Developing Initiatives for Support in the Community

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

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.

Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following issues that the service provider needs to improve:

- Staff did not always maintain the dignity and privacy of client's during treatment in clinic rooms at Irford House and two clinic rooms at Armley Park Court. Staff told us that clients would on occasion need to partially undress for physical health examinations, including electrocardiogram monitoring. There were no privacy screens around examination couches in these rooms and the glass panels in the doors were not obscured.
- Staff at Forward Leeds did not always receive an induction into their role and as such did not have the necessary skills and training to ensure their own safety and that of the people using the service. Staff attendance at mandatory training was low in Forward Leeds and compliance with local

Summary of findings

mandatory training was low in Calderdale Recovery Steps. Developing Initiatives for Support in the Community did not have effective systems in place to monitor this.

- The provider did not have a system or process established to monitor compliance with the Mental Capacity Act 2005. Staff understanding of their responsibilities under the Act varied and they take not take a consistent approach to assessing clients' capacity.
- At Forward Leeds, staff did not always ensure that risk assessments contained all identified risks for each client and did not always develop a clear plan to manage those risks. They did not always review risk at the frequency defined by national guidance and the provider's policy.
- Recovery plans at Forward Leeds were not always personalised and reviewed as required. Recovery plans at Calderdale Recovery Steps did not always contain sufficient detail, or the client's views.
- Developing Initiatives for Support in the Community did not always ensure that systems and processes were operating effectively in Forward Leeds, where they were the lead contract holder. This led to issues with infection control procedures, emergency medicines and the management of clinical waste.
- We found equipment at the Kirkgate hub that was unclean.

However, we also found the following areas of good practice:

- The majority of feedback from clients and their carers was very positive about the services Developing Initiatives for Support in the Community provided. Clients and carers reported staff were kind and respectful and involved them in decisions about their care and treatment.
- Staff used evidence based assessment tools to measure clients' substance misuse and emotional wellbeing. Developing Initiatives for Support in the Community offered access to treatment recommended by national guidance, depending on the needs of each client.
- Developing Initiatives for Support in the Community encouraged clients to become peer mentors to support others in the early stages of treatment. Clients were able to attend service user forums and provide feedback on the service to inform its development and delivery. Developing Initiatives for Support in the Community had developed a Recovery Academy in Leeds, which offered a wide range of recovery focused activities and structured group work. Recovery Support was also available at Calderdale Recovery Steps and North Yorkshire Horizons.
- Developing Initiatives for Support in the Community took into account the diverse needs of the client group and made a number of adaptations to their services to ensure they were accessible to all. Staff worked with vulnerable and heard to reach groups to support them to access services. Developing Initiatives for Support in the Community had held the Equality North East 'Equality Standard Gold Award' since 2012.
- Developing Initiatives for Support in the Community were committed to quality improvement and innovation, which involved the use of external standards and frameworks. Developing Initiatives for Support in the Community had been awarded the Investors in People silver award in August 2016 and had an action plan in place to work towards gold standard.
- Staff felt valued by the organisation and stated that they were able to input into the delivery of services. Staff were passionate about the work they did and most reported good morale and relationships within their teams.

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Background to Developing Initiatives for Support in the Community

Developing Initiatives for Support in the Community is a registered charity founded in 1984, which provides specialist substance misuse services across the North East, Yorkshire, Humber and the North West of England. Developing Initiatives for Support in the Community offers the following services for clients:

- Recovery services for drug and alcohol
- Health, young people and families
- Skills, employment and training
- Developing Initiatives for Support in the Community housing
- Independent living
- Promotion of volunteering and employment opportunities through 'More Time' social enterprise

This inspection focused only on the recovery services for drug and alcohol as this is the only part registered with the CQC for the provision of regulated activities. Developing Initiatives for Support in the Community has one registered location with the CQC, which is the organisation's head office. The registered manager had recently retired and a temporary registered manager was in place at the time of inspection.

This service is registered by CQC to provide the following regulated activities:

• Caring for adults over 65 years

• Caring for children (0 – 18 years)

• Services for everyone

• Treatment of disease, disorder or injury

Developing Initiatives for Support in the Community has four drug and alcohol service delivery units, which operate from different hubs as follows:

Forward Leeds

• Kirkgate

• Irford

• Armley

Calderdale Recovery Steps

• Halifax

• Todmorden

North Yorkshire Horizons

• Northallerton

• Selby

• Skipton

• Scarborough

• Harrogate

Sunderland Wear Recovery

• Sunderland (needle exchange only)

The services are commissioned by Sunderland City Council, Leeds City Council, North Yorkshire Council and Calderdale Council. Developing Initiatives for Support in the Community work in partnership with other providers in these areas. Developing Initiatives for Support in the Community are the lead provider in Forward Leeds, Calderdale Recovery Steps and North Yorkshire Horizons.

As part of this inspection, we visited the following hubs to inspect the recovery services for drug and alcohol:

Halifax - Calderdale Recovery Steps

Armley - Forward Leeds

Irford - Forward Leeds

Kirkgate - Forward Leeds

Harrogate - North Yorkshire Horizons

Scarborough – North Yorkshire Horizons

Sapphire House – head office

Forward Leeds is the second largest substance misuse service in the country. Developing Initiatives for Support in the Community subcontracts to four other providers in the Forward Leeds consortium. Each provider in the consortium delivers a component of the substance misuse contract. One service delivers assertive outreach

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interventions and brief interventions, another delivers clinical interventions for opiate and alcohol dependency, another delivers specialist clinical interventions for pregnant women and dual diagnosis and another delivers family interventions. Forward Leeds also provides a young people's service.

Calderdale Recovery Steps is a partnership of three providers which deliver accessible adult drug and alcohol services across Calderdale. The project focuses on recovery, harm reduction and user involvement. The service offers bespoke treatments for individuals. Clients may use local 'Recovery Hubs' in Halifax or rural Todmorden, or go to their own GP surgeries for treatment, support and reviews known as primary care extended services. The programme is designed to offer seamless, accessible, and relevant services, which will enable service users to work towards recovery.

Developing Initiatives for Support in the Community works in partnership with four other providers under the umbrella of North Yorkshire Horizons. North Yorkshire Horizons provides support to enable as many people as possible to recover from drug and alcohol dependency in North Yorkshire. The service aims to reduce the harms caused by drug and alcohol misuse to both individuals and communities. Local access in rural areas is provided via community venues.

We have previously inspected Developing Initiatives for Support in the Community once, in January 2014. At that time, the provider was found to be meeting all required standards. This is the first inspection by the CQC under the current methodology.

Our inspection team

Due to the size and complexity of this inspection, different teams inspected different parts of the service. We also inspected another provider at the same time, as both worked together in both the Forward Leeds and Calderdale Recovery Steps services. Inspectors had clearly defined roles about who was leading on which part of the inspection, with separate inspectors taking the lead for each provider at both Forward Leeds and Calderdale Recovery Steps. A separate report is being written for the other provider.

The team who inspected Forward Leeds comprised an inspection manager, Kate Gorse-Brightmore (lead inspector), four inspectors, an assistant inspector, a business support officer and one substance misuse nurse currently working in the substance misuse field.

The team who inspected Calderdale Recovery Steps comprised two inspectors, with Joanne White as the lead inspector and one substance misuse nurse currently working in the substance misuse field.

The team who inspected North Yorkshire Horizons comprised two inspectors. Pauline O'Rourke was the lead inspector for the Scarborough hub and Jacqueline Bond was the lead inspector for the Northallerton hub.

The team who inspected Sapphire House comprised one inspection manager and two inspectors. Jayne Lightfoot was the lead inspector and author of this report, which combined all of the inspection activity detailed above.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme to make sure health and care services in England meet the Health and Social Care Act 2008 (regulated activities) regulations 2014.

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How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about the location and asked other organisations for feedback.

During the inspection visit, the inspection team:

- visited seven hubs and looked at the quality of the physical environment
- observed six individual appointments with clients, four group sessions, an enhanced shared care service appointment and a co-production meeting at the Recovery Chapel
- spoke with 26 clients
- spoke with 11 carers whose relatives or friends accessed support from the service
- spoke with the registered manager, chief executive officer, quality manager, human resources manager, operations director at Forward Leeds and Calderdale Recovery Steps, area manager at North Yorkshire Horizons, assistant director at Calderdale Recovery Steps and the team managers at each of the six hubs visited
- spoke with 44 other staff members employed by the service, including recovery co-coordinators, administrative staff and volunteers
- spoke with 19 staff members who worked in the Forward Leeds service but were employed by a different service provider
- spoke with six peer mentors and four volunteers
- observed three staff meetings and a partnership board meeting
- collected feedback from 81 comment cards
- looked at 62 care and treatment records for clients
- received feedback about the service from six stakeholders including partner agencies and commissioners
- reviewed 15 staff supervision files, one probationary review and six staff appraisals
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

Of the 37 comment cards at Forward Leeds, there were two negative comments, nine had mixed reviews and the remaining 26 were positive. Clients, relatives and carers we spoke to during the inspection were also positive overall about the service they received and the approach from all Forward Leeds staff. Clients reported that staff were respectful, helpful, and polite. Clients told us that they had their treatment options explained to them, and they were involved in decisions about their care. However, four comment cards gave feedback that there were not sufficient appointments, that they ran late and that clients were passed around from worker to worker.

During the inspection, staff had to cancel an appointment and one carer commented that was the second time this had happened. A review of complaints received by Forward Leeds in the 12 months prior to the inspection showed that 34 of 287 complaints were regarding late, cancelled or rescheduled appointments by the service.

All feedback received from clients and carers at North Yorkshire Horizons was positive about the service they and their relative received. Comments included that staff were non-judgemental and never gave up on them and that the service they received was excellent. One person told us that a recent stay in hospital had been made

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easier because of the Developing Initiatives for Support in the Community hospital liaison worker who was able to contact different agencies and speak with hospital staff to help the client understand what was going on. A carer told us it was good only having to worry about speaking with one person rather than several. One carer commented how they would like the opportunity for their own appointment with the worker to help support them to look after their relative.

The majority of carers spoke positively of the support both they and their relative or friend received from the service. They reported good access to staff and open lines of communication. Carers felt staff involved them in the care and treatment of the client to ensure they had on-going support outside of appointments. One carer reported that staff tailored their approach to take into account the additional needs of their relative and ensured the level of support provided was at the right pace for the client.

All feedback received from six stakeholders, including partner agencies and commissioners, was positive about the care and treatment provided by Developing Initiatives for Support in the Community.

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 do not currently rate standalone substance misuse services.

We found the following issues that the service provider needs to improve:

- At Forward Leeds, staff did not always provide sufficient detail in risk management plans to evidence how risk was being managed. Risk management plans did not always contain all identified risks for that client and were not always reviewed in line with national guidance and their own policy. Managers were aware of these issues and had plans in place to address them, including further staff training. Risk assessments and risk management plans were detailed and generally up to date in North Yorkshire Horizons and Calderdale Recovery Steps.
- Forward Leeds did not have a policy in place to manage the risks presented when children attended the hubs. We observed children in busy reception areas at all three hubs and staff did not take a consistent approach to ensuring their safety.
- Although most hubs were visibly clean, we found unclean equipment at the Kirkgate hub. This equipment was not included on the cleaning schedules.
- At Armley Park Court hub and Irford House hub, infection control principles were not always adhered to. Across Forward Leeds and Calderdale Recovery Steps, compliance with mandatory training in infection control was low. The testing rooms at the Kirkgate hub were not fully stocked with aprons and gloves. Hot water checks were not up to date at the Irford House hub as required in the legionella risk assessment. Staff did not always adhere to guidance on the storage and management of clinical waste.
- At Armley Park Court hub, one of the emergency medicines was out of date. Managers rectified this during our visit.
- Compliance with mandatory training was low for some courses in the Forward Leeds service and the Halifax hub of the Calderdale Recovery Steps service.
- Some clinic equipment was shared between the clinic rooms in the hubs in Forward Leeds, such as breathalysers and blood pressure monitors. This meant that staff did not always have access to equipment at the time it was needed.

However, we also found the following areas of good practice:

Summary of this inspection

- The North Yorkshire Horizons services were rolling out additional safeguarding children training and home visit training to all new staff that were being recruited. They also worked closely with the family drug and alcohol courts to support clients to understand the impact of substance misuse on children.
- Staff could identify the different types of abuse and knew how to make safeguarding referrals.
- Developing Initiatives for Support in the Community's recruitment and selection policies and procedures supported the safe recruitment of staff.
- Developing Initiatives for Support in the Community had effective systems and processes in place to report and monitor incidents. Staff could provide examples of lessons learned when things went wrong and improvements made following incidents.

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Are services effective?

We do not currently rate standalone substance misuse services.

We found the following issues that the service provider needs to improve:

- Compliance with induction training was low at the Forward Leeds hubs. This meant that staff had not received the necessary training to ensure their own safety and that of people using the service.
- At Forward Leeds and Calderdale Recovery Steps, staff did not always provide sufficient detail in client's recovery plans. They were not always personalised or recovery orientated. Staff at Forward Leeds did not always review recovery plans every 12 weeks, in line with national guidance and their own policy.
- Developing Initiatives for Support in the Community did not have a system or process established, to assess and monitor staff compliance with the Mental Capacity Act 2005.

However, we also found the following areas of good practice:

- Developing Initiatives for Support in the Community delivered care and treatment in line with national guidance and best practice. Staff attended practice development groups to ensure they kept up to date with current guidance. Staff used evidence based assessment tools to measure clients' substance misuse and emotional wellbeing.

