Armley Park Court

Quality Report

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

Overall summary

We do not currently rate independent standalone substance misuse services.

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

The provider did not have sufficient oversight and accountability for all systems and processes in relation to mandatory training, infection control procedures, key chain management, emergency medication and the management of clinical waste.

Facilities for the storage of clinical waste were not in line with the organisations policy and clinical waste was not always stored separately from unused stock. Some clinic rooms did not all have frosted glass panels which meant clients' dignity and privacy was not always maintained during treatment in clinic rooms.

The provider employed people in a range of clinical roles including doctors, non-medical prescribers, prescription facilitators, clinical administrators and five recovery coordinators. Staff compliance with mandatory training was below 75%.

The provider did not have a system or process established, to assess and monitor staff compliance with the Mental Capacity Act 2005. There was no oversight or assurance that the Mental Capacity Act 2005 was being applied across the organisation.

However, we found the following areas of good practice:

The provider regularly reviewed the demand for the service and used a supply versus demand calculation to ensure there were adequate clinic sessions available for clients to access. This meant nearly all clients had commenced treatment within three weeks of accessing the service and clients who had been released from prison were able to see a clinician on the same day. Clinicians also assessed client's physical health and clients prescribed above 100mg of methadone were given an electrocardiograph to monitor for any heart abnormalities.

Summary of findings

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Background to Armley Park Court

St Martins' Healthcare Services was formed in 2008 to deliver a community substance misuse prescribing service in Leeds. The service became a community interest company in 2011 and developed strong links with established primary care and specialist community drug and alcohol service providers in Leeds. The drug treatment system was re-tendered in July 2015. A consortium of five organisations, including St Martins' Healthcare Services, was successful in winning the tender for the services now known as Forward Leeds. However, St Martins' Healthcare Services are not the lead contracted holder and are subcontracted by another substance misuse provider. Forward Leeds is the second largest integrated substance misuse treatment service for both drugs and alcohol in the country.

St Martins' provide recovery focused community substance misuse medical intervention services for Forward Leeds. These services include pharmacological interventions for drug and alcohol misuse, including substitute prescribing for opiate dependency, and detoxifications in the community. They also provide physical health screening, and blood borne virus testing, immunisation and access to treatment for these viruses.

St Martins' are registered to provide treatment of disease, disorder or injury.

Our inspection team

Our inspection team was led by:

Team Leader: Kate Gorse-Brightmore, Inspection Manager, Care Quality Commission.

The team that inspected Armley Park Court comprised three Care Quality Commission inspectors, one Care Quality Commission assistant inspector, and one substance misuse specialist advisor.

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.

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 information about the service. We also asked for additional information from the service to inform the inspection.

During the inspection visit, the inspection team:

Summary of this inspection

- visited the three main hubs at Forward Leeds, observed the reception areas and the quality of the physical environment
- observed how staff were caring for clients
- visited one primary care extended service
- spoke with nine clients and two relatives or carers
- spoke with the clinical service manager, the clinical service director and the quality and performance director
- spoke with 12 other staff members employed by the service provider
- spoke with 28 staff members who worked in the service but were employed by a different service provider, including a clinical psychologist and recovery coordinators
- received feedback about the service from five stakeholders including partner organisations or commissioners
- spoke with thee peer mentors and three volunteers
- attended and observed a partnership board meeting, a huddle meeting, three clinic sessions and a primary care extended service
- collected feedback using comment cards from 37 clients
- looked at 24 clients' care and treatment records, including 16 clinical records
- observed medicine storage and prescribing procedures
- looked at policies, procedures and other documents relating to the running of the service.

Information about Armley Park Court

St Martins' Healthcare Services provide services in the three main Forward Leeds hubs at Armley Park Court, Irford House and Kirkgate. St Martins' also manages eight standard primary care extended service contracts in Leeds where treatment and support is offered in local GP practices. At these primary care extended service, care and treatment is delivered in partnership between a Forward Leeds recovery coordinator employed by one of the partner organisations in the consortium and the primary care GP. St Martins' Healthcare Services also has three primary care extended service contracts in another three practices where St Martin's recovery co-ordinators provide care and treatment in the GP surgery enabling the surgery to provide a broader range of services to clients, including group and one to one psychosocial interventions.

St Martins' are registered to provide treatment of disease, disorder or injury.

