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

Overall summary

We do not currently rate substance misuse services.

This inspection was undertaken looking at the Spectrum arm of North Yorkshire Horizons.

We found the following areas of good practice:

- staff treated clients with compassion, dignity and respect, were non-judgemental in their approach and protected their privacy and dignity
- staff assessed the needs of clients and worked with them to develop their own recovery plans. Clients developed and managed their own recovery plans; clients and family members felt involved in recovery plans and had good access to doctors
- staff understood their responsibility for reporting incidents of harm or risk of harm and concerns related to safeguarding people from abuse. Clients were seen in their own homes or in a safe and comfortable alternative place to the office
- staff followed guidance in line with the National Institute for Health and Care Excellence and UK clinical guidelines on clinical management 2007
- clients either self-referred through a single point of access or were referred through a partner agency and comprehensive assessments were carried out by a third agency. This information was shared with NYH. These agencies worked collaboratively to ensure clients received a seamless service
- staff followed up cancelled appointments and unexpected discharges to ensure that vulnerable people were not left without support. Staff were responsive to the needs of all their clients
- the service had enough staff with the appropriate skills, experience and training to provide safe care. Staff received specialist training that enabled them to carry out their role safely
- staff received mandatory training, regular supervision and other professional training identified in their supervision
- the service had a formal complaints procedure but had not received any complaints in the 12 months leading to our inspection
- the provider had a clear vision and values, which staff understood and worked towards
- there were clear lines of management through the organisation and good leadership at local level
- the service had a risk register that meant everyone in the organisation was aware of any risks and what action had been taken to reduce them

Summary of findings

- the organisation was committed to improving services for the clients, and sought client views through questionnaires

Summary of findings

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Background to North Yorkshire Horizons

Services provided by North Yorkshire Horizons (NYH) 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. NYH also support clients going through the criminal justice system.

North Yorkshire County Council has commissioned an integrated substance misuse service for the people of North Yorkshire. DISC (Developing Initiatives Supporting Communities) hold the contract for care coordination and have subcontracted the clinical elements of the service to Spectrum Community Health C.I.C. Lifeline are contracted to provide the recovery support elements of the treatment system.

NYH is the overall name of the service and is a partnership between Spectrum Community Health C.I.C, Lifeline and DISC. The service works with clients over 18. DISC is a voluntary sector organisation providing services to individuals and their carers.

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

North Yorkshire Horizons operates from five main hubs across North Yorkshire as well as providing support to rural areas where recovery groups use a wide range of community venues. The five hubs are Northallerton (the main office), Selby, Scarborough, Harrogate and Skipton.

This was the first inspection of this service.

Our inspection team

The team that inspected the service comprised CQC inspector Pauline O'Rourke (inspection lead), and one other CQC inspector who had a background in substance misuse services.

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive inspection programme of substance misuse services.

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about the location.

During the inspection visit, the inspection team:

Summary of this inspection

- visited three hub offices Scarborough, Selby and the head office in Northallerton where all information in relation to clients is held), looked at the quality of the physical environment, and observed how staff were caring for people who used the service
- spoke with 15 people who were using the service and collected feedback using comment cards from 65 people who used the service
- looked at 10 care and treatment records, including medicines records, for people who used the service
- spoke with the registered manager
- spoke with the chief nurse, quality lead and safeguarding lead
- spoke with nine other staff members, including the deputy manager
- spoke with a sessional GP
- spoke with a quality manager, a strategic nurse manager from the parent organisation and three staff members who worked in the service but were employed by a different service provider
- attended a group meeting for people who used the service
- spoke with five community pharmacists
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

We received feedback from all five hub offices using feedback forms. We received 65 forms back. One client had written a letter specifically for the inspection. We also spoke with 15 clients during our visit. They told us that the service was very positive. Staff always treated them with respect and they never felt that staff were judging them. Clients also told us that staff listened to them and that they developed their recovery plans with guidance from the staff. They told us that they saw NYH as one service rather than three different agencies working in the same building. Clients we spoke with confirmed all of the written feedback we had received.

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 found the following areas of good practice:

- the service had enough staff with the appropriate skills, experience and training to provide safe care
- staff understood their responsibility for reporting incidents and safeguarding concerns
- staff completed a risk assessment at each visit and recorded it in the client's file
- staff learned from investigations and the information was shared with each morning at the hub meetings
- the community premises visited were clean, tidy, and well maintained.

Are services effective?

