

# Calderdale Recovery Steps







## 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

<b>Overall rating for this location</b>	<b>Good</b>	
Are services safe?	<b>Good</b>	
Are services effective?	<b>Good</b>	
Are services caring?	<b>Good</b>	
Are services responsive?	<b>Good</b>	
Are services well-led?	<b>Good</b>	

### 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 Calderdale Recovery Steps as good because:

- The safety of the service, including that of clients, staff and the environment, was managed well. Incidents were reported, reviewed and learning shared within the service and across the partnership.
- Staff understood their roles and responsibilities in safeguarding adults and children at risk and carried these out.
- The multi-disciplinary team provided assessment, care and treatment to clients in line with best practice and national guidelines. Staff were skilled and knowledgeable in their roles and had opportunities for further development. The service monitored closely their performance and outcomes for clients were in line with the national average. The provider had retained accreditation for investors in volunteers.
- Staff were caring and professional. Feedback from clients and carers was positive, particularly in relation to the range of interventions available and the impact this had on peoples lives.
- The service took a proactive approach to understanding the needs of different groups of people and delivered care in a way that met these needs and promoted equality. Access to the service was timely and staff were committed to maximising client attendance and commitment to their recovery journey, through a flexible and non-punitive approach.

The service ensured clients and carers could make a complaint and was responsive to feedback. The provider retained its Equality Gold Standard award in 2018.

- The service was well led. Managers were skilled, knowledgeable and experienced. The culture within the service ensured staff felt respected, valued and supported by leaders. Staff morale was high. The service had effective systems and processes in assessing, monitoring and improving the quality and safety of the service. Managers had identified areas for improvement and had plans in place to address these. Leaders supported the development of staff and fostered a culture of continuous improvement and innovation. Managers at all levels understood the challenges within the service and the treatment population and were driven to achieve better outcomes.

However:

- The service did not assess the capacity of a client in a timely way when concerns were identified in relation to capacity to consent to treatment.
- Cleaning records were not completed, and the infection control and fire audits did not demonstrate that the actions had been completed.
- Care records did not always clearly reflect individual recovery goals or the extent of client involvement into the development of care plans.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services	Good 	

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# Summary of findings

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Good 

# Calderdale Recovery Steps

## Services we looked at

Substance misuse services

# Summary of this inspection

## Background to Calderdale Recovery Steps

Calderdale Recovery Steps is a specialist community substance misuse service providing care and treatment for people who misuse substances in Calderdale. The service provides integrated care and treatment for young people (Aged under 21) and adults. The service has a dedicated team providing care and treatment for young people. The service has two hubs providing services for people across Calderdale, St Johns House, in the centre of Halifax and Todwell, in the centre of Todmorden.

Calderdale Metropolitan Council commission the service. Referral into the services was through the services' single

point of access. The provider of Calderdale Recovery Steps is Humankind Charity. Humankind Charity is a social care and health charity who work with individuals and families in England.

Humankind Charity first registered with the CQC in April 2018. There was a registered manager in post at the time of inspection. The service did not store controlled drugs and therefore did not require a controlled drugs accountable officer. The service is registered to provide one regulated activity:

- Treatment of disease, disorder or injury

This was the first inspection of the service since it was registered with the CQC.

## Our inspection team

The team that inspected the service comprised two CQC inspectors, one assistant inspector and one nurse specialist advisor with experience of working in substance misuse services.

## Why we carried out this inspection

We inspected this service as part of our next phase independent healthcare 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 and asked a range of other organisations for information.

During the inspection visit, the inspection team;

- visited both registered locations, looked at the quality of the service environment and observed how staff were caring for clients
- spoke with seven clients who were using the service
- spoke with three carers

# Summary of this inspection

- spoke with the registered manager, service director and three team managers
- spoke with 17 other staff members; including doctors, non-medical prescribers, administrators, a volunteer, recovery navigators and a quality and performance manager
- received feedback about the service from one commissioner
- spoke with the chief executive officer from the partnership organisation
- attended and observed one staff meeting, three client group sessions and three client appointments
- collected feedback from 32 clients using comment cards
- looked at nine care and treatment records of clients
- carried out a specific check of the medication management at both locations
- looked at a range of policies, procedures and other documents relating to the running of the service.

## What people who use the service say

We received feedback from 39 clients during this inspection. We consistently received positive feedback from clients about the service and staff. Clients told us staff were professional and committed to their roles. Clients told us they felt involved in their care, received up to date information and were supported to make decisions about their care. One client told us they felt their opinion mattered and staff listened to them. Clients

described how the range of support they received enabled them to acknowledge, and celebrate, the positive impact the service had on their lives. Strong relationships with key workers were central to this.

However, two clients told us the service did not always provide care specific to their needs.

# Summary of this inspection

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

We rated safe as good because:

- The service assessed and managed client risk appropriately. Clients had up to date risk assessments and risk management plans, which included plans for unexpected exits from treatment.
- The service had robust incident reporting and management systems. Staff received feedback following incidents and learning was embedded within the organisation and across the partnership.
- Staff were knowledgeable on how to safeguard adults and children and made the appropriate referrals to the local authority.
- The service had sufficient staff and compliance with mandatory training was high.
- Both locations were clean, tidy and well maintained. Clinic rooms had essential equipment and this was checked regularly.

However:

- Risk management plans were brief and contained generic statements. Two risk management plans were not comprehensive and did not explain fully how the identified risk would be managed.
- Cleaning records were not completed, and the infection control and fire audits did not demonstrate that the actions had been completed.

Good



### Are services effective?

We rated effective as good because:

- All clients received a comprehensive assessment of their needs and had a care plan that met their needs.
- Staff provided a range of care and treatment interventions in line with best practice and national guidance.
- The service engaged in a range of audit activities to improve the quality of care and treatment for clients. Treatment outcomes were monitored closely to measure effectiveness locally and against the national picture.
- Staff were skilled and experienced in substance misuse and had opportunities to develop their skills and knowledge.
- The service had a multi-disciplinary team of staff who could deliver a range of interventions.

Good





# Summary of this inspection

- The provider retained the Investors in Volunteers accreditation award in 2018.

