CHART 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

Overall rating for this location	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

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

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

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

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

Summary of findings

Overall summary

We rated CHART Kirklees as requires improvement because:

- Staff had not completed comprehensive up to date risk assessments with each client. Where risks were identified it was not clear how staff planned to manage risks effectively. Clients did not have crisis plans in place and we did not see evidence in care records that clients were receiving physical health assessments in-line with the service's policies.
- Staff had not completed a comprehensive and holistic assessment and treatment plan with each client. Staff had not consistently recorded goals related to what clients wanted to achieve through engagement with the service. Staff had not recorded discharge plans or plans for unexpected exit from treatment. Staff recording of client information was inconsistent, with staff recording information in different locations within the electronic client record system.

However:

- Feedback from clients about staff and the service offered was consistently positive. Clients were satisfied with the frequency of their appointments and were supported by staff to understand their care and treatment. Clients could attend a variety of groups and appointments were made at flexible times to suit the needs of the clients. Clients were provided with access to appropriate supporting services and families and carers were supported and involved in client care where appropriate. Clients knew how to give feedback and make complaints about the service, and the service was responsive to feedback given.
- There were sufficient numbers of suitably skilled staff who were up to date with required mandatory training. Clients had input into their assessment and care from a multidisciplinary team, all of whom could attend regular team meetings. Staff knew how to report incidents, including safeguarding alerts. Testing and vaccination against blood borne viruses were routinely offered to clients.
- Managers were visible throughout the service and staff told us that managers were approachable. Staff told us they felt respected and valued and were passionate about their role. There was a clear framework and agenda of what must be discussed within meetings at both team and directorate level to ensure that essential information, such as learning from incidents and complaints, was shared and discussed.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services	Requires improvement 	

Summary of findings

Contents

Requires improvement

CHART Kirklees

Services we looked at; Substance misuse services

Summary of this inspection

Background to CHART Kirklees

CHART Kirklees provides a drug and alcohol service for adults living within Kirklees. The service is run from two hubs in Huddersfield and Dewsbury, with workers also providing outreach support at local GP surgeries, pharmacies, hospitals, and police stations. The lead provider of CHART Kirklees is 'Change, Grow, Live'; a UK-based registered charitable organisation.

CHART Kirklees is registered to carry out the following registered activity:

- Treatment of disease, disorder or injury

The service is delivered in partnership with two other organisations; one providing assertive outreach for people with both mental health needs and substance misuse problems alongside Change, Grow, Live colleagues, and the other providing abstinence support and group based recovery programmes.

This is the first comprehensive inspection of CHART Kirklees since they registered with CQC.

Our inspection team

The team that inspected the service comprised of two CQC inspectors including the team leader, one assistant inspector, and two specialist advisors; both qualified nurses.

Why we carried out this inspection

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

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about the location, met with members of the management team and other members of staff as part of our ongoing engagement with the service, and asked a range of other organisations for information.

During the inspection visit, the inspection team:

- visited both hubs, looked at the quality of the environment and observed how staff were caring for clients
- spoke with eight clients who were using the service
- spoke with two carers of clients who were using the service
- collected feedback from 30 clients using comment cards
- spoke with the registered manager and quality and governance lead
- spoke with 23 other staff members, including doctors, nurses, social workers, health care assistants, recovery workers and volunteers
- received feedback about the service from a commissioner

Summary of this inspection

- attended and observed two hand-over meetings and one staff practice and performance development meeting
- looked at nine care and treatment records of clients
- reviewed safety documentation in relation to both hub buildings
- carried out a specific check of the prescribing service
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

During the inspection we spoke with nine clients using the service, and received feedback from 30 clients via comments cards. Clients were positive that the care and treatment offered to them by the service was aiding their recovery; they told us they felt safe and supported by staff. Clients told us that the service's buildings and facilities were consistently clean and tidy. Clients told us that appointments went ahead as planned and were rarely cancelled and staff were responsive to their needs; conducting home visits and making adjustments for those with disabilities.

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?

Requires improvement

We rated safe as **requires improvement** because:

- Staff had not completed comprehensive up to date risk assessments, risk management plans or crisis plans with each client.
- Staff recording of client information on the electronic records system was inconsistent with staff recording information in different locations.
- We did not see evidence in care records of clients receiving a physical health assessment or a review in-line with service policies.

However:

- The service's buildings and facilities were clean and well-maintained and staff adhered to infection control principles. Staff carried out regular fire drills and testing of fire equipment and the service carried out regular environmental and fire risk assessments.
- There were sufficient numbers of trained staff to meet the needs of the service users.
- Staff knew how to report incidents, including safeguarding alerts, and discussed incidents during daily meetings.

Are services effective?

Requires improvement

We rated effective as **requires improvement** because:

- Staff had not completed a comprehensive and holistic assessment with each client, taking account of health, personal care, emotional, social, cultural, religious and spiritual needs.
- Staff had not consistently recorded goals related to what the client wanted to achieve during their treatment.
- Records did not include a discharge plan or plan for unexpected exit from treatment and there was no evidence of clients being offered a copy of their care plan.

However:

- Staff provided a range of care and treatment interventions suitable for the client group. The interventions were those recommended by, and were delivered in line with, guidance from the National Institute for Health and Care Excellence.

Summary of this inspection

- Testing and vaccination against blood borne viruses were routinely offered to clients, and nurses and health care assistants were trained in dry blood spot testing.
- Clients had multidisciplinary input into their assessment and care; staff from all disciplines could attend daily team meetings.
- The service had effective protocols in place for clients utilising shared care.

Are services caring?

Good

We rated caring as **good** because:

- All clients had a named recovery co-ordinator who acted as a point of contact for the service.
- All of the clients we spoke with were happy with the frequency of their appointments and the level of support they were receiving.
- Staff treated clients in a caring and compassionate way. We observed positive interactions between clients and staff during the inspection and received consistently positive feedback from clients about the way that staff treated them.
- Clients and those close to them were provided with access to appropriate supporting services.
- Staff supported clients to understand their care and treatment and would provide additional support around this when required, for example use of visual aids and videos and access to interpreters.