We found the following areas of good practice:

- clients were enabled to develop their own recovery plan
- staff assessed the needs of clients, and worked with them to develop their own recovery plans
- comprehensive assessments were carried out by another agency but this information was shared with Spectrum Community Health C.I.C staff
- staff followed guidance in line with the National Institute for Health and Care Excellence guidance and UK clinical guidelines on clinical management 2007
- staff received training that enabled them to carry out their role safely
- staff received regular supervision and had good support from their manager
- NYH worked in collaboration with other agencies to help provide a seamless service to clients as part of the NYH overall service

Are services caring?

We found the following areas of good practice:

- clients managed their own recovery plans; clients and family members felt involved in recovery plans and had good access to doctors
- staff treated clients with compassion and protected their privacy and dignity
- staff treated clients with dignity and respect, and were non-judgemental in their approach

Summary of this inspection

- client views were obtained through regular questionnaires

Are services responsive?

We found the following areas of good practice:

- clients could either self-refer through a single point of access or could be referred through a partner agency
- clients were seen in their own homes or in a safe and comfortable alternative place
- staff followed up cancelled appointments and unexpected discharges to ensure vulnerable people were not left without support
- staff were responsive to the needs of all their clients
- a formal complaints procedure was in place, the service had not received any complaints in the last 12 months

Are services well-led?

We found the following areas of good practice:

- the provider had a clear vision and values, which staff understood
- there was good governance through the organisation
- staff received mandatory training and other professional training identified in their supervision
- a risk register was in place this meant that everyone in the organisation was aware of any risks and what action had been taken to mitigate the risks
- there was good leadership at a local level.
- the organisation was committed to improving services for the clients they included information from the 'you say we did' forms completed by clients.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

MCA training was mandatory and a policy was available to staff on the intranet. Staff were aware that a client's capacity to make decisions about their care could change depending on where they were in their treatment and assessed capacity at each visit.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

The main staff base at Northallerton was found to be clean and tidy. Clients were seen in five premises in the community, which were:

- Harrogate
- Northallerton
- Scarborough
- Selby
- Skipton

We visited three of the community premises and found these to be clean, tidy, and well maintained. The premises used were owned and managed by DISC, who were responsible for ensuring maintenance, fire checks, security and cleanliness.

There was a clinic room and space for workers to provide confidential and individual support. Toilets were accessible to all clients in the buildings visited. There was adequate hand washing facilities, clinical waste provisions, aprons, and gloves available if required. Staff followed infection control policies and procedures and hand- washing facilities were available.

There was clear signage locating the first aid box, fire exits and fire distinguishers. The names of fire marshals and first aiders were also displayed.

There was a large community area and a group area that clients could use. Staff had access to panic alarms when seeing clients in private and these were regularly serviced to ensure they worked. Staff made clients aware of what constituted acceptable behaviour at their initial assessment and throughout their treatment. There had been no incidents where staff had to restrain clients. There was a signing in and signing out procedure.

Vaccines for hepatitis B were securely stored in a refrigerator, which was temperature, checked daily. Staff had access to, and were trained in the use of an epipen for instances where clients went in to anaphylactic shock; this is a severe, potentially life-threatening reaction that could develop rapidly. The epipen was checked daily to ensure it was in date.

Safe staffing

There was a clear organisational structure in place.

- A manager who was also the clinical lead
- a deputy team leader
- four nurses who were non- medical prescribers
- four nurses who specialised in substance misuse
- one administration assistant.

The main office was based in Northallerton with the nurses providing support in four other hub offices and in alternative community premises. These included the probation service offices for a client who was living in a garage.

Staff were up to date with the following mandatory training:

- Safeguarding children level 1 – 100%
- Safeguarding children level 2 – 90%
- Safeguarding adults level 2 – 90%
- Equality and diversity – 90%
- Infection control- 100%

- Conflict resolution – 80%
- Mental Capacity Act level 1 – 100%
- Mental Capacity Act level 3 (every three years) – 60%
- Vaccine and Immunisation, this training included anaphylaxis shock and overdoses - 80%

Where training levels are below 85%, we saw evidence that staff had been booked on to further training courses. Compliance with mandatory training was monitored through supervision.

There were 1251 people registered with the service, 250 went on to access alcohol treatment, which involved community detox. Alcohol presentations tended to be shorter interventions, taking between four and 10 days. Staff did not hold a specific caseload. The lead provider, DISC, carried out the care coordination role and so held the caseload giving the clinical staff greater flexibility to work with clients.