Summary of this inspection

- Staff received quarterly supervision and annual appraisals in line with the provider's policy.
- Developing Initiatives for Support in the Community worked in partnership with other providers to deliver substance misuse services to clients. Staff also worked closely with other services and agencies to support the care and treatment of clients.
- Staff worked with vulnerable and hard to reach groups to ensure they could access services. Developing Initiatives for Support in the Community had held the Equality North East 'Equality Standard Gold Award' since 2012.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The majority of feedback from clients and their carers was very positive about the services provided. Clients and carers reported staff treated them with respect, were non-judgemental, kind and polite.
- We observed positive interactions between staff and clients, with staff detailing all the treatment options available and taking into account the client's views. Carers reported staff involved them in the clients care and treatment.
- Developing Initiatives for Support in the Community had a service user involvement and engagement policy and service user forums were held at each hub. We could see examples of changes to service delivery following feedback through these forums. Developing Initiatives for Support in the Community also encouraged clients to become peer mentors to support others in the early stages of their treatment journey.
- Developing Initiatives for Support in the Community had developed a Recovery Academy in Leeds, which was a place for clients who were in recovery and offered a wide range of recovery focussed activities and structured group work. Staff managed the Recovery Academy and the sessions delivered were co-produced with people with lived experience of substance misuse. Recovery Support was also available at Calderdale Recovery Steps and North Yorkshire Horizons.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following issues that the service provider needs to improve:

Summary of this inspection

- There were glass panels on the doors of some clinic rooms at Forward Leeds that were not obscured. Staff could not always maintain the privacy and dignity of clients being treated in these rooms.
- Although waiting times for access to treatment were generally good, we saw two examples where there was a delay between assessment and the start of treatment with a recovery co-ordinator in Forward Leeds. There were no concerns about waiting times at the other services.
- Staff in the Halifax hub of Calderdale Recovery Steps were not accurately recording appointment cancellations, which made it difficult for Developing Initiatives for Support in the Community to accurately monitor the number of appointments being cancelled by the service. This was raised during the inspection and the provider identified that further staff training on the electronic system was required. Clients told us that the service did not always communicate appointment cancellations in a timely manner.

However, we also found the following areas of good practice:

- Developing Initiatives for Support in the Community provided good access to services, with clients able to drop into any of the hubs or be referred by their GP or another professional. All hubs operated a single point of contact to ensure ease of access. All hubs provided a late night opening for clients who could not attended during the day.
- All hubs had sufficient rooms to deliver care and treatment, including group-work rooms, one to one rooms and clinic rooms.
- Developing Initiatives for Support in the Community had adapted their service delivery to respond to the 2016 NHS Accessible Information standards. The provider also ensured their websites were accessible for people with dyslexia, reading difficulties and visual impairments. Developing Initiatives for Support in the Community provided the use of telephone based interpreting services and their publicity materials and information for clients was published in multiple languages.
- Forward Leeds was performing better than the national average for clients starting treatment interventions within three weeks. Calderdale Recovery Steps had seen an increase in both alcohol and drug clients successfully completing treatment.

Are services well-led?

We do not currently rate standalone substance misuse services.

Summary of this inspection

We found the following issues that the service provider needs to improve:

- In Forward Leeds, where Developing Initiatives for Support in the Community was the lead contract holder, they did not always ensure all systems and processes were effective to deliver a safe service.

However, we also found the following areas of good practice:

- We observed staff in all roles demonstrating the current values in their approach with clients. Developing Initiatives for Support in the Community were reviewing their mission, vision and values at the time of inspection through consultation with staff and clients.
- Developing Initiatives for Support in the Community had established processes with other providers and commissioners for monitoring performance within each service. Staff completed weekly and fortnightly performance reports which were cascaded to management and staff teams. Developing Initiatives for Support in the Community used performance monitoring to improve service delivery.
- In the two years prior to inspection, Developing Initiatives for Support in the Community had undergone significant changes in leadership and service delivery with a number of transitions of staff and resources. Despite this, most staff told us they were happy in their roles, describing good morale and relationships within their teams.
- Developing Initiatives for Support in the Community were committed to quality improvement and innovation, involving the widespread use of external standards and frameworks. Developing Initiatives for Support in the Community were committed to gathering input from clients to develop their service and improve the design and delivery. Managers attended external conferences and forums to ensure the service inputted into national agendas and helped to shape service delivery.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff had access to electronic learning on the Mental Capacity Act, which was mandatory. However, compliance with this training was 53% across the three hubs in the Forward Leeds service.

Developing Initiatives for Support in the Community did not have a policy on the Mental Capacity Act or a procedure available to guide staff in how they should assess capacity or demonstrate decision-making capacity in the client record. Staff did have access to an easy read guide on the Mental Capacity Act (2005) and the Mental Capacity Act Code of Practice was available on the shared internal drive.

Across the Forward Leeds hubs, staff understanding of the Mental Capacity Act and the application of the Act within their role was varied. Staff told us that they would record any concerns about a client's capacity and any decisions made in the client record, but most staff said they had not had a situation where this had been required.

At the North Yorkshire Horizons hubs, staff we spoke with understood about the Mental Capacity Act and how it applied to their clients. Staff advised they would seek support from their manager if they had queries about the Mental Capacity Act.

At the time of the inspection, the provider did not have arrangements in place to monitor the application of the Mental Capacity Act or considerations around a client's capacity to consent to treatment or interventions. However, the data manager was considering how this would be possible using the current electronic recording system. Developing Initiatives for Support in the Community did not have a Mental Capacity Act lead to support staff and clients in the application of the Act.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

Each Developing Initiatives for Support in the Community hub had a premises file that contained key health and safety information such as the gas safety record, electrical appliance testing certificate and details of waste management contracts. We saw the electrical appliance testing certificate was in date for all sites. Developing Initiatives for Support in the Community had a contract with an external company to shred confidential waste and archive old confidential information.

Managers told us that fire wardens, first aiders, health and safety champions and infection control champions were in place at all hubs. Fire wardens were responsible for the weekly fire alarm testing and fire extinguisher checks. All visitors received a health and safety information leaflet when they attended the premises.

There were folders at each hub containing details of controlled substances that are hazardous to health, with data sheets for each product. Rooms and cupboards containing controlled substances that are hazardous to health were clearly identified by a laminated poster on the door.

As the lead contract holders for Forward Leeds, Developing Initiatives for Support in the Community were the leaseholders of the three main substance misuse hub premises: Armley Park Court, Irford House and Kirkgate. The management of the premises was the responsibility of Developing Initiatives for Support in the Community. They had a central health and safety department which supported the hubs, ensuring that any new legislation was cascaded. Within Forward Leeds, each site had a premises management lead.

The environments at Scarborough, Northallerton and Halifax were clean and well maintained. However, at the Kirkgate hub, we observed a stained chair in the downstairs interview room and broken furniture at the bottom of the stairs near the needle exchange. Clients did not use this area but it looked untidy. At Armley Park Court hub, some of the areas were in poor decorative order. In some areas, including one group room, paint was peeling from the walls.

Premises at Forward Leeds were for the most part visibly clean. We saw up to date cleaning rotas in place at most hubs. However, at Armley Park Court and Irford House hubs, we did not see cleaning schedules showing regular cleaning at the time of inspection. Managers told us they carried out informal environmental checks of the building daily. Following the inspection, the provider submitted the cleaning schedules for Armley Park Court and Irford House. They also told us that their infection control audits had found cleaning schedules to be completed. At Kirkgate, cleaning schedules were in place in each room and staff signed to confirm the cleaning had been completed in line with the required schedule. However, two client fridges and the staff microwave and fridge at this hub were unclean. There were dirty trolleys in two clinic rooms, one of which had a red stain. None of these items were identified on the cleaning schedules at any of the Forward Leeds hubs. On the final day of the inspection, the cleaning schedule in the staff toilet had not been completed to confirm it had been cleaned. We informed the manager who attended to this immediately.

Other partners in each service had the responsibility for the needle exchange, clinical environment, clinical stock and clinical waste. However, as the lead contract holder within Forward Leeds, Developing Initiatives for Support in the Community had a responsibility to ensure these services had adequate systems in place to deliver safe care and

treatment. During the inspection, we reviewed the provision and storage of vaccines, clinical waste management, clinic supplies and the environment. We also reviewed the needle exchange provision and environment.

At the Northallerton, Scarborough and Halifax hubs we found clinic rooms were well stocked with equipment in date. Armley Park Court and Irford House clinic rooms were also well-stocked and in good order. There was biohazard spill kits and bodily fluid cleaning kits available at all sites. Clinic rooms contained an examination couch, along with blood pressure monitors and breathalyser testing machines. All equipment was calibrated in line with manufacturer's recommendations. Height measures and weighing scales were also available at all sites. First aid boxes were fully stocked and items were in date. At all hubs, the needle exchange rooms were tidy and well stocked, all of which was in date.

The testing rooms in the Kirkgate hub were not fully stocked. There were no aprons or hand-towels in the ground floor and first floor testing areas. Staff we spoke to were not clear whose role it was to fill these up or when. We informed the hub manager at the time and when we returned the following day, stocks had been replenished.

Staff conducted monthly building checks and health and safety audits for fire, emergency lighting, signage and hot and cold water temperatures. The area manager conducted a health and safety audit at Forward Leeds in February 2016, which identified that the service should also be carrying out hot and cold water checks monthly as identified in the legionella risk assessment. Eight infection control audits were completed by Developing Initiatives for Support in the Community in line with their policy, between April 2016 and August 2016. However, not all hot water checks had been completed at the Irford House hub. At the Halifax hub, eight infection control audits were completed between April 2016 and August 2016. The service also had an up to date legionella risk assessment and evidence of regular water testing.

Developing Initiatives for Support in the Community had a health and safety policy and procedure and an infection control policy statement and guidance. At all hubs, we found adequate hand washing facilities. Waste segregation notices were observed in clinical and urine testing areas. However, only 3% of staff had completed the mandatory training for infection control at the Halifax hub and only 2% of staff at Forward Leeds.

Clinical and sharps waste ready for collection was stored in lockable cupboards at all hubs. However, at the Armley Park Court hub and the Kirkgate hub, this was not always completely segregated from other waste and stock. The Kirkgate hub had a locked cupboard where waste was stored. A black carrier bag containing a small full sharps box was inside the cupboard. This small sharps box should have been contained in a larger yellow bin which should then have been sealed prior to storage, as outlined in the provider's policy and the clinical waste contractor's guidance sheet. The clinical team leader from the partnership agency agreed that this was the case and immediately rectified it.

At the time of inspection, the waste cupboard at the Kirkgate hub was full. Waste collection was arranged via an external contractor each fortnight. Therefore, a full sealed container of used urine pots was stored in the adjacent urine testing area alongside clean unused stock. In the urine testing area, we saw clinical waste bins containing urine testing pots without lids. Staff told us that they had no formal training to complete urine testing in line with infection control procedures. Developing Initiatives for Support in the Community staff were also responsible at times for removing clinical and sharp waste without having had appropriate instruction or training.

Staff we spoke with confirmed that they put used breathalyser tubes into general waste paper bins. Forward Leeds infection, prevention and control policy stated that used breathalyser tubes should go in the orange bags for the clinical waste stream. This contradicted guidance issued by the external waste collection contractor which stated that these tubes should be placed in tiger striped waste bags for the offensive waste stream. We did not observe any offensive waste streams at any of the hubs.

In line with national regulations, the infection prevention and control protocol used as a guide for all Forward Leeds staff stated that all consignment notices should be stored on site where the clinical waste was collected from. There was confusion around the storage of consignment notices and these could not be readily located during the inspection. At the Kirkgate hub, the last consignment notice was eventually located but the rest of the consignment notices could not be found. The provider planned to investigate this, ensuring that consignment notices were accounted for or backdated and subsequently kept in a central place in the reception area and clearly labelled.

Not all these concerns could be directly attributed to one provider in the Forward Leeds service, as infection control and clinical waste was an area that involved all staff. Developing Initiatives for Support in the Community staff were not aware of their responsibility with regard to infection control and clinical waste. Developing Initiatives for Support in the Community, as the lead contract holder, did not have sufficient over-sight of these infection control and clinical waste procedures to ensure that the systems were adequate to maintain client and staff safety. In response to the findings, Forward Leeds had formed an infection control action group, where they would agree an infection control action plan for all staff, with the first meeting planned for January 2017.

At all hubs, visitors and staff had to sign into the building. All client accessible rooms at Halifax and Forward Leeds had fixed emergency alarms. If an alarm was activated this was highlighted on a panel in the reception, next to which was a map of the building to enable the first responder to quickly assist. The service identified a 'first responder' each day as it had been identified that if just one member of staff initially attended it would often calm the situation. Access to the hubs varied, with some having a buzzer and camera entry system. Staff escorted clients around the buildings. Many rooms, such as clinic and treatment rooms, had a keypad entry system and were kept locked at all times.

Safe staffing

Staffing levels were determined by contract arrangements at each hub and adapted over time depending on the service need. In October 2016, Developing Initiatives for Support in the Community reported a total number of 240 substantive staff. The overall vacancy rate across all services as of October 2016 was 4% and the staff turnover rate was 25%. The percentage of permanent staff sickness as of October 2016 was 4%.

Developing Initiatives for Support in the Community employed 89 whole time equivalent staff across the Forward Leeds service. The only vacancy was an executive director post that was being covered by an operations director in the interim period. The Forward Leeds service had three hub managers, four lead practitioners, a team manager in the young person's service, a recovery manager and a single point of contact manager. The largest proportion of the workforce were recovery coordinators, with other staff working as building recovery in the community workers, group workers and recovery champions. Forward Leeds was supported by six reception staff and 12 administrative staff across the services. Developing Initiatives for Support in the Community employed two whole time equivalent peer mentoring and volunteer coordinators across the hubs in Forward Leeds. At the time of the inspection, they had 22 volunteers working across the service.

Thirty staff worked at the Halifax hub, including an assertive outreach worker, a harm reduction worker and a number of recovery workers. As of October 2016, the Halifax hub had used one agency worker to cover a vacancy. Staff did not raise concerns regarding staffing and felt there were sufficient staff to ensure the services were provided safely.

The North Yorkshire Horizons service employed 24 staff across the two hubs we visited. In Northallerton, staff felt they had sufficient numbers of staff to meet the needs of the client group. There was a vacancy for an assessment and engagement coordinator at the time of inspection, with interviews planned for the following week.

In Scarborough, the staff team included an area manager, a lead practitioner, open access and assessment workers, criminal justice workers, recovery coordinators and group workers. Following the new contract being awarded in October 2014, a number of staff had left their posts. This had resulted in uncertainty amongst staff and staff felt under pressure. There were three vacancies at the time of our visit, part of which were being covered by one member of bank staff. There had been problems recruiting to posts in Scarborough, with few applications received to advertised vacancies. One of the vacant posts had been advertised twice but no suitable applications had been received. Staff told us that staffing had improved over the last six months as vacant posts were filled.