Public Health England, the local council, and another substance misuse provider commission the service.

This service was registered with the Care Quality Commission on 27 May 2012 and has a registered manager in post.

It has not been inspected before by the Care Quality Commission.

What people who use the service say

We received 37 comment cards from clients who used the Forward Leeds service, and spoke to nine clients during the inspection. We also spoke with two relatives or carers of clients who used the service.

Of the 37 comment cards, there were 26 positive comments, nine had mixed reviews and the remaining 2 were negative. Clients, relatives and carers we spoke with were also positive overall about the service they received and the approach from staff. Clients reported that staff were respectful, helpful, and polite.

Summary of this inspection

Clients told us that they had their treatment options explained to them, and they were involved in decisions about their care. they also told us appointments with the doctors and nurses at Forward Leeds ran behind schedule

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:

- Compliance with mandatory training was below 75% with the exception of cardio pulmonary resuscitation training which was at 78%. Compliance with infection control training was only 3%.
- Emergency medication for use in the event of an allergic reaction or overdose was available found to be out of date or not appropriately stored within clinical areas.
- Facilities and systems for the storage of clinical waste were not in line with the organisations infection prevention and control policy. Clinical waste was not always stored separately from unused stock in the store room and consignment notices were not held locally.
- Clinical waste procedures were not in line with the guidance provided by the external clinical waste contractor.
- There was not a clear procedure to ensure the safe storage of the medication keys when the service was closed and staff were unsure who had responsibility for this

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

- St Martins' used a supply versus demand calculation to ensure they had the appropriate number of clinicians to provide clinic appointments.
- A doctor was available on site throughout business hours and a duty clinician was available each day to provide support and advice.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients who required contact, for example clients who had been released from prison or those attended in an emergency were able to see a clinician on the same day.
- Clients were reviewed at a 12 week 'milestone' appointment with both the clinician and the recovery coordinator in line with national guidance.
- The service ensured that clients who were prescribed above 100mg of methadone had an electrocardiograph to monitor for any potential heart abnormalities.

Summary of this inspection

- St Martins' worked effectively with all partners within the Forward Leeds consortium to provide a truly multidisciplinary approach.

However, we also found the following issues that the service provider needs to improve:

- We were unable to find a discharge plan or record of a discussion around discharge for two long term clients on low level methadone prescriptions.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients, relatives and carers said staff were respectful, kind and supportive.
- We observed staff interacting with clients in an empathetic way, demonstrating an understanding or clients' individual situations.
- St Martins' Healthcare Services worked in partnership with the other services in the consortium and developed a Forward Leeds client handbook to provide clients with information about the service and the treatment options available.

Are services responsive?

We do not currently rate standalone substance misuse services.

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

- Clinic rooms did not have privacy screens around the examination couches. The glass panels in the clinic room doors did not all have frosted glass which meant clients' privacy and dignity could be compromised during physical examinations.

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

- All clients requiring treatment for opiate use and 99.5% of clients requiring treatment for alcohol use had started treatment in less than three weeks. This was better than the national average.
- Commissioners informed us the service had consistently improved waiting times.
- Where demand for clinic appointments was forecast to be higher than available appointments, locum staff were used to provide additional sessions.
- All hubs were accessible for people with a disability or physical impairment.

Summary of this inspection

Are services well-led?

We do not currently rate standalone substance misuse services.

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

- The service did not have a policy for application of the Mental Capacity Act and did not have any oversight of use of the Mental Capacity Act to ensure staff were using the Act correctly.
- Service had failed to identify the concerns relating to poor and inconsistent infection control practices
- Systems and processes established to maintain oversight of service delivery did not always operate effectively.

However, we found the following areas of good practice:

- Staff demonstrated an understanding of the Forward Leeds mission statement and St Martin's ethos within their working practice.
- There was an effective integrated governance structure which demonstrated representation from all partner agencies across all levels of the service.
- The service had developed a Naloxone programme to use with an identified client group who could be trained to use and keep Naloxone in their homes.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

The provider did not have a system or process established, to assess and monitor staff compliance with the Mental Capacity Act 2005. There was no oversight or assurance that the Mental Capacity Act 2005 was being applied across the organisation.