Staff were based at the hub offices and saw people as their diary allowed. They worked mainly in the area nearest to their hub office but they worked anywhere in the county dependent on the needs of the clients. Staff worked with clients providing support not only with the detox programme but also with social and health issues that would prevent the client from engaging in a positive way. Each morning a hub meeting took place and staff discussed new clients and known risks so all staff were aware of what was happening throughout the service.

Spectrum Community Health C.I.C reported into the National Drug Treatment Monitoring Service (NDTMS). The NDTMS collates and analyses information from people involved in the drug treatment sector. Public Health England manages the NDTMS. Information provided by Spectrum Community Health C.I.C showed that in the first six months of providing a service, 9% of clients referred to them had successfully completed their drug detoxification programme. The national average is 7%. In the same period, 34% of clients referred for an alcohol detox had success fully completed a detox programme. The national average is 39%. The national averages are worked out over a 12 month period.

Assessing and managing risk to people who use the service and staff

The care coordination team completed comprehensive assessments including risk assessments before referring to Spectrum Community Health C.I.C for clinical treatment. A single case management system was used so all staff had access to a client's information. Spectrum Community Health C.I.C would complete their clinical assessment and risk assessment at the first appointment. NYH staff updated risk assessments after each contact. The service used an electronic case management system. Risks could be flagged on the system to alert staff of any potential risks.

We reviewed 10 records and found these to be comprehensive and up to date.

There were clear processes for reporting safeguarding concerns. Staff knew and understood how to make a safeguarding referral. North Yorkshire Horizons worked closely with the local authority and had a dedicated safeguarding lead within the clinical team. The lead had oversight of all safeguarding cases both children and adults. There were no safeguarding cases open to the service. An example of safeguarding by staff was with a client who had been accessing the service and not achieving their goals. Staff felt there were some self-neglect issues and so they visited them in their home. With the client's permission staff raised referrals around self-neglect and housing needs. In another instance, staff worked with the women's centre to provide person

centred care in an environment they were able to access where the client felt safe and comfortable.

Staff visited all pregnant women at home and liaised with midwifery services at local hospitals.

Staff visited clients for at least the first four days of their detox programme, although we saw evidence that indicated they visited daily, until the detox was completed. Clients were encouraged to contact NYH if they needed extra support. Clients told us that they had found that they could contact workers to be supported. Clients who were detoxing from drugs were reviewed and risk assessments were carried out at each visit to determine the level of support they required. If a client was high risk of abusing the substitute medicate then the risk assessment meant they could only have supervised consumption. Supervised consumption was reviewed at each nurse visit and the recovery plan was adjusted as the client went through detox. If a client missed a supervised appointment then the chemist contacted NYH to follow up with the client.

Substance misuse services

Staff followed the organisations lone worker policy and notified the office when they had arrived at an appointment and again when they left. They also had access to personal alarms when working in the community or in the clinic room.

Track record on safety

There were no reportable incidents for this service; they did report two deaths that had occurred when the clients were in hospital. Any incidents would be managed through the DISC reporting system. All relevant information would be disseminated electronically to the clinical team manager and the deputy manager. A hard copy would be sent to the Spectrum Community Health C.I.C quality and assurance team so they could upload the same information in to their incident- reporting portal Ulysses. Incidents reported on Ulysses would alert the Director of Operations, Chief Nurse, Safeguarding Lead, Chief of Pharmacist and Heads of Service as required.

Reporting incidents and learning from when things go wrong

Staff knew how to report incidents. Pharmacy errors were reported to the service and investigated by the pharmacy. Incidents were investigated by the manager and were included on the risk log. A significant event audit had been undertaken within Spectrum Community Health C.I.C. The service investigated any client deaths. There had been two in the last 12 months, within 24 hours of notification. Incidents were discussed at team meetings. Following a death in service review, the service has designed a template letter that was sent out to all new referrals whose treatment goals included prescribing. The letter was sent to the clients own GP and contained a request for poly pharmacy information where drug interactions or abuse of medicines were possible.

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

Assessment of needs and planning of care

Comprehensive assessments were completed by the care coordination team and shared with Spectrum Community Health C.I.C staff. These staff would then complete a clinical assessment with clients at their first appointment. Care plans were completed with every client to address their clinical needs. The clinical care plan formed part of the overall recovery plan. The care coordination team monitored the recovery plans. Health questionnaires were completed and clients had access to annual health care assessments. We reviewed 10 clinical plans, found these to be of a good standard, and covered all aspects of clinical care.

NYH used an electronic case management system, which all partner organisations could access. This meant all staff involved in a client's recovery plan could access information added by each agency.