Developing Initiatives for Support in the Community employed a quality manager, a data manager and a data analyst. They supported each hub in ensuring they maintained accurate data and reported this to commissioners and Public Health England. Developing Initiatives for Support in the Community employed a full time marketing and communications officer who was responsible for all their national and local campaigns. They also employed a full time digital and social media officer to maintain social media and to work with staff to encourage them to be involved in live chats.

Substance misuse services

Developing Initiatives for Support in the Community used agency staff throughout the hubs. This was as a result of the transition of contracts and staff which often left gaps in staffing levels. Forward Leeds did not have a bank of staff to support the service. They used agency staff to cover vacant posts or long-term sickness. Agency staff had been used to cover administration posts across all three hubs between July and October 2016. Managers reported that recruiting to administration posts had been a challenge but these had now all been filled. Developing Initiatives for Support in the Community also used agency staff to fill the recovery coordinator posts at the beginning of the Forward Leeds contract. At the time of the inspection, three recovery coordinators working at Forward Leeds were long-term agency staff. As such, they had a good understanding of the clients they were working with. Managers told us that all agency staff received the same induction as staff employed by Developing Initiatives for Support in the Community.

Managers from the clinical provider in Forward Leeds recognised the national challenge to recruit into clinical prescribing posts in drug and alcohol treatment services. As the lead contract holders for Forward Leeds, they worked as a partnership to agree solutions to address this, including offering training to the nursing staff to become non-medical prescribers.

Developing Initiatives for Support in the Community identified that training was an area for development across the services and they had recently implemented a learning and development strategy for 2016 - 2017. Learning and development of staff was highlighted by the Investors in People report as an area for further work. Developing Initiatives for Support in the Community had employed a central training team, reviewed the staff induction and core training programme and developed a training calendar for the coming year. They were also in the process of implementing a new electronic system to collect accurate training information, as well as other data.

However, there were concerns about compliance with mandatory training at the time of inspection. Developing Initiatives for Support in the Community identified mandatory training courses, which included induction, equality and diversity, safeguarding and Mental Capacity Act. Some of the services identified additional mandatory training for staff at a local level. At Calderdale Recovery Steps, compliance with mandatory training was between 80% and 97% for all courses. This service also identified 11 additional local mandatory training courses, including risk assessments, managing challenging behaviour and harm minimisation. Compliance with these training courses was significantly lower, with six courses having compliance rates of less than 5%.

Within the Forward Leeds service, compliance was below 75% for all mandatory training courses, with the exception of the safeguarding awareness level one training. Prior to inspection, data received by the provider stated that compliance with this training was 83%. Following the inspection, the provider told us that 94% of staff within Forward Leeds had completed safeguarding awareness training. Managers told us that they thought that some of the compliance training data we had received was inaccurate and that percentages for some of the courses were higher. At the time of the inspection, all training attendance data was held centrally. Staff reported that training was released with too short notice to be able to attend.

Not all managers and leads were clear on what the mandatory training was and what mandatory training staff had completed, as they did not receive this data. The provider had recently added a course in positive behaviour to their suite of mandatory training for staff in Forward Leeds. As this training was being rolled out at the time of inspection, compliance was low. Staff told us they did not feel they had the skills or fully understood their role in managing challenging behaviour. Three staff in Forward Leeds reported they had to attend an aggressive incident in the service without having had this training. The provider assured us that all staff would be able to access training in positive behaviour over the coming year.

Caseloads varied from 30 to 80 cases depending on staff role and service model, in relation to integrated delivery alongside other providers. The electronic management information system allowed staff to monitor caseloads and managers reviewed this during supervision. It also allowed managers to review discharges and client risk on each staff member's caseload to allocate new referrals accordingly. Within Forward Leeds, managers could move staff and resources to areas of the system that had higher demand than others.

The manager and the assessment and engagement worker at the Northallerton hub held caseloads of around 30 clients, while the recovery coordinator and group worker

were working with 50 to 60 clients. Staff reported this was manageable. At the Halifax hub, caseloads ranged between 30 to 40 clients and staff did not raise any concerns about this.

The highest caseloads were in the active recovery team within the Forward Leeds service. At the time of the inspection, staff had between 70 and 80 clients on their caseload. This team worked with clients with alcohol dependence, heroin and crack addiction. Managers told us that staff used a 'red, amber, green' assessment tool to manage the clients on their caseload and determine how often they would need to see their clients. However, not all staff we spoke with used this tool and some staff told us they just used their knowledge of the clients on their caseload. Staff recognised that using the tool would provide a consistent approach for all clients. Staff in the active recovery team told us they generally found it difficult to manage the number of clients on their caseloads and this became more challenging when clients did not attend appointments.

Within Forward Leeds, managers and doctors were available throughout the day to support prescribing staff and recovery coordinators. Whilst other doctors were holding clinics, a duty doctor was allocated to provide cover for urgent clinical advice, such as a client released from prison or attending with a physical health problem.

The Developing Initiatives for Support in the Community recruitment and selection policies and procedures supported safe recruitment, which included obtaining two references. They closely monitored the disclosure and barring service checks of staff and volunteers and had developed a training session and guidance for managers in completing the positive disclosure risk assessment. Developing Initiatives for Support in the Community enrolled with an online system that allowed them to see convictions prior to results being sent out in the post.

Assessing and managing risk to clients and staff

Developing Initiatives for Support in the Community had an electronic case management system for all staff to use. The initial risk assessment questionnaire included substance use, harm minimisation, physical and mental health, risk in relation to others, safeguarding children and offending behaviour. Staff were provided with prompts to develop a narrative risk management plan, which staff then rated as no risk, low risk or high risk.

Of the 62 records that we reviewed, all the records had risk assessments completed. At the Scarborough and Northallerton hubs, we found no issues with risk assessments. At the Halifax hub, one risk management plan was not up to date. This was of concern as the client had recently attempted suicide, yet their documented risk level remained low. Four of the 20 client records at Halifax contained very little detail in the risk management plans. Staff identified risk but provided minimal detail on how to manage the risk. Staff in the Calderdale Recovery Steps service were planning to review the electronic risk assessment template and develop a risk management strategy for use across the services.

In Forward Leeds, staff did not include all identified risks in the risk assessment or the risk management plan. In two of the records where clients had been involved in the criminal justice system, there was no information about this in the risk assessment or in the risk management plan. In one record, staff had not reflected the client's extensive history of self-harm in their risk assessment. In another record, staff had not identified all the potential risk posed by a client attending the service that had committed specific offences, or mitigate these. Out of the 24 electronic care records that we reviewed in Forward Leeds, only two completed the risk management actions in the risk management template. As such, the rest of the risk management plans did not actually contain a plan. The risk management plans instead contained additional risk assessment information, rather than a plan of how to manage the identified risks. We did observe harm minimisation advice offered, but only in a small number of records and this was in the body of the record rather than in the risk management plan.

Six records in Forward Leeds did not have their risk assessment or risk management plans reviewed within 12 weeks, in line with national guidance and Developing Initiatives for Support in the Community policy. We also reviewed four records where clients frequently did not attend their appointments. Staff had not identified this in the client's risk assessment or recorded any strategies they were using to engage these clients. Managers were aware of these issues. The provider told us they had identified these issues through their own internal audits and had an action plan in place to address them, including further staff training.

Substance misuse services

In Forward Leeds, four of the 24 records we reviewed identified that the clients had children. Staff had not explored the level of contact clients had with their children, or liaised with their manager or other services in line with information sharing protocols. There was no evidence of discussion of the impact of parental substance misuse on the child. One of these records mentioned a home visit for clients with children, but this was not undertaken. Staff seemed unclear about when they needed to complete home visits where clients disclosed that they had children and others said that they did not have the time to schedule these visits.

North Yorkshire Horizons were rolling out hidden harm and home visit training to all new staff that were being recruited. This had been developed by the Developing Initiatives for Support in the Community safeguarding lead and was due to be completed by the end of December 2016. Staff looked at the harm to children that a client's substance misuse could cause and Developing Initiatives for Support in the Community offered a course titled 'through my child's eye'. This focused on supporting clients to consider the impact of their own behaviour on their children. One client told us the course had been instrumental in helping them to abstain from substances.

Forward Leeds did not have a policy or procedure for children attending with clients to guide staff on how this should be managed. Some staff said they would ask them to wait in one of the one to one rooms rather than the busy reception area, although there was no consistent approach. We were concerned to see children in all the reception areas we inspected in Forward Leeds, one of which was very busy at the time the children were in attendance.

Developing Initiatives for Support in the Community had safeguarding adult and child protection policy statements, both ratified in November 2016, with associated guidance to support staff in their role. Information for staff on how to make safeguarding referrals and who to contact were also included in the staff handbook. The provider's electronic case management system had a specific page for recording information relating to safeguarding. Where an external safeguarding referral was made, this was recorded and monitored through the online management information system. It recorded which safeguarding body the referral was made to, the type of abuse, details of the concerns, the initial outcome following referral and the final outcome.

Developing Initiatives for Support in the Community had commissioned an external training company to review their safeguarding training. This was being rolled out at the time of inspection and was delivered in three levels; awareness, alerter and responder. The provider told us that the course was independently accredited for content and quality. All staff were required to attend awareness training, operational staff to attend alerter training and safeguarding leads and managers to attend responder training. Developing Initiatives for Support in the Community provided us with training information that showed 83% of staff at Forward Leeds had completed the safeguarding awareness training and 97% of staff at Calderdale Recovery Steps. Managers at the Northallerton and Scarborough hubs reported all staff were compliant with this training. The compliance rates provided at the time of inspection for attendance at the alerter level two and responder level three training were much lower. Following the inspection, the provider stated that the training was in the process of being rolled out. Therefore, they would not have expected staff to have attended at the time of inspection.

Staff demonstrated a good understanding of safeguarding children and adults, including the types of abuse, when to make appropriate referrals and where to make the referrals. Staff received safeguarding supervision with their line managers in their quarterly supervision meetings. We saw evidence in client records at the Halifax hub of staff recording these discussions with their managers. Case discussions, including safeguarding concerns were also discussed in the team meetings and we observed this during the inspection.

Medicines management was the responsibility of the clinical provider at each site. However, as the lead contract holder Developing Initiatives for Support in the Community had a responsibility to ensure the safe care and treatment of all clients.

Fridges at all the hubs in Forward Leeds and the Halifax hub in Calderdale Recovery Steps contained combined hepatitis A and B vaccinations, which were in date. A cold chain system was in place at all sites to ensure staff monitored the fridge temperatures and completed the required checks. Fridges were lockable and had external temperature monitors in place.

At the Halifax hub, emergency medicines boxes contained naloxone, chlophenamine injections, adrenaline injections and hydrocortisone and water injections. They also

contained syringes and airways. These were all in date and audits were regularly completed. The hub also had a defibrillator which staff checked on a weekly basis. In all Forward Leeds hubs, emergency drugs were present and stored in locked clinical areas. However, the chlorpheniramine was out of date at Armley Park Court, paracetamol was stored with the emergency drugs at Irford House and a needle had been taped to the pre-prepared adrenaline which did not require a needle. At the Kirkgate hub, there were notices directing staff to the room where the emergency medicines were kept but not to the place in the room where they were kept. The medicines were stored on top of the fridge and not in a place that would have been easily found. These concerns were raised during the inspection and rectified by the provider immediately.

We reviewed practices around prescription storage and prescription transport at the Forward Leeds service. We had no concerns about prescription management, storage or transportation. However, there was confusion by one staff member around where the prescription safe keys were stored when the service was closed. We informed managers at the time of our inspection who have since reviewed this procedure and are in the process of addressing it as a partnership.

Developing Initiatives for Support in the Community had a lone working policy in place. Staff ensured that others knew where they were going and documented this on boards or in signing out books. Staff were supplied with mobile phones and emergency alarms in some hubs. Staff reported they would visit in pairs or see clients at a GP surgery or the hub if they had concerns about risk.

Track record on safety

There had been no serious incidents requiring investigation in the 12 months prior to the inspection at any hubs. There had been no safeguarding alerts or concerns raised with the CQC in the 12 months prior to inspection.

Medicines management was led by the clinical provider and not Developing Initiatives for Support in the Community in the Forward Leeds consortium. However, Developing Initiatives for Support in the Community collated the data on all medicines related errors as part of their incident reporting. Between 1 June 2016 and the 1 December 2016, there were 58 incidents recorded relating to prescribing, dispensing, the pharmacy, or lost prescriptions.

Developing Initiatives for Support in the Community reported expected and unexpected deaths to the CQC as required. At Forward Leeds, there had been 24 deaths recorded as incidents between the 1 June 2016 and 1 December 2016. The services operated a drug related death and drug and alcohol related death panel process which reported into the integrated governance board. The integrated governance board was chaired by an external doctor who assisted the provider in reviewing incidents and deaths. There were no concerns regarding the provider recorded in the coroner's learning from the cause of death and preventing deaths report.

Reporting incidents and learning from when things go wrong

Developing Initiatives for Support in the Community had an incident and serious incident policy. Staff reported incidents and serious incidents on the provider's management information system. The hub manager, quality manager and operations director would then be notified by email that an incident had been recorded on the system. Senior staff were required to provide a quality check and flag any incidents that met the threshold of a serious incident.

All staff understood what types of incidents they should report and gave examples that included deaths, prescribing errors, potential or actual confidentiality breaches and aggressive or violent behaviour. Staff told us that debriefs were completed following an incident if it was required. Forward Leeds had also developed a local incident policy that was still in draft format. Managers told us that incident reporting training had been delivered at each of the Forward Leeds hub team meetings.

The clinical governance group discussed case studies and clinical incidents to identify learning outcomes. A review of data earlier this year identified there had been a number of incidents of challenging behaviour between clients and staff. In response, Developing Initiatives for Support in the Community were rolling out challenging behaviour training to staff.

The quality manager presented quarterly reports to the integrated governance board, which identified trends and learning from incidents, safeguarding alerts and complaints. We reviewed the minutes of the last three meetings of the integrated governance board, operational management group meetings and hub meetings. All had

standing agenda items on incidents and deaths and showed that information was shared between senior staff at head office and staff in the hubs. This was cascaded through team meetings, hub meetings, lead practitioner forums, flash meetings, staff supervision and the electronic newsletter. Staff confirmed that learning from incidents was shared in this way.