Are services responsive?

Good

We rated responsive as **good** because:

- The service had clear admissions criteria and could see clients urgently where required.
- The service offered flexible appointment times and outreach visits to meet the needs of clients. Staff utilised various methods to re-engage clients who disengaged from the service.
- The service, in collaboration with its' partnership organisations, offered a wide variety of group activities to encourage clients to develop and maintain relationships with others, as well as supporting clients wishing to engage in education or employment.
- Information relating to how to make a complaint was available in both service buildings. Complaints were reviewed and acted upon in line with the service's policy.

However:

Summary of this inspection

- Staff had not documented discussions with clients around discharge planning or early exit from treatment.
- Two of the rooms on the third floor at the Dewsbury site were not adequately soundproofed as voices could be heard through the adjoining wall.

Are services well-led?

Good

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

- Leaders within the service had the skills, knowledge and experience to perform their roles, and staff told us leaders were visible and approachable. Staff told us they felt respected and valued by their colleagues and managers.
- Managers had identified problems and created action plans where improvement was required within the service.
- Staff knew about the whistleblowing process and how to use it if required. Staff told us they could raise concerns without fear of retribution.
- There was a clear framework and agenda of what must be discussed within meetings at both team and directorate level to ensure that essential information was shared and discussed.
- The service encouraged innovation to ensure clients were supported to engage.

However:

- Systems and procedures put in place to manage the implementation of the new electronic recording system had not been effective in ensuring care records were complete, including up to date risk assessments and care plans, and sufficient client data and information had been migrated.
- Not all staff were aware of how escalate risks to be submitted to the provider's risk register.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

The service had a policy on the Mental Capacity Act which staff were aware of. The five main principles of the Mental Capacity Act were displayed in staff areas within both buildings.

We saw examples of capacity assessments in relation to consent to share information where care coordinators had signed to say that the client had capacity to understand and consent to the sharing of their information with designated others. Staff also provided examples of when clients had attended the service under the influence of alcohol and they had asked them to return when they were sober as they did not feel that they would have the capacity to consent and understand what was being said to them at the time.

Staff completed two mandatory training modules on the Mental Capacity Act and staff compliance was 89% for module one, and 87% for module two.

Overview of ratings

Our ratings for this location are:

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

Notes

Requires improvement

Substance misuse services

Safe	Requires improvement
Effective	Requires improvement
Caring	Good
Responsive	Good
Well-led	Good

Are substance misuse services safe?

Requires improvement

Safe and clean environment

Both sites had a number of accessible rooms in which to see clients. All areas used to see clients were clean, comfortable and well maintained.

Staff adhered to infection control principles, including hand washing and the disposal of clinical waste. The service had an infection control policy which included a detailed risk assessment, available controls, and staff responsibilities.

Clinic rooms were equipped with the necessary equipment to carry out physical examinations, including staff access to personal protective equipment such as gloves and aprons. Physical health equipment was calibrated and well maintained. The location of first aid kits was identified with regular checks taking place to ensure the contents were complete and in date. Fridge temperatures in clinic rooms were regularly checked and were within recommended range.

Staff carried personal alarms when seeing clients within the hub buildings. Panels indicated the location within the building where an alarm had been triggered. During inspection we observed staff to respond promptly to an alarm set off in error.

Staff at both sites carried out regular fire drills and testing of fire equipment, including extinguishers, alarms and emergency lighting. Both sites had a list of staff trained as fire wardens and first aiders. Staff were also trained to use evacuation chairs to support individuals who may not physically be able to exit the building themselves in the event of an emergency. The service had up to date fire, environmental, and health and safety risk assessments for both sites. The service's health and safety risk assessment did not consider ligature risks but this risk was mitigated by clients being supervised by staff whilst in the building.

Safe staffing

The service had enough skilled staff to meet the needs of clients. Where managers had identified that performance had gone down due to increased demand for a particular service they had responded by increasing staffing levels.

The service monitored both long-term and short-term sickness, with long-term being considered anything longer than four weeks. Sickness rates between March 2018, when the service registered, and July 2018, were 3.4% for short-term sickness and 3.3% for long-term sickness. Staff absence due to sickness or leave was discussed each morning during staff 'flash' meetings and where required client appointments were re-allocated to other members of staff to ensure they still took place as arranged. If staff were on long-term leave caseloads were re-allocated between the team.

The service had been responsible for clinical staffing since 1 October 2018 when the previously sub-contracted agreement for prescribing services came to an end. Since this date the service had used two agency members of staff to cover vacancies for nurse prescribers due to some clinical staff deciding not to transfer over. These agency members of staff were experienced with the service having worked for Change, Grow, Live, and the previously sub-contracted partner for a number of years. Managers stated that they would not use agency or bank staff to fill non-clinical posts and would instead cover shifts where

necessary with staff on temporary or part-time contracts, or move staff over from other teams within the service. Staff turnover rates were provided for the six-month period prior to inspection. Turnover rate provided was 7% due to this period of transition when prescribing services were transferred and not all staff invited to transferred over.

Staff were expected to complete a number of mandatory training modules dependent on their role. All staff were expected to complete modules including an introduction to health and safety, and an introduction to the Mental Capacity Act. Prior to inspection the service provided data to show overall compliance with mandatory training was 84%. Further data provided on inspection showed that this had risen to 88% compliance. Compliance in all modules was above the provider's target of 75%.

The service had a lone working policy which staff were expected to follow. When engaging in lone working staff carried personal attack alarms and mobile phones. Staff were also required to keep their online calendars up to date, which could be accessed by other members of staff, and to sign in and out of the hub buildings for each appointment. Staff were aware of the lone working procedures.

