New Directions Bradford

Quality Report

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

Ratings

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

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

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

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

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

Summary of findings

Overall summary

We rated New Directions Bradford as requires improvement because:

- There were areas of improvement required to manage safety in the service. Not all clients had an individual risk assessment. Risk assessments were not consistently fully completed to evidence that all risks had been considered. Where risk assessments had been completed it was not clear how staff planned to manage identified risks effectively. Staff had not identified environmental risks in client accessible areas. Not all staff had received the required mandatory training to ensure they could respond to physical health emergencies.
- The service was not consistently providing effective care. Whilst the service offered a full range of interventions these were not reflected in recovery plans. Recovery plans did not meet the individual needs of each client including their physical, psychological and social needs. Staff did not record discharge plans or clients' individually agreed plans for unexpected exit from treatment. Staff did not have a good understanding of the Mental Capacity Act. Records did not support that staff consistently received supervision.

However:

- Staff were caring. Feedback from clients and carers was consistently positive about staff attitudes. All clients had a named recovery coordinator who acted as a point of contact for the service. The service had access to a range of interventions to support clients and those close to them. Families and carers were appropriately involved in clients' treatment. Staff understood and addressed specific needs regarding equality, diversity and human rights.
- The service was providing care in a way that was responsive to people's needs. All locations had accessible client areas including clinic rooms and interview rooms. Staff were flexible with appointment times and locations and appointments were rarely cancelled. Staff could make reasonable adjustments to support additional client needs. The service ensured that clients knew how make a complaint and was responsive to feedback.
- The service was well-led. There was a stable management team with managers at all levels who had the skills, knowledge and experience to perform their roles. Managers and team leaders were visible in service and staff told us that managers were approachable. All staff we spoke with told us that they felt respected, supported and valued. There were good systems and processes in place to assess and monitor quality and safety within the service. Managers had identified and had plans in place to address most areas of concern.

Summary of findings

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Requires improvement

New Directions Bradford

Services we looked at
Substance misuse services

Summary of this inspection

Background to New Directions Bradford

New Directions Bradford is a community specialist substance misuse service providing care and treatment for people who misuse substances in Bradford, Airedale, Wharfedale, Craven and Rotherham. The service provides care and treatment for adults and families. The service had three bases:

- Unity: providing services for people living in Bradford.
- Temple Street: providing services for people living in Keighley.
- Carnson House: providing services for people living in Rotherham.

The service was commissioned by Public Health England commissioners. The referral route into the service was predominantly via primary care through the service's single point of access.

The provider of New Directions Bradford is Change, Grow, Live. Change, Grow, Live is a social care and health charity who work with individuals, families and communities across England and Wales that are affected by drugs, alcohol, crime, homelessness, domestic abuse, and antisocial behaviour.

New Directions Bradford first registered with the CQC in October 2017. The additional service provision in Rotherham was added to the registration in May 2018. There was a registered manager in post at the time of inspection. The service did not store controlled drugs and so 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 registered.

Our inspection team

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

Why we carried out this inspection

We inspected this service as part of our next phase for 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 all three registered locations, looked at the quality of the service environment and observed how staff were caring for clients

Summary of this inspection

- spoke with 12 clients who were using the service
- spoke with the registered manager and two service managers
- spoke with 32 other staff members; including administrators, doctors, healthcare assistants, nurse medical prescribers, nurses, peer mentors, receptionists, recovery coordinators, team leaders and volunteers
- received feedback about the service from two commissioners
- attended and observed four staff meetings and two client group sessions
- looked at 18 care and treatment records of clients
- carried out a specific check of the medication management on three 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 spoke with 12 people who were using the service during inspection. We received consistently positive feedback from clients about the service and staff. Clients told us that the staff were approachable, flexible and available when needed. Clients described the staff as "visible and hands on", "respectful and interested in my wellbeing", and "friendly and polite".

Clients were very positive about the service locations and told us that the locations were always clean and tidy. Clients told us that it was very rare for appointments to be cancelled and that they were always kept informed by the service if this happened. The majority of clients told us that there was nothing about the service that they would change or improve.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

We rated safe as requires improvement because:

- Staff had not completed risk assessments for each client. Risk assessments were not consistently fully completed to evidence that all risks had been considered. Risk management plans were brief and did not address in sufficient detail how staff mitigated risks identified in the risk assessments.
- Staff had not identified all environmental risks in client accessible areas.
- The service provided mandatory training in key skills to all staff but did not ensure all staff completed it as compliance with basic life support training was 40%.

However:

- The service managed client safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave clients honest information and suitable support.
- Staff understood how to protect clients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service followed best practice when prescribing, giving, recording and storing medicines. The service worked closely with local pharmacies to ensure that clients received the right medicine at the right dose at the right time.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean.

