary and inter-agency team work

Each hub had a meeting every morning to discuss the upcoming appointments and discuss any vulnerable clients or complex cases as a multi-disciplinary team. There were also fortnightly team meetings where staff from the different organisations came together to discuss cases. Spectrum had a meeting just for their staff once every two months.

A partner organisation would plan unexpected exits from treatment. The focus from the Spectrum staff stated that they would manage unexpected discharged and exits from the service through telephone calls and assertive outreach to re-engage the client. A partner organisation attended to aftercare contact. The service was able to show how the different partner organisations worked together for client care; for example, Spectrum staff, recovery workers from a partner organisation, and aftercare staff from a different partner organisation were all involved with clients' detoxification plans prior to them starting treatment.

The service could demonstrate excellent links with multiple external agencies; including social workers, community mental health teams, prisons and criminal justice services. A pharmacist spoken with described the service in positive terms. Staff and clients described instances where staff had attended external services with the client to ensure their



Substance misuse/detoxification

needs were met, including legal, social and physical health needs. All the client notes we reviewed evidenced discussions with external agencies and created different pathways of care according to the individual clients' need. The service worked alongside prisons to facilitate care for clients being released from prison as a high-risk client group. If the client was unable to get to an appointment, the service arranged a prescription to tide them over the weekend and bring them back in to the service for a full appointment at the earliest opportunity.

The service had invited associated GPs to have Royal College of General Practitioners Alcohol and Drug training within one of the hubs. This was conducted by a senior member of staff and they provided the doctors with a meal for attending. This was to increase the GPs' substance misuse knowledge, to help their confidence with continuing care and to improve clients' discharge pathways.

Good practice in applying the MCA

Staff showed good awareness of the principles of the Mental Capacity Act. The service had Mental Capacity Act as part of their mandatory training and all staff had completed this. Staff could discuss different things that could impair clients' capacity and steps they would take to support the client to make informed decisions about their care and treatment. They could give examples of where they had assessed client capacity at different times of day, different locations, and involving the client's carers to ensure that client's wishes were effectively relayed.

All the care plans we reviewed had a consent form attached with client's consent to treatment, who they wished to be involved with their care decisions and that person's consent where applicable. There were also posters in communal areas informing clients that they could use a chaperone for appointments.

Are substance misuse/detoxification services caring?

Outstanding



Kindness, privacy, dignity, respect, compassion and support

Feedback from clients who used the service, those close to them and stakeholders was continually positive about the way staff treated people. Clients said that staff went the extra mile and their care and support exceeded their expectations. Clients who used the service stated that they not only felt cared for, but were made to "feel special", that they mattered, and that the service "changed my life".

The service had a strong, person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. Clients said that "staff are great, genuinely care, and are respectful and kind." Relationships between clients, carers and staff were strong, caring, respectful and supportive. Staff were observed treating clients and their carers in a kind and considerate way during home and on-site visits. The relationships between staff and clients and carers were highly valued by staff and promoted by leaders. Clients said that the service had "saved my life."

Staff recognised and respected the totality of clients' needs. Clients' personal, cultural, social and religious needs were always considered and staff found innovative ways to meet those needs. Clients said that staff "go out of their way to support me" in different aspects of their recovery. Daily morning meetings discussed clients visiting the service that day and decisions were made on how to support the totality of clients' needs. This included communicating with external organisations, such as the local authority, and providing additional support. Staff were exceptional in assessing clients with additional needs and making adaptations to the service they offered; for example, staff arranged home visits for a client with a visual impairment and organised pharmacy visits so that the client did not have to come into the hub.

Clients' emotional and social needs were seen as being as important as their physical needs. Staff sought out additional therapies and extra support, and even collected the client and attended appointments with them if necessary. There were multiple examples of very similar instances where staff went above and beyond their role to ensure clients had the correct support. For one patient staff had tried to access local crisis teams and mental health support but the referral was not accepted. They called a multi-disciplinary team meeting and decided to provide individualised care. Staff regularly went to the client's house after their shifts had ended to ensure they were safe. They provided interventions and advice to their family and



Substance misuse/detoxification

made referrals to the carers' service. During another incident, they provided emotional support while a client was waiting to access mental health services, supported them with their new mental health diagnosis and provided ongoing assistance to attend their psychological treatment. They also supported the client in accessing legal support and appropriate trauma support networks.