Assessing and managing risk to patients and staff

We reviewed nine care records. Five records did not contain a current risk assessment. Staff told us that since changing to a new care records system at the start of October 2018 they were still working to update client risk assessments and risk management plans. Staff were relying on information brought over from the previous system in the form of a client treatment summary, and additional clinical summary where applicable, and recovery or key workers were required to undertake a risk assessment of all clients during their first appointment following the change in system. Whilst this clinical summary detailed some known risks, the information was not dated and so it was unclear when the last risk assessment had taken place and therefore whether information was still timely and relevant. Information relating to any known risks was also limited due to the brief nature of the summary. For example, one summary detailed that a client's risks with regards to challenging behaviour increased when they were experiencing a decline in their mental health, but there was no further specific information about the nature of the behaviour and who it may impact upon. Additionally, there was no information around how this risk should be managed if it were to re-occur. Of the five records that did not contain a current risk assessment, three clients had been seen in service since the change in records systems but their risk assessment had still not been updated.

Two client records detailed high risks around mental health, including suicide, and a further client record detailed high risk in relation to substance misuse and pregnancy. We did not see evidence that risk management plans were in place when such risks were identified and it was therefore unclear how staff planned to safely manage any identified risks. We did not see evidence that clients had crisis plans in place or that these were discussed.

We did not see evidence in client records that clients had documented plans in place for unexpected exit from treatment. However, staff told us that all clients completed and signed consent to share information forms and that staff would in the first instance contact those highlighted on the forms if clients did not attend for appointments or could not be contacted. Staff told us that they would do all they could to reengage clients before discharging them. Staff told us they would create unexpected exit from treatment plans with clients if the need arose and this would involve considering who else may be able to support the client, such as voluntary organisations.

During a clinic appointment we observed staff making a client aware of the risks of continued substance misuse and giving advice on harm minimisation. Staff told us that clients who were new to the service would start on supervised prescriptions until they became stable on their medication and could manage this safely. Staff told us this also reduced the likelihood of diversion where clients may pass their medication on to a third party for illicit purposes.

Staff followed guidelines within the service's 'movement of supervised consumption of medication to unsupervised consumption' protocol, which included carrying out an 'appropriateness of supervised consumption inventory' risk assessment to determine potential risks associated when moving clients on to unsupervised prescriptions. Clients managing their own prescriptions would be provided with a lockable safe storage box for them to store prescriptions and medications safely. Staff would conduct home visits to clients with young children to ensure medication and prescriptions were being stored safely. If staff suspected or

had evidence that a client was diverting their medication they would bring the client back into the service and resume supervised prescriptions. The service offered a needle-exchange facility at both hub sites.

Staff attended daily handover meetings, known as 'flash' meetings, where they discussed the previous days assessments and incidents, and any changes in client risk identified.

Safeguarding

Staff knew how to identify adults and children at risk of, or suffering, significant harm and could give examples of how to protect them from harassment and discrimination. Staff could attend monthly safeguarding team meetings with the service's two social workers who acted as safeguarding leads. Within meetings staff had the opportunity to ask for advice, discuss case studies and reflect on practice. Meetings were regularly attended by external speakers who gave information about how to support groups with protected characteristics, including sex workers and those in forced marriages. Safeguarding leads could access external training and education opportunities once a quarter and bring this learning back to safeguarding meetings. Safeguarding leads also liaised closely with the local authority in order to support those at risk of, or suffering, abuse. Staff implemented statutory guidance around vulnerable adult, child and young people safeguarding and knew how to refer to relevant authorities as necessary.

Both hubs displayed safeguarding information boards in client areas with a variety of information leaflets about local support services.

Staff mandatory training compliance was 88% for both safeguarding adults and safeguarding children and young people. Staff also had access to safeguarding policies via the intranet. Staff worked effectively within teams, across services and with other agencies to promote safety and shared information where appropriate to do so. The service had a collaborative attitude to safeguarding; encouraging staff to hold discussions and be part of decision making.

Staff access to essential information

The service implemented a new electronic recording system in October 2018 to store client information. Staff were generally positive about the new system but some staff shared that the loss of the previous system made it difficult to access historical information about clients as only basic client summaries were migrated across. Clinical staff also highlighted that they could no longer access clients' GP notes and had to request summaries via fax which meant a delay in understanding medical histories. Staff shared they were occasionally unsure where on the new system they should store certain types of information which meant that staff were recording information in different places on the system. This could mean that staff may miss important information if they were not sure where to find it on the system.

Medicines management

Staff had access to effective and up-to date policies, as well as procedures and training related to medication and medicines management. Staff could access policies via the service's intranet system. The service did not store medications or controlled drugs on site except for naloxone; a drug used to reverse the effects of an opioid overdose.

All client medications were prescribed under supervised consumption when a client first entered the service whilst potential risks were unknown, including risks of diversion (the transfer of any legally prescribed controlled substance from the prescribed individual to another person for the purpose of illicit use). Supervised consumption would be reviewed after three months at a three-way appointment with the client, key worker and prescriber before prescriptions would be dispensed as unsupervised. Prescriptions were dispensed via a number of local pharmacies. Staff liaised regularly with local pharmacies who reported back to the service where clients did not attend to collected prescriptions, or where they were concerned about clients diverting medications, to ensure that medication was being prescribed safely.

The service had a clear pathway for conducting health assessments when clients first entered the service as well as for regularly reviewing the effects of medication on a client's physical health in line with The National Institute for Health and Care Excellence guidance, including when clients were prescribed high dose medication. For example, clients prescribed 100 milligrams of methadone or higher were required to have an electrocardiogram test annually to monitor heart rhythm and electrical activity. Managers

Substance misuse services

also told us that clients who were prescribed by the service would have a full medical assessment including a physical health review every three months. However, we did not see evidence of this within client care records.