Are services effective?

Requires improvement

We rated effective as requires improvement because:

- Not all clients had a recovery care plan. The service's range of interventions were not reflected in recovery plans. Recovery plans did not meet the individual needs of each client including their physical, psychological and social needs.
- Staff did not record discharge plans or clients' individually agreed plans for unexpected exit from treatment.
- Records did not support that staff consistently received supervision.

Summary of this inspection

- Staff did not have a good understanding of the Mental Capacity Act.

However:

- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Staff of different kinds worked together as a team to benefit clients. Doctors, nurses and other healthcare professionals supported each other to provide good care. The service had effective daily multidisciplinary meetings.
- The service made sure staff were competent for their roles. Managers held regular supervision meetings with them to provide support and monitor the effectiveness of the service.
- Health screening was routinely conducted as part of clients' care and treatment and to help inform appropriate treatment.
- The service had effective procedures in place for the transfer of people who use their services including the transfer of young people to adult services.

Are services caring?

Good

We rated caring as good because:

- Clients and those close to them were provided with access to appropriate emotional support including access to mutual aid groups.
- All clients had a named recovery coordinator who acted as a point of contact for the service.
- The service offered interventions aimed at maintaining and improving clients' social networks, employment and education opportunities and provided support for people to attend community resources.
- Staff understood clients' needs regarding equality, diversity and human rights e.g. their gender, ethnicity, religion, sexual orientation, age and disability and how these might relate to their substance misuse.

Are services responsive?

Good

We rated responsive as good because:

- The service had a range of client accessible areas including clinic rooms and interview rooms.
- Staff were able to make reasonable adjustments to support clients with identified needs including disabled access, access to extended opening times and access to translation and interpreting services.

Summary of this inspection

- Staff ensured that clients and carers were able to raise complaints. Information in relation to raising a complaint was displayed in all locations. Complaints were reviewed in line with the provider's policy. Clients told us that they felt confident to make complaints if it was needed.
- Clients told us that appointments were rarely cancelled. Staff were flexible with appointments and were able to see clients at short notice in emergencies.
- Staff reviewed clients who disengaged with the service on a case by case basis and used a range of approaches to re-engage with clients.

However:

- Staff told us that interview rooms in Keighley lacked appropriate sound proofing. This was identified as part of planned improvements to the building.

Are services well-led?

Good

We rated well-led as good because:

- Local governance arrangements supported the delivery of good quality care. Most areas of poor performance were identified and managers had action plans in place to improve these areas.
- Managers at all levels in the service had the right skills and abilities to run a service. Staff told us that the leadership and management of the service encouraged an open, supportive and honest culture. Staff told us that they felt respected, valued and supported.
- The service had, and staff had good awareness of, the provider's values.
- Managers used key performance indicators and other indicators to gauge the performance of the service.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- Staff spoke positively about communication within the service and the organisation as a whole. There was evidence of a culture of constructive challenge within the team.
- Staff were clear about their understanding of whistleblowing and told us that they felt able to raise concerns without fear of retribution.

However:

- Local governance arrangements had not identified concerns in relation to the service's assessment of environmental risks.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Most staff had a limited understanding of the Mental Capacity Act. Staff struggled to articulate Mental Capacity Act procedures although staff had a good understanding of how to respond to clients with fluctuating capacity due to intoxication.

Training in the Mental Capacity Act was mandatory for all staff and compliance with mandatory training above target in both modules.

Overview of ratings

Our ratings for this location are:

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

Requires improvement

Substance misuse services

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

Are substance misuse services safe?

Requires improvement

Safe and clean environment

All areas used to see clients were clean, comfortable and well-maintained. All locations had accessible rooms to see clients in.

Electronic equipment was tested annually. All sites had regular fire drills and testing of fire equipment and emergency lighting. The service had up to date health and safety and fire risk assessments for all locations. Managers undertook a monthly health and safety check of locations. Health and safety files were audited every six months to ensure continued compliance with health and safety checks.

Areas used to see clients were fitted with alarms and staff were allocated to respond to alarms in morning team meetings.

Window restrictors were in place in Bradford and Keighley. In Rotherham window restrictors were in place but were not in use on windows on the upper floors including in rooms used to see clients. This was not identified on the service's environmental risk assessment. Environmental risk assessments did not include an assessment of ligature risks.

Staff adhered to infection control principles, including handwashing and the disposal of clinical waste. Clinic rooms were clean and were well-equipped with the necessary equipment to carry out physical examinations. Equipment was calibrated and maintained appropriately. First aid kits were checked and were within date. Clinical waste was disposed of appropriately.