Staff showed determination and creativity to overcome obstacles to delivering care. They had implemented extended hours to provide additional on-site support for one night a week in each of the hubs so clients could attend outside of working hours. Staff recognised that clients need to have access to, and links with, support networks in the community and they supported people to do this. They ensured that clients' communication needs were understood and catered for. Advice and leaflets in the communal areas, including the Spectrum patient experience questionnaire, was available in large print and different languages, some were also available in audio. For clients who did not speak English, the service could also access a telephone interpreter service.

Staff were observed to talk about, and talk to, clients in a very kind and respectful manner throughout the inspection. Clients were always treated with dignity by all those involved in their care, treatment and support. Clients' privacy and dignity was consistently considered by staff. In response to client feedback, each hub provided a back-door entrance for clients who wanted to use the service less conspicuously, they had located the needle exchange near the rear entrances so clients did not have to walk through reception to access it. The service also provided pre-printed cards for clients to hand in at reception stating reasons for accessing the service; this meant that clients did not have to say aloud the reason for their visit if they did not want to.

Involvement in care

Clients and carers were active partners in their care and treatment decisions. Staff were fully committed to working in partnership with clients and making this a reality for each person. Discussions around clients' individual preferences for their care was documented within all the client notes we reviewed during inspection. Where their preference had not been the treatment that was offered, the discussion around why this decision had been made clinically was had with the client and recorded in their notes. Where possible, plans were in place for clients to

work towards accessing their preferred treatment option, for example when their lifestyle became more stable. All clients were individually assessed, there was no blanket approach to the treatment clients received.

Carers were invited into the service to provide support and advice about their family member's care, and given support and advice about their own needs if applicable. Carers said that they felt "respected and incorporated into" their family member's care. Staff also went above and beyond for the carers. They ensured that one carer felt confident to go on vacation by completing daily home visits with a client whom the carer was concerned about leaving; without the support of the service they would have cancelled their upcoming holiday.

Staff found innovative ways to enable clients to manage their own health and care when they could and to maintain independence as much as possible. Staff taught clients about effective wound care and discussed harm minimisation at every appointment, as evidenced in the client notes we reviewed. The service had recently run events across all hubs to mark overdose awareness day. They held talks, training and quizzes; and provided food and prizes. Take home Naloxone kits were given to clients and carers, where suitable. Staff provided training in administering Naloxone to the client and their carers for all kits offered. The service also had a memory tree and used the event to commemorate people who had died through overdose, stating the aim was to remove stigma around the subject.

Clients valued their relationships with the staff team and felt that they would often go the "extra mile" when providing care and support. Staff were often available to clients outside office hours and clients felt they could always reach out to the staff team in a time of need. Staff used their relationships with clients to quickly identify change in presentation and consider the reasons for this, approaching safeguarding where necessary.

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

Outstanding



Access and discharge



Substance misuse/detoxification

Clients could access the service directly through a single point of access and referrals came from the care coordination team provided by a partner organisation. They picked up the referrals and did the initial assessments, Spectrum staff would become involved after this stage.

The service had late evening access one day a week at each of the hubs, meaning the service had a later service provision somewhere in the county every working day. The service kept 10-minute long appointments available to ensure that they could respond quickly to new referrals. Staff said they would be able to fast-track high risk or very vulnerable clients.

Staff told us that after the client's assessments by the partner organisation, Spectrum staff would then do a wellbeing check followed by a prescribing appointment; although staff could start prescribing at the wellbeing check if appropriate. Staff told us clients could wait up to four weeks from presentation to the service to the prescribing appointment, though they would always aim to prescribe earlier than this.

The service could evidence that alternative treatment plans were discussed with clients to find a treatment that would match their lifestyle. Staff gave examples of clients who had struggled to comply with their alcohol detoxification programme, so staff visited them twice daily to offer support, ensure they were following the programme safely and increase the probability of a successful detox. This was also evidenced in patient notes.

The service had processes in place for when clients arrived late or failed to attend their appointments. They judged this on an individual basis and could evidence that they would take steps to try to reengage the client. Staff said that if a chaotic drug user was not attending they would go to them and assess how they could best facilitate that client accessing care. Staff gave examples of when they had visited clients with other disciplines, such as a probation worker, to see if it would help them to reengage.