Track record on safety

The service did not have any serious incidents in the 12 months prior to inspection.

Reporting incidents and learning from when things go wrong

All staff could access and report incidents on the service's electronic incident reporting system. Staff understood what incidents they had to report and how to do so. When an incident report was made this would automatically be sent to members of the senior management team as well as the relevant team leader. If an incident required investigation this would be allocated to a key member of staff who was not involved in the incident and who could act as an independent investigator.

Incidents were discussed at daily 'flash' handover meetings and within monthly integrated governance team meetings and safeguarding team meetings where relevant. Any individual learning would be fed back and discussed within supervision. Within flash meeting minutes we saw evidence that staff had discussed a recent incident involving a client with low mood where joined up working between services, and staff awareness around mental health, had been identified as concerns. As a result, the service had organised further mental health awareness training sessions for staff.

Staff understood the requirements under the duty of candour and told us that they would be open and honest and apologies to clients if mistakes were made that affected them. Staff could give examples of when the principles of duty of candour had been implemented and improvements that had been made to practice as a result.

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

Requires improvement

Assessment of needs and planning of care

During the inspection we reviewed nine client care records. Managers told us that as their new care records system had been implemented at the start of October 2018 and they would expect care coordinators to complete a comprehensive assessment at their first appointment with the client to ensure records were up to date. However, of the nine records we reviewed, eight clients had been seen in service post-implementation of the new system, and there was no evidence that a complete assessment had been undertaken, taking account of health, personal care, emotional, social, cultural, religious and spiritual needs for seven of these eight clients. Four records contained no detail of any goal setting related to what the client wanted to achieve through engagement with the service and it was unclear what interventions these clients were receiving.

Records did not include a plan for unexpected exit from treatment and there was no evidence of clients being offered a copy of their care plan. Two members of staff who were supporting inspectors to access client records agreed that records were brief and whilst they could verbally explain what interventions clients on their caseload were receiving they told us they thought that it would be difficult for another member of staff accessing their client files to understand this as there was limited documentation to refer to.

Best practice in treatment and care

Staff provided a range of care and treatment interventions suitable for the client group. The interventions were those recommended by, and were delivered in line with, guidance from the National Institute for Health and Care Excellence, including medication and psychosocial interventions.

Interventions included mental health support, staff were trained in carrying out depression and anxiety questionnaires with clients. Depending on a client's score staff would make a dual-diagnosis referral if appropriate or alternatively refer to single point of access, or carry out self-help work with the client.

Testing for blood borne viruses was routinely offered to clients, as was vaccination against hepatitis B. This was documented in client care records. The service had a 'blood borne virus screening policy' for staff to follow, and nurses and health care assistants were trained in dry blood

spot testing and were signed off through observed practice before being allowed to conduct blood tests with clients. At the time of the inspection all nurses and health care assistants had been signed off as competent.

Staff supported clients to live healthier lives through referrals to voluntary organisations where clients could engage in day trips, and activity groups including cooking and gardening. Clients could access a yoga group run by staff from the service in collaboration with staff from another recovery service. The service's 'foundations of recovery' programme also supported clients to improve their self-care.

Records reviewed did not clearly show that that staff were regularly reviewing care and recovery plans with clients.

The service engaged in, and recognised the importance of, peer review, research and audit in improving the quality of the service. The service measured client severity and outcomes using recognised rating scales. This included the use of the severity of alcohol dependence questionnaire and alcohol use disorders identification test. Outcomes of these assessments determined a client's initial pathway through the service. Staff also completed national outcome monitoring tools, including treatment outcome profiles, which were submitted to the National Drug Treatment Monitoring System. Managers utilised data collated to address concerns and to formulate action plans to improve the quality of the service. Information would be displayed on boards in staff areas so that staff understood where improvement was required, as well as areas where the service was performing well. Managers told us that staff were also involved in peer review of one another's work against the quality standards set by the service which reflected internal policy or external guidance. The service had a 'quality improvement tool' schedule which detailed areas of the service being audited per quarter.

Skilled staff to deliver care

The service employed staff from a range of disciplines including doctors, nurses, social workers, recovery coordinators, outreach workers and volunteers; some of whom had personal experience of receiving treatment and support from substance misuse services.

Staff, including agency staff, were provided with a comprehensive induction. The service provided and ensured that all staff had completed mandatory training.

All staff, including volunteers, were up-to-date with disclosure and baring service checks. Volunteers undertook some mandatory training and accessed monthly supervision to ensure they were supported in their role.

Managers identified staff learning needs through team meetings and individual supervision and encouraged staff to access online courses through the services intranet portal. Managers had also arranged for staff with specialist knowledge to share this with other staff to improve the overall knowledge within the service. A number of staff members had attended 'train the trainer' events so that they were able to share knowledge more effectively within the service. Staff told us that they could access service specific training in order to meet the varying needs of clients. Examples of additional training undertaken included motivational interviewing, cognitive behaviour therapy, and training around new drugs and treatments.

Some newer members of staff who joined the service when it took over prescribing services in October 2018 told us they were yet to have supervision, and the most recent supervision figures provided by the service on inspection showed that only 54% of staff received supervision in the last 30 days prior to inspection. However, the service manager told us that there had been issues with the recording of supervision and that was the reason for low figures. Post-inspection, managers provided re-calculated figures showing supervision rates were in fact 92% and explained that supervision records had been saved instead of being submitted which mean they had not counted towards the service's supervision completion rate when data was originally provided to the CQC. Apart from a small number of newly recruited staff, the majority of staff told us that they had regular monthly supervision.

Managers advised inspectors that annual appraisals for non-clinical staff were on hold whilst a new appraisal format was developed. As the service had operated for less than a year post-registration staff were not yet due an appraisal. Managers mitigated the lack of staff appraisals by encouraging staff to discuss objectives in supervision to ensure ongoing learning and development was still taking place. The service's learning and development team had developed a mini-appraisal to act as an intermediate solution to the lack of full appraisals, which staff were tasked to complete between January and March 2019.