Safe staffing

Staffing levels were defined as part of the tendering process and agreed in the contract with the local commissioners. The service had enough skilled staff to meet the needs of service users and had contingency plans to manage unforeseen staff shortages.

The service separated staffing levels to distinguish between the Bradford and Keighley location and Rotherham location. The service employed 66 staff in Bradford and Keighley and 32 staff in Rotherham. The service did not use bank or agency staff in any of the three locations. The service monitored both long term and short term sickness. Long term sickness rates were less than 2% in Bradford and Keighley and were 8% in Rotherham. Short term sickness rates in Bradford and Keighley less than 3% and were 5% in Rotherham. The service had recently recruited to two vacancies for safeguarding leads.

Data in relation to staff turnover rates was higher than expected; however this was due to a number of staff transferring internally to subcontractors working within the service.

Staff had completed mandatory health and safety awareness training. Prior to the inspection the service provided information which showed that not all staff had received and were up to date with appropriate mandatory training. Overall compliance across all three locations with mandatory training was 69%. Of the nine courses included in mandatory training, three courses had a compliance rate of above 75%. Courses below 75% compliance were:

- Safeguarding children – 65%
- Safeguarding adults – 62%
- Introduction to the Mental Capacity Act (module one) – 72%
- Introduction to the Mental Capacity Act (module two) – 64%
- Introduction to equality and diversity – 74%
- Basic life support – 43%.

By the time of inspection compliance in five of the six courses had improved and was above 75%. Overall compliance with mandatory training had improved to 90%. Compliance with safeguarding children was 97%, safeguarding adults was 97%. However basic life support remained below compliance at 40%. This meant that not all staff were up to date with training which would allow them to respond to patients in an emergency. Staff were booked to complete this training in December 2018. The service identified staff who had completed additional first aid training during the morning meeting.

The provider had a policy to guide staff in relation to lone working. The service had implemented a local lone working procedure. Staff were aware of the lone working procedure.

Assessing and managing risk to clients and staff

The service's risk assessment template was holistic, covering a range of potential risks including substance misuse, physical health, mental health, risk to children and young people, risk of harm to adults, others and to self. The template required staff to state under each of these categories if there was no identified risk or to choose from a predetermined list of risk indicators. Staff told us that they undertook a risk assessment of all clients during their first appointment with the recovery coordinators, and that risk assessments were updated in client reviews.

However, care records did not provide evidence that staff were assessing and managing client risk consistently and appropriately. We reviewed 18 care records. Four records did not include a risk assessment. Within several records we found that not all risks had either an identified risk factor or statement that there was no identified risk which meant it was not possible to evidence whether staff had identified, explored and planned to mitigate all potential risks. Risk assessments contained limited information and it was not clear that all areas of risk were considered for each client. Risk management plans were brief and did not fully detail how staff in the service planned to safely manage the identified risks.

All 18 records we reviewed were records of clients who were admitted into the service for over three months. Risk assessments were updated within the service's expected 3-6 month period. Of these 18 records, seven had risk assessments which had been updated within the last three months and a further seven had risk assessments which had been completed or updated within the last six months. Staff told us that risk assessments did not always match the risks which were known about each client.

Staff offered clients advice on the risks of continued substance misuse and on harm minimisation. The service provided lockable safe storage boxes to clients to store substances and prescriptions safely. The service offered a needle exchange in all locations. Staff working within the needle exchange participated in daily staff meetings. Daily staff meetings allowed the team to discuss and respond to identified changes in risks to, or posed by, clients.

Safeguarding

The service made four safeguarding referrals between October 2017 and September 2018. Staff had good awareness of the types of abuse and safeguarding processes. Staff could give examples of how to protect clients from harassment and discrimination. Safeguarding cases and concerns were discussed in daily morning team meetings. Staff knew how to identify adults and children at risk of, or suffering, significant harm. This included working in partnership with other agencies. Staff worked effectively within teams, across services and with other agencies to share information in relation to safeguarding. Both the Bradford/Keighley and Rotherham locations had recently employed designated safeguarding leads and were waiting for them to start within the service.

Prior to inspection the service provided information which showed that safeguarding training was below 75%. Safeguarding adults training was at 63% compliance and safeguarding children training was at 68% compliance. By the time of inspection compliance rates had improved with safeguarding adults training at 97% and safeguarding children training at 97%.

Staff access to essential information

The service used an electronic system to maintain client records. Staff were consistently positive about the system. Staff told us that because the system was managed by the provider it was easier to update and improve it to make it work for the service. The electronic system was accessible

anywhere through an internet portal which meant relevant staff had prompt and appropriate access to care records. The system was protected and was available only to staff through secure login details and passwords.