The service had established outreach clinics in rural areas including Malton, Whitby, Tadcaster, Sherburn, Thirsk, Great Ayton and Catterick. This helped to reduce the distance that clients would have to travel and supported increased service engagement among the isolated rural communities. They also provided outreach to community settings, such as hostels.

Discharge and recovery element of clients' care was provided by a partner organisation. Though Spectrum staff gave examples of how they continued to support clients even after they had been discharged from the service.

The service had multiple pathways open to clients, for them to have different areas of their needs met. As staff members had different specialisms, they could better inform client treatment options and pathways available, such as palliative care, dental care, mental health and sexual health.

The service could demonstrate strong pathways in place for hepatology departments at the local general hospitals, usually with fortnightly contact. The service also linked into the palliative care services and meetings to discuss optimising end of life care. They were arranging a meeting with a hospice organisation to link in for palliative care needs to try to remove any stigma around people on methadone, to ensure clients received a comfortable and dignified end of life. They had a pathway into a specialist dental service; maternity units; tissue viability nurse, a pathway into a service that helps people with severe anxiety; smoking cessation pathway; pathways into sexual health service. The service had arranged for joint home visits with a sexual health clinic to assist a client to manage their menopause.

The service could demonstrate good working relationships with the GPs in the areas and pharmacies. Where there was no existing links that could assist the client's needs, the staff would forge new ones. For example, they assisted a client to access legal support. Information sharing with external agencies was observed to be documented within client care notes.

Staff were observed to exceed expectations when supporting clients to access these services. For example, during inspection a member of staff collected a client from their home address and accompanied them to their psychiatric appointment before dropping them back home. They had also made repeat referrals to the service until the client was accepted and provided additional levels of support while they waited for the referral to be accepted.

The facilities promote recovery, comfort, dignity and confidentiality



Substance misuse/detoxification

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

Communal areas displayed a wide variety of information; including smoking cessation advice, local services' information, education opportunities, carer support services, domestic violence services and current drug warnings. Staff tested clients in private for alcohol and/or drug use.

Clients' engagement with the wider community

Clients were supported to maintain relationships with their families and carers, particularly clients who had children or someone in their care. The service promoted mutual support and encouraged clients to engage in the group activities and peer support programmes run by partner organisations.

The service had developed links with different community services and activities, including a café run by a former client, which runs protected access times for different groups, such as the lesbian, gay, bi-sexual, transgender, queer and questioning community or people who suffer with loneliness. Staff could give examples of how they had supported clients to reengage with things they enjoyed, identifying their hobbies and finding groups in the community where they could access these activities. The service could also refer clients on to a partner organisation for employment and further education support. Each hub had a computer suite available for clients to develop skills and work on job applications and curriculum vitae writing.

Meeting the needs of all people who use the service

Staff demonstrated an understanding of the potential issues facing vulnerable groups e.g. ethnic minorities, older people, people experiencing domestic abuse and sex workers and offer appropriate support. Staff tried to ensure that they could effectively engage people from difficult to reach communities; for example, one member of staff had attended a forum on engagement with the travelling community and staff attended a seminar on engagement with homeless people. The service had also supported an ethnic minority client and their family who had been subject to stigma and made to feel shame for accessing the service.

Each hub had a lesbian, gay, bi-sexual, transgender, queer and questioning lead and the service took part at the annual Pride events and had a designated week annually focused on promoting equality for the community. There was pictures up the stairs of the Harrogate hub of the team at the Pride event. All hubs could demonstrate how they supported lesbian, gay, bi-sexual, transgender, queer and questioning clients and all hubs except Skipton had displays in communal areas. The Skipton hub had recently changed their displays and reported that information had been taken down in error, staff were able to quickly rectify this. A member of staff had identified some additional training regarding support for transgender clients, which was disseminated to the rest of the team. The service had links with Men who have Sex with Men – Action in the Community and Women's Aid and could arrange support for clients. They also held women only clinics in Harrogate, conducted outreach clinics to women's shelters and introduced male support groups in Scarborough. A wellbeing nurse had accessed a local homeless hostel and women's refuge centre and acted as the liaison nurse between dental services and sexual health services for the women staying there.

The service did not have a waiting list but did identify clients who were higher risk or particularly vulnerable, for example if they were pregnant or homeless, and fast tracked the assessment process. Clients reported that staff were "flexible" and stated, "I can always get an appointment at a time that suits me". None of the clients spoken with reported that they had any appointments delayed or cancelled. Though one did say they thought the period from assessment to prescription should be shorter.