Best practice in treatment and care

Staff provided treatment in line with the National Institute for Health and Care Excellence guidance and UK clinical guidelines on clinical management 2007. Community detoxifications were being carried out in line with guidance.

All the staff had completed the Royal College of General Practitioners Alcohol and Drug training level one and seven of these staff had completed level two. Plans were in place for all staff to complete level two in this training. Staff also had areas of special interest and these included hepatology, mental health, outreach work and non-medical prescribing. Nurses identified training

and conferences in their specialist areas in their supervision and they told us and we saw evidence that they were supported to attend these events.

The sessional GP's and the non-medical prescribing nurses generated prescriptions. A general prescription was used for the vaccines and individual prescriptions were used for detoxification and substitute prescribing.

Clinical audits were taking place. These included; record keeping, patient group direction for hepatitis B vaccines and Nalmefene, a drug used to help clients dependent on alcohol to stop drinking. A safeguarding audit was completed annually. The provider worked closely with the local authority and a multi-agency audit was completed with health visitors.

Psychosocial interventions were provided by the partner agencies. NYH helped support clients with employment, housing and benefits issues whilst they were detoxing. Staff told us the flexibility of not carrying a caseload meant they had time to deal with underlying issues such as general health and housing. Once they had engaged with clients

and helped with the underlying issues the clients then could start their treatment in a more positive place. Clients who used the service told us staff had supported them with very specific health issues, benefits, dental work and housing. They said clients found it difficult to commit to the program fully until their underlying issues had been resolved or were in the process of being resolved.

Skilled staff to deliver care

Staff had the skills and experience necessary to carry out their work. Training was available to staff who had a specific interest such as sexual exploitation or domestic violence. The provider had supported nurses to become nurse medical prescribers. Staff were encouraged to develop areas of special interest. As a result, they had developed pathways for dental work, equality and diversity issues, and housing. They were looking to develop links and pathways in the provision of end of life care and to improve the links they had with the local midwifery service. Staff had access to regular management and clinical supervision. Safeguarding and psychological supervision was provided by DISC and Lifeline.

Staff were receiving

- 1-1 supervision - delivered every six weeks and records showed discussions around caseloads, child/adult protection, risk management and any operation issues such as IT or lone working.
- non-clinical supervision – discussions included review of work, training and development needs, annual leave, and any other relevant topics.
- group supervision – discussed case of concern and strategies.

Each member of staff had a named supervisor. They used a supervision calendar to monitor compliance. Staffs were receiving supervision at a higher rate than recommended in the supervision policy.

The doctors attended on a sessional basis and the lead GP provided support to the others. All four GP's had been revalidated in the last 12 months.

A disciplinary policy and process was in place but had not been used for this service.

Multidisciplinary and inter-agency team work

Spectrum Community Health C.I.C Community Health C.I.C was sub contracted by another organisation to provide clinical services. Both organisations were located in the same building and the overall service was known as NYH. Clients accessed NYH and could see a worker employed by either organisation. The manager told us they wanted to offer a seamless service and we observed this happening.

Multi-disciplinary meetings took place weekly.

There were good relationships with the 81 pharmacies who worked in partnership with the provider. Pharmacies would notify the service if they had any concerns about clients and if someone had not collected their prescription. If a client missed collection of their prescription then the pharmacist notified NYH. If someone missed three collections, their prescription was stopped.

Adherence to the MHA (if relevant)

The service did not work with anyone detained under the Mental Health Act.

Good practice in applying the MCA

MCA training was mandatory and a policy was available to staff on the intranet. Staffs were aware that a client's capacity could change depending on where they were in their treatment and assessed capacity at each visit.

Management of transition arrangements, referral and discharge

Spectrum Community Health C.I.C worked closely with their partner organisations to ensure a seamless service was provided. All of the premises were owned by a different organisation but they were all identified as NYH. Clients spoken with were not aware of different organisations providing any of the services they received. Their perception was that NYH was providing services to them. Staff told us they referred people to other services appropriate to their needs. These included mental health services, social services, education, housing and general health services. Once clients have completed their detoxification, they could continue to contact their NYH nurse. The commissioning agency (DISC) determined when the service finished. The length of aftercare was discussed as part of ongoing support but was a minimum of six months, this was provided by DISC and/Lifeline.

Substance misuse services

Are substance misuse services caring?

Kindness, dignity, respect and support

We observed good interactions between staff and client. Clients spoke highly of the service and said that staff were supportive. Staff understood the needs of clients and delivered clinical treatment to meet this need. We observed clients participating in reviews and being able to contribute their views.