Medicines management

The service did not store controlled drugs or other medication on site with the exception of naloxone which is a drug used to reverse the effects of opioid overdose. Prescriptions were stored securely. Prescriptions were dispensed via local pharmacies and clients could choose which pharmacy was most convenient for them to attend. Most prescriptions were sent automatically to local pharmacies. The service had systems in place to monitor instances where prescriptions were given to clients instead of being sent to local pharmacies.

Staff had effective policies, procedures & training related to medication and medicines management including: prescribing, detoxification, assessing people's tolerance to medication, and take-home such as naloxone. The service's medication management policy was available on site and was up to date. Staff reviewed the effects of medication on clients' physical health regularly and in line with national guidance. Clients' physical health was reviewed every three to six months and the service monitored appointment attendance. If clients did not attend medical reviews for over six months then staff assessed this on a case by case basis and had a range of options including reducing prescriptions and pulling prescriptions back to the service base to mitigate risk and increase the likelihood of engagement respectively.

Track record on safety

The service had experienced no serious incidents in the twelve months prior to inspection. The service made eleven notifications of the deaths of service users within the period 1 May 2018 to 31 October 2018.

Reporting incidents and learning from when things go wrong

The service used an electronic system to report incidents. The system was also used to record incident investigations and any identified learning from incidents. The system was shared with other locations within the Change, Grow, Live group which allowed learning from local incidents to be shared nationally. All staff could report an incident using the electronic system.

There was an embedded process to review and learn from incidents. The system allocated incident investigations to key individuals within the service depending on the incident type (e.g. safeguarding, health and safety, clinical). Staff who reported incidents received individual feedback through the electronic system or through supervision sessions. Staff had regular team meetings which included a review of incidents. Incidents were presented in team meetings to identify both learning points and good practice.

The provider had a policy for the application of the Duty of Candour. Most staff knew the principles of the Duty of Candour. Staff consistently told us that they knew their responsibility to be open and honest if mistakes were made.

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

Requires improvement

Assessment of needs and planning of care

Staff completed a personalised assessment of each client during their first appointment with a recovery coordinator. The recovery coordinator was identified on the personalised assessment and acted as the single point of contact to the service. The personalised assessment template was the risk assessment and in most records the personalised assessment contained only a plan of care. However, there was limited evidence that risks were identified and managed within the plan of care.

Also staff did not consistently complete an accessible, holistic, and personalised plan of care for each client. Client records contained only a limited form of an ongoing plan of care focussing mainly on the medical treatment offered to each client. We did not see evidence of planning for unexpected exit from treatment. Each record did not evidence that there was a goal orientated plan of care based on input and involvement of each service user and which pulled together the range of interventions offered by the service.

Best practice in treatment and care

Staff provided a range of care and treatment interventions suitable for the client group. The interventions were those recommended by, and were delivered in line with,

guidance from the National Institute for Health and Care Excellence. This included medication and a range of psychosocial interventions including group and individual sessions. Group sessions included creative writing, allotment sessions and job search groups. These aimed to provide clients with activities, training, living skills and job opportunities.

Care records showed that all clients were offered blood borne virus testing. Clients were offered blood borne virus testing as part of their admission and during their medical reviews. The service had information posters advising clients of screening and treatment options for hepatitis C. The service had the necessary equipment and staff had the required training to take bloods. Staff used technology to support clients effectively including for prompt access to blood test results. Blood test results were sent to a secure mailbox shared between the service's doctors which ensured that results would be passed on to the client.

The service used recognised ratings scales to measure severity and monitor clients. Clients receiving community detoxification treatment were assessed by nursing staff using the clinical institute withdrawal assessment – alcohol revised. Staff assessed new clients who used alcohol using the severity of alcohol dependence assessment. A client's initial pathway into the service including the urgency of physical health reviews by qualified nursing staff was determined by the outcome of this assessment. The service ensured that nursing staff had emergency appointment slots to see clients who scored as high risk on the severity of alcohol dependence assessment.

Staff also monitored treatment outcomes using the treatment outcome profiles for clients, which is a national outcome monitoring tool for clients receiving care from substance misuse services. Data from the treatment outcome profiles was submitted to the National Drug Treatment Monitoring System.

Staff undertook regular audits of clinic rooms, clinical equipment and the environment.

Skilled staff to deliver care

The service employed staff from a range of professional disciplines in order to effectively support clients. This included consultant psychiatrists, doctors, nurses, recovery coordinators, peer support workers and volunteers. In Bradford the service's reception was staffed by people who had experience of receiving treatment for substance misuse.