Listening to and learning from concerns and complaints

During the period of August 2017 to August 2018 the service had not received any formal complaints. The service had a clear complaints policy and staff reported that they encouraged clients to make a complaint if dissatisfied with any part of the service. The service had an electronic record system for recording all complaints and compliments. They reported that they tried to respond immediately and at a local level, which is why no complaints had been formalised. Spectrum had a clear process for dealing with complaints quickly and effectively. Clients told us they knew how to complain and one client said, "I can give feedback on the service without feeling embarrassed".



Substance misuse/detoxification

There were posters explaining how to complain in communal areas and comment boxes in reception. One of the clients spoken with reported that they had made a complaint and said it had been resolved and they were responded to in a timely way. The service could evidence where they had investigated client concerns, given feedback and made amendments to the care provided promptly.

Are substance misuse/detoxification services well-led?

Outstanding



Leadership

The service operated within a “flattened hierarchy”, meaning that the service aimed to have an equal input from, and appreciation of, staff of all levels regardless of grading. The senior managers within the service were very visible, they worked alongside the rest of the staff and clients knew them by name. Staff knew the names and roles of the senior leaders within the organisation, one member of staff described the clinical director as “an inspiration”.

Staff at all levels, including the clinical manager and clinical lead, were involved in client care and provided approachable and available support to both staff and clients. The clinical manager and clinical lead were both non-medical prescribers who ran client clinics. They also provided regular clinical supervision to staff, both formally and as required. A senior member of staff had been on long-term sick leave but continued to attend events where possible and to offer support to staff and clients, using their circumstances to try to inspire hope and motivation in others.

As the service operated with a small staff team and covered such a large area, senior staff recognised that it could be isolating for the staff members. In response they ensured that nurses worked with another Spectrum nurse at least once a week, to reduce isolation and allow for peer supervision.

Spectrum staff did not see their role in clients' recovery as purely clinical, they took a holistic approach and assisted clients in all aspects of their personal recovery, assessing each client as an individual.

Leaders had the skills, knowledge and experience to perform their roles. Leaders had a thorough understanding of the service they managed, the staff team and the clients in their care. They could explain clearly the complex cases for each hub, the staff team involved in their care and what they were doing to ensure high quality care was provided to the client.

Vision and strategy

Spectrum were in the process of reviewing their vision and values, a process that staff were involved with. The current values and visions were clearly visible throughout the services, with posters up in the clinic rooms and offices; these were:

- Our Vision: We aspire to achieve the best health and wellbeing outcomes for our clients and place individuals, families, carers and communities on the road to rehabilitation.
- Our Mission: we are a healthcare service delivering care to all, including vulnerable adults. Our services are delivered with respect and dignity, in a professional and personal way, by empowering our clients and pushing the boundaries, challenging stigma and exclusion in our communities.
- Our Values: Being with like-minded people, who have mutual respect, working to the same goals within a safe, compassionate and friendly environment. Valued with the right reward and recognition. Through trust and support, we are rewarded and feel appreciated, encouraging us to develop our skills and our potentials (with a bit o' cake and tea).
- Our priorities: Quality and safety, for our patients and the local communities we serve. Growth-measured and planned. Service user involvement; staff health and wellbeing; staff engagement; equality and diversity; Spectrum's approach to value and efficiency.

All staff spoken with and observed during inspection perpetuated the vision, values and mission listed.

A member of staff said, “we are a small team and we cover a big area, but we all have a speciality, it just shows that whatever you can bring to the role is acknowledged and developed and you feel valued for it”.

Staff were encouraged to discuss ways in which the service could improve and develop. In their annual appraisals, staff discussed the business plan and challenges to the contract alongside their own personal development. Staff were



Substance misuse/detoxification

given the opportunity to discuss strategy and the future of the service through staff counsel. One of the prescription administrators represented the staff team to present the team's ideas. The senior leaders in Spectrum held annual "roadshows" where staff could offer their opinions and ask questions. They had discussed the impact of budgets and staff were assured that Spectrum would not accept a contract that would compromise client care as that was identified as the priority.

Service users were not aware of the change in budget through the contract. The service had maintained the same staff team and continued to provide outreach care, increasing the number of outreach locations available in rural areas as the contract had progressed. Despite increasing demand on the service, they had maintained their 30-minute appointment times (other than the shorter slots held for urgent appointments) to ensure that clients had the time to feel listened to and approach their needs on a more holistic basis.