Clients signed a primary care agreement, which explained consent to treatment and their rights to make a complaint. Staff discussed how confidentiality was maintained with their clients at the initial appointment. Clients managed their own recovery with support from their key worker. Information received through the feedback forms indicated clients felt their contact with the organisation was positive and supportive.

The involvement of people in the care they receive

Three organisations provided support to clients in North Yorkshire. These were:

- Spectrum Community Health C.I.C
- Lifeline
- DISC

We spoke to clients and carers who said the service was supportive and helpful. Clients and family members felt involved in recovery plans and had good access to doctors.

Clients were involved in their treatment with Spectrum Community Health C.I.C. An annual service user questionnaire was completed. In 2015, 37 surveys were completed. 35 of the 37 clients who responded rated the service as brilliant, one said it was okay and one did not answer the question. One client wrote to the inspection team to express their satisfaction with the service and appreciated that staff never gave up on them. Other comments received through the in house surveys included:

- 'very approachable, friendly and gave extremely useful information to enable me to cope –great'
- 'put us first'
- 'well-planned detox and everything explained to me'

Clients repeated these sentiments on the feedback forms and in our interviews with clients.

There was not a client group to help with the development of the service but clients were consulted during one to one sessions and at the group sessions by staff. An example of this was the development of North Yorkshire Horizons. Clients were asked what the new service should be called and they determined it should be NYH as it sounded positive and they developed a positive logo. This meant when they visited an office they were visiting NYH no matter which organisation they are working with at that time.

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

Access and discharge

Clients could access the service directly through a single point of access and referrals came from the care coordination team provided by DISC. Referrals were picked up within 14 days and access to treatment was good. Clinics took place daily, including several late evenings so clients had a choice of appointments throughout the week.

Staff managed unexpected discharges from the service through telephone calls and assertive outreach to try to re-engage the client. The nurses who had been assigned the referral followed up their own client. The service had a DNA policy that allowed them to offer extra support to vulnerable clients. The manager's policy was that everyone who needed to access their service was vulnerable so staff followed up everyone who missed an appointment. Staff told us they visited on a daily basis until they made contact. We received one letter from a client who told us that staff did not give up on them even though they were reluctant to engage. Once staff did engage, they realised there was an underlying health issue that needed to be resolved before the client would work with the nurse on their detoxification process.

The clinical team worked in partnership with the lead providers DISC and Lifeline and do not discharge or follow up in isolation but ensured support and guidance was offered throughout the process.

Staff saw on average 317 patients a week. Appointments included wellbeing assessments, health screening,

vaccinations, blood tests, prescribing reviews, alcohol detox and assertive outreach supported opiate detoxes. Information requested prior to the inspection about discharge and did not attend appointments was held by the lead provider.

The facilities promote recovery, comfort, dignity and confidentiality

Interview and clinic rooms were available and there was space for group work in the hub offices. Staff managed this to ensure that clients could always be seen. The commissioning agent (DISC)

allocated work to the nurses as they had direct access to their calendars. The nurses told us this system worked well.

Staff tested clients in private for alcohol and/or drug use. Clients detoxing for drugs were tested every week until they had stabilised and once they were stable every three months. Where families were involved then testing would be carried out on a more regular basis. NYH worked with children and families teams to ensure children were safe. Anonymised client data was shared with national drug treatment monitoring system with clients' consent. Consent to treatment policy was in place. This included a primary care agreement, which was a contract between the provider, and client detailing what the service expected of them and what they could expect of the service.

Meeting the needs of all people who use the service

Staff offered home visits to those who required them during the detox programme. This could include those with a disability, alcohol clients, pregnant clients and those with children. Information leaflets were in English but could be made available in other languages if needed. Staff had made visits to MESMAC, a service that works with men who have sex with men, and Women's Aid services. Workers from MESMAC and Women's Aid also visited clients at the clinics if it was assessed as the safest place for the visit to happen.

Spectrum Community Health C.I.C provided support to NYH. They have developed a continuous professional development programme to ensure best and current practice was shared. This allowed for the development of new working practices. An example of this is an improved pathway for hepatology at all sites that included a referral letter template on the computer system and contact details for patients to self-refer.

To ensure the service remained responsive the provider had identified that they needed to increase the number of non-medical prescribers by the end of January 2017. This would allow the registered manager to undertake more development work at the same time as ensuring patients across the district had access to timely prescribing.