All staff received an induction to the service at the start of their employment. The service provided and had systems to monitor compliance with mandatory training. All staff, including volunteers, were up to date with checks with the disclosure and barring service and managers had effective systems to monitor this.

Staff attended daily team meetings each morning. The meetings allowed staff to discuss staffing levels for the day, risk management for clients known to be attending the service on the day, incidents from the previous day, emerging safeguarding concerns and new CQC notifications.

Staff told us they received regular monthly supervision. Managers had a supervision tracker which monitored compliance with supervision. The tracker showed that 47% of staff in Bradford and Keighley had received supervision in the previous month and 69% of staff had received supervision in the previous two months. In Rotherham the figures were 29% and 54% respectively.

In Rotherham the service had operated for less than a year which meant that staff were not yet due an annual appraisal. In Bradford and Keighley, the service had operated for over a year which meant that some staff were due an annual appraisal. Prior to the inspection the service advised CQC that the provider had temporarily put on hold staff annual appraisals from October 2018. This was to allow a new appraisal format to be piloted in January 2019. The impact of delayed annual appraisal was mitigated through regular monthly supervision which allowed staff to both set goals and identify ongoing development needs. Staff told us that they were able to source additional training and this was identified and supported through regular supervision. Examples of additional training included first aid, naloxone training, and solution focussed training.

Medical staff told us that they felt well supported. Doctors were up to date with their revalidation. Medical staff met regularly in regional meetings with other medical staff from similar services. This ensured that new clinical guidance and learning from incidents was shared between medical staff working within the provider's services.

Requires improvement

Substance misuse services

Managers told us that they felt confident addressing poor performance effectively. The provider had policies in relation to disciplinary and grievance to support staff and managers.

Multi-disciplinary and inter-agency team work

Recovery coordinators fulfilled the role of care coordinators for clients admitted to the service. Staff had daily flash meetings which were team meetings involving the whole staff team. Although staff were able to describe clear care pathways to other supporting services and integrated and coordinated pathways of care to meet the needs of clients, this was not reflected within the care records. Recovery and risk management plans did not capture detail about the diverse and complex needs of clients. Out of the 18 care records we reviewed, none identified pathways to other supporting services.

The service ensured multidisciplinary input into client's care from community mental health teams. Medical staff met regularly with a dual diagnosis service provided by a local NHS provider to provide a joint approach to caring for clients with mental health illness who also misused substances. The service worked with maternity services to provide care for clients who were pregnant. Within the service there were staff allocated to work specifically within a criminal justice team to provide care for clients who had contact with the criminal justice system.

Staff and mangers told us they planned for a client's discharge throughout their treatment, and discharge planning formed part of ongoing discussions. However, this was not evident in the care records. Staff told us they made plans for unexpected exit from discharge, but this was also not evidenced in the care records. However, staff had regular discharge 'pods' which were meetings to review clients who were potentially close to discharge. This ensured that the service discharged people when care is no longer necessary and worked with relevant supporting services to ensure the timely transfer of information.

Good practice in applying the Mental Capacity Act

Most staff had a limited understanding of the Mental Capacity Act. Staff struggled to articulate the formal processes they would follow in relation to concerns about capacity, fluctuating capacity and best interest. Staff were able to describe situations where clients in an intoxicated state were managed and supported to make decisions including by delaying appointments until clients had regained capacity.

Training in the Mental Capacity Act was mandatory for all staff. The service had two modules of mandatory training for the Mental Capacity Act. Compliance with mandatory training was 95% and 93% in modules one and two respectively.

Are substance misuse services caring?

Good

Kindness, privacy, dignity, respect, compassion and support

Staff demonstrated compassion, dignity and respect when they were interacting with clients; they provided responsive, practical and emotional support appropriately. We observed two group therapy sessions that were led by two peer mentors (also known as service user reps). The groups were well run and the attendees enjoyed and learnt from the session. Clients specifically noted that the relapse prevention groups were a major help in their own recovery.

All the members of staff and clients we spoke with said they could raise concerns about disrespectful, discriminatory or abusive behaviour without fear of the consequences. Staff had a clear procedure to raise concerns.

Staff supported clients to understand and manage their care, treatment or condition. This was completed through scheduled meetings with their key workers and clinical staff and through additional meetings with key workers where there was an identified need.

Staff directed clients to other services when appropriate and, if required, supported them to access those services. Staff helped clients to access multiple services, such as housing and mental health services. Staff told us that pressures on partner services meant that clients sometimes had to wait to access them. Recovery workers acted as care coordinators which included additional tasks such as referring clients to a local college to complete educational courses.

The service had clear confidentiality policies and information sharing policies in place that were understood and adhered to by staff. Staff maintained the confidentiality of information about clients. The electronic client information system had the capability to anonymise client information to any member of staff that may know that client. We saw an example of this in practice.