Although Mental Capacity Act training was mandatory, records demonstrated that only 50% of St Martin's staff had completed the training. However, clinicians had access to a specialist team within St Martins' where they could obtain advice and guidance about the Act if they had any concerns. The Mental Capacity Act Code of Practice and an easy read guide were also available on the staff intranet.

The staff we spoke with were able to demonstrate knowledge of the Act, an understanding of the principles of the Act and the application of the Act within their role. Staff were aware of the need to presume a client's capacity and to note the clients ability to weigh up and retain information. Staff were able to give examples of when they had concerns regards a client's capacity due to intoxication and actions they would take including arranging a later appointment with a duty worker.

Applications under the Deprivation of liberty Safeguards were not appropriate for the service because these safeguards apply only to care homes and hospitals.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

The lead contract holder for Forward Leeds, who subcontracted to St Martins' Healthcare Services, were the leaseholders of the three main substance misuse hub premises, including Armley Park Court, Irford House and Kirkgate. The management of the premises, including health and safety and fire risk management, was the responsibility of the lead contract holder, which was confirmed by the St Martin's clinical service manager. However, St Martins' Healthcare Services' staff were responsible for their immediate environment, particularly in the clinic areas in the hub where they delivered care and treatment. The clinical service manager told us they would report any concerns about the environment back to the hub managers who were employed by the lead contract holder, or via the operational management group meetings.

St Martins' had the responsibility for the clinical environment and clinical stock required including biohazard spills kits and vaccines, emergency medication provision, and clinical waste. We reviewed:

- the clinical waste management,
- the clinic supplies and the environment,
- the provision of emergency medication,
- and the needle exchange provision and environment.

St Martins' had their own infection prevention policy. Other partners in the consortium also had policies and procedures for infection control. For example, the lead contract holder had a health and safety policy and an infection control policy statement. Although training in health and safety and infection control was mandatory, only one member of staff (3%) had completed infection control training at the time of the inspection. This meant we could not be assured that staff would be fully aware of their responsibilities relating to infection prevention and control.

At Kirkgate, there were dirty trolleys in clinic room one and four, including a stain on one of them. Cleaning schedules were in place in each room that were signed to confirm the cleaning had been completed in line with the required schedule but the trolleys in the clinic were not identified on these cleaning schedules. Whilst cleaning schedules were the responsibility of the lead contract holders, we were concerned that the staff employed by St Martins' working in these clinical areas had not identified these issues with cleanliness and reported these to the hub managers employed by the lead contract holder that were responsible for the buildings and the environment. Waste segregation notices were observed in clinical and urine testing areas, clinical and sharps waste ready for collection was stored in lockable cupboards at all sites but at the Armley Park Court hub and the Kirkgate hub, the clinical and sharps waste was not always completely segregated from other waste and stock. The Kirkgate hub had a locked cupboard where waste was stored.

Staff working in all partner agencies completed urine tests with clients. 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 test area with clean unused stock. In that urine testing area, there was also a yellow bin containing used urine testing pots without a temporary lid. A similar unlidded bin was also observed in the urine testing area on the ground floor. The urine test pots were used to test for prescribed medication compliance and illicit drug use. Whilst we were aware that staff from the other partner agencies in the consortium also completed urine tests for the use of substances with clients, St Martins' Healthcare

Services had the overall responsibility for this. The St Martins' clinical administration manager responsible for the clinical waste management told us that in the absence of their own clinical staff, other staff employed by partners in the consortium, including the lead contract holder, were also responsible for removing clinical and sharps waste. However, there was no evidence that these other staff had received appropriate instruction or training to carry out this task. Our observations demonstrated that staff did not adhere to good practice to maintain effective infection control with their systems for disposal and storage of waste and the role of the other partners in the consortium with regard to this was unclear.

Staff we spoke with from the partner organisations of Forward Leeds, including the recovery coordinators, confirmed that they put used breathalyser tubes into general waste paper bins. However, St Martins' infection prevention and control policy stated that used breathalyser tubes should go in the orange bags for the clinical waste stream. In the same policy, there was a guidance and information sheet from the external clinical waste collection contractor that stated items containing sputum like breathalyser tubes should be in tiger striped waste bags for the offensive waste stream, not clinical waste. We did not observe any offensive waste streams at any of the hubs. Therefore staff were not disposing of breathalyser tubes in line with the St Martins' policy and the policy itself was unclear.