However:

- The service did not assess the capacity of a client in a timely way, when concerns were raised in relation to their capacity to consent to treatment.
- Care records did not always include detailed recovery plans with clearly identified goals.

## Are services caring?

We rated caring as good because:

- Staff provided treatment with a sense of optimism and positivity. Staff provided responsive, practical and emotional support to clients and those close to them.
- The service offered a range of interventions to maintain and improve clients' social networks, employment and education opportunities.
- The service involved clients, families and carers in the running of the service, actively seeking feedback to improve the service.
- Clients provided positive feedback about the service and the impact it had on their lives.

However:

- Care records did not always clearly reflect the extent of client involvement into the development of care plans.

Good



## Are services responsive?

We rated responsive as good because:

- The service provided timely access for clients for triage and assessment.
- The service ensured clients remained engaged with their care and treatment plan, through a flexible and non-punitive approach. Staff were proactive in supporting clients who unexpectedly dropped out of treatment.
- The service was responsive to the needs of all groups of people using the service.
- The service supported clients to engage with the wider community to access employment and education opportunities and to achieve stability and build recovery capital.

Good



# Summary of this inspection

- The service ensured clients and those close to them could make a complaint. Clients told us they were confident to make a complaint. The service monitored and reviewed complaints to identify any themes or trends that indicated the service needed to make improvements.
- In November 2018 Humankind successfully maintained the Equality Gold Standard Award, in recognition of planning and promoting good equality and diversity practices in the workplace.

However:

The environments in Halifax and Todmorden were tired and in need of updating.

## Are services well-led?

We rated well-led as good because:

- The service had a strong and established leadership team with the skills, knowledge and experience to perform their roles.
- Staff were valued, respected and supported by leaders. Staff were proud to work for Humankind.
- Systems and processes were effective in assessing, monitoring and improving the quality and safety of the service. Clinical audit was proactive and productive within the service.
- The service had an established framework of meetings to ensure essential information, such as risk and performance, was shared across the organisation and within partnership.
- There was commitment towards continual improvement and innovation. The provider had retained awards for equality and investors in volunteers.
- Both staff and clients had opportunities to give feedback about the service.

However:

- The service should continue with its plans to improve the environment within the service and embed the ongoing work in relation to care records.

Good



# Detailed findings from this inspection

## Mental Capacity Act and Deprivation of Liberty Safeguards

Ninety eight percent of staff had training in the Mental Capacity Act. All staff had a good understanding of assessing capacity in young people and adults. Staff recognised fluctuations in capacity, including when clients were intoxicated. Staff made alternative arrangements for clients to attend the service to engage in interventions when they could make informed decisions, this was in line with the statutory principles of the Mental Capacity Act and its code of practice. The service had an up to date policy on the Mental Capacity Act, this provided guidance for staff and was easily accessible.

The application of the Mental Capacity Act was not consistent within the service. We found one example of care that fell short of good practice in relation to staff understanding and application of the Mental Capacity Act. The service did not assess the capacity of a client in a timely way, when concerns were raised in relation to their capacity to consent to treatment.






Deprivation of liberty safeguards does not apply to this type of service and therefore was not assessed as part of this inspection.

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Substance misuse services	Good	Good	Good	Good	Good	Good
<b>Overall</b>	Good	Good	Good	Good	Good	Good

# Substance misuse services

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

## Are substance misuse services safe?

Good 

### Safe and clean environment

The service had enough accessible rooms to see clients in. Areas used to see clients were clean. Some areas of both buildings were tired but plans were in place to re-decorate and improve furnishings. Cleaning staff came daily and each room had a schedule of what cleaning tasks needed to be completed and the frequency (daily or weekly). However, in Todmorden, daily tasks were not always signed off as complete.

Clinic rooms were clean and well equipped with the necessary equipment to carry out physical examinations. Equipment was calibrated and maintained appropriately. Staff had access to the appropriate emergency equipment including a defibrillator, oxygen, emergency drugs and equipment was checked regularly to ensure it was ready to use. Clinical waste was disposed of appropriately.

Staff adhered to infection control principles, including handwashing, and hand sanitizer was available for people to use at both sites. Humankind completed quarterly inspections on infection control and staff completed infection control audits every two weeks. However, the quarterly action had not been updated following the completion of required work.

Both sites had regular fire drills and testing of fire safety equipment. The service had up to date health and safety and fire risk assessments. Staff completed regular health and safety checks of both locations. However, the most recent action plan had not been updated following the

completion of work. The manager confirmed during this inspection that all required actions from the infection control audit in December 2018 and fire risk assessment in November 2018 had been completed.

In Halifax, all one to one rooms, clinic rooms and the needle exchange room were fitted with removable panic alarms, that staff could chose to wear on their person during appointments if preferred. In Todmorden, members of staff were allocated an alarm when they entered the building. The panel that indicated where the alarm had been activated was located on the ground floor of both buildings. The service had a system in place to respond to alarms. Reception and admin staff were able to call for assistance through a tannoy system built into the service's phones. Panic alarms were tested weekly.

### Safe staffing

The service had enough staff. The service employed 49 substantive staff, with 45 staff based in Halifax and 4 staff based in Todmorden. The service had contingency plans in place to manage unforeseen staff shortages, and staff told us they would provide cover at the other site if this was required.

The service was using two full time agencies workers to cover two recovery navigators who were on maternity leave and long-term sickness. The service did not have any bank staff.

The service had one vacancy for a non-medical prescriber. This post was not out to advert at the time of inspection as managers and commissioners were in discussion around how this vacancy should be used. The service was utilising

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their prescribing facilitator to ensure prescribing appointments were still available for clients. The service also had one vacancy within the health outreach, prevention and education team.

Data received during this inspection showed that in the 12 months leading up to December 2018 the sickness rate was 6.6%.

In the 12 months leading up to September 2018 the service had 14 staff leavers, equating to a turnover rate of 28.5%. However, the manager reported the turnover rates had increased due to a restructure when the provider took over Young Persons services, which meant some roles were made redundant. Two out of the 14 staff leavers had since returned to work at the service.

Staff had completed mandatory health and safety training as part of their induction. Staff compliance with mandatory training was above the providers target of 85% for all modules, including basic life support, safeguarding and equality and diversity.