All staff described a positive culture towards reporting incidents, and were able to offer examples where learning from incidents had resulted in a change in the service. At Calderdale Recovery Steps, staff gave an example of learning from incidents that was shared with partner agencies. The service had not been made aware of a client who attended court and was granted bail, leading to a delay in treatment for their substance misuse. A review took place with identified actions which improved the liaison between Developing Initiatives for Support in the Community, court staff and probation staff through the single point of contact.

Staff gave examples in Forward Leeds regarding amendments to the lone working policy and procedure following incidents where staff on outreach had been unable to contact the service. The incident reporting log we reviewed for incidents between 1 June 2016 and 1 December 2016 included actions and learning identified. We observed actions and learning identified for all incidents including the deaths reported and the medication and prescribing incidents.

Duty of candour

The duty of candour is a legal duty on providers to inform and apologise to patients if there have been mistakes in their care that have led to significant harm. Developing Initiatives for Support in the Community had a duty of candour policy that had recently been ratified in November 2016. Senior staff at head office understood the provider's obligations under duty of candour. The quality manager reported that there had been no incidents in the previous 12 months that met the threshold for duty of candour. However, they did not grade their incidents in terms of levels of harm. This made it difficult for the provider to accurately monitor which incidents had caused moderate or significant harm.

All staff at Forward Leeds told us that they worked in a transparent way with clients and were open and honest if incidents or mistakes happened. They were aware of the need to keep clients fully informed and provided information throughout any investigations or complaints made. Staff were able to give examples where clients had received feedback in response to incidents or complaints.

Staff within the North Yorkshire Horizons service were unsure about the duty of candour. They thought they had discussed it in a recent team meeting but we were unable to find evidence to support this in the minutes of team meetings that we reviewed as part of our inspection.

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

Assessment of needs and planning of care

All electronic care records we viewed had a comprehensive assessment with evidence of ongoing assessment throughout the client's notes. For example, where clients identified that their drinking, depression, and/or anxiety had increased, recovery coordinators had completed the evidence based tool on the system to assess this further. However, two of the records that we reviewed in Forward Leeds had limited assessment information about the clients offending behaviour, despite evidence that they had recently been through the criminal justice system.

Developing Initiatives for Support in the Community required staff to review all clients' treatment at a minimum every 12 weeks at a 'milestone appointment'. The provider described the 'milestone appointment' as the treatment and care review, which involved all professionals that were supporting the client. Staff would review risk and recovery plans at this appointment.

All electronic care records we reviewed had a recovery plan present. However, eight of the 24 recovery plans in Forward Leeds had not been reviewed within 12 weeks in line with national guidance and Developing Initiatives for Support in the Community policy. The recovery plans we reviewed in Forward Leeds did not contain sufficient detail and the identified goals were not tailored to the individual. For example, recovery plans set a goal to reduce drug or alcohol use, but did not detail by how much and by when. Staff did not always reflect interventions or ongoing support in the recovery plans, such as referrals that had

been made for support with education, training and employment. We saw one record where a client reported they were a carer, yet this information was not captured in the recovery plan, with no identified support for that client.

The recovery plans at North Yorkshire Horizons were detailed, personalised and holistic. In the Halifax hub, 14 out of 20 records had detailed recovery plans that were up to date, personalised and recovery orientated. The six records that did not meet this standard lacked detail, did not reflect the clients' views and were not recovery orientated. We did see evidence of recovery capital in the client records. Recovery capital is a term used to predict the likelihood of achieving sustained recovery. The plans were linked to five ways of wellbeing: complementary therapies, healthy living support, education and training, improve socio-economic sustainability and involved in volunteering. Recovery plans were linked to these indicators as and when clients were in a position to start undertaking this work. This enabled the service to measure how clients were accessing recovery capital opportunities.

The client electronic record allowed staff to select the interventions that they had delivered to the client at the time of the appointment. Interventions were mapped to the recovery road maps for drugs and alcohol. The recovery road map identified the pharmacological and psychosocial interventions and recovery support that a client should receive at each stage of their treatment.

We saw evidence of motivational interviewing techniques, solution focussed interventions and international treatment effectiveness programme mapping used in one to one appointments with recovery coordinators. We also saw staff using drinks diaries with alcohol clients.

All client information was stored on the client electronic care record used by all the providers in the services. Access to these systems was password protected. Developing Initiatives for Support in the Community had information governance policies and procedures in place to guide staff, which they could access on the staff intranet. Managers told us that all staff, including agency staff, had to complete a one day training course on the electronic care record systems before they could use it. Information governance was also part of the electronic learning induction. Where staff used any paper based records, these would be scanned or inputted onto the electronic system.

The director of service was the security information risk officer for the organisation and coordinated requests for access to client and staff records in line with the Data Protection Act. The chief executive officer was the Caldicott Guardian for the organisation. A Caldicott Guardian is a senior person responsible for protecting the confidentiality of patient and service-user information and enabling appropriate information-sharing.

Best practice in treatment and care

Developing Initiatives for Support in the Community had a quarterly drug and alcohol development group, which was attended by representatives from all the services, in addition to monthly meetings at each service. At these meetings, staff reviewed best practice and current guidance, agreeing a plan on how to deliver best practice across all services.

Developing Initiatives for Support in the Community were not directly responsible for the delivery of clinical treatment in Forward Leeds. However, as the lead contract holder for Forward Leeds they were responsible for ensuring that all the interventions across the service were underpinned by national guidance. Developing Initiatives for Support in the Community had developed specific recovery road maps for drug and alcohol in North Yorkshire Horizons. They had also developed these alongside one of their partnership organisations in both Calderdale Recovery Steps and Forward Leeds. These 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. The recovery road maps were in both the staff handbook and the service user handbook. This enabled staff and clients to see what stage in their treatment they were at and what interventions could be delivered.

We also saw how Developing Initiatives for Support in the Community staff worked in partnership with clinical staff with regard to pharmacological interventions. Urine or oral swab tests were completed by all staff in Forward Leeds, including the recovery coordinators. These were completed prior to the client starting treatment to confirm drug use and at regular intervals throughout treatment. Developing Initiatives for Support in the Community staff also used breathalysers to determine the client's use of alcohol, for

example before picking up their prescription for medication. Along with the clinical administration teams, the recovery coordinators would also liaise with pharmacies around medication and engagement. The recovery coordinator would discuss the appropriate action with a prescriber if the clients had not picked up their medication from the pharmacy as required

Staff were able to quote the best practice guidance that was appropriate to the treatment and care delivered, including the Department of Health (England) (2007) Drug misuse and dependence: UK guidelines on clinical management and the development of administrations. Client records showed that staff delivered harm-minimisation and clients were offered blood borne virus testing, immunisation and signposted to treatment if they wanted it. Staff delivered psychosocial interventions underpinned by motivational interviewing, solution focussed and cognitive behavioural techniques. The recovery plan used by Developing Initiatives for Support in the Community and some of the work completed with clients in the group sessions was based on the Public Health England International Treatment Effectiveness Programme link node mapping (mind mapping) manuals. Staff told us that they signposted clients to mutual aid and referred them internally within DISC for education, training and employment and housing support. This was to support clients in building recovery capital in line with Strang/ National Treatment Agency (2011): Building recovery in communities.

Where clients were receiving support for their opiate dependence, Forward Leeds offered a choice of medication between methadone, buprenorphine and naltrexone. Where possible, staff planned 12 weekly review appointments with the prescriber, the recovery coordinator and the client. This is all recommended within the National Institute of Health and Care Excellence (2007) clinical guideline 52 for opioid detoxification.

North Yorkshire Horizons were reviewing their new prescribing process at the time of inspection. Harm reduction leads in the North Yorkshire Horizons hub were also rolling out the prescribing of naloxone. Naloxone is an emergency medication used in cases of opiate overdose. This had been agreed with commissioners and the process was due for completion by December 2016.

Forward Leeds offered clients a physical health assessment at the beginning of treatment and offered smoking cessation. Physical health was reassessed where this was identified as needed by the Forward Leeds clinicians. Developing Initiatives for Support in the Community staff liaised with other providers in their service and external agencies to address physical and mental health concerns. For example, staff would arrange blood borne virus appointments with the Forward Leeds clinical service. Clients were signposted to their own GP to address their physical health needs. A pathway with the hospital hepatology department in Leeds was in place to increase engagement and uptake in treatment.

All clients who were prescribed over 100ml of methadone had to have an electrocardiogram in accordance with national guidance. The electrocardiogram measured for potential heart abnormalities which clients on high dose medication had an increased likelihood of suffering. Developing Initiatives for Support in the Community had a system in place to monitor that these were completed as required.

We also reviewed the specialist alcohol prescribing guidelines and the alcohol treatment provision. We reviewed two records in Forward Leeds for clients who had completed an alcohol detoxification in the community. All clients accessing the service for their alcohol misuse had a comprehensive assessment using evidence based screening tools, including the alcohol use disorder identification test, the Leeds Dependency questionnaire and a liver function test. Only clients that had low level dependency, low risk of seizures and family or carer support, were able to complete a community alcohol detoxification. A reducing dose of chloroziazapozide medication was prescribed for the client to assist with the safe withdrawal from alcohol. Relapse prevention medication was prescribed post detoxification. This was in line with NHS National Treatment Agency Review of Effective Treatment for Alcohol guidance and National Institute of Health and Care Excellence clinical guidance.

Recovery coordinators completed nationally recognised tools for anxiety and depression with clients, including the generalised anxiety disorder -7 and the patient health questionnaire -9. These were completed at the start of treatment as part of the screening assessment and then reviewed and revisited where need was identified.

Client progress and changes were measured using the three monthly treatment outcome profiles. This is a monitoring tool developed by the National Treatment Agency and reported through the National Drug Treatment Monitoring System.

Information governance audits and case file audits were completed at all hubs. Other audits completed by the service related to the safety of the service, rather than clinical audit. These included a hand washing audit, a health and safety audit and quarterly infection control audits.

Skilled staff to deliver care

Within Forward Leeds, Developing Initiatives for Support in the Community had contract arrangements with four other providers to deliver a range of treatment options and support to clients. A similar arrangement was in place at North Yorkshire Horizons and Calderdale Recovery Steps, although on a smaller scale and with fewer providers involved. A range of multidisciplinary professionals were employed to provide care and treatment such as doctors, nurses, and recovery coordinators. Many of them were co-located at each of the hubs. Staff we spoke with described this as one of the strong points of the hubs. They said that staff with different skills and experience were always available to discuss clients' needs and offer suggestions about treatment options. This felt supportive for the staff member and also helped them to support the clients that they were working with.

Developing Initiatives for Support in the Community used role-specific job descriptions and personal specifications in recruiting staff. Staff were subject to panel interviews and references prior to appointment. Developing Initiatives for Support in the Community also recruited a number of volunteers across their services. In each service, a staff member provided a volunteer lead role, supported by a volunteer manager based at head office. Volunteers we spoke with were positive about their experience. They felt valued, supported and reported they received a good level of training. Volunteers had access to supervision and had regular meetings.

Developing Initiatives for Support in the Community had a nine month probation period for new staff to ensure that they were competent in their role and identify if they needed any additional support. Staff were reviewed at four months and eight months as part of their probation period. We observed a probationary review at Forward Leeds, which had been completed within these timescales and included development milestones.

Eight staff at Forward Leeds confirmed they had either not had an induction, had waited over six months or had waited over 12 months. One staff member said they had not been shown around the building or had basic drug awareness. There was no evidence of induction plans for staff in the supervision files. Managers at Forward Leeds could not confirm that their staff had received an appropriate induction. This meant that not all staff had the training to support them in maintaining their own safety at work and that of the client.

The induction was a mixture of electronic learning and a two day face to face training course. The provider told us that staff received a local induction within the first two weeks of employment. There was no formalised monitoring of local induction, however the provider told us that records were kept in relation to some elements, including the completion of the electronic system training. The local induction included the following:

- Training in the electronic system by the data team and senior administrator
- Data Protection / Information Governance e-learning
- A tour of the building including fire alarms, exits / procedures, first aid resources by the senior administrator
- Traceability systems depending on staff role
- Discussion around key requirements of the role with the line manager
- Shadowing of more experienced members of staff
- Meeting with a member of senior management within the service

The corporate induction was expected to be completed by staff by the end of their nine month probationary period. This meant that staff could be in post up to nine months, without having completed the following training:

Day 1:

- Charter of Values
- Drugs Policy
- Service User Influence & Involvement

Day 2:

- General Health & Safety

- Blood Borne Viruses
- Lone Working/Traceability/Violence in the Workplace

Prior to the inspection, the provider submitted data showing that 72% of Forward Leeds staff had completed the electronic learning induction, 50% had completed the induction day one and 53% had completed day two. Compliance with induction was 100% at the Scarborough hub and 75% at the Northallerton hub, with one new starter due to complete it. Following the inspection, the provider stated that the figures given had included staff who had recently commenced employment and would not have been expected to have fully completed their corporate induction. The gave revised figures that in Forward Leeds, 79% of staff had completed the electronic learning, 60% had completed induction day one and 66% had completed induction day two. They also stated that 86% of staff had completed their induction at the Northallerton hub. Senior managers identified the rapid expansion of services within Forward Leeds as the reason for the delay in staff induction. Following the inspection, the provider informed us that they had reviewed their induction processes to increase local ownership of induction and that this would be accompanied by monitoring locally.

Developing Initiatives for Support in the Community had a staff performance and supervision policy and procedure, which included guidance for staff on supervision, probationary reviews and appraisals. Staff received annual appraisals and minimum quarterly supervision. We reviewed fifteen DISC staff supervision records at the Forward Leeds service. All the supervision records we reviewed demonstrated that staff received supervision in line with the provider's supervision policy. Some line managers we spoke with attempted to offer supervision more frequently, at either six or four week intervals. Three staff we spoke with felt quarterly supervision was not sufficient and left them feeling unsupported at times.