They had also developed a programme working with local pharmacists to support the development of skills to enable joint management of risk where clients were on substitute prescribing.

Listening to and learning from concerns and complaints

A formal complaints process was in place. The manager acknowledged the initial receipt of a complaint and if possible talked to the client individually. The manager would then look at all the information surrounding the complaint and provide a response. The service had low levels of verbal complaints, and these were usually resolved locally. There had been no formal complaints made in the last 12 months.

A duty of candour policy was seen and staff understood the importance of being open and honest with clients at all times.

Are substance misuse services well-led?

Vision and values

The provider had a clear vision and values, which staff understood and embraced. Their mission was to help people affected by substance misuse and mental health issues across the whole of society. Staff told us that the wanted to make 'every contact count and quality without compromise'

The organisation had the following set of values:

- Client focused
- Compassion
- Non-judgemental
- Believe in people
- Integrity
- Clinical excellence

Substance misuse services

There was a clear organisational structure in place. Staff knew who the chief executive was and were able to contact her if necessary. One staff member told us that when they had been involved in an emergency and their line manager was not available they had rung the CEO for advice. They said that they received good support and the CEO followed up to ascertain what the outcome was for the client and the member of staff.

Good governance

There was a clear Spectrum Community Health C.I.C management structure in place. This allowed staff to understand where they could access support from within the organisation. There were integrated management meetings (this was where the registered manager met with other managers from across the organisation) and these took place monthly and we saw that various other meetings fed into this group. These meetings included:

- quality assurance and patient safety committee
- quality group
- medicines management group
- integrated governance
- registered managers
- training and development group
- team meetings
- doctors meeting

The meetings look at a range of topics including but not exclusive to:

- compliance with latest guidance
- effective processes for incident reporting
- ensure clinical policies and guidelines are reviewed and implemented in line with national guidance
- training needs of staff
- prescribing, supplying and administering medicines in a way that optimised patient care.

Staff received mandatory and specialist training. Robust supervision arrangements were in place. A range of audits took place, incidents were reported, and lessons learnt were shared with staff. There were good safeguarding procedures in place and there was a dedicated safeguarding lead to provide support to the team.

The structure of the board included the chief executive who is a GP and is the medical director for the National College of General Practitioners substance misuse programme. Other board members also had a clinical background in substance misuse.

The service was monitored through the national drug treatment monitoring system and reports were generated monthly. The commissioners monitored the service as part of the overall contract. Meetings took place every three months and staff saw these as an opportunity to look at how the service could be improved, whether any safeguarding alerts or complaints had been received these would be discussed.

An organisation risk register was in place and the manager was able to add items to this register. All risks were reviewed regularly and mitigated where possible.

Leadership, morale and staff engagement

There was good leadership at a local level. The registered manager was responsible for the service and a team leader was in place to manage operational issues. Key roles were in place to provide leadership on key areas such as safeguarding and dual diagnosis.

Communication with staff was good and staff morale was high. Many of the staff members had moved across from the previous organisations when NYH had been established. They told us that the manager was passionate and positive about their role. They had been encouraged to develop pathways that would benefit clients. This included access to a dentist, a housing officer, GP's, the local mental health team and social services. Staff said they enjoyed working for the provider and were able to make suggestions and give feedback to senior managers.

Commitment to quality improvement and innovation

The CEO of Community Health C.I.C was currently involved in updating the guidance in the Drugs misuse and dependence UK Guidelines on Clinical Management 2007. The registered manager has identified more pathways that need developing to improve the service; some of these were end of life care and maternity,

Outstanding practice and areas for improvement

Outstanding practice

North Yorkshire Horizons worked well with clients who had a history of non-attendance or whose social situation was fragile. They worked assertively with a client who would not engage with them. They ensured a visit happened every day until they were able to gain admission to the client's home. Once in the home and during a conversation, the client revealed they had a medical issue they were avoiding. With the client's permission, staff arranged for an urgent appointment and went with them for support. After a medical investigation, it was determined not to be a risk to the person's health. Following this intervention, staff were able to engage the client in detox, which they completed successfully.

On another occasion during bad weather, a bridge was destroyed in a local village. This meant that clients could not access the local chemist without a 30-mile detour. Staff carried out risk assessments and worked with the clients to change their prescription from a daily prescription to a three-day prescription. They monitored these situations and visited the clients regularly until all transport links had been re-established. Following a review of the situation, the clients all asked to continue on the three-day prescription, as they now knew they could manage it.

The flexibility of the service allowed staff to engage with clients with a chaotic lifestyle and support them through recovery.