Requires improvement

Substance misuse services

Managers also confirmed that medical staff would continue to receive an annual appraisal in line with revalidation requirements, but that these were not currently due as clinical staff had only joined the service on 1 October 2018.

Managers told us they felt confident in addressing poor staff performance in a prompt and effective manner, and that they had the necessary support from service directors and the human resources department where required.

Multi-disciplinary and inter-agency team work

Each client had a clearly identified care coordinator who was typically a recovery coordinator. Clients had multidisciplinary input into their assessment and care from professionals within social care, criminal justice services, and various medical services where appropriate and necessary.

Staff attended daily 'flash' handover meetings where they could discuss individual client's needs and refer to various members of the team for support including outreach visits and mental health referrals. Staff also attended monthly 'performance and practice development meetings' where they could access support and advice from external services who may be able to further support clients with aspects such as housing and social care benefits.

The service had effective protocols in place for clients utilising shared care. Allocated members of staff would attend weekly surgeries where they would see clients in conjunction with GPs. The service also produced monthly bulletins for GPs to enable them to share information about the care and treatment available through the service. Clients utilising shared care were assessed to ensure that it was appropriate to meet their needs. In line with the shared care pathway, clients would be referred back to be care co-ordinated in the mainstream substance misuse services if they became chaotic or didn't reliably attend shared care appointments.

Whilst staff could describe pathways to other supporting services, and how they worked with other agencies to plan integrated and coordinated pathways of care to meet the differing needs of clients, this was not evidently documented within clients' care records and it was often unclear whether clients had been referred to other additional services.

There was no evidence of clear discharge planning within client care records. However, staff discussed discharge at daily 'flash' meetings and there were boards in staff areas which were updated by team leaders to detail the number of discharges per team. Managers told us that they were aware of some clients who had been in treatment for a number of years and that they were encouraging staff to review whether these clients still required a service or could be better supported by other organisations.

Good practice in applying the MCA

The service had a policy on the Mental Capacity Act which was accessible to staff via the intranet. The five main principles of the Mental Capacity Act were displayed in staff areas within both buildings and staff could show these to inspectors. Staff explained that they would always assume a client had capacity in the first instance, and stated that they would support clients to make decisions where appropriate.

Staff provided examples of when clients had attended the service under the influence of alcohol and they had asked them to return when they were sober as they did not feel that they would have the capacity to consent and understand what was being said to them at the time. We saw examples of capacity assessments in relation to consent to share information where care coordinators had signed to say that the client had capacity to understand and consent to the sharing of their information with designated others. Where a client's capacity remained a concern even when not under the influence of substances, staff were less sure of the formal process to follow but stated that they would seek support from a manager or the clinical lead.

Staff completed two mandatory training modules on the Mental Capacity Act and staff compliance was 89% for module one, and 87% for module two.

Are substance misuse services caring?

Good

Kindness, privacy, dignity, respect, compassion and support

During the inspection we spoke with eight clients who used the service. We also spoke with two carers via telephone

and collected feedback from 30 clients using comment cards. We observed interactions between clients and staff during one group therapy session and one clinic appointment.

Staff were observed to demonstrate compassion, dignity and respect in their interactions with clients. Feedback from clients was consistently positive about the way staff treated them, with clients describing staff as “brilliant” and “supportive”. One client told us that their recovery worker “goes above and beyond every time” and another said, “staff go out of their way to help me”. Another client stated the service had “changed my life” and “this is the first time I have lived in my entire life”.

We received positive feedback about the service from the carers we spoke with, with one saying their family “would not have got through the trauma of alcoholism without the family support group” and another commenting the “support is brilliant, can’t praise enough”. One carer suggested the family support could be advertised more, as attendance at the groups could be low and they felt more people would find this element of the service beneficial.

During the inspection we observed one group therapy session which was run in conjunction with one of the service’s partnership organisations. The group focused on “foundations of change” and supported clients to understand the nature of addiction and work towards abstinence. The session was interactive, well run and well attended, with four out of the five clients who had booked the session taking part. Clients we spoke with stated that the sessions offered by the service were an important part of their recovery.

All the clients we spoke with were aware of the complaints procedure and stated they felt comfortable raising any concerns. Staff we spoke with said they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes to clients without fear of the consequences. Most of the staff we spoke with were aware of the organisations whistleblowing policy. Staff who were not aware said they knew the policy was available on the intranet.

Staff supported clients to understand and manage their care and treatment. Clients were allocated a recovery co-ordinator who they had regular contact with, dependent on the level of need identified. All of the clients we spoke with were happy with the frequency of their appointments and the level of support they were receiving. Clients stated that they could contact their recovery worker in between scheduled appointments if needed, and staff and clients told us additional appointments could be scheduled where there was an identified need. For those clients who required additional support to understand their care and treatment visual aids were available including a model of an arm to support with education around injection sites, and videos giving information on harm minimisation.

Staff directed clients to other supporting services to enhance their treatment, for example local mutual aid groups such as alcoholics anonymous and narcotics anonymous. Staff would support clients to access services if required, for example accompanying clients to GP appointments when the client requested this. The service directly employed two 'Stronger Families Consultants' to deliver the Stronger Families Programme, commissioned by Kirklees Council, a programme which aims to turn around the lives of families with multiple problems including substance misuse. Through this link the service aimed to identify unmet needs for clients and those close to them, for example securing funding for clients’ children to be provided with school uniform.

The service had a clear consent policy which covered confidentiality and information sharing; this was understood and adhered to by staff. Clients we spoke with stated that staff had discussed this policy with them and there was a detailed consent to share information document included in each client’s file. Staff also completed mandatory data protection and information security awareness training.