Culture

All staff spoken with felt respected, supported and valued in their role. They were encouraged to respond to an organisation wide staff survey and £10 was given to a charity of choice for every member of staff who completed this. Staff from each service could nominate a charity of choice to receive a share of the donation.

Staff morale was very high, all staff felt that it was a happy staff team. There was a real sense of camaraderie within the team; they spoke very positively about one another and could give examples of where colleagues had assisted in more stressful or difficult situations. Staff could describe incidents when they have been able to quickly access support from all levels of the organisation. For example, one senior member of staff said that they called a leader within the organisation for assistance and they provided advice and then called them the following day to ensure they were ok. At a local level, a member of staff had a difficult appointment with a client and one senior member of staff called to ensure they were ok, while the other attended the hub to take them out for a coffee and support.

Staff described being proud of the level of care and treatment they provided. Managers within the organisation

echoed this and described being proud of their staff team and how all staff would go above and beyond to ensure clients' needs, both clinically and personally, were met. Staff spoke of feeling loyal to the service and to Spectrum.

Staff at all levels were encouraged to gain additional qualifications. Within the contract two nurses had been supported through their non-medical prescriber training and two other staff members were being encouraged to undertake this training. All nurses and prescription administrators had a related specialism to be able to assist with clients with additional needs. The service actively encouraged staff to take on additional training and were supportive throughout.

The service had not had any bullying or harassment cases.

The managers ensured that they supported staff both professionally and personally. They were very supportive of the senior team member's period of sick leave and organised fundraising events to support a charity in their honour and maintained regular contact and involvement throughout their period of absence. They also ensured that staff could keep a strong work-life balance; granting paid leave for staff to spend with family during exceptional circumstances. One member of staff said, "the biggest thing is that they don't see me as a number, they see me as a mum".

Governance

Although Spectrum had not received any formal complaints between August 2017 and August 2018; the quality team produced a complaints report on a quarterly basis. This report was taken to the Quality and Patient Safety Committee. The Integrated Clinical Governance Board meetings showed evidence of senior staff across the partner organisations discussing set agenda items such as serious incidents, complaints, internal audits, safeguarding and considering lessons learned from these. Findings were disseminated through team meetings. Spectrum staff had updated their client death review processes, reducing the delay in investigating from two years (when led by a different organisation), to four months. A commissioner informed us that Spectrum was a member of the North Yorkshire Drug and Alcohol Related Deaths Inquiry Group and "provide clinical leadership to the North Yorkshire Horizons Death in Service Review Group which is a key component of our local confidential enquiry protocol".



Substance misuse/detoxification

Spectrum had a Board Assurance Framework which ensured that the development of policies procedures and guidance were evidence based and that new policies and procedures had an implementation plan, including audit and monitoring. There was a regular audit programme in place for medication and record keeping which included risk assessment and service user outcomes to assess the effectiveness of treatments. Data and notifications were submitted to external bodies and internal departments as required. Staff understood the arrangements for working with other teams, whether that was with partner organisations or externally to meet the needs of the clients.

Staff had access to Spectrum whistleblowing processes and whistleblowing routes through a partner organisation.

Management of risk, issues and performance

There was clear quality assurance management and performance frameworks in place that was integrated across all organisational policies and procedures. Staff took part in regular clinical audits, assessing compliance with things such as fridge temperatures, medicines management and safeguarding.

All staff had access to and could add things to the risk register, at a local and provider level. There was evidence of risks being added during inspection; for example, staff had raised that they were anticipating a high number of prison releases around Christmas so would need to ensure they were ready to respond to the increased demand.

Information management

Staff had access to laptops that they could take to outreach appointments this meant they could update clients' files promptly. Staff also had portable prescription printers that they could take to outreach clinics. They would take mobile phones with them when visiting clients outside of the hubs. Data was stored securely and all staff had completed their mandatory training in data security awareness. Staff from the partner organisations could link in to the same system, so they had easy access to contemporaneous client information, as well as service policies.

Staff made notifications to external bodies as required. They had developed strong joint-working and information sharing arrangements with other services where appropriate. Clients and carers (where applicable) signed confidentiality and consent forms with a partner agency. These were evidenced in all the client files reviewed.