There was confusion around the storage of clinical waste consignment notices and these could not be readily located. At the Kirkgate hub, for example, the last consignment notice was located but at the time of the inspection, the rest of the consignment notices could not be located. In line with national regulations and St Martins' infection prevention and control protocol, all consignment notices from the clinical waste contractor should be stored on site where the clinical waste was collected. The clinical service manager informed us that the confusion around the consignment notices was a result of the fact that clinical administrators had not been previously based at each of the hubs. They confirmed that following the inspection they would be investigating this, to ensure that consignment notices are accounted for or backdated, and that they are kept in a central place in the reception area and clearly labelled.

Fridges at all of the hubs contained combined hepatitis A and B vaccinations, which were in date. A cold chain system was in place at all sites. A cold chain is a temperature-controlled supply chain. An unbroken cold chain is an uninterrupted series of storage and distribution activities, which maintain a given temperature range. Clinical administration staff monitored the fridge temperatures and completed the required checks. Fridges were lockable with external temperature monitors. Daily fridge temperature records showed the observed fridge temperatures were between 2-8 degrees centigrade as required for safe storage.

Emergency drugs were present and stored in locked clinical areas, including adrenaline (used if a client had a serious allergic reaction), naloxone (used in cases of opiate overdose), and chlorpheniramine (an antihistamine used for a mild allergic reaction). However, the chlorpheniramine was out of date at Armley Park Court. We saw that paracetamol was stored with the emergency drugs at Irford House, and a needle had been taped to the pre-prepared adrenaline (a needle was not required to administer this drug). This was not in line with best practice or St Martins' policy. We highlighted our concerns at the time of the inspection and action was taken to address these immediately.

At the Kirkgate hub, there were notices directing staff to the room where the emergency drugs were kept but not to the place in the room where they were kept.

Not all the clinic rooms were well-stocked. In the Kirkgate hub, there were no aprons or hand-towels in the ground floor and first floor testing areas. Staff we spoke with were not clear whose role it was to replace these or when. However, we informed the hub manager employed by the lead contract holder at the time and when we returned the following day, stocks had been replenished. The ground floor clinic room also had non clinical items in the storage cupboard that were not required. Armley Park Court and Irford House clinic rooms were well-stocked and in good order. There were biohazard spill and bodily fluid cleaning kits available in all clinic rooms across all sites. There was an examination couch in each room and blood pressure monitors and breathalyser testing machines which were calibrated, and available in all hubs. Height measures and weighing scales were also available at all sites. First aid boxes were fully stocked and items were in date.

We acknowledge that not all these concerns could be directly attributed to one partner in the Forward Leeds consortium, as infection control and clinical waste was an area that staff from all services were involved in. However, St Martins' as the lead for the clinical environment did not have sufficient oversight of the infection control and clinical waste procedures and emergency medication storage, to ensure that the systems were adequate to maintain client and staff safety. In response to the findings, Forward Leeds formed an infection control action group to agree an infection control action plan for all staff across Forward Leeds. The first meeting was planned for January 2017.

All client accessible rooms in the hubs, including the clinic rooms used by the St Martin's staff, had fixed panic attack alarms. If an alarm was activated this was highlighted on a panel in the reception, next to the panel was a map of the building to enable the first responder to quickly assist. Each hub identified a 'first responder' each day as it had been identified that if just one member of staff initially attended it would often calm a situation. The Kirkgate hub had recently been fitted with buzzer and camera entry system to the service so clients could not just walk in as they could in the other services. This was fitted in response to an incident and staff requests. The building was situated in the city centre of Leeds, which made the building more difficult to manage with regard to clients and their associates dropping into the building in an unplanned way. Kirkgate also had key-fob entry into the rooms off the main stairwell for additional safety. All visitors and staff signed in on entry to the building. Clients were escorted by staff to one to one, group and clinic rooms. Clinic rooms and the needle exchange rooms had a keypad entry system and were kept locked at all times.

Safe staffing

At the time of our inspection, St Martins' employed 33 staff members in 23.07 whole time equivalent posts across all sites. The vacancy rate as of November 2016 was 24%. St Martins' were actively recruiting to the vacancies and had recently attended a national GP conference to promote the positions. The staff turnover rate as of November 2016 was zero. The percentage of permanent staff sickness as of November 2016 was 1%.