Requires improvement

Substance misuse services

Involvement in care

Staff communicated with clients so that they understood their care and treatment, and although some clients were not aware of a formal care plan, they did feel they had been involved in discussions about their care. For clients whose first language was not English the service used a telephone interpreter service.

The service involved clients in the running of the service using a suggestion box and feedback forms. Clients had used the suggestion box to make positive changes in the service, for example the provision of additional groups in Keighley was the result of client feedback about the difficulty travelling to access groups in Bradford. Suggestions and feedback were discussed in monthly integrated governance team meetings.

Although each person using the service did not have a specific recovery plan and risk management plan in place that demonstrated the person's preferences, recovery capital and goals, a personalised assessment was completed on admission based on information the client provided the service and daily staff meetings brought up any current client risks. Although risk and recovery were discussed regularly with the clients, this was not always documented.

The service provided additional services that benefited clients. Clients could access a bus pass to access the service if they attended a certain number of groups per week. The bus pass system meant clients could access the service easily, but it also helped them access other services such as GP appointments, social activities and work. The clients at Rotherham had access to a meal service that cost £1 for lunch three days a week. Most of the clients we spoke with said this was a highlight in their day and were upset if they had to miss it.

The service did not involve families and carers in the client's treatment unless requested by the client, although carers could access carers support in all locations. Clients told us that this was in line with their preferences. If clients wanted to bring a family member to the service they felt they could and that the family members had been welcomed by the staff at the service. The service did consider clients who had children to care for or jobs that may affect how often the client could get to the service, rearranging appointments as required to appropriate times of day. The Rotherham service had an annual family BBQ day that all friends and carers were invited to.

Are substance misuse services responsive to people's needs?

(for example, to feedback?)

Good

Access, waiting times and discharge

At the time of the inspection the service did not have a waiting list. Managers told us that welcome groups ran regularly and clients would not have to wait longer than a weekend to access a welcome group. Following this a client was offered an appointment for their first assessment within two to five days, depending on locality. The service aimed for a prescribing appointment to be arranged within one week of the first assessment to allow for the GP summary to be received. The service ensured that there were a number of prescribing and nurse appointments to ensure that this was achieved. Managers stated if this could not be met, additional medical resource would be sought. Emergency appointments were also available for urgent referrals. The service had responded following an increase in demand for emergency appointments on Fridays by allocating a duty prescriber every Friday whose role was to respond to emergency appointments.

The service had clearly documented admission criteria. A universal screening tool was used to determine the intervention offered by the service.

The service had clear internal pathways for referrals. Regular complex case review meetings took place with the dual diagnosis team from the local mental health trust to ensure service users were accessing the support best suited to their needs. There were also referral systems in place to a range of other support services, such as domestic abuse, exiting sex work, housing support and a criminal justice lead who worked closely with probation.

Clients who were receiving pharmacological intervention were given a choice in the medication they received. Clients who were in employment were offered flexible appointment times to suit them.

The service did not routinely refuse to see clients who arrived late for their appointments. There was a clear procedure in place for staff to follow when clients did not

attend their scheduled appointments. However, staff did not record reengagement plans which had been agreed with each client in accordance with the provider's engagement and reengagement procedure.

Staff and mangers told us they planned for a client's discharge throughout their treatment, and discharge planning formed part of ongoing discussions although this was not consistently reflected with care records. However, staff had regular discharge 'pods' which were meetings to review clients who were potentially close to discharge. This ensured that the service discharged people when care is no longer necessary and worked with relevant supporting services to ensure the timely transfer of information.

Staff supported clients during referrals and transfers between services. For example, staff told us that they would accompany clients to GP appointments on request, or they would arrange for transport to appointments. Staff also gave examples of when they had signposted, or had taken clients, to other services that could potentially enhance their treatment.

The facilities promote recovery, comfort, dignity and confidentiality

All three bases we inspected had clinic rooms which were clean, tidy and fit for purpose. There were handwashing facilities, an examination couch, blood pressure monitors and scales within each of the clinic rooms. Chairs and furnishings complied with infection control and prevention requirements as they were wipeable.

The reception area and rooms used to see clients were clean and tidy. Most of the rooms used for one to ones between staff and clients were adequately soundproofed to ensure clients' dignity and confidentiality were maintained, however one room at the Keighley site was not adequately soundproofed. Staff had responded to this by converting the adjoining room into a management office which was not used during client appointments. At the Bradford site the needle exchange facility could be accessed through a back door to maintain confidentiality.

Clients' engagement with the wider community

Staff supported clients to maintain contact with their families and develop and maintain relationships with people who mattered to them. Family interventions were available through their concerned others service.