Involvement in care

Staff communicated with clients to ensure they understood their care and treatment, and would use alternative methods of communication when required. Staff stated they would consider using maps and diagrams to aid understanding, and staff could arrange for an interpreter to attend the service. A telephone interpreter service was also available.

The service encouraged clients to provide feedback on the service and a suggestion box was available in the reception area of both sites. There was also a “you said, we did board” displayed.

Requires improvement

Substance misuse services

The service had links with several advocacy services in the local area and contact details for these were available in the reception area of both sites.

Staff and clients told us that risk, recovery and goal setting formed part of ongoing discussions we did not see evidence of this in the care records. However, not all clients had a recovery plan or risk management plan documented in the care records.

It was unclear from care plans how involved clients were in this process, however clients we spoke with told us they did feel involved in planning their care. Clients receiving pharmacological interventions were given a choice in what medication was prescribed. Staff told us during an initial assessment a discussion would take place to identify the client's expectations of the service and what support would be beneficial to them and these discussions were observed to take place in the clinic appointment we attended.

Families and carers were involved in treatment where appropriate and could attend appointments at the client's request. The service ran a number of events to mark occasions, such as Halloween and Christmas, as well as 'graduation' events for those being successfully discharged from the service; all of which families and carers were invited to attend. The service offered support for concerned others, this included group and one to one sessions, which could be accessed by families and carers of both clients who were currently receiving support from the service, and individuals who were not currently engaging in services. The carers we spoke with were aware of the complaints procedure, but were not aware of any ways the service collected feedback from them, for example surveys or questionnaires.

Staff provided carers with information about how to access a carer's assessment. A recent session, delivered in the concerned others group, centred around the definition of a carer. As a result of this session a family member who did not previously define themselves as a carer was referred for a carer's assessment.

Are substance misuse services responsive to people's needs?

(for example, to feedback?)

Good

Access and discharge

The service had clear admission criteria with referral forms available online and at hub buildings. Clients could self-refer or have someone refer them on their behalf. Once a referral was received clients would be contacted and an initial assessment would be conducted. Following this clients would be invited to an 'information and options' session where their needs and available treatment options could be further discussed. 'Information and options' sessions took place twice a week with one session being in the daytime and the other in the evening to enable clients with differing responsibilities to attend. Following this a comprehensive assessment appointment would be booked with the client to establish a personalised recovery plan and to see a prescriber if required. The service typically saw clients within five days on initial triage and did not run a waiting list at the time of the inspection. Prescribing staff had good appointment availability, including emergency slots three days a week with the doctor. Where the doctor was not available nurse prescribers were able to see clients to enable the service to see urgent referrals quickly.

The service had robust alternative care pathways and referral systems in place for people whose needs could not be met solely by the service. The service's mental health lead liaised with psychiatrists from the local mental health trust on a weekly basis in relation to referrals to the service. They also attended a weekly ward round on one of the psychiatric wards to offer support to clients who had been admitted, as well as supporting those who may require support with substance misuse once discharged. The service also had contacts with a range of other services including social care, domestic violence, forced marriage, and criminal justice, with whom staff could liaise and make referrals. However, client recovery and risk management plans did not consistently contain evidence that the complex needs of clients were considered.

Requires improvement

Substance misuse services

The service offered alternative treatment options where clients were not able to comply with specific treatment requirements. The service offered flexible out-of-hours appointments during evenings and weekends to support clients with education, work and other commitments. The service also offered clinic appointments for vulnerable women engaged in sex-work at times to suit them. The service recently introduced 'wellbeing wheels'; a mobile service to enable staff to travel and support clients within the community to encourage and increase engagement in areas with high-level of disengagement. The wellbeing wheels also provided an alternative to mainstream services for clients who may struggle to access the service due to travel times and costs. Staff from the service also attended various community events including festivals and carnivals to promote the service and give support and advice. They also attended local gyms to provide harm minimisation advice around steroid use.

The service had an 'engagement and reengagement' policy for staff to follow when clients did not attend appointments, which included a decision-making matrix based on known risks to support staff in planning required actions. We observed staff discussing clients who did not attend appointments during 'flash' meetings where open discussions were held regarding how clients could be supported to re-engage. Managers told us that staff had to evidence that they had done everything they could to engage a client before they would consider discharging them from the service.

Managers told us that staff planned for, and discussed, client discharge from a client's first appointment with the service. We observed staff to discussed both positive and unplanned discharges during daily 'flash' meetings and saw boards in staff areas detailing numbers of discharges per team. However, we did not see evidence of discharge planning in any of the nine records we reviewed. Managers also told us that staff discussed early exit from treatment plans with clients, but again we did not see evidence of this within client care records.

The facilities promote recovery, comfort, dignity and confidentiality

All areas used to see clients within both hub buildings were clean and well maintained. Adjustments had been made for clients requiring disabled access with street-level entrances and disabled toilet facilities within both buildings. Both buildings contained a needle exchange facility

There were a range of interview rooms at both sites; the majority of which were adequately soundproofed. However, two of the rooms on the third floor at the Dewsbury site were not adequately soundproofed as voices could be heard through the adjoining wall. Staff told us that one of the rooms was occasionally used for group activities and if this was the case the room next door would not be in use at the same time so conversations would not be overheard.

Patients' engagement with the wider community

The service, in collaboration with its' partnership organisations, offered a wide variety of group activities to encourage clients to develop and maintain relationships with others, including breakfast clubs, yoga and mindfulness, as well as a 'Saturday social' club. Details of other local community activities were displayed in communal areas at both sites. Clients were encouraged to access facilities within their local community, including their GP and religious places of worship.

The service ran 'education, training and employment' sessions for clients who wished to seek support with access to education and work opportunities. Flexible appointment times were offered so those in employment or attending college were not expected to attend during working hours.