St Martins' used a supply versus demand calculation to identify the number of clinic sessions required each week. The calculation identified the number of clinical appointments required against the number available whilst making allowances to ensure prescribers were provided with two sessions a day to complete administration work. The clinical administration team were responsible for monitoring the supply versus demand figures and producing a monthly report, which identified if there were enough sessions available to meet the demand of the service. Where a deficit was identified, the service was able to use bank and locum staff to ensure clinics were covered.

St Martins' employed people in a range of clinical roles including doctors, non-medical prescribers, prescription facilitators, clinical administrators and five recovery coordinators who worked alongside the GPs in the primary care extended service surgeries.

St Martins' mandatory training data showed compliance below 75% for all training except for cardio pulmonary resuscitation which was 78%. Infection control level one, compliance was a concern with a rate of 3%. Further training figures indicated no staff members had attended the higher level infection control level two or three training. Mandatory training is important to ensure staff have the skills to be able to fulfil their role and deliver safe care and treatment.

Doctors and managers were available throughout the service opening hours to support prescribers, recovery co-ordinators and other staff. There was also duty doctor cover during business hours by a doctor who was not covering clinic that day. This role was to support staff across Forward Leeds if they needed urgent advice, for example with queries about clients, or support with concerns about people that may have dropped into the service with a physical health concern.

Assessing and managing risk to clients and staff

We reviewed 16 Forward Leeds electronic care records where St Martins' staff were involved in the care and treatment of the clients. These were records of clients using opiates (some with additional drug or alcohol use). These records included a client who was in receipt of court ordered treatment called a drug rehabilitation requirement supervised by the probation service, clients who had been released from prison.

Risk assessments were completed by partner organisations within the consortium during clients' initial assessment appointments. St Martins' staff would review assessments on the electronic client records to be aware of the

identified risks and may highlight further risks during clinic sessions relating to a client's physical health or use of medication. Staff would record these risks on the electronic system and flag them to other staff working with the client.

Clients who were released from prison or who had poor engagement were at increased risk, for example from overdose, and so would require additional input from partner organisations. In these circumstances the prescriber may issue a bridging prescription based on risk. A bridging prescription is a temporary prescription to ensure that clients did not miss medication until the next available appointment where their medication can be reviewed.

Care Quality Commission internal data showed that there had been no safeguarding concerns or alerts received in the 12 months prior to our inspection in relation to the service.

St Martins' had a safeguarding adult and a child protection policy dated August 2015, this had been due for renewal in August 2016 but had not been reviewed. Forward Leeds also had an umbrella safeguarding procedure which St Martins' staff followed. This ensured consistent cross partnership working within the integrated service. Information for staff about how to make safeguarding referrals, and contact details, were also included in the staff handbook.

The electronic client record had a specific page for recording information relating to safeguarding. Where an external safeguarding referral was made, this was recorded and monitored through the lead contract holder's electronic incident management system, recording 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 with any identified learning.

Forward Leeds had an identified safeguarding lead that St Martins' staff could approach for support where concerns had been identified.

This safeguarding lead was also the chair of the Forward Leeds safeguarding group. They received reports of all the safeguarding activity generated from the information submitted via the electronic incident reporting system. The safeguarding group meeting reported into the integrated governance board, where information was cascaded up to the partnership board or actions were identified and cascaded to staff through the operational management group. We observed minutes of both the integrated governance board and the operational management group that included information and actions from the Forward Leeds safeguarding group.

St Martins' were accountable for the medicines and prescriptions management in the Forward Leeds consortium. Urine or oral swab tests were completed by all staff in Forward Leeds. These were completed prior to the client starting treatment to confirm drug use, and every eight to 12 weeks to identify drug use and treatment compliance in addition to self-reporting. This usually coincided with the client's 12 week review with the doctor. Breathalysers were also used to determine the client's use of alcohol, for example before picking up their prescription for medication.

Clinical Administration staff worked closely with the pharmacies who completed additional checks where clients were on supervised consumption regarding a client's intoxication prior to dispensing the medication. Supervised consumption is where the service agrees with the pharmacy that a pharmacist supervises the consumption of prescribed medicines, ensuring that the dose has been administered to the patient and consumed as required by the prescription. They also helped to re-engage clients when they were not attending appointments and notified the service where a client had missed their medication and required a reassessment in order to reduce the likelihood of an overdose. Clinical administrators would liaise with pharmacies around medication and engagement. They discussed the appropriate action with a prescriber if the clients had not picked up their medication from the pharmacy as required or if they had identified increased risk during their appointments, for example additional or increased use of drugs on top of the medication prescribed. Action agreed included booking the client an appointment with the prescriber to re-start their prescription where they had been off their prescription for three days, or to review prescribing regimes including daily supervised consumption for opiate dependent clients. Daily supervised collection meant that a client had to attend the pharmacy on a daily basis for their medication.