A Service User Involvement Lead worked across the Bradford and Keighley sites and ran a coffee morning at a local café where staff and clients could socialise, form friendships and support one another.

Staff we spoke with told us that they encouraged clients to attend community groups and activities. These included mutual aid groups such as alcoholics and narcotics anonymous and details of local groups were available in the reception areas of all three sites.

The service had arranged for a number of clients to attend college. A visiting company also provided Maths and English courses to clients, as well as other vocational subjects. A Spanish course was currently offered at the Rotherham site which was run by a client.

Meeting the needs of all people who use the service

Not all areas of the service buildings were accessible for people with mobility issues, however, managers told us that adjustments could be made on a case by case basis. For example, at the Bradford site, we were told that the needle exchange facility could be used for assessments of clients who used a wheelchair, as this was on the ground floor and had an access ramp. If clients were unable to attend the service, a home visit would be arranged.

Staff were required to complete mandatory equality and diversity training, which included an e-learning module and video as part of their induction to the organisation. Staff we spoke with demonstrated an understanding of the potential issues faced by clients, including those with protected characteristics.

Noticeboards displayed details of helplines for vulnerable people throughout all three bases. There were also leaflets available in the reception areas containing information about a range of services, including those aimed at people living in abusive relationships, people with disabilities and people from ethnic minority backgrounds.

Staff had access to an interpreter service. A sign language interpreter was also available for deaf clients. Written information could be provided in a number of different formats, such as in other languages and easy read, as required. Staff told us that work was currently underway to identify the most commonly spoken languages by clients in each locality, and once this was identified leaflets would be made available at each service in those languages.

Requires improvement

Substance misuse services

The service had made suitable adjustments to ensure a member of staff with a visual impairment was able to carry out their role.

None of the clients we spoke with said their appointments had been cancelled. One client said their appointment had been delayed, but was rearranged for a time to suit them.

Listening to and learning from concerns and complaints

Each of the three sites had comment boxes and complaint forms in their reception areas, and complaint forms were available in the rooms used for one to one sessions. There were also complaint posters on noticeboards in reception areas informing clients how to make a complaint or raise a concern. An online complaints form was also available on the provider website.

Staff protected clients who raised concerns or complaints from discrimination and harassment. Where possible, complaints were handled without the need for formal procedures through discussion and mediation between the associated parties. Formal procedures were invoked when these initial attempts to resolve the issue were unsuccessful. Staff we spoke with knew how to deal with complaints and said they actively encouraged clients to raise concerns and make suggestions, in order to drive service improvement.

The service was responsive to feedback from clients. For example, staff told us that they had received feedback from clients in Keighley that it was inconvenient for them to travel to Bradford for the detox group. In response to this the service arranged for a detox group to take place in Keighley. There was a "you said, we did" board displayed in the reception area at each service.

We reviewed six complaints and found they had been appropriately investigated in accordance with the provider's policy. Two complaints had not met the time frames set out in the policy, but the appropriate action had been taken and regular contact with the complainant maintained. Thorough feedback was provided to the complainant when the investigation was complete. Complaints were discussed at the monthly information governance meeting and any relevant learning was identified and shared.

Are substance misuse services well-led?

Good

Leadership

Leaders had the skills, knowledge and experience to perform their roles. Within the service there were team leaders able to provide operational leadership and clinical leaders able to provide clinical leadership. Managers knew their roles well and the interface between operational and clinical leadership. Managers had a clear understanding of the areas for improvement in the service and had plans in place to address these.

Most staff described a good working relationship with the service managers and team leaders. Most staff told us that the registered manager was visible in the service. Staff told us that the management team was approachable and responsive to feedback.

Managers were supported to undertake additional management training including training in values based leadership and applying leadership principles.

Vision and strategy

The provider values were focus, empowerment, social justice, respect, passion and vocation. Staff had good awareness of the values and described them as guiding and underpinning their day to day activities. Our observations of staff behaviour showed that staff worked within the provider's values. The provider values were used in the recruitment of new staff. Managers told us that potential candidates faced both competency and values based interviews as part of their applications.

Culture

All staff told us that they felt respected, valued and supported. Staff told us that their work was stressful but that this was manageable. With the exception of the management team the majority of staff had joined the new service from previous providers. Both staff and managers told us that it had taken time to embed a team culture between staff from several former providers. Despite this all staff described a positive culture of team working and support within the service.

The service monitored sickness and turnover rates. Turnover rates were largely affected by redundancies and

staff transitions as part of the new service contract, although managers told us that following the implementation period there had been a relatively stable staff team.