Meeting the needs of all people who use the service

Staff demonstrated an understanding of the potential issues facing vulnerable groups and those with protected characteristics. Staff completed mandatory equality and diversity training. There were various leaflets and posters within both hub reception areas detailing local support available, such as domestic abuse support groups and advise for those giving evidence in court.

Staff conducted outreach visits to clients in the community and the service recently introduced their 'wellbeing wheels' to enable them to see clients who may find it more difficult to go to the service, including those who are homeless. Managers had reviewed available data relating to the

registered addresses of clients not attending appointments and as a result had directed the wellbeing wheels to these areas in the first instance to try and support more clients to engage with the service.

The service also offered satellite clinics at a local health centre for pregnant substance abusing women, as well as a vulnerable women's service providing drop-in sessions for sex workers. Additionally, the service conducted outreach within a local HIV support and prevention service to offer blood borne virus testing and needle exchange facilities to those within the chemsex population (chemsex refers to the consumption of drugs in order to facilitate sexual activity).

We did not see evidence of any leaflets or information available in any languages other than English. However, staff told us they could access interpreters where required, and gave examples of when interpreters had been used. Managers told us that staff would work with clients to establish the best way in which to communicate with them.

Clients we spoke with told us that their appointments went ahead as planned. We observed staff during a 'flash' meeting being reallocated to client clinic appointments when other staff were not at work due to sickness to ensure appointments went ahead as scheduled.

Listening to and learning from concerns and complaints

The service had a clear complaints system to show how complaints were managed. This process was detailed within a 'complaints and compliments' policy which was relevant to all types of complaints from clients, staff, stakeholders, families and carers, and other members of the public. The policy detailed timescales for initial response to complaints and for the completion of any investigation. Complaints forms were available in reception areas at both hubs. At Huddersfield a board in reception detailed the number of complaints and compliments the service had received over the last few months. At Dewsbury there was a 'you said, we did' board detailing changes made as a result of client feedback.

The service had received one complaint since registering with CQC. This was dealt with at a 'stage one' level, meaning it was investigated and resolved by a service manager or nominated member of staff within the service, in line with service policy. The complaint was upheld and the decision communicated to the client.

The service had a detailed system for reviewing complaints and acting on them in order to develop lessons learnt and to improve quality of the service. A report was produced by managers every three months which would include numbers of complaints, areas of complaint, and any themes. These reports were discussed at executive management team meetings, information governance committee meetings, and Change, Grow, Live board meetings every three months. Locally complaints and relevant themes would be discussed in team meetings and individual supervision where required.

Are substance misuse services well-led?

Good

Leadership

Leaders had the skills, knowledge and experience to perform their roles. The service had a clear definition of recovery which was shared and understood by staff. Leaders had a good understanding of the service and could explain clearly how teams were working to provide high quality care.

Staff told us that leaders were visible within the service. Staff at the Dewsbury site commented that the open-plan layout of the building encouraged staff communication with leaders and made them more visible to staff. We observed leaders to be present, and to engage and have discussions with staff within team meetings and handovers. Commissioners of the service told us that they had experienced effective leadership within all levels of the service and the wider organisation.

Vision and strategy

Staff knew and understood the service's vision and values. These were clearly displayed within staff areas and on the service's website. Managers told us that staff had recently been invited to meet with the chief executive to give feedback on organisational culture, including visions and values, with feedback gathered being currently considered by the executive team. Staff confirmed they could contribute to the development and ongoing review of visions and values. We observed staff to embed these values in their work with clients.

Culture

Requires improvement

Substance misuse services

Staff told us that they felt respected, supported and valued by their direct colleagues and by senior staff within the service. Staff told us that they had experienced some apprehension and difficulties with the amount of change within the service since reconfiguration but still felt that teams were close-knit and that staff were passionate and committed to their roles.

Staff told us that they knew about the whistleblowing process and how to use it if required. Staff did not raise any concerns with regards to any bullying or harassment within the service. Staff shared that they felt able to confidently challenge colleagues and managers, and to raise concerns without fear of victimisation.

Staff had access to support for their own physical and emotional health needs through an employee assistance programme which included access to counselling, legal support and general wellbeing advice. Staff also told us that they could take a 'wellbeing hour' each week where they were able to take an hour out of work to engage in activity to improve their health and wellbeing.

Governance

There were systems and procedures in place within the service to ensure that there were enough staff, and that staff complied with mandatory training. Service buildings were clean and there were processes in place to ensure that regular environmental, health and safety, and fire risk assessments took place, and that any resulting actions were acted upon. Staff were observed to treat clients with respect and clients reported that they were treated well. All staff members could report incidents which were investigated and resulted in the development of lessons learnt.

Governance policies, procedures and protocols were in-date and regularly reviewed. There was a clear framework and agenda of what must be discussed within meetings at both team and directorate level to ensure that essential information, such as learning from incidents and complaints, was shared and discussed.

Managers used key performance indicators and other productivity measures to gauge the performance of the service. Performance indicators included number of successful detoxifications, number of clients on the service's caseload, and number of clients not attending appointments. Through submission of data to the National Drug Treatment Monitoring System, managers could compare the service's performance against other substance misuse services and identify areas for improvement. Staff were made aware of areas requiring improvement through information displays in staff areas.

Data and notifications were submitted to external and internal departments where required. Staff understood the arrangements for working with other teams, both within and external to the service, to meet the needs of clients.

Most areas of the service requiring improvement were identified and managers had completed action plans for change. Managers had put processes in place to ensure the smooth migration of client information to the new client record system. However, not all essential information including care plans and up-to-date and informative risk management plans had not been migrated across or completed at the first key or recovery workers' appointments as planned.