Engagement

Clients and carers were encouraged to give regular feedback, for both North Yorkshire Horizons and the Spectrum specific elements. The findings were displayed in the communal areas of each hub visited. The service's doctors were required to get feedback from 40 of their clients as part of their annual appraisal. The service had annual client surveys, the results of which were in communal areas. Each hub had comment boxes in reception which were checked regularly.

Each hub had a "you said, we did" board in communal areas which evidenced changes that had been made following client feedback; for example: clients had said they did not always feel comfortable having to ask to use the needle exchange, so the service utilised rear entrances for clients to be able to access the hubs for needle exchange without needing to walk through the main reception area and created a card that they could pass to the reception staff to ask to access needle exchange without having to say it aloud.

The service regularly updated their notice boards with information about events and services available to the clients. They also had a bulletin on their website which listed upcoming events and detailed recent events and changes to the service; this was also published on the service's social media account. Staff received a monthly newsletter from senior leadership outlining any updates and detailing what had been discussed at board meetings, the agenda and actions.

The service leaders had good engagement with external stakeholders and commissioners. Both clients and patients spoke about different pathways the service had created to address their individual needs. All the patient files reviewed on inspection detailed information sharing with external organisations and a cohesive approach to addressing the clients' needs.

Learning, continuous improvement and innovation

All staff were aware of, and had been involved in discussion about, future developments for the service. We were told that staff were encouraged to share innovative practice within an evidenced based manner, applying solutions to obstacles. The service was looking to upskill staff in relapse



Substance misuse/detoxification

prevention prescribing. The service was dedicated to continuing staff development and learning, with regular learning events and active encouragement of staff specialist training, for example the recent liver study day.

The service kept up to date with relevant trials and investigations. The Harrogate hub was trialling a new urine test that isolated a metabolite specifically associated with heroin, and not by other opiates such as codeine. The senior team's promotion of staff learning had led to staff being involved in innovative pathway developments; for example, by creating links with a hospice organisation to ensure client's substance misuse needs are considered at the end of their life, and administering medication when clients are no longer able to take on food or fluids. All staff were encouraged to, and did regularly attend, national conferences and seminars discussing their field of specialism, then sharing this knowledge with their colleagues.

The service had invited associated GPs to have Royal College of General Practitioners Alcohol and Drug training within one of the hubs. This was taught by a senior

member of staff and they provided the doctors with an evening meal for attending. This was developed to increase the GPs' substance misuse knowledge, to improve client and doctor experience of continued care and to improve discharge pathways. Service managers were taking steps to strengthen dual diagnosis operational arrangements with one of the local mental health trusts.

The service had been able to access clients in remote areas by gradually increasing the number of outreach clinics available in rural areas, such as Malton. The service kept discussion of local trends and causes of concern live to identify areas that would benefit from increased input. For example, the staff were considering introducing a further outreach post in Ripon in response to a recent death review. For areas that they had been unable to introduce regular clinics, the service used outreach to access high risk clients, such as women's refuges and hostels. They also attended events such as the military health fair in Catterick and held stalls at local markets to raise awareness of the service and provide advice to people who may not currently be receiving help.

Outstanding practice and areas for improvement

Outstanding practice

Staff took a proactive approach to ensuring clients remained engaged with the service; sometimes visiting clients who were struggling to follow the instructions for alcohol detoxification twice a day. The service also developed outreach clinics in rural areas including Malton, Whitby, Tadcaster, Sherburn, Thirsk, Great Ayton and Catterick to better engage clients who lived in isolated areas.

Each member of staff was supported to have a specialism in a designated field. This not only had a positive impact on staff's career progression, but also meant that clients were able to receive specialist advice in different areas. The initiative and consideration taken by staff in creating distinct pathways, such as the palliative care and sexual health pathways was particularly compelling. For example, the service had worked with a hospice to try to remove stigma for substance misuse clients and provide

them with dignity and comfort at the end of their life, exploring how medication such as methadone could be administered for clients who could no longer consume food or fluids. The service had also approached a local homeless hostel and women's refuge centre and acted as the liaison nurse between dental services and sexual health services for the women staying there.

The service had consistently higher proportions of clients in effective treatment than the national average reported through the National Drug Treatment Monitoring System. The service was involved in a Public Health England inquiry into the fall in numbers of people in alcohol treatment: findings, published 01 November 2018. They were included as they had been identified as a service that had continued to engage increasing numbers of alcohol detoxification clients against a backdrop of falling numbers nationally.