All staff we asked could describe the concept of whistleblowing and most knew the provider had a policy to support whistleblowing. Staff told us that they could raise concerns without fear of retribution. In team meetings we saw that within the team there was a strong sense of constructive challenge from staff from a range of professional disciplines.

Governance

There were effective systems in place to ensure that there were enough staff and that the staff complied with mandatory training and monthly supervision. Managers had procedures to ensure that the service was clean. There was good evidence that all staff knew how to report incidents and that incidents were investigated and lessons learnt. There was a clear framework of what must be discussed at a facility, team or directorate level in team meetings to ensure that essential information, such as learning from incidents and complaints, was shared and discussed.

Staff understood the arrangements for working with other teams, both within the provider and external, to meet the needs of the clients. Staff described positive and close working relationships with mental health services, police, the local authority, and external third sector organisations. The service worked closely with partner third sector organisations to ensure that there was a consistent service provision across the service's patch.

However, during the inspection we identified concerns in relation to the service's assessment of environmental risks which were not identified through internal governance systems.

Management of risk, issues and performance

The service used the electronic incident reporting system to maintain a live risk register. All staff could input into the system on to the local risk register. The risk register was reviewed both in managers meetings and in the monthly integrated governance team meeting. The system allowed risks to be escalated to a regional and corporate level.

The service had plans in place to manage emergencies. Most concerns identified by the inspection team matched the performance issues identified by service managers including the quality of client risk assessments, recovery plans and staff compliance with appraisals. Managers provided action plans to address these areas of concern ahead of the inspection. Managers had already taken action to improve the effectiveness of clinic room audits. Mandatory training compliance had improved by the time of inspection.

Information management

Staff had access to the equipment and information technology needed to do their work. Information governance systems were protected and ensured client confidentiality. Team managers had access to information to support them with their management role. This included information on the performance of the service, staffing and client care. Staff undertook training in data protection, e-learning and information security and compliance rates were above target at 81%.

Staff told us that confidentiality agreements with clients were explained during the personalised assessment meeting including in relation to the sharing of information and data. Care records showed information sharing agreements or evidence of consent to share information in 14 of the 18 we reviewed.

Staff completed treatment outcome profiles for clients which is a national outcome monitoring tool for clients receiving care from substance misuse services. Data from treatment outcome profiles was submitted to the National Drug Treatment Monitoring System.

Engagement

Staff had access to the provider's internal network and shared computer drives which contained the information, documents and policies needed to guide their work. Clients and carers had opportunities to feedback into the service through feedback forms and suggestion boxes. Feedback forms were discussed in monthly integrated governance team meetings.

Learning, continuous improvement and innovation

The service encouraged creativity and innovation to ensure up to date evidence based practice was implemented and imbedded. Medical staff in the service were implementing a new project which looked at the interaction between suboptimal therapeutic doses of medication and clients who continued to use substances. The aim of the project sought to identify clients by dose and substance usage to identify clients who were below the recommended dose

and were continuing to use substances. These clients would then be reviewed to increase their dosage of medication to the recommended dose with the aim of reducing their use of substances.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure that all clients have a fully completed risk assessment. Risk assessments must include detail of how staff plan to manage the risk.
- The provider must ensure that all environmental and ligature risks are assessed and that management plans are in place where necessary to manage environmental risks.
- The provider must ensure that staff complete an accessible, holistic, and personalised plan of care for each client. Care plans must be goal orientated, based on input and involvement of each service user and detail the range of interventions offered by the service. Care records must include evidence of discharge planning.
- The provider must ensure that staff complete mandatory training in basic life support.
- The provider must ensure that staff consistently receive supervision.

Action the provider SHOULD take to improve

- The provider should ensure that staff receive an annual appraisal.
- The provider should ensure that rooms are adequately soundproofed.
- The provider should ensure that systems and processes identify and manage risks in the service and improve areas where there are performance issues.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care **How the regulation was not being met:** Not all clients had a care plan. Care records contained a service user plan which contained limited information focussing mainly on the medical treatment offered to each client. Records did not include a plan for unexpected exit from treatment. Records did not include evidence of the range of interventions offered by the service. Records were not goal orientated or recovery focussed. There was no evidence in most records of clients being offered a copy of their care plan. **This was a breach of regulation 9(1)(a)(b)(c)**

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** Not all clients had a completed individual risk assessment. Environmental risk assessments had not identified all environmental risks in client accessible areas. Environmental risk assessments had not identified ligature risks in client accessible areas. **This was a breach of regulation 12(1)(2)(a)(b)(d)**

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury

Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met:

Compliance with basic life support training was 40%.

Records did not support that staff consistently received supervision.

This was a breach of regulation 18(1)(2)(a)