Management of risk, issues and performance

Managers maintained a risk register detailing initial, target and current risk level of items. Control measures were evident and risks were reviewed regularly at managers governance meetings. Staff told us they were confident in raising any concerns with managers and felt that any concerns raised would be listened to and acted upon. Copies of the service's risk register were displayed in staff areas and managers told us that staff could comment on items. For example, managers told us that staff had contributed to the resolution of a pest control issue at the Dewsbury site. Not all of the staff we spoke with were clear as to who had responsibility for the service's risk register and were not aware of whether they could submit items to it. However, we saw that the service's risk register was discussed at staff governance meetings on a quarterly basis and we saw evidence that risks on the risk register reflected staff concerns.

The service had plans for emergencies and managers monitored staff sickness and absence rates on a monthly basis. Where cost improvements had taken place, they did not compromise client care.

Information management

Staff had access to the equipment and information technology needed to do their work, including laptops and mobile phones to enable staff to work remotely.

Information governance systems included confidentiality of client records. Staff were 94% compliant with mandatory training in data protection and information security awareness.

Team managers had access to information to support them with their management role, including information on the performance of the service, staffing and client care. The service's data analyst completed data collection to ensure processes were not over-burdensome for frontline staff.

Staff told us that confidentiality agreements were clearly explained to clients, including in relation to the sharing of information and data. This included consent to contact and share information with other services where appropriate. Consent to share information documentation was contained within six of the nine care records reviewed. We observed staff to refer to this in 'flash' meetings when clients had not attended appointments and staff were considering who they could contact to ensure the client's safety. Staff made notifications to external bodies as needed, including the local authority and police.

Information needed to deliver care was stored securely; the majority of which was available to staff when they needed it. However, as the service had changed its' care record system in October 2018, staff had lost access to a large amount of historical information pertaining to client care. Managers told us that they had recently regained log-in access to the previous system and were in the process of tasking a staff member with transferring historical information. The service planned for this to be completed by the end of March 2019. Staff were confident that the change in systems had not affected client care.

Through the review of care records, it was apparent that client information was being stored in various places on the care record system. Staff understanding of the system was mixed, with some staff reporting they were confident in using it, and others admitting they were unsure where they should be recording client information. Some staff told us that training in the new system was basic and did not provide them with a full understanding of its' use. Managers told us that they were aware additional training was required for staff to support them in using the new client record system and were looking to arrange this to take place in January 2019 but did not yet have dates set.

In the meantime, staff could take any issues to a designated representative within their teams who would in turn feedback to a working group who would rectify concerns raised with the system.

Engagement

Staff had access to up-to-date information about the service, including policies and training courses, through an internal intranet system as well as through shared computer drives. The service also produced staff bulletins on a monthly basis to share information with staff about any changes to the service including recruitment and systems-based support.

Clients and carers could access the service's external internet pages for information, for example on what services were being offered and how to refer. The service also displayed monthly client newsletters in hub buildings detailing any changes to the service, such as to computer systems and opening hours, as well as invitations to attend local groups and events.

Clients and carers could give feedback on the service via suggestion boxes located in reception areas of both hubs. Managers told us that staff would also encourage clients to give them verbal feedback at appointments, which staff would then log on the service's incident recording system. Managers told us that they were currently looking at ways in which clients could give feedback more regularly.

Managers and directors liaised regularly with external stakeholders, including commissioners, and told us that they could escalate concerns to them if they required additional support. Commissioners gave positive feedback about the service, sharing that they felt staff worked hard to liaise with clients and stakeholders, and to deliver a holistic and personalised package of care for clients.

Learning, continuous improvement and innovation

The service encouraged creativity and innovation to ensure up to date evidence based practice was implemented and embedded. The service had engaged in the following areas of innovative practice:

- The service took delivery of their 'wellbeing wheels' in June 2018; a mobile van which they had been using to improve engagement in areas with higher client population and disengagement rates.
- Staff from the service delivered various training events including training on Naloxone (medication used to

block or reverse the effects of opioid overdose) within agencies including homeless projects, churches and hostels; substance misuse awareness training to first year social work students at a local university, and steroid training at local prisons.

The service also gave staff the opportunity to engage in research. Staff could send any ideas for research projects at a service, regional or national level to a central research team who would review the idea and if feasible discuss the research options available.

Outstanding practice and areas for improvement

Outstanding practice

The service recently introduced their 'wellbeing wheels'; a mobile van enabling the service to provide a dedicated outreach service whereby staff can conduct assessments and give harm minimisation advice in the community.

The wellbeing wheels provides support to those clients who may find it difficult to travel to the service and was being used to travel to areas with the highest client populations and lowest client engagement.

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure that staff fully complete an up-to-date risk assessment and crisis plan with each client, which includes details of how staff plan to manage identified risks.
- The provider must ensure that staff complete a personalised and holistic care plan with each client which evidences goal setting and discharge planning, and details interventions offered to the client and referrals made to support the client. Care plans should evidence that staff and clients have discussed and planned for unexpected exit from treatment.
- The provider must ensure that clients are offered physical health assessment in line with the service's policy and that these assessments are documented within client records.

Action the provider SHOULD take to improve

- The provider should ensure that all staff have an annual appraisal.
- The provider should ensure that all staff receive adequate training in the new client records system.
- The provider should ensure that all rooms used to see clients are adequately soundproofed.
- The provider should ensure that all staff are aware of how to escalate risks to be submitted to the provider's risk register.
- The provider should ensure that staff are consistently recording client information within set locations on the client records system.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care **How the regulation was not being met:** Not all clients had a care plan which was holistic and personalised. Records did not include evidence of individual goal setting and were not recovery focused. Records did not include a plan for unexpected exit from treatment or discharge and did not evidence the range of interventions offered by the service. There was no evidence that clients were offered a copy of their care plan. **This was a breach of regulation 9(1)(a)(b)(c)**

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** Not all clients had a completed and up-to-date individual risk assessment. Risk management plans were not in place to mitigate risks identified. Records did not include evidence of clients being offered physical health assessments in line with service policy. **This was a breach of regulation 12(1)(2)(a)(b)**