We reviewed six staff appraisals at Forward Leeds. Data provided by Developing Initiatives for Support in the Community prior to inspection showed that 95% of staff who were eligible had received their annual appraisal. Those who had not were either absent from work or new in post. The six appraisals that we reviewed included a self-appraisal section, manager feedback and individual objectives. However, objectives were not always specific and personalised as outlined in the policy and procedure.

As the lead contract holder for Forward Leeds, Developing Initiatives for Support in the Community worked with the clinical providers in the consortium to ensure that their doctors had been revalidated and that the clinicians and medical staff held the appropriate qualifications and registrations. Revalidation is the process by which licensed doctors are required to demonstrate on a regular basis that they are up to date and fit to practise.

Forward Leeds had monthly hub meetings at each of the three sites, with all staff from the consortium represented. The hub meetings had standard agenda items including performance and data, practice development sessions and issues raised by staff for discussion. During the inspection, we observed one of the weekly recovery coordinator team meetings at Forward Leeds, where 14 staff members attended. A standard agenda was followed where staff discussed items such as data performance reports and vulnerable clients. We observed detailed case discussion about clients.

Flash meetings were held daily for all staff. These included any incident feedback, client risk and building management issues for that day. We observed a flash meeting at the Northallerton hub. Staff planned and organised their work for that day according to client needs and staff cover arrangements. All staff participated in the meeting. A written record of the meeting was kept for future reference and referred to at the next daily meeting, which meant that all information was available for staff and communicated effectively.

At Forward Leeds, two of the 21 staff we spoke with told us that administration and reception staff were not supported to attend the hub, team meetings or flash meetings. They said they didn't always feel involved in the service, despite the extensive contact they had with clients. They gave an example of where a client, who was deemed at the flash meeting as not to be permitted in the building, had already attended and was in the reception area by the time they received that information.

Staff in the Scarborough hub reported they felt supported by managers to attend specialist training. They had accessed additional training in areas such as personality disorder, suicide and autism. At the Halifax hub, the group worker had been supported to access specialist training in facilitating group work. At the Northallerton hub, one staff member was enrolled on the graduate diploma in addiction studies although funding was not available for

other staff to complete this. Recovery coordinators in Forward Leeds had either completed, or were encouraged to complete the national vocation qualification in health and social care level three. Staff also told us that they were encouraged to continue with the substance misuse degree course provided by a local university where they had already started it. However, other staff who had not completed it told us that Developing Initiatives for Support in the Community were no longer funding this course.

Developing Initiatives for Support in the Community sent us details of the specialist training courses provided to staff, which included group work, motivational interviewing, solution focussed therapy, international treatment effectiveness programme training, modifying offending behaviour and understanding and working with mental health. It was not clear how many staff had completed this training. Developing Initiatives for Support in the Community had not yet mapped their specialist training to the roles of staff, although this was a planned piece of work. Managers told us that all staff had a training needs analysis completed but we only saw evidence of this in one of the supervision records that we reviewed. However, in the Halifax hub, training and development plans were present in all files we reviewed.

The Forward Leeds service were developing and reviewing their workforce development plan. Following a training needs analysis, they had begun to deliver Developing Initiatives for Support in the Community risk management training to all front line staff.

Managers had either completed or were in the process of completing nationally recognised leadership and management qualifications at an appropriate level to their role; either level four or level five. Staff confirmed this but this was not demonstrated in the training data that we received. Managers completed training in appraisal and supervision, business development and disciplinary and grievance procedures. Managers had also undertaken specialist training in relation to substance misuse, including motivational interviewing for managers and the international treatment effectiveness programme for managers course.

Developing Initiatives for Support in the Community had policies and procedures in place to support managers in addressing poor performance. Managers were able to discuss how they had successfully identified and addressed poor performance in line with this procedure. There was evidence of this in one of the supervision records that we reviewed.

Multidisciplinary and inter-agency team work

The managers of each hub attended regular substance misuse group meetings. This ensured learning and good practice was shared across the services with the production of action and development plans. Each hub engaged in local forums, including safeguarding meetings, multi-agency risk assessment conferences and housing forums. Complex client's needs were met by specific teams within integrated services, such as the dual diagnosis provision in Forward Leeds and police liaison workers based on site at Calderdale Recovery Steps.

Developing Initiatives for Support in the Community worked with criminal justice agencies to deliver rehabilitation to offenders in the community and ensure transition for those leaving custody. A dedicated worker within the Forward Leeds service co-ordinated the approach to domestic abuse, providing training and liaising with other services. Staff supported and signposted clients to engage in external services, including learning disability support, education, training and employment and debt management. Developing Initiatives for Support in the Community worked closely with partner organisations to deliver integrated services in contracts set out by commissioners. This included NHS mental health trusts and other providers of substance misuse services.

At each service, Developing Initiatives for Support in the Community worked with other providers to deliver care and treatment for clients. We reviewed partnership board meeting minutes, integrated governance board meeting minutes and operational meeting minutes. Each provider in the consortium was represented at these meetings. They demonstrated a partnership, multidisciplinary approach to the strategic and operational management of treatment services.

The electronic client records we reviewed demonstrated that each provider worked in partnership to deliver care and treatment. We saw three-way meetings attended by staff across the services, working together with the client to plan their care. However, staff told us that time limitations and the co-ordination of diaries often made planning these

meetings difficult. Staff from the different providers were co-located together in the hubs. They told us that this facilitated multi-disciplinary discussions on a regular but more informal basis.

Managers told us that Forward Leeds had recently started a multidisciplinary meeting including recovery coordinators and doctors to discuss some of the more complex cases. The meetings were every two weeks at the Irford hub. Managers told us that staff from other services could add a client for discussion at these meetings and dial in on a conference call. However, staff at the other hubs were not aware of these multidisciplinary meetings. Managers acknowledged that these meetings were still in their infancy and had been developed in response to an incident. They aimed to support communication between the multidisciplinary team and were yet to agree how the learning from these meetings would be cascaded for all staff.

Staff at all hubs reported that they had good relationships with GP's, pharmacies, hepatology services, crisis services and mental health teams. They also worked closely with homeless services, services that supported sex-workers, organisations to support relatives and carers and mutual aid groups.

Staff in Calderdale Recovery Steps worked closely with a perinatal clinic based within the local acute hospital. They referred female clients to this specialist pregnancy service, who were supported by a specialist midwife up to six weeks following the birth of their child. Staff attended a multi-agency pregnancy liaison action group, consisting of specialist midwifes, police, social services and health visitors. Safeguarding procedures were in place and all agencies contributed to supporting these clients. We visited this clinic and observed kind and caring interactions between staff and clients.

The Irford House hub provided an evening venue for a mutual aid group and the Recovery Academy worked with the local carers groups to deliver group work. Staff described examples of how they had liaised with these agencies and records we reviewed showed evidence of staff signposting and working in partnership with other external professionals.

At the Northallerton hub, a staff member worked with the local gym supporting clients who used steroids. The North Yorkshire Horizons services were part of the safe prescribing network, working with other organisations to ensure the timely collection of prescriptions and monitoring of illicit drug use on top of prescribed medication.

Good practice in applying the Mental Capacity Act

Staff had access to electronic learning on the Mental Capacity Act which was mandatory. At the time of inspection, compliance rates with Mental Capacity Act training were as follows:

- Calderdale Recovery Steps 93%
- Forward Leeds 53% - Irford House hub 73%, followed by the Kirkgate hub with 48%, Armley Park Court with 35% and the young people's service with 25%.
- North Yorkshire Horizons 84%

Developing Initiatives for Support in the Community did not have a policy on the Mental Capacity Act. Three other policies made reference to the Act's five statutory principles, such as the Equality and Diversity policy. Developing Initiatives for Support in the Community did not have a procedure available to guide staff in how they should assess capacity or demonstrate decision-making capacity in the client record. Staff did have access to an easy read guide on the Mental Capacity Act (2005) and the Mental Capacity Act Code of Practice was available on the shared internal drive.

At Forward Leeds, staff understanding of the Mental Capacity Act and the application of the Act within their role was varied. Some staff were aware of the need to presume a client has capacity, to note the client's ability to weigh up decisions and understand information and to make decisions in the client's best interests if they lacked capacity. They gave examples where they would consider a client's capacity where they were intoxicated and attended for appointments and the action that they would take. Other staff had less understanding and confused mental health with mental capacity. Some staff thought that concerns around capacity were more prevalent in the team that supported alcohol detoxifications. Recovery coordinators told us that if they needed additional advice on mental capacity, they would approach the doctors and other clinicians for additional support, or the operations director.

Staff told us that they would record any concerns about a client's capacity and any decisions made in the client

record, but most staff said they had not had a situation where this had been required. Two staff mentioned that there was a 'six-item cognitive impairment test' on the client electronic recording system where they would record if they had concerns about memory or cognitive functioning that may relate to a client's capacity.

At the Halifax hub, there was no reference to client's capacity in 18 records. In the one record that did mention capacity, it was evident that the responsibility for assessing capacity was unclear. Concern was raised by several professionals but capacity was not formally assessed over a two-month period.

At the North Yorkshire Horizons hubs, staff we spoke with understood about the Mental Capacity Act and how it applied to their clients. Staff said if a client's capacity to consent was impaired due to alcohol or drugs, they would leave any treatment or decision making until the client was able to make an informed choice. One staff member gave an example of concerns about capacity issues with one client who may be exploited by their family and how they had made a referral to the local authority. Staff spoke of an awareness of alcohol related dementia symptoms and how this could affect capacity to make decisions. Staff advised they would seek support from their manager if they had queries about the Mental Capacity Act.

At the time of the inspection, Developing Initiatives for Support in the Community did not have arrangements in place to monitor the application of the Mental Capacity Act or considerations around a client's capacity to consent to treatment or interventions. However, the data manager was considering how this would be possible using the current electronic recording system. Developing Initiatives for Support in the Community did not have a Mental Capacity Act lead to support staff and clients in the application of the Act.

Equality and Diversity

Developing Initiatives for Support in the Community had an equality and diversity policy that outlined adherence to current equality legislation under the Equalities Act 2010. Utilising the Equalities Act's 'nine protected characteristics' to define 'minority groups', the services aimed to be proactive in establishing pathways for those who may be excluded. The provider's ethos was that no society will flourish unless members of that society are given opportunities and freedoms of equality. Developing Initiatives for Support in the Community reported that 34% of their substance misuse clients had a long term illness or disability.

Developing Initiatives for Support in the Community had held the Equality North East 'Equality Standard Gold Award' since 2012. Their equality and diversity group alongside nominated diversity champions implemented and reviewed the equality and diversity action plans with staff and clients. The North Yorkshire Horizons action plan outlined how the service would support women, victims of domestic abuse, sex workers and those with mental health problems. When implementing significant changes to policy or procedure, Developing Initiatives for Support in the Community completed an equality impact assessment document to reflect where and why change was needed.

Staff received mandatory training in relation to equality and diversity. However, compliance rates were low across some services. Prior to inspection, the provider submitted training figures that showed 87% of staff at Calderdale Recovery Steps, 52% of staff at Forward Leeds and 38% of staff at North Yorkshire Horizons had completed the training. Following the inspection, the provider stated that the training figures given had included staff members who had recently commenced employment, who they would not necessarily expect to have completed this training. The revised training figures given for Forward Leeds were 66% for Forward Leeds and 64% for North Yorkshire Horizons.

Templates on the electronic client record system were regularly updated by Developing Initiatives for Support in the Community, most recently to meet recording in line with the NHS Accessible Information Standards. The system flagged vulnerability at the assessment stage, including learning disability, pregnancy and dual diagnosis.

Staff worked in a person centred way with clients from a range of different backgrounds and with clients who had protected characteristics. During our inspection, we observed staff working in a way to ensure that all clients received equal treatment and access to services.

Forward Leeds worked closely with local services to ensure that the care and support offered was available and

appropriate for all clients. Staff promoted the service in the lesbian, gay, bisexual and transgender communities and the black and minority ethnic communities, to engage people in accessing support for drug and alcohol use.

In North Yorkshire Horizons, the equality and diversity worker at the Scarborough hub had attended training on female genitalia mutilation and was in the process of looking how to access the local lesbian, gay, bisexual and transgender communities. They had also identified that there was a large Polish community and had provided information in Polish to ensure people knew about the service.

Staff gave examples of how they had been supported to stay in work where they had physical or mental health issues, including being supported by the service to get additional support from access to work budgets.

Management of transition arrangements, referral and discharge

Clients could access treatment for their substance misuse through dropping in to one of the substance misuse service hubs. Within Forward Leeds, open access to services was also provided at GP practices that offered primary care extended services. This is where treatment and support is offered in the local GP practices and is delivered in partnership between the primary care GP and a substance misuse service recovery coordinator.

Clients could also be referred to all hubs by their GP or any other professional. There was an online referral form on the Forward Leeds website that could be completed by anyone who wished to refer themselves or someone else into the service. Forward Leeds had a single point of contact telephone number that operated Monday to Friday, 9am to 5pm. Outside of these times, an answerphone service allowed messages to be left. The single point of contact also operated in the North Yorkshire Horizons and Calderdale Recovery Steps service.

Early intervention and prevention staff were employed by another provider that was part of the Forward Leeds service. Part of their role was to promote Forward Leeds and undertake assertive outreach to actively engage hard to reach groups, such as clients who were homeless.

Clients also accessed Developing Initiatives for Support in the Community through the criminal justice service, for example from the prisons, police cells and courts. Forward Leeds provided the treatment element of some court orders, including the Drug Rehabilitation Requirement and the Alcohol Treatment Requirement. They worked closely with the probation service who provided the supervision element of the order. We reviewed two records at Forward Leeds where clients had been sentenced to a Drug Rehabilitation Requirement. We saw evidence of this ongoing communication and joint work between services to support the client.

Forward Leeds employed hospital in-reach nurses who engage with client admitted with an alcohol or opiate related accident or illness. Whilst these alcohol liaison nurses could offer short-term intervention they would refer clients into the substance misuse or GP hubs for longer term treatment.

Forward Leeds provided both a young person's and an adults' service. It had a standard operating procedure for transitioning young people into adult services ensuring that the clients received treatment in a service that was most appropriate for them. Young people aged 18 to 21 were supported to move into the adult Forward Leeds provision when it was appropriate for them.