We reviewed practices around prescription storage and transport. Whilst we had no concerns about prescription management, storage or transportation, there was confusion around key chain management and where keys

were stored when the service was closed. We informed managers from St Martins' and the partner organisation, and they reviewed the procedure as a partnership to address the issue.

Track record on safety

The provider stated that there were no serious incidents requiring investigation within the 12 month period between 5 December 2015 and 4 December 2016.

St Martins' were the lead for the medicines management. However, Forward Leeds collated the data as a partnership 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. There was a process in place to review the incidents and share the learning through the electronic recording system.

Every six months, the Courts and Tribunals Judiciary website published a summary of recommendations which had been made by the local coroners with the intention of learning lessons from the cause of death and preventing deaths. There were no concerns regarding Forward Leeds in the most recent report (April 2016 to September 2016).

Reporting incidents and learning from when things go wrong

Staff used an internal electronic management system to report incidents. Each staff member completing an incident report was able to include further relevant parties who may need access to the records where appropriate. For example, this would include their line manager and the quality performance manager as a minimum with the option to include additional individuals. Once the service manager had reviewed the incident report, they were able to sign off the incident and confirm they had quality checked the information. They could then identify and record further actions, outcome and learnings in order to investigate the incident before concluding and closing the record. This meant management had oversight of all incidents that occurred at the service and would therefore be able to analyse these for any themes and trends with a view to prevent recurrences. We saw evidence of incidents being discussed in management meetings including a review of learning and themes to disseminate through the team.

Duty of candour

St Martins' had a Duty of candour policy in place outlining staff duties and responsibilities with regards to meeting the Duty of candour. The Duty of candour is a legal responsibility for services to be open and honest with clients and other relevant persons when things go wrong with care and treatment.

All staff 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.

We reviewed the incident log for June 2016 up to the date of our inspection. The log included evidence of feedback to clients and apologies for some of the incidents. For example, feedback to the client following a blood-borne virus recording error and discussions with a client regarding an inputting error on the client electronic recording system that had potential to breach confidentiality.

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

Assessment of needs and planning of care (including assessment of physical and mental health needs and existence of referral pathways)

All client information was stored on the client electronic care record used by all the partner organisations in the Forward Leeds consortium. Access to these systems was password protected. 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.

Clients who dropped into one of the three substance misuse hubs or contacted the single point of contact would have an initial triage assessment by a single point of contact worker employed by other partners in the consortium. This was a basic assessment including demographic information, information about substance or alcohol use, a short anxiety and depression assessment and a discussion around harm minimisation and treatment pathways. Clients were then booked in for a comprehensive assessment appointment with the appropriate team for their needs. Comprehensive

assessments were completed by staff employed by other partners in the Forward Leeds consortium, except in the primary care extended service where the recovery coordinator employed by St Martins' would complete the assessment.

Where a client required continuation of prescribing, for example following release from prison, they would be allocated an immediate clinic appointment with a prescriber. Where clients had more complex needs, for example, they had a dual diagnosis, the comprehensive assessment would be allocated to the specialist team delivered by one of the other partners in the Forward Leeds consortium, where they would also continue with treatment.

St Martins' staff liaised with partnership staff to address physical and mental health concerns, as well as external agencies. For example, staff may arrange additional mental health support/support for dual diagnosis from one of the other partner agencies in the consortium. Clients were signposted to their own GP or the walk-in centres to address their physical health. A pathway with the hospital hepatology department was in place to increase engagement and uptake in treatment. We saw evidence of work with external agencies to address social concerns, including partnership work with a local sex workers project.

Clients were reviewed at a 12 week 'milestone appointment' which involved all professionals that were supporting the client holding a joint appointment with the client. The benefit of the milestone appointment was to ensure all services were working together to support the clients recovery. Where the milestone appointments were required, joint appointments were completed except on two occasions where the client met with the St Martin's prescriber first and then the