The provider had a policy relating to lone working and had implemented a local lone working procedure. Staff we spoke with were aware of this procedure.

## **Assessing and managing risk to clients and staff**

We reviewed nine care and treatment records. The service used a standard format for risk assessments which was embedded into their electronic system.

Staff working at the service provided a single point of contact for the referrals into the service. Staff were allocated to carry out walk in face to face assessments and telephone assessments, which involved triage of all referrals. The process involved establishing the presenting issues, needs and risks. Staff offered immediate advice to reduce risk, for example where clients were alcohol dependent not to stop drinking alcohol suddenly.

All records reviewed contained a risk assessment and risk management plan. Risk assessments included information gathered from all contacts with clients, including triage and initial assessment. Risk assessments reflected clients' needs, were reviewed after each contact and were updated as required, including after any notable incidents. They covered a range of elements including; suicide, self-harm, self-neglect, physical health, violence, mental health, safeguarding children, housing, polydrug use, deterioration in mental state, overdose, and offending behaviour. Each

element had a linked risk management plan. Risk management plans were brief and contained generic statements. Of the nine records we reviewed, two were not comprehensive and did not explain fully how the identified risk would be managed. However, overall, staff managed risks appropriately.

Staff and managers told us work was ongoing to try and improve the quality of risk documentation. Managers were completing monthly audits of individual staff caseloads using a scorecard tool. Through this process the quality of risk management was identified as an area for improvement and training sessions on risk assessments and management plans have been delivered. Additional training on documentation and goal setting were planned. Staff also participated in a peer led exercise in using the scorecard tool, this enabled staff to examine colleagues care records in a supportive way and to share and learn from each other.

All clients started their prescription with three months supervised consumption. A client's suitability to store medication at their home was considered as part of the risk assessment when moving clients onto unsupervised prescriptions. As part of this assessment staff considered if children were present at the client's address. Clients managing their own prescriptions were provided with a lockable safe storage box for them to store their medication safely. The service took a staged approach to moving clients onto unsupervised prescriptions, this included urine testing, to manage the risks in relation to clients not using their medication in a therapeutic way, overdosing on multiple substances, and giving or selling their medication to others.

Staff provided clients at risk of overdose with take-home doses of naloxone and appropriate training in how to use it. Naloxone is a drug that is used to reverse the effects of an opioid overdose. The provision of naloxone is in line with good practice issued by Public Health England. The service offered a needle exchange facility at both sites.

Unexpected exit from treatment plans were documented in all records reviewed. We saw evidence of this being discussed during an assessment appointment. Staff collected the contact details from clients of who they should contact if the client disengaged from treatment and the service was unable to contact them. Staff told us clients

# Substance misuse services

completed and signed consent to share information forms and we witnessed this during the assessment. In line with procedures, staff told us they would do all they could to reengage a client before considering discharge.

## Safeguarding

The service made 15 safeguarding referrals between October 2017 and September 2018. Staff had good awareness of types of abuse and were able 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. The service had good working relationships with the local authority and staff made appropriate referrals where necessary. The service had a designated safeguarding lead and deputy lead, and key members of staff acted as safeguarding champions within each team. The safeguarding lead and deputy attended additional training provided by the local authority and fed any learning back to staff through team meetings. Safeguarding was a standard agenda item within staff supervision.

The providers safeguarding training consisted of three modules which covered both safeguarding adults and children: safeguarding awareness, acting as safeguarding alerter and as a safeguarding responder. Staff mandatory training compliance was above the providers target of 85% in all three modules.

The service had dedicated appointment times for young people accessing the service for clinical appointments. Staff would meet with young people in the community for all other appointments. This meant that young people were not in the building at the same time as client's accessing the adult service.

## Staff access to essential information

The service used an electronic system to maintain client records. When staff had completed all relevant training they were issued with a card that would grant them access to the system. This meant confidential client records were stored in a secure way. The two full time agency workers had access to the electronic system.

Staff were generally positive about the electronic system and said they found it easy to navigate with all the relevant information available. However, they reported challenges

in relation to the number of computers available in rooms used for one to one sessions with clients. This meant that staff would often record notes on paper during appointments and then input them into the system.

## Medicines management

Staff had access to effective and up-to date policies, as well as procedures and training relating to medication and medicines management. The service did not store controlled drugs on site. Naloxone was available and all staff had received basic naloxone training. Take home naloxone kits were provided to clients at high risk of overdose and clients received basic training in how to use the kits.

There were some vaccinations stored on site. Vaccinations were kept in fridges, were all in date and documentation was in line with the providers cold chain policy. Prescriptions were dispensed via local pharmacies and clients could chose the pharmacy that was most convenient for them.

Physical health monitoring took place in line with national guidance. Clients received an electro cardiogram if they were prescribed above 100ml of methadone, at the time of inspection this applied to three clients using the service. Clients prescribed buprenorphine had the appropriate blood tests completed to test their liver function. Clients who were receiving treatment for their alcohol use received baseline physical health checks prior to commencing detox, this included blood pressure, height and weight. This was monitored throughout their treatment.

## Track record on safety

The service had recorded two serious incidents between October 2017 and September 2018.

Once incident related to an information governance breach. We discussed this with the manager during the inspection and the provider had responded quickly and appropriately to the incident, including meeting with the client affected to explain and apologise. As a result of this incident, additional training was delivered to staff on 'version control of documents' and 'email distribution lists.'

The second incident related to the death of a client following release from prison. The incident investigation identified gaps in engagement with the client, and communication issues between the service, prison and

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community pharmacy. As a result of the investigation the services' engagement policy was amended to reflect a more assertive approach to monitoring prescription pick ups from community pharmacies.

Staff were supported and de-briefed following serious incidents.

## Reporting incidents and learning from when things go wrong

Staff knew what incidents to report and how to report them. All staff had access to the service's electronic reporting system that was used to monitor and report all incidents. Incident reports were sent to managers for review and feedback was provided to staff through the system. The system was used to store documentation relating to specific incidents, such as emails and CQC notification forms. Each incident had a clear timeline and sections to record updates, lessons learnt and how learning would be shared with staff.