Developing Initiatives for Support in the Community encouraged clients who were post recovery to become peer mentors. Peer mentors are current or ex-clients who are in recovery, whose role is to support other clients at the beginning of their recovery journey. Within Forward Leeds, peer mentors supported the delivery of the groups and activities in the Recovery Academy. Building Recovery in the Community workers worked with clients who were due to be discharged, to identify health and well-being activities, support groups and volunteering that they could continue with when they left treatment. Clients were encouraged to access mutual aid, such as self-management and recovery training groups throughout their recovery. This ensured that when they were discharged from services, they could continue with their recovery and access local recovery and community support. Developing Initiatives for Support in the Community had employment, training and education and housing workers who supported clients to build recovery capital.

Are substance misuse services caring?

Kindness, dignity, respect and support

Substance misuse services

Within Forward Leeds, the majority of feedback was extremely positive about the service people received and the approach from all staff. Whilst there were some negative comments, these were in relation to cancelled or insufficient appointments, or being unable to contact the service by phone. Clients, relatives and carers reported that staff were respectful, non-judgemental, kind, and polite. They said that they felt listened to, that staff were supportive and provided them with guidance in their recovery.

One client and their support worker at the North Yorkshire Horizons service travelled over an hour to speak to us during the inspection, as they wanted to tell us in person how pleased they were with the service they received. Comments from clients included how staff had not given up on them, how staff inspired them and how staff ensured they received a warm welcome when they walked through the door.

Clients in the Halifax hub felt care was tailored to their needs and that staff listened to them, reporting that staff were caring and knowledgeable. One of the 17 comment cards received was negative regarding a clinical aspect of care. The remainder of the comment cards reflected a consistent and caring approach by all staff in the service.

Carers reported that staff treat themselves and their relatives with kindness and respect. All carers we spoke to gave positive feedback, stating staff were helpful, supportive and kept them involved in the care and treatment being delivered. Carers spoke about staff gaining client's consent to share information and contacting them if they had concerns about their relative's wellbeing.

During the inspection we observed staff interaction with clients on a one to one and group basis. Staff discussed the interventions available and listened to clients' views. All staff demonstrated an empathic understanding of each client's individual situation and a non-judgemental attitude. They provided encouragement to clients in their recovery and offered suggestions of additional support. Staff demonstrated an understanding of the needs of the clients and spoke passionately about the support they provided and their roles. At the Halifax hub, we observed a very positive and passionate member of staff facilitate a group work session. They managed the group very well, giving everyone an opportunity to talk and encouraging the group to provide support to each other.

We observed staff who worked in the reception areas of the Forward Leeds hubs working hard to manage privacy and confidentiality in very busy reception areas. This was challenging due to the numbers of clients attempting to inform reception staff they had arrived. The operations director told us that they worked with staff on their practice to maintain confidentiality and privacy in the reception areas. However, there did appear to be confusion about whether clients should write their attendance in the visitors signing in book. Some staff said that clients wanted to do this, others said they asked them to sign in or at least write their initials in the signing in book. The visitors signing-in book was open on the reception desk so other clients could see this. If clients wrote in this book, this had the potential to compromise a client's confidentiality. The operations director later confirmed that the signing in book was for visitors only and revisited this with staff.

Clients at the Northallerton and Scarborough hubs had requested a discrete way of informing the receptionist that they wanted to access the needle exchange. Staff had developed a card which identified the client wanted to use the needle exchange, which they could just hand to reception when they arrived. This had been newly introduced at Scarborough and was not yet in use at Northallerton so feedback on its effectiveness had not yet been sought.

Any confidentiality breaches were recorded and acted on as incidents, which we confirmed through a review of the incidents data. Developing Initiatives for Support in the Community completed quarterly information governance audits and all outcomes were shared with the services through its governance structures.

The involvement of clients in the care they receive

During our inspection, clients told us that their treatment options were explained to them and they were involved in decisions about their care. Following an initial assessment, clients in the Calderdale Recovery Steps service were offered an appointment to a 'choices session', where staff discussed treatment options, including medication and group work. Staff across all hubs reported they offered the clients a copy of their recovery plan and clients confirmed this. Recovery plans had been offered to all the clients in the 62 electronic client records that we reviewed.

Developing Initiatives for Support in the Community had an informed consent information sharing agreement that was

completed at the initial contact with the clients. This was reviewed throughout treatment every three months, or when the identified need changed. This included how information would be shared with other providers in the services, as well as with the National Drug Treatment Monitoring System. The client could agree on the type of information that would be shared and with who, whilst identifying circumstances where information may be shared without the client's consent. It also included advice on the requirements of staff to notify the driver and vehicle licensing authority under the governments assessing fitness to drive guidance.

Clients were informed of their rights to access their records. Clients we spoke with confirmed that they had signed and understood the terms of their confidentiality agreement. All 24 records we reviewed at Forward Leeds included a completed informed consent information sharing agreement. Developing Initiatives for Support in the Community completed quarterly information governance audits to monitor consent.

During an observation of a one to one session at one of the hubs, the client disclosed thoughts of self-harm. The recovery worker gained verbal consent from the client to contact the crisis team and discuss their concerns on behalf of the client. They also gave the client contact details for crisis services.

Family members were involved in the recovery plan and decision making where appropriate and where consent was given. During the inspection, we spoke with a client's relative who had attended an appointment with the client. They said they felt involved in the client's treatment and that the worker was really supportive. Staff told us that if a family member wanted to attend an appointment and the client agreed, then that would be facilitated. In almost all the client electronic records we reviewed, relatives and carers had been identified as a client's 'strength' in the recovery plan. However, there was no further evidence in the recovery plan or the record to build on this recovery capital or to demonstrate any further inclusion of family members or carers.

Forward Leeds had links with local advocacy services and staff told us that they would support clients to access these if it was required. In Calderdale Recovery Steps, access to advocacy was available through partner organisations, such as the local women's centre and MIND.

Developing Initiatives for Support in the Community had a service user influence and involvement policy which outlined their approach to involving service users in the planning and delivery of care and treatment. Each hub had service user forums and a service user involvement file and development plan. Levels of involvement and influence across services were monitored, as this was one of their key performance indicators. We observed service user involvement agenda items in the integrated governance board and operational management group meetings. Developing Initiatives for Support in the Community had previously used reverse mentoring, where clients were paired with senior managers to share feedback on their journey through treatment. Clients were also invited to attend senior management team meetings at times and were involved in staff recruitment panels.

Forward Leeds had a service user involvement group where clients were given the opportunity to feedback on the service they received and identify areas where the service could improve. The service reimbursed bus fares to support clients to attend. At the last meeting in November 2016, nine clients had attended this group. The agenda items included suggested ways to make recovery visible, what was working, what was not working and possible solutions. Examples of changes to service delivery as a result of feedback from this group were the renaming of the Recovery Academy, a direct phone number for the academy and the availability of more un-structured activities such as books, games and jigsaws.

Staff encouraged clients at Forward Leeds to attend the Recovery Academy as part of their recovery journey. Staff in the Recovery Academy encouraged former clients to become peer mentors and training for this role was offered. Peer mentors were visible in the hub reception areas to engage with clients and we observed this during our inspection. During the inspection, we observed a co-production meeting at The Recovery Academy in Forward Leeds. Seventeen clients had attended along with three peer mentors. A celebration event, volunteers for recruitment panels and peer mentoring training courses were discussed. All the group members were encouraged to contribute and one of the group presented a poem they had written to the group. Developing Initiatives for Support in the Community staff developed and managed the Recovery Academy. The sessions delivered in the Academy were co-produced with people with lived experience and

included recovery groups, guitar lessons, music production, and IT support. We also observed 'You Said, We Did' boards at all hubs in response to feedback provided by clients.

Forward Leeds also designed and consulted on their comprehensive assessment in conjunction with clients. Once developed, staff tested this with service users and sought their feedback which led to further development of the tool.

At the North Yorkshire Horizons hub, staff and volunteers collated feedback from clients through a comments box in reception and the completion of evaluation forms at the end of group work sessions. Service user forums were in place and the service involved clients in consultation about service delivery and pilot projects.

At the Calderdale Recovery Steps hub, clients were able to provide feedback via social media sites such as Facebook. Staff also encouraged service users to complete an annual satisfaction survey.

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

Access and discharge

Forward Leeds offered treatment to adults 18 years and older who were misusing substances. They also offered provision for young people who used substances aged between 10 and 18 years of age. The Calderdale Recovery Steps service was accessible to residents of Calderdale who were aged 21 and over and had a substance misuse problem. North Yorkshire Horizons supported residents of North Yorkshire over 18 years of age who misused drugs or were a harmful or dependent drinker.

On the 6th December 2016, 395 adult clients were in active treatment at the Scarborough hub and 223 at the Northallerton hub. All clients were seen within the target time of three weeks to access treatment. Across the North Yorkshire Horizons services, the proportion of clients leaving treatment within 12 weeks of referral was below the national average for all substance types.

At the time of our inspection, there were 762 clients accessing the Calderdale Recovery Steps service. The service was meeting targets for clients accessing treatment. Clients waiting over three weeks for their first intervention was below the national average for all substances. The number of clients in treatment for alcohol and/or drug misuse had increased slightly but remained below the national average.

Calderdale Recovery Steps had seen an increase in both alcohol and drug clients successfully completing treatment. Clients re-presenting to the service within six months of completed treatment had increased for alcohol users and reduced for substances users. Opiate clients spent an average of 4.9 years in treatment with Developing Initiatives for Support in the Community: this was above the national average of 4.6 years. Early unplanned exists from the service for all clients were above the national average, particularly for alcohol users.

Developing Initiatives for Support in the Community had an engagement policy and this was discussed with clients at their initial appointment. The policy clearly identified expectations for the client and service. However, from 1 September 2016 to 30 November 2016, there were 1570 appointments not attended at Calderdale Recovery Steps out of a possible 2912 appointments. The service offered a robust system for contacting clients who failed to attend appointments which involved a level of support to try to re-engage with clients, via telephone and letters.

Between 1 September 2016 and 30 November 2016, the data received from Calderdale Recovery Steps service appeared to indicate that staff had cancelled 575 appointments, affecting 322 clients. We discussed our concerns with the data analyst and we were told the system was not being used accurately by staff to report actual cancellations. We examined the data with the data analyst and found that the appointments had been re-arranged, not cancelled. The service acknowledged further staff training was required to address this. Clients told us that the service did not always communicate re-arranged appointments in a timely manner.

As at 24 November 2016, 3730 adult clients were in active treatment across Forward Leeds. According to the diagnostic outcomes monitoring executive summary, between 1 July 2016 and 30 September 2016, Forward Leeds was performing better than the national average for clients starting treatment interventions within three weeks. All clients waited less than three weeks to start treatment interventions for opiates, alcohol and opiates and

non-opiates. Commissioners told us that Developing Initiatives for Support in the Community and Forward Leeds had consistently improved the waiting times for clients starting treatment each quarter.

We did not always see that clients were seen in a timely way by the recovery coordinators in Forward Leeds. For two clients, including one prison release and one who had previously dis-engaged from treatment, there was a delay between the comprehensive assessment and the first appointment with the recovery coordinator of between seven and nine weeks. Developing Initiatives for Support in the Community had set targets that clients should be seen within three weeks and retained in treatment for the first 12 weeks at a minimum. These clients had been seen by the clinical provider during this time, however the delay in accessing recovery support could have impacted their treatment journey. Managers informed us that clients released from prison were classed as vulnerable and should receive additional support. We did not see any delays in accessing treatment at the other services.

The most recent Forward Leeds performance summary demonstrated that there had been 750 successful completions up to the end of October 2016. The target for the service was 1082 by the end of December 2016. Whilst performance had improved month on month since July 2016, it remained below the level required to meet the annual target by December 2016. The planned exit performance for the young people's service was 94% in October 2016. The Public Health England adult activity report showed that between 1 April 2016 and 30 September 2016, Forward Leeds had made improvements in the number of clients successfully completing treatment, except for those clients using both opiates and alcohol. The diagnostic outcomes monitoring executive summary showed that, up to 30 September 2016, Forward Leeds remained below the national average in comparison to other local authority services.

As of the 30 September 2016, the average length of time in treatment across Forward Leeds was 3.1 years. This was lower than the national average of 4.7 years. Developing Initiatives for Support in the Community with other partners in Forward Leeds continued to focus on reducing the length of time clients were in treatment and increase the number of clients leaving the services in a planned way. Managers told us that they focussed on working with clients on planning for discharge at the beginning of their treatment. This was evident for the new people starting treatment in the records that we reviewed. However, two of the 24 records that we reviewed were for clients who had been long-term opiate using clients that had been stable for some time on low levels of methadone. We did not see discussions in those records on future planning and discharging from the service.

Clients, relatives and carers told us that appointments at Forward Leeds were often cancelled. We observed complaints and client feedback about cancelled appointments. Managers told us that they would attempt to cover all appointments rather than cancel them during times where staff were absent from work, but that this was not always possible. Managers told us they would also make contact with clients to discuss the appointment cancellation with them and discuss any additional support. Managers told us that appointments were cancelled less frequently since the staffing levels in the service had become more static, following a period of transition for staff after the new contract was awarded.

Clients and staff commented that sometimes the appointments over-ran which frustrated clients. Managers told us that this was often due to recovery workers trying to see other clients who had attended late and they were working with staff to see clients in the allocated appointment slots. Appointment availability was monitored and discussed in the partnership forums.

In Forward Leeds, we reviewed records of clients who were attending for their prescribing appointments, but not attending their appointment with the recovery co-ordinator. Staff did not always attempt to co-ordinate appointments with the clinical staff to encourage engagement with the recovery element of their treatment. Following the inspection, the provider submitted information to show this was not always the case. The provider stated that out of 898 planned appointments for March 2017 in Forward Leeds, 826 had an appointment with their recovery co-ordinator and clinician on the same day. Managers told us that the positive engagement policy was being reviewed at the time of inspection, which would support staff in the Forward Leeds partnership to work together to address non-engagement. North Yorkshire Horizons were reviewing the effectiveness of their new pathway to re-engage high risk clients. This pathway had been developed in conjunction with the provider of clinical services in the area.

Substance misuse services

The facilities promote recovery, comfort, dignity and confidentiality

All hubs had sufficient rooms to deliver care and treatment, including group-work rooms, one to one rooms, clinic rooms and space for urine testing including toilet facilities.

The Forward Leeds service had one electrocardiogram monitor that was shared across all three hubs. Blood pressure monitors and breathalysing machines were not in all clinics, but shared between the clinics and staff in each hub. Staff told us that this meant they may have to leave the appointment to get the equipment if it was not something that was pre-planned. They also told us that there had been occasions where they had wanted to breathalyse a client but a machine had not been available so the client was not breathalysed.

Forward Leeds also had a separate 'Recovery Academy' that all clients across Leeds could access. It was a place for those clients who were in recovery and offered a wide range of recovery focussed activities and structured group work. In Scarborough, DISC had established a second hand shop that enabled clients to work as volunteers and gain some work experience as part of their recovery. At Sapphire House, volunteers ran a social enterprise that sold second hand furniture to the public. Developing Initiatives for Support in the Community had allocated some of the space to a local man from the community who sold bric a brac items. Developing Initiatives for Support in the Community volunteers also operated a café from Sapphire House which was open to the public.

In Forward Leeds, the rooms for one to one key working appointments had a glass panel on the doors that staff and other clients could see through. This was also the case at the Northallerton hub. The provider told us this was due to health and safety reasons in case of incidents of challenging behaviour.

The clinic rooms at Forward Leeds also had this glass panel in the door but most of these had been covered using paper. Managers told us that this was a temporary measure whilst the service was waiting for the frosting on the glass to be completed. However, the clinic rooms at Irford House and two of the clinic rooms at Kirkgate did not have the glass panel covered at all. Staff told us that service users would on occasion need to partially undress for physical health examinations, including electrocardiogram monitoring. There were no privacy screens around examination couches either. This would mean service users privacy and dignity could be compromised as people were able to see through the glass panel to the examination couches.

At the Northallerton hub confidential discussions between staff and clients could be overheard in client rooms. Staff told us that the confidentiality of discussions was an ongoing issue in all the Forward Leeds buildings and the Halifax hub of Calderdale Recovery Steps. This was on the local risk register and appropriate actions identified. Staff told us that they made clients aware of the issue. Managers also confirmed that they had contracted acoustic engineers to address this at all the hubs and the work was still ongoing.

Key information was provided at all sites including information on local advocacy services, safeguarding contact information, posters on 'why we ask diversity questions, how to complain and opening times. There was adequate signage, leaflets and posters displayed in the hubs giving information on alcohol and drug-related harm and how to access local services.

Meeting the needs of all clients

All hubs in Forward Leeds and the Halifax hub at Calderdale Recovery Steps were fully accessible for people with a disability or a physical impairment. Each hub had a completed and up to date disability access audit.

The services aimed to offer equitable access for all clients regardless of geographical constraints, with the location of their hubs. Forward Leeds also offered treatment and support from three GP hubs and some services provided access to treatment and support in their local GP surgeries.

All hubs opened from 9am to 5pm Monday to Friday. The Forward Leeds service had late night opening on Tuesday, Wednesday and Thursday, where it opened until 7pm for clients that were unable to attend during the day. Irford House was also open until 8.30pm on Tuesdays as it hosted a mutual aid group. The Northallerton and Scarborough hubs opened late one night per week, as did the Halifax hub. Staff were also available to facilitate home visits where clients were unable to attend the hubs, for example due to a physical illness.

The comprehensive assessment on the online client record system gathered information on people's personal, cultural, social and religious needs. Developing Initiatives

for Support in the Community provided the use of telephone based interpreting services and information could be translated as required. Developing Initiatives for Support in the Community publicity materials and information or advice was published in multiple languages. They maintained a database of all staff who speak languages other than English, to supplement external interpretation and translation services with internal resources.

The client's preferred method of communication, such as mail, text or phone call was identified and reviewed regularly. The provider's website used audio software for people with visual impairments. Information provided to clients, family members and carers was accessible and could be provided in easy-read format. However, the Forward Leeds handbook contained a lot of detailed information. The provider told us following the inspection that this handbook had been developed in conjunction with service user groups. Managers told us that staff would go through the client handbook with clients to support them with their understanding of the information and the text.

Developing Initiatives for Support in the Community had adapted their service delivery to respond to the 2016 NHS Accessible Information standards. The standard aims to make sure people who have a disability, or sensory loss have access to information that they can understand and any communication support they might need. The online client record system flagged any clients and carers that had communication needs in relation to sight, speech and hearing. Staff then ensured they had access to information in a way they could understand.

Developing Initiatives for Support in the Community had adopted the "Browsealoud" system. This ensured websites and marketing literature were accessible to people with dyslexia, reading difficulties, visual impairments and English Language Learners. DISC were also developing an accessible communications policy, easy read complaints policies and easy read safeguarding policies.

Forward Leeds had a dedicated young people service which offered appointments at home, school or in local community centres. This service also worked with18 to 23 year olds if this better met their requirements, due to developmental needs, vulnerabilities or involvement with other young people's services.

Listening to and learning from concerns and complaints

Developing Initiatives for Support in the Community had a complaints policy and all hubs provided information to clients and their carers on how to complain. All reception areas had a suggestion box for feedback and complaints. Staff told us they encouraged clients to complain if they wanted to and would support them to do so. Complaint handling was included in the staff induction. Complaints were recorded centrally and reviewed by senior management. All complaints went to the hub manager, who acknowledged the complaint within the five day timescale. The hub manager identified a relevant partner to complete the investigation and to respond to the complainant within 20 days. Developing Initiatives for Support in the Community provided written and verbal outcomes of complaints to clients informing them of their rights to appeal. Complaints were reviewed at the integrated governance board and learning disseminated through team meetings and staff supervision. This was confirmed in the meeting minutes that we reviewed.

In the North Yorkshire Horizons hubs, examples of changes in response to complaints were new flooring being laid in the reception area of the Harrogate site and the provision of a service in Malton. Staff understood the complaints policy and the clients we spoke to were aware of how to make a complaint, although none had felt the need to do so. However, responses to complaints did not always follow the process of an acknowledgement, apology and explanation of what they were dong to put the issue right as outlined in their policy.

Developing Initiatives for Support in the Community had received 98 formal complaints were in the 12 months prior to inspection. Of these, 52 (53%) were upheld. The majority of the complaints were at the Forward Leeds service, which is the largest service with over 3500 clients. Between 1 September 2015 and 30 September 2016, 62 complaints were received for Forward Leeds. Forty-two of those complaints were upheld and five were partially upheld. We reviewed the complaints and compliments spreadsheet for Forward Leeds. The complaints information was comprehensive and included the date of the complaint, how the complaint was received, the date of the response, the level of seriousness, the action taken and the learning identified. It also recorded whether all the responses were within the required timescales. Staff were able to give us

examples of where changes had been made a result of a complaint, such as a review of the clinical administration systems where a client had waited some time for a prescription.

Of the 98 complaints received, none had been referred to the Parliamentary and Health Service Ombudsman.

Developing Initiatives for Support in the Community had received 291 compliments in the 12 months prior to inspection. The North Yorkshire Horizons service had received 181 of these and Forward Leeds had received 52. The compliments referenced staff going that extra mile, helping clients through their recovery and being supportive to clients in challenging and difficult times. Compliments referred to staff as being professional, understanding, and positive.

Are substance misuse services well-led?

Vision and values

The Developing Initiatives for Support in the Community vision was to support people to realise their potential and to help them become a contributing member of our society. Their mission was to promote social inclusion, which was supported by a charter of values. The values were fairness, integrity, safety, quality and effective engagement. At the time of inspection, Developing Initiatives for Support in the Community were reviewing their documented mission, vision and values in consultation with staff, volunteers and service users. This was five months into the review with an expected completion date of early 2017. Following the inspection, the provider told us that all Developing Initiative for Support in the Community staff at Forward Leeds had attended vision, mission and values consultations. Six staff at Forward Leeds said they could not recall being involved in these consultation events. The provider had also paid an external consultant to analyse where their services would fit in the future health and social care market.

We observed staff in all roles demonstrating the current values in their approach with clients. Staff we spoke with described behaviours which represented these values, especially those that demonstrated integrity and effective engagement. In the Scarborough and Northallerton hubs, the vision and values were displayed on the wall in the reception area.

Staff knew who senior managers were and most staff told us they felt confident in approaching the operations director and hub managers from Forward Leeds if they needed support. Fourteen of the 21 staff we spoke to at Forward Leeds told us that senior managers visited the service. The chief executive officer visited the hubs during the inspection. In the Halifax hub, one volunteer told us they were part of the consultation team looking at the vision, mission and values of the organisation. They told us this increased their confidence and made them feel part of the organisation. Staff also told us they had participated in workshops and felt part of the organisation's change.

Good governance

Developing Initiatives for Support in the Community had a five year strategic plan with 13 strategic objectives for 2016 to 2017. These were categorised into financial, business development, quality and performance, organisational development, human resources and communication. Progress towards these was monitored through senior management team meetings, a leadership forum and board of trustee meetings. An annual planning cycle ensured that progress towards these objectives was presented to the board each year, followed by the development of priorities for the following 12 months. Each service had a strategic plan which identified six key areas of performance that fed into the provider's overarching plan.

In the two years prior to inspection, Developing Initiatives for Support in the Community had undergone significant changes in leadership and service delivery with a number of transitions of staff and resources. Each service contract had an integrated governance and partnership board and an operational director. These fed into the organisations integrated governance board, which reported to the Chief Executive Officer. The Chief Executive officer chaired the Forward Leeds partnership board meeting, attended the Calderdale integrated governance board meetings, and attended every other North Yorkshire Horizons integrated governance board meeting. A quality lead within each service reported to the quality manager at head office to ensure clear reporting lines.

Developing Initiatives for Support in the Community aimed to retain 95% of all contracts and were meeting this target. They had achieved their growth targets and expanded their service delivery over the previous two years. Following this period of growth, the senior management team were keen to ensure they implemented

effective and consistent processes across all services. At the time of inspection, Developing Initiatives for Support in the Community were developing two electronic systems to support service delivery. One was a staff intranet and the other was a staff electronic system which would contain a human resources self-serve system, the current management information system, safeguarding and incident information. Both systems were due to be in place by March 2017.

Developing Initiatives for Support in the Community were the lead contract holder for the Forward Leeds, North Yorkshire Horizons and Calderdale Recovery Steps services. They subcontracted and worked in partnership with other local providers to deliver the care and treatment for people requiring support for substance misuse. All these services were underpinned by comprehensive local governance structures to ensure an integrated approach to service design and delivery. Forward Leeds was the second largest substance misuse service in the country and involved a complex consortium arrangement of five providers with Developing Initiatives for Support in the Community being the lead contract holder.

These integrated governance structures included the Partnership Board (strategic management, high level performance and finance), the Integrated Governance Board (clinical Governance, high level incidents, deaths in service and complaints), and the operational management group (operational issues, health and safety, quality, performance and risk). The integrated governance board and the operational management group had four sub groups: pathways, audit strategy, safeguarding and clinical practice. We observed meeting minutes and noted representation from all partners with communication between these structures and below to the staff teams. Systems and partnership working at all levels appeared cohesive and seamless, with a firm partnership approach.

Policies and procedures used by the Forward Leeds service were agreed at the integrated governance board. We observed a presentation cascaded to staff so they were aware of which policies were used in Forward Leeds, by whom, and for what. Forward Leeds had a matrix management approach to supporting staff. This was a framework that was established to underpin the Forward Leeds partnership agreement for managing staff between all providers within each hub. A protocol clarified the roles, responsibilities and accountabilities of each organisation and reflected the collaborative approach. It also identified their role with regard to reporting absence, supervision and reporting incidents and complaints.

Forward Leeds was the second largest substance misuse service in the country and involved a complex consortium arrangement of five providers with Developing Initiatives for Support in the Community being the lead contract holder. The provider had put many governance arrangements in place to ensure oversight with regard to the contract management and service delivery in Forward Leeds. We saw good examples of partnership working in all the services we visited. However, concerns in some of the joint systems led by other partners in Forward Leeds were identified. These included infection control, clinical waste and the location of keys out of hours for prescription storage and management. Systems to manage mandatory training compliance and to ensure training was delivered to staff were not effective. Mandatory training compliance was low and the training data was inaccurate.
However, Developing Initiatives for Support in the Community had plans in place to address this and had recruited additional training staff centrally in the organisation. Developing Initiatives for Support in the Community were also introducing a new electronic system to ensure there was more accurate monitoring of training delivery and compliance.

Systems were in place to monitor complaints and incidents across the service and these were investigated where appropriate. Lessons learnt and best practice was cascaded to the teams via team meetings. This information, as well as client and staff feedback was used to inform service provision.

Each service had a risk register and Developing Initiatives for Support in the Community maintained an organisational risk register. This followed the Charity Commissions guidance and was rated red, amber and green to reflect levels of concern and action taken to minimise risk. Items were categorised into financial, governance, operational and environment. Managers were able to submit items to the risk register and actions to address or mitigate the identified risks were identified. For example, Developing Initiatives for Support in the Community as the lead contract holder for Forward Leeds identified poor performance on the National Data Treatment Monitoring System as a risk to their business. To

address this, they had developed a performance strategy, completed engagement events with all teams, reviewed the performance of Forward Leeds and reviewed the treatment pathways.

Sub-contracts were agreed with partners and processes were established for monitoring performance within each service. Commissioners set local targets in line with local need and strategy. Performance outcomes were discussed at service operational management groups, integrated governance boards and partnership board meetings. Staff completed weekly and fortnightly performance reports which were cascaded to management and staff teams. We observed 'trackers' that staff used to support them in meeting these targets. These were based around service key performance indicator measures, including successful completion and treatment outcome profiles. Operations managers received weekly update reports on the performance of the service against key performance indicators. Each service submitted data to the National Drug Treatment Monitoring System, overseen by the data manager at head office. Performance was an improving picture for the service on their targets including treatment outcome profile targets, successful completions, and wait times to access treatment. Developing Initiatives for Support in the Community benchmarked performance against the national average and similar services and each service had a performance improvement plan.