The providers' performance manager created a quarterly report identifying trends, themes and lessons learnt. This report was shared with staff, and discussed in team and partnership meetings. This approach supported integration within the service. We saw evidence of changes made as a result of lessons learnt from the investigation of incidents.

Staff understood the duty of candour and consistently told us they would be open and honest and apologise to clients if mistakes were made.

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

Good 

## Assessment of needs and planning of care

Staff completed a comprehensive assessment of clients' needs during their first appointment at the service. The assessment tool covered a range of domains, including historical and current substance misuse, treatment history, criminal justice involvement, children, physical, mental and sexual health. Following the completion of the assessment, each client is allocated a blue, green, amber or red status,

this is a tool that guides staff on the frequency of contact, based on client need and risk. We reviewed nine care and treatment records and all clients had a comprehensive assessment completed and an identified recovery worker.

Staff developed care plans that met the needs of clients identified during their assessment. The quality of care plans varied in the records we reviewed. Most records were adequate, they identified actions to encourage the client to fully engage and get the most from treatment, these were then linked to recovery goals. Three records had clearly defined specific, measurable, achievable, resourced and time-bound goals, five records had goals that were simple. One record did not contain a care plan as treatment was suspended pending a mental capacity assessment. Recovery plans, were regularly reviewed by staff and most were updated following changes in treatment or changes in circumstance. All clients had a plan for unexpected exit from treatment.

## Best practice in treatment and care

Staff provided a range of care and treatment interventions suitable for the client group. These interventions were those recommended by, and were delivered in line with, guidance from the National Institute for Health and Care Excellence. These included advice and information on harm reduction, education and brief interventions based on psychosocial approaches. For those clients requiring structured approaches to care and treatment, interventions included support, detoxification, substitute prescribing and psychosocial interventions.

For those clients requiring detoxification, the service provided gatekeeping assessments and multi-disciplinary review for a small number of community beds provided within the partnership.

We reviewed four prescribing records. All records clearly recorded treatment rationales in line with national guidance and there was evidence of regular reviews by the clinical team.

The service used recovery road maps to guide staff and clients through a recovery journey. Recovery road maps were divided into nine stages, with each stage including pharmacological interventions, psychosocial interventions and recovery support as appropriate to each of the stages. These interventions were underpinned by national guidance, including the Strang (2011): Medications in recovery: re-orientating drug dependence treatment.



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The service offered clients blood borne virus testing and immunisation at the point of initial assessment and routinely throughout care and treatment. The service took a co-ordinated approach to effectively delivering this element of care. The service had systems in place to ensure clients were offered blood borne virus testing, including HIV and hepatitis C, and were offered, vaccination courses for hepatitis B. The prescribing facilitator had oversight of this process through the use of a tracker and could easily identify clients that required immunisation or needed to be recalled. Alongside this, the service worked in partnership with a specialist nurse to deliver clinics within the service every two weeks. The service had prompt access to blood results through the use of technology, this ensured clients did not experience delays in accessing treatment.

Staff supported clients to live healthier lives through a range of interventions at the service and with partner organisations. For example, the service provided a regular sexual health clinic for clients to access screening and advice. Staff provided information on harm reduction, sleep and diet, this was supported through the availability of leaflets and posters on display in the reception areas. Clients could access a variety of health and wellbeing based groups, including mindfulness, healthy breakfast group, meditation and fit club. Clients could access mutual aid meetings to specifically address substance misuse issues, these included narcotics anonymous and alcoholics anonymous.

The service completed a number of audits to evaluate and improve client care and treatment, including health and safety, clinical and governance based audits.

## Monitoring and comparing treatment outcomes

Staff regularly reviewed care and recovery plans with clients using the service, this included reviews of medicines and discussion around client progress and risks. The service measured client severity and outcomes using recognised rating scales. This included the use of the severity of alcohol dependence questionnaire, alcohol use disorders identification test and the Leeds dependency questionnaire. 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 examined the data collected to address

concerns and to formulate action plans to improve the quality of the service. The service displayed 'performance at a glance' information on staff notice boards so that staff understood where improvement was required, as well as areas where the service was performing well.

The service regularly reported on a range of clinical key performance indicators and these were monitored through the integrated governance group meeting. Reporting on nine key indicators, the service exceeded the target in seven key indicators as of 29 January 2019. Two key indicators, GP letters sent out within one month of treatment start and urine testing for opiate users were not at target, however, recorded compliance rates of 93% and 99% respectively.

The commissioner for the service provided positive feedback in relation to the effectiveness and performance of the service. There was an acknowledgement of the complexities of the treatment population in Calderdale and the challenges of achieving and maintaining recovery. The service had utilised its resources and strengthened partnership working to deliver outcomes that were similar to the rest of England.

## Skilled staff to deliver care

The service employed staff from a range of professional disciplines to effectively support clients. This included doctors, non-medical prescribers, prescribing facilitator, recovery navigators, assessment and engagement workers, health outreach, prevention and education workers, young people workers and volunteers. One doctor was a consultant psychiatrist and both non-medical prescribers were qualified mental health nurses. The service supported clinicians to maintain their professional registrations.

All staff received a comprehensive induction and the service provided and ensured all staff had completed mandatory training. The service had systems to monitor compliance with mandatory training. All staff, including volunteers, were up to date with Disclosure and Barring service checks.

All staff received regular supervision and annual appraisal. Prior to the inspection, the provider told us 82% of staff had received an annual appraisal within the 12 months up to 31 October 2018. The remaining nine staff (18%) were new members of staff that had been employed for less than 12 months. Staff told us they received regular supervision and support. The service completed an audit of supervision in



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December 2018 and identified gaps in supervision due to absence and changes in management. The service were in the process of developing a central monitoring tool to provide oversight and assurance relating to supervision activity. We reviewed the service action plan and monitoring tool in relation to completing the final stages of this project and were assured this would be completed as planned by 31 March 2019. The registered manager confirmed all staff received supervision and were up to date.

Managers could give examples where they had acted appropriately to address staff performance that had fallen short of expectations. The service used a range of management tools to monitor and examine performance. These included a staff caseload tracker, a tool to ensure recovery plans, risk assessments and BRAG status were completed and reviewed regularly. Managers told us reports were produced every two weeks, and provided staff and team managers with oversight of current casework and performance. The quality of this work was monitored via the use of scorecards, a tool used to audit care records. Managers told us these tools were used as a supportive mechanism in individual supervision and team meetings to examine the performance and quality of the service. Outcomes from the use of caseload trackers and scorecards were submitted to the service quality manager to analyse for themes and trends.

The service provided opportunities for staff to develop their skills and knowledge. The service monitored this through the service improvement workforce development plan. Staff told us learning from colleagues from a range of backgrounds was central to gaining knowledge and understanding of wider issues that clients faced. The prescribing facilitator recently attend a regional forum for hepatitis C, to support their development as the lead for blood borne viruses within the service. The service provided personal development group training to staff on case management, recovery planning and domestic abuse in 2018. Regular training and development sessions were available to clinical staff throughout the year, including, risk management, palliative care, alternatives to detox and smoking cessation. Police delivered a session on 'County Lines' to staff, addressing the exploitation of vulnerable and young people in the distribution of drugs. Staff could also undertake formal learning by completing recognised qualifications. Some staff had completed motivational

interviewing and cognitive behaviour therapy based training. Plans were in place for staff to attend dual diagnosis training and one staff member was supported by the service to complete their apprenticeship.

The provider recently retained the Investors in Volunteers accreditation. Between April and June 2018, fourteen Humankind volunteers moved into paid employment and eight of those roles were within the organisation. To support the ongoing integration of the adult and young peoples service in Calderdale, the service were in the process of reviewing their plan around volunteer recruitment.

## **Multi-disciplinary and inter-agency team work**

The service held a variety of regular multi-disciplinary meetings. Staff attended a regular service wide meeting to ensure an integrated approach to service delivery across the partnership. Leaders communicated key messages to staff around performance, governance and service development.

Every two weeks staff met to discuss clients in service, these included young people transitioning into the adult service, potential clients for detoxification and clients requiring specialist maternity services. A range of professionals attended the meetings, including the doctor, non-medical prescribers, recovery navigators, clinical lead, specialist nurses and staff from the partnership organisation. Staff told us this was a productive meeting that identified and supported the needs of particularly vulnerable clients.

The service had effective working relationships with other external organisations, including GPs, community pharmacies and the local authority. For example, the service had regular communication with clients GPs to ensure they were familiar with the treatment being received. A small number of clients were under a 'shared care' arrangement with their GP and a recovery navigator from the service and received treatment at their GP surgery. A doctor within the service had a specialist interest in end of life care, they supported client transition into and through hospital, including the review of pain management.

The service extended its commitment to inter-agency team work by attending a monthly meeting with the local hospital, ambulance service, community matron, mental

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health provider and emergency department. The purpose of this meeting was to focus on high intensity clients that frequently used emergency services and departments and how to support these clients.

The service ensured multi-disciplinary input into clients' comprehensive assessments. Recovery navigators acted as care co-ordinators and ensured the relevant professional contributed to client assessments. For example, we saw in care records involvement of a specialist midwife for a pregnant client and a GP for ongoing monitoring of physical health concerns.

The service had clear care pathways to other supporting services to meet the different needs of clients. This included access to recovery groups within the partnership, mental health, education and employment services. To support the development of the mental health pathway, staff participated in a buddy scheme with the local mental health provider. Staff from the service shadowed community mental health nurses to share best practice and enhance their skills and knowledge in supporting clients with mental health needs. Nurses visited the service to shadow recovery navigators and clinicians to develop their understanding of the needs of substance misuse clients.

## Good practice in applying the MCA

The service had an up to date policy on the Mental Capacity Act, which provided guidance for staff and was easily accessible. The electronic care record also included a template to guide staff on the completion of a capacity assessment. Staff ensured service users consented to care and treatment, that this was assessed, recorded and reviewed. Ninety eight percent of staff had training in the Mental Capacity Act and all staff had a good understanding of assessing capacity in young people and adults. Staff recognised fluctuations in capacity, including when clients were intoxicated and made alternative arrangements for clients to attend the service to engage in interventions when they could make informed decisions.

However, we found one example where was not in line with the Mental Capacity Act and its code of practice. During an assessment appointment staff were informed of potential issues with a clients' capacity by a relative accompanying them to the service. However, the clients care record did not record the nature of concern, no care plan was implemented to support the client and treatment was

suspended whilst staff sought guidance from a manager. Staff arranged for a capacity assessment but this was ten days after the initial concern was identified. The potential impact for the client included poor mitigation of risk, a delay in treatment and disengagement from the service. We raised our concern during the inspection with the service manager and immediate steps were taken to address the issue.

## Are substance misuse services caring?

Good 

### Kindness, privacy, dignity, respect, compassion and support

Staff within the service provided care and treatment with a sense of optimism and positivity. Clients told us staff were compassionate, had a genuine interest in their wellbeing and were professional. One client told us their life had changed, and every day now had purpose and meaning. Staff provided responsive, practical and emotional support appropriately to clients. We observed a range of key working appointments, assessments and group sessions during this inspection. Staff consistently showed caring and supportive attitudes towards clients.

All staff members and clients we spoke with told us they could raise concerns about disrespectful, discriminatory or abusive behaviour without fear of the consequences. The service had a procedure to guide and support staff to raise concerns.

Staff supported clients to understand and manage their care, treatment or condition. Staff achieved this through regular key working and clinical appointments. This was strengthened by clients attending recovery and abstinence based group work. Some clients we spoke with told us their relationship with their keyworker was central to their understanding and appreciation of the benefit of all aspects of their care and treatment. Two clients told us staff had challenged their commitment to their care and treatment, this was done in a respectful way and allowed the clients to reflect on how they wanted to achieve their goals.

Staff directed clients to other services when appropriate and, if required, supported them to access those services.

# Substance misuse services

We noted in care records and through our observations that staff referred clients to a range of other services. For example, clients had been referred to GPs, housing, employment, mental health and dental services.

The service had clear confidentiality and information sharing policies and procedures to maintain the confidentiality of client information. Except for one, all care records contained the appropriate consent from clients to store and share their information. During one assessment appointment we saw how this was discussed with clients, detailing how the information would be used and what exceptions there were for breaching their confidentiality.

## Involvement in care

Clients told us staff communicated with them so that they felt involved in their care and understood their treatment plans. Staff assessed the communication needs of clients and carers through completion of a comprehensive assessment. Except for one, all care records included a risk assessment and recovery plan for the client. Of these, four recovery plans demonstrated the persons preferences, recovery capital and goals. The remaining four recovery plans were basic with simplistic goals. Care records recorded if a client was offered, accepted or declined a copy of their care plan, however, the extent of client input into developing their care plan was not clear from the way the care plan was written as they used professional language.

Staff engaged with clients using the service to develop responses to meet their needs. For example, we observed staff explaining options for alcohol detoxification with a client. Staff provided detailed information regarding community and medically assisted detoxification programmes. The discussion identified the benefits and challenges of such detoxification programmes and ensured the client had the correct information to make an informed decision about their care.

The service involved clients, families and carers in the running of the service. Suggestion boxes were available for clients, families and carers to submit ideas, comments or concerns. In Halifax, the service sought feedback from clients regarding furniture in the reception area and agreed to upcycle the current furniture, as opposed to purchasing new bistro style seating. In Todmorden, the service consulted with clients regarding the suitability of the building due to age and condition. Feedback was

overwhelmingly positive from clients regarding the community resource. Staff told us the service is currently trying to develop a young peoples panel to inform and develop this aspect of the service. Suggestions and feedback were discussed in monthly governance meetings.

Clients could provide feedback about their care and treatment at the point of discharge from the service, between July and September 2018, 49% of eligible clients provided feedback to the service. Feedback was positive regarding support and progress made by clients. Clients identified that the telephone system required improvement and requested more social events. The service had plans in place to address these issues.

Staff involved clients' families and carers appropriately. Clients were required to consent to this and the service actively encouraged family and carer involvement at appointments. Families and carers were encouraged to access the services' 'concerned others' group for peer support. One carer told us, although their relative was not in treatment, they attended the group for support and information.

The health outreach, prevention and education team had developed a service user influence and involvement action plan to target key areas of work. These included family days in Calderdale, representation on recruitment panels and promoting volunteering.

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

Good 

## Access and discharge

The service had clearly documented admission criteria and provided integrated care and treatment for young people aged under 21 and adults. Access to the service was flexible, clients could engage in face to face screening during morning drop-in sessions each day, or, alternatively, clients could access telephone screening each afternoon. Once screened and prior to assessment, clients attended a 'Choices' group; staff told us these ran regularly and supported clients to consider their treatment goals and expectations. Clients could usually access an assessment

# Substance misuse services

appointment within five days but did not wait more than two weeks, and at the time of inspection the service did not have a waiting list. Young people could access assessment appointments within five days.

The service had a co-ordinated approach to assessment and treatment, which ensured clients did not experience any delay in commencing treatment. The service booked a clients' initial assessment and linked this to a clinical appointment, typically within 48 hours of each other. Clients who were receiving pharmacological interventions were offered a choice in medication, this was determined on an individual basis and risk assessment of the client.

The service had the capacity to see urgent referrals quickly through the assessment and engagement team, particularly clients who were high risk or vulnerable.

The service had a number of referral pathways and systems in place for clients whose needs could not be met by the service, this included signposting clients to support services for domestic abuse, housing, employment and faith based support. The service had a procedure in place for when clients arrived late, failed to attend appointments or unexpectedly dropped out of treatment. Staff liaised with pharmacies and other agencies with the aim of re-engagement, in line with the services' policy. The procedure aimed to maximise client attendance and commitment to their recovery journey, through a flexible and non-punitive approach. We observed staff discuss in detail this procedure during appointments with clients, this ensured clients clearly understood the need to attend regularly. They requested welfare checks with the police if they had significant concerns about the client's safety.

At the time of inspection, the service was performing in line with the national average for the treatment outcome profile for starts, reviews and exits from service. Local performance data for treatment completions varied within the service. For alcohol only and alcohol and non-opiate clients, treatment completions were above the national average in October 2018. For non-opiate and opiate only clients, successful treatment completions fell just below the national average for October 2018.

## Discharge and transfers of care

Care records reflected the complex needs of clients and identified pathways into other support services. For example, we saw in care records evidence of risk in relation to pregnancy being referred to specialist midwifery services' and mental health concerns being referred to GPs.

Staff and managers told us they planned for a client's discharge from the start of their treatment journey and discussed this regularly. However, care records did not always consistently reflect these discussions. We discussed this with the quality manager who told us the service had recently commenced using a forecasting tool for recording discharges. The service monitored this monthly to identify any trends in recording. The service hopes to gain more insight of the treatment system, identify gaps in delivery and promote learning within the staff group regarding interventions, review and how these correlate with recovery roadmap stages.

Staff supported clients during referrals and transfers between services. For example, the service provided a dedicated weekly clinic for clients released from prison. This provided clients with the opportunity to engage with the service at the earliest opportunity. Staff told us they would support clients attending appointments. We observed staff provide assurance to a client during an assessment, this was in relation to supporting the client to attend medical appointments during their detoxification programme.

The service effectively managed the transfer of young people into the adult service. This was achieved through multi-disciplinary discussion and the service had a dedicated worker to oversee the safe transition into the adult service.

## The facilities promote recovery, comfort, dignity and confidentiality

The reception areas at both Halifax and Todmorden were in need of a refresh, decoration was tired looking and furniture in Halifax was shabby. However, the manager told us the service was awaiting completion of a programme of decoration and plans were in pace to replace furniture following client consultation. The reception areas were clean and tidy, drinks were available to clients free of charge. A range of information was on display and information leaflets were available for clients to take away. Clients had access to information on educational opportunities, leisure, health and well-being and support

# Substance misuse services

services in the local community. Suggestion boxes were available for clients to provide feedback. The service had a range of rooms and clinical space to support care and treatment provided. The rooms had adequate sound proofing to promote privacy and confidentiality.

## Clients' engagement with the wider community

The service supported clients to maintain contact with their families and those who are important to them. During initial assessment, staff encouraged clients to identify a family member or significant other who could support the client through their treatment journey, with the aim of maximising attendance at appointments and group sessions. The service provided a monthly forum for 'concerned others', this enabled families and carers to meet, discuss their experiences and support one another.

Staff told us how the service took a proactive approach to having a positive role within the local communities of Calderdale. Staff and volunteers participated in roadshows with the police, fire and ambulance service, delivered training sessions in local schools and ran a stall providing information at the local market and GP surgeries. At Todmorden, the service had a particularly active weekly lunchtime social event. Clients and members of the public could access this, eat together, socialise and form friendships.

Staff told us they encouraged clients to engage in a range of activities in the community to achieve stability and build their recovery capital. These activities included mutual aid groups such as alcoholics and narcotics anonymous and other recovery based group activities, such as mindfulness, breakfast club and abstinence groups.

The service ensured that clients had access to education and work opportunities through its partnership arrangements in the community. The young peoples service maintained good links with schools and colleges, this enabled their clients to remain in education or work towards returning to education. Adults could access a range of opportunities, including job clubs, training and volunteer work.

## Meeting the needs of all people who use the service

The service could meet the needs of all clients. Staff engaged with young people predominantly within the

community at schools, youth clubs and other community based locations. Young people who were prescribed for, had dedicated clinic time within the Halifax hub. This ensured young peoples needs were safeguarded.

Accommodation at both locations was spread over several floors and not all areas were accessible for people with mobility issues. The Halifax hub did not have a lift; however, provision could be made to support clients in a number of ways. For example, clients with reduced mobility could use ground floor rooms only and for those clients who used a wheelchair, their entire care and treatment package could be delivered at the community partnership base. We observed one staff member discussing with a client during their assessment how they could successfully offer care and treatment on the ground floor due to long term health and mobility issues.

The service had made adjustments to ensure a member of staff with reduced mobility could carry out their role.

All staff had completed mandatory training in equality and diversity. Staff we spoke with demonstrated an understanding of the potential issues faced by clients, including those with protected characteristics. In November 2018 Humankind successfully maintained the Equality Gold Standard Award, in recognition of planning and promoting good equality and diversity practices in the workplace.

Staff had access to a range of materials to support the communication needs of clients, this included leaflets in different languages, telephone interpreting service and an internet translation application for meeting immediate needs. Staff addressed barriers to communication during the triage and assessment of clients. The service had positive working relationships with local organisations to meet the needs of vulnerable groups. These included working with a local lesbian, gay, bisexual and transgender advocacy service, specialist maternity service and a bail hostel. One client told us the service had set up a text alert to the client as a reminder to attend their appointment. This was in response to the clients' poor memory and the alert was shared with their partner to strengthen and support engagement. Prior to inspection, the service told us Humankind had adopted an application to ensure marketing literature and websites were accessible to people with dyslexia, reading difficulties, visual impairments and English language learners.



# Substance misuse services

Noticeboards displayed information on a range of support agencies for vulnerable clients. Information was available on domestic abuse, advocacy, mental health and for those clients from ethnic minority backgrounds.

Todmorden had a service user forum and managers acknowledged the service needed to take more opportunity to engage with clients and those that used the service in Halifax. The service developed a reverse mentoring scheme to senior managers, whereby clients could meet managers to discuss the service. The success of this resulted in the appointment of dedicated health outreach, prevention and education worker for the Todmorden hub. This initiative was less successful in Halifax; however, the service remains committed to developing this important work.

Managers, staff, clients and a carer told us the service struggled with its telephone system. There were insufficient lines for single point of access into the service. This was an identified risk on the risk register and the service had a contingency plan in place to address this whilst a permanent solution was reached.

None of the clients we spoke with reported their appointments had been cancelled.

## Listening to and learning from concerns and complaints

The service managed and responded to complaints effectively. Between 1 October 2017 and 30 September 2018, the service received ten complaints and 31 compliments. Staff told us they were confident in dealing with concerns raised by clients at the earliest opportunity and escalated these to a manager if this was not successful. All complaints and compliments were recorded electronically. Staff recorded investigations, updates and outcomes of complaints. We reviewed a small sample of complaints received by the service; these had been responded to in accordance with the service's complaint policy. Complaints were discussed in team meetings and at both the monthly operational management group meeting and partnership meeting. Any relevant learning was identified and shared to improve the quality of the service.

Information was available to clients on how to complain and suggestion boxes available to provide feedback or

raise concerns about the service. All the clients we spoke with during the inspection stated they would be comfortable in raising a concern or complaint with staff should the need arise.

## Are substance misuse services well-led?

Good 

### Leadership

The service had a strong and established leadership team with the skills, knowledge and experience to perform their roles. Managers were supported to undertake additional training, including competency based leadership and management training. The service had operational managers and clinical leaders who had a thorough understanding of the service they managed, the staff team and the clients in their care. Managers had identified areas for improvement within the service and had plans in place to address these.

The area manager who was the registered manager was based at the Halifax hub. Team managers and lead practitioners regularly worked across both locations to support staff in the service. The director of the service worked at the service frequently. Staff reported that leaders were visible, approachable and responsive to their needs.

### Vision and strategy

The provider had a vision statement that was for people of all ages to be safe, building ambitions for the future and reaching towards their full potential. The provider also had a mission statement which was: "Humankind creates services and support to meet people's complex health and social needs, helping them to build healthier lives that have meaning and value for themselves and their families. We support local people to create stronger, better-connected communities".

The provider had three values which were:

**Honest:** We are open and realistic, building trusted relationships in which we challenge, collaborate and change.

**Committed:** we are passionate about being the best that we can be, and we do this by keeping people at the heart of everything that we do.

# Substance misuse services

Inventive: we are ambitious, drawing together skills and resources to innovate and adapt in determined pursuit of our mission.

All staff we spoke with had a good awareness of the services' vision and values and told us they were the foundations of their day to day work. We observed staff consistently demonstrated behaviours that embraced the services' vision and values during interactions with clients and colleagues.

The provider had recently changed their name to Humankind Charity. Staff and leaders told us they had been consulted on this process and had had the opportunity to attend roadshows and focus groups to contribute ideas to co-produce the mission, vision and values of the new organisation.

The registered manager told us the service continued to deliver high quality care within the budgets available. Remodelling within the service was complete but discussions were ongoing with the service director to identify how the current budget could be best utilised. As an organisation, Humankind were sighted on the increasing costs of buprenorphine and were in discussion with the medical director regarding suitable alternatives. However, the service was clear in its position, client treatment options would not be limited based on financial constraints.

## Culture

All staff told us they felt respected, valued and supported. Staff were positive and told us how mutual support in and between teams within the service was fundamental to their wellbeing. Staff recognised and respected the range of roles across the service, acknowledging the benefit of working alongside a diverse and knowledgeable group of staff.

Staff were candid regarding levels of stress associated with their roles and told us support was readily available through peers and managers. The service was committed to promoting and maintaining the health and wellbeing of staff. The service had a health and wellbeing lead and all staff had access to wellbeing, support and occupational health services. This included twice weekly meditation drop-in sessions. The service monitored sickness and staff turnover rates.

Staff were proud of their work and felt empowered to have and share ideas. The most recent staff survey positively reflected staff satisfaction with their roles, the support they received and opportunities they had.

Staff told us they could raise any concerns without fear of victimisation, were familiar with the concept of whistleblowing and how to access the providers policy to support whistleblowing.

Prior to this inspection the service told us they recognised staff success within the service through a range of initiatives. These included thank you cards, values champions and an executive thank you.

## Governance

The service had effective systems, processes and a range of policies and procedures that ensured leaders could accurately assess, monitor and improve the safety and quality of the service. Managers had procedures to ensure the service was clean. The service had sufficient staff that were trained, supervised and appraised.

Staff understood the Mental Capacity Act, however the application of the Act was not applied appropriately in one of the nine records we reviewed.

The service monitored and reported on a range of key performance indicators and managers attended regular meetings with colleagues from across the service and partnership organisation to understand current themes and issues. The service also had processes in place to monitor clinical performance and a programme of audits; these were consistent and effective in implementing change.

The service had an established framework of meetings to ensure essential information, such as learning from incidents and complaints, was shared and discussed. Feedback from staff, managers and a review of meeting minutes evidenced how essential information was shared.

The service implemented recommendations following reviews of deaths, incidents, complaints and safeguarding alerts to improve the quality of care. Quarterly reports captured themes and trends, identified action to be taken and tracked progress. The service shared outcomes within the service and extended shared learning to the wider partnership organisation. However, the infection control audit and fire risk assessment audits had not been updated to reflect the completed actions.

# Substance misuse services

The service submitted the appropriate returns and performance monitoring as part of their contract with their commissioner.

## Management of risk, issues and performance

The service had a risk register and this linked to the provider's risk register. Staff could submit items to the service risk register and this was reviewed regularly by managers at operational and integrated governance meetings. Each risk was rated and mitigating actions recorded to reduce the risk. The service risk register reflected risks we identified during this inspection and those identified by managers, including the quality of client risk management plans and recovery plans. The service had plans in place to monitor and improve performance, including staff training and additional audits.

The service had business continuity plans in place in case of emergencies.

## Information management

The service had effective systems to collect data and managers told us the system automatically generated information to populate reports. This meant data collection was not over burdensome for frontline staff and managers had access to information to support them in their role relating to performance of the service, staff and client care.

Staff had access to up to date information and equipment required to complete their roles. However, the telephone system was not always sufficient to meet the needs of clients using the service, which the service was aware of and taking steps to address. Staff felt one to one rooms would benefit from additional computers so they could work more efficiently. Staff were confident in the use of technology and were able to demonstrate awareness of information governance. They were 100% compliant in the mandatory training units relating to data protection, information security and information governance. Staff clearly explained confidentiality agreements to clients in relation to the sharing of information and data.

The service made notifications to external bodies as needed.

## Engagement

Staff had access to up to date information about the service through a variety of ways, including team meetings, partnership meetings, emails and the providers intranet. Performance information was displayed on staff noticeboards. Clients and carers were kept informed and engaged in local service developments through information displayed at each hub and by keyworkers seeking client views. The majority of clients asked felt the service promoted their involvement in service development.

Clients and carers could provide feedback to the service and this information was recorded, analysed and used to inform the service of areas for future development or celebrate success within the service. The service also provided clients with the opportunity to meet with senior managers through the reverse mentoring scheme to gain feedback.

The service had developed good working relationships and arrangements with other services where appropriate to do so. This included having a dedicated worker within police cells to provide brief advice and interventions to clients not already engaged with the service.

## Learning, continuous improvement and innovation

The service encouraged creativity and innovation to ensure up to date evidence based practice was implemented and embedded. For example, clinical audit identified shortfalls in the numbers of clients receiving liver function tests prior to commencing buprenorphine. Interventions were introduced to manage this process more effectively and following completion of the audit cycle, 98% of clients on buprenorphine have had a liver function test completed within the last 12 months.

Learning from a serious incident prompted the development of a clinic dedicated to prison releases in November 2018. Managers told us they were planning to enhance this provision by introducing a 'one stop shop' appointment to include probation, housing and benefits.

Quality improvement was included as an agenda item in monthly governance meetings. The provider had retained awards for equality and investors in volunteers.



# Outstanding practice and areas for improvement

## Outstanding practice

The provider recently retained the Investors in Volunteers accreditation, fourteen Humankind volunteers moved into paid employment and eight of those roles were within the organisation. To support the ongoing integration of the adult and young peoples service in Calderdale, the service were in the process of reviewing their plan around volunteer recruitment.

In November 2018 Humankind successfully maintained the Equality Gold Standard Award, in recognition of planning and promoting good equality and diversity practices in the workplace.

## Areas for improvement

### Action the provider **SHOULD** take to improve

- The provider should ensure health and safety records, including cleaning records and audit action plans, are updated following the completion of tasks.
- The provider should ensure that client care plans, risk assessments, risk management plans and recovery plans are detailed, include evidence of client engagement in planning their care and discharge from treatment.
- The provider should ensure it applies the Mental Capacity Act and associated code of practice in line with the requirements outlined in legislation and associated code of practice.
- The provider should ensure it completes proposed work to improve the telephone system.
- The provider should consider the use of information technology in client consultation rooms.
- The provider should continue with its plans to update and improve the environment at both Halifax and Todmorden hubs.