Performance monitoring was used to improve delivery. An example of this was within North Yorkshire Horizons, it had been identified that waiting times were starting to reach three weeks. In response, staff reviewed caseloads and analysed new referrals, following which waiting times were back on target. Within Forward Leeds, a collaborative approach was adopted with partner organisations, with activity targets for each provider agreed in consultation to help drive successful completion outcomes.

Quality was a standing agenda item at all governance meetings. Quality managers maintained a quality audit schedule, which included a twice yearly quality audit per hub against the CQC key lines of enquiry. Each hub undertook a self-assessment against the CQC key lines of enquiry every quarter. Developing Initiatives for Support in the Community had carried out 29 quality visits across Forward Leeds, North Yorkshire Horizons and Calderdale Recovery steps in the 12 months prior to inspection. These were conducted by senior managers and internal quality auditors who were not directly located at the sites. Of these audits, 22 were infection control, six were quality audits and one was a health and safety audit. Each site also undertook local audits with the involvement of staff within the service, although they were not always effective in identifying issues. These audits were not always completed, for example, at Irford House some of the quarterly audits were not completed due to staffing issues.

Developing Initiatives for Support in the Community had 64 policies in place to support service delivery. At the time of inspection, four of these were subject to review with work ongoing. Policies included sickness absence management, performance management and code of conduct. DISC had business continuity plans in place for each service.

Leadership, morale and staff engagement

Managers at Forward Leeds reported that there had been a high turnover of staff following the tender process, however they felt staffing was now consistent with a much lower turnover rate in comparison to the previous year. Staff reported that there remained some vacant posts and that positions were not always filled when staff left. Managers at Forward Leeds explained that this was due to the reduced budgets and reallocation of funds for staff to positions in the system where there was increased client activity. However, staff told us that the reasons for these vacant posts was not always communicated.

In North Yorkshire Horizons, staff told us they were happy in their roles, describing good morale and relationships within the team. The Chief Executive Officer was aware that staff morale had been low at the Scarborough hub due to low staff numbers and difficulty recruiting in that area. The operational director for that area had been working with staff to improve morale and using agency staff to cover vacant posts. Staff felt morale had improved over the year as staffing levels increased and caseloads became more manageable.

In the Halifax hub, staff consistently told us about their positive experiences of working within Developing Initiatives for Support in the Community. Staff felt valued, listened to and enjoyed working as part of a team. We received four comment cards from staff, all of which were complimentary about their service and colleagues.

The staff code of conduct and whistleblowing procedure was included within the staff induction. Despite figures showing that only half of staff had completed the

induction, all staff we spoke with were aware of the whistleblowing policy and said they would feel confident at using it. The staff we spoke with felt they would not need to use the whistleblowing policy as they felt confident in approaching the managers directly to raise concerns. A policy and procedure was in place to support and guide all staff should they experience bullying or harassment at work.

In Forward Leeds, all the staff we spoke to said that they were proud of their work with clients and that they were passionate about their job and enjoyed it, despite it being stressful at times. Staff attributed the stress to the volume of work, particularly in the active recovery teams where caseloads were approximately 80 per recovery co-ordinator. However, most staff told us they felt supported by managers during these times. In the North Yorkshire Horizons service staff reported caseloads were manageable, that they were happy in their role and had good relationships within their teams.

Almost all staff said they felt valued by the organisation and that they were able to feedback into the development of services. Staff felt that Developing Initiatives for Support in the Community was committed to identifying and implementing new learning in order to improve the service.

Developing Initiatives for Support in the Community's staff survey December 2015 identified that 86% of respondents stated that they had an excellent relationship with their line manager citing line managers were approachable, understanding and supportive. At the time of the inspection, Developing Initiatives for Support in the Community had just launched the 2016 staff annual survey that staff could complete anonymously via an on-line survey site. The senior management team identified that links between staff and themselves could be improved and were undertaking a number of executive roadshows with staff at the time of inspection. These were held quarterly and the aim was to review progress, gather feedback and answer questions staff had about the service provision.

Developing Initiatives for Support in the Community had responded to feedback from the annual staff survey and Investors in People report that recognition and reward of staff was an area for development. They had benchmarked staff pay against other providers and some pay scales were being reviewed.

We saw evidence that staff could progress through the service, with staff moving up into management positions from other front-line staff roles similar to recovery coordinator roles. Peer mentors and volunteers had also moved into paid employment with Forward Leeds.

In January 2016, Developing Initiatives for Support in the Community had been awarded the gold standard in the North East Better Health at Work Award. As part of this, Developing Initiatives for Support in the Community had recently launched a staff wellbeing mental health first aider initiative. This involved a lead staff member and a number of deputies receiving accredited training on supporting staff who were encountering depression, anxiety, suicidal thoughts, self-harm or psychosis. The role was to provide initial support and refer to other services outside of the organisation. The first staff member commenced this role the week prior to inspection with a view to this being rolled out across the organisation.

The director of operations provided a point of contact for staff that were experiencing domestic abuse. This was a supportive role to ensure staff and service users experiencing domestic abuse could access financial support and a safe place to stay.

Developing Initiatives for Support in the Community had contact and support officers for staff to access if they required advice or guidance relating to proceedings, regulations, equal opportunities and other policies. They provided confidential and emotional support and advocacy, supporting staff in disciplinary and grievance procedures. Staff also had access to six counselling sessions with an external organisation and funding could be sought for additional sessions if required.

Commitment to quality improvement and innovation

Developing Initiatives for Support in the Community had been awarded the Investors in People silver award in August 2016. The report reflected on the provider's considerable growth over the previous two years, their appetite for continuous improvement and their widespread use of external standards and frameworks. The report identified two key areas for development, the reward and recognition of staff and their opportunities for learning and development. The management team had devised an action plan detailing how they would work towards achieving the gold award over the coming two years.

Substance misuse services

Developing Initiatives for Support in the Community were involved in the development of the Naloxone programme for clients in Forward Leeds. Naloxone is an emergency medication used in cases of opiate overdose. They had identified clients at high risk of overdose who would benefit from having Naloxone. Staff had completed the training to support clients and family members in the use of Naloxone.

A Forward Leeds Performance Strategy was in place which had clear activity targets for all partners, to ensure clear and consistent management approaches around performance. Developing Initiatives for Support in the Community had also introduced integrated performance meetings along with the integrated governance meetings to review and improve the performance of the service. Managers held weekly panel meetings to discuss individual cases and particular cohorts of clients to support recovery coordinators to engage clients and help them move through treatment. Developing Initiatives for Support in the Community had an individual caseload 'tracker' for all recovery coordinators that monitored their performance indicators, such as when recovery plans, risk management plans and treatment outcome profiles were due for review. Recovery coordinators received a tracker every fortnight which helped them to manage their caseload of clients and meet the performance targets. As a result, performance had improved in the last few months.

Developing Initiatives for Support in the Community had identified that the Northallerton hub had the highest number of alcohol users in women aged 40 and over. In response, they developed an alcohol pathway in conjunction with clients. This was initially ran as pilot project involving staff from different hubs to share their knowledge and experience. At the time of inspection, the pathway was running in Northallerton, Selby and Harrogate with a plan to roll it out across the other hubs. We spoke with clients who felt very positive about the help they had received for their alcohol dependency.

Developing Initiatives for Support in the Community staff in North Yorkshire Horizons worked closely with families who were involved in the family drugs and alcohol court. This was a problem-solving court approach to improving outcomes for children involved in care proceedings. It offered an alternative way of supporting parents to overcome the substance misuse, which has put their children at risk of serious harm. The process involved coordinating a range of services so that a family's needs and strengths are taken into account, with everyone working towards the best possible outcome for the child. We spoke to one couple who worked with Developing Initiatives for Support in the Community and were attending the 'through my child's eyes' group work programme as part of the court approach. They felt it was a very powerful group which helped them to gain insight into the effects of their behaviour on their child.

In Calderdale Recovery Steps, the service was taking part in the West Yorkshire finding independence scheme, a pilot scheme offering extended support to clients who are at risk of falling out of treatment. This was commissioned by the national lottery and if successful it was hoped it would be rolled out in other parts of the country.

DISC were committed to gathering input from clients to shape their service and improve the design and delivery. Involvement of people with lived experience was one of the provider's performance indicators. Service user involvement was demonstrated in discussions in meetings from the partnership board to service level. We saw evidence that Developing Initiatives for Support in the Community at Forward Leeds listened to clients and responded to their feedback.

Managers attended external conferences and forums including the National Data Treatment Monitoring Service forum and the Novel Psychoactive Substance forum and conference. In this way, the service inputted into national agendas and helped to shape service delivery. The chief executive officer of Developing Initiatives for Support in the Community attended the northern meeting of 'collective voice.' Collective voice includes other chief executives of substance misuse charities and they agree how the third sector can influence national policy and priorities within the substance misuse field.

Outstanding practice and areas for improvement

Outstanding practice

Developing Initiatives for Support in the Community received the Investors in Volunteer accreditation in April 2015. This is the UK quality standard for all organisations involving volunteers, it recognises commitment to providing an all-round volunteer experience. The provider had a service wide volunteer co-ordinator and each service had dedicated volunteers. Following the inspection, the provider told us that in Leeds, they had also received the Leeds City Council volunteering kite mark.

In Forward Leeds, Developing Initiatives for Support in the Community had implemented one electronic system that was accessed by all providers involved in service delivery. This allowed staff to maintain contemporaneous notes about clients and share information across the service. This provided a more streamlined and co-ordinated service for the client. Developing Initiatives for Support in the Community used this system to produce reports to monitor their key performance indicators and to support staff in managing their caseloads.

Staff worked with vulnerable and hard to reach groups to ensure they could access services. Staff worked with vulnerable and hard to reach groups to support them to access services. DISC had adapted their service delivery to respond to the 2016 NHS Accessible Information standards. DISC also ensured their websites were accessible for people with dyslexia, reading difficulties and visual impairments. DISC provided the use of telephone based interpreting services and their publicity materials and information for clients was published in multiple languages. Developing Initiatives for Support in the Community had held the Equality North East 'Equality Standard Gold Award' since 2012.

DISC were committed to quality improvement and innovation, which involved the use of external standards and frameworks. DISC had been awarded the Investors in People silver award in August 2016 and had an action plan in place to work towards gold standard.

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure that risk assessments at Forward Leeds include all identified risks and are reviewed in line with national guidance and their own policy. The provider must ensure that risk management plans identify appropriate actions to manage the risks identified.
- The provider must ensure that clients' privacy and dignity is maintained in all clinic rooms at Forward Leeds.
- The provider must ensure that staff at Forward Leeds receive an induction into their role and the service. The provider must ensure that mandatory training is clearly defined for each role and accessible to staff across all services.
- The provider must ensure that recovery plans at Forward Leeds and Calderdale Recovery Steps are detailed, personalised and reviewed every 12 weeks in line with national guidance and their policy.
- The provider must ensure they have systems or process established, to assess and monitor staff compliance with the Mental Capacity Act 2005. The provider must ensure staff understand the Act and its application in practice.
- The provider must ensure that at Forward Leeds, they have sufficient oversight and accountability for all systems and processes to deliver a safe service. The provider must ensure that the role and responsibilities of all staff are clearly defined and that staff are suitable skilled with regards to infection

Outstanding practice and areas for improvement

control procedures and the management of clinical waste. The provider must ensure there are effective systems in place to monitor staff compliance with mandatory training.

- The provider must ensure all equipment is clean at the Kirkgate hub and that all items are identified to be cleaned on cleaning schedules.

Action the provider SHOULD take to improve

- The provider should ensure that signposting to emergency medicines is very clear and precise to ensure staff can quickly access them in an emergency.
- The provider should ensure that staff are pro-active in re-engaging clients who fail to attend appointments. Staff should work in partnership with other providers in the service to maximise client engagement.
- The provider should ensure a procedure is in place to manage the risks associated with clients bringing children to appointments at the hubs.
- The provider should ensure that all clients are seen within identified timescales.
- The provider should ensure that incidents of harm are graded to enable them to identify when an incident has met the threshold under the duty of candour.
- The provider should ensure all staff understand their responsibilities under the duty of candour.
- The provider should ensure staff have access to sufficient equipment to enable them to deliver treatment interventions.
- The provider should ensure that all staff receive support and information through team meetings in a timely manner.
- The provider should ensure that staff feel supported by the supervision process and that individual objectives are specific and personalised.
- The provider should ensure that they take a consistent approach to managing caseloads.

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 At Forward Leeds and Calderdale Recovery Steps, staff did not always ensure care and treatment was planned in a way that reflected individuals preferences and ensured their needs were met. Staff did not always develop detailed and personalised recovery plans with clients. This was a breach of Regulation 9 (3) (b)

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect The provider did not always ensure the privacy of the client at Forward Leeds. Clinic rooms at Irford House and two clinic rooms at Kirkgate had glass panels that were not obscured to those outside the room. There were no screens or curtains in the room to protect clients' dignity and privacy during physical examinations. This was a breach of Regulation 10 (2) (a)

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

This section is primarily information for the provider

Requirement notices

At Forward Leeds, staff did not always fully assess client risks or identify action required to mitigate identified risks. Staff did not always review risk as regularly as required or complete a risk management plan.

This was a breach of Regulation 12 (2) (a) (b)

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment The provider did not always ensure equipment used by staff and clients was clean. We found unclean equipment at the Kirkgate hub. This was a breach of Regulation 15 (1) (a)

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider did not always ensure systems and processes were established and operated effectively to maintain oversight of service delivery at Forward Leeds. This included staff training, infection control procedures, emergency medicines and the management of clinical waste. The provider did not have a system or process established, to assess and monitor staff compliance with the Mental Capacity Act 2005. Staff did not consistently apply the Mental Capacity Act 2005 in practice. There was no oversight or assurance that the Mental Capacity Act 2005 was being applied across the organisation.

This section is primarily information for the provider

Requirement notices

This was a breach of Regulation 17 (1) (2) (b)

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing The provider did not always ensure that staff were suitably qualified and skilled to deliver care and treatment. Staff at Forward Leeds did not always receive an induction to the role and service. Mandatory training was not clearly defined for each role. This was a breach of Regulation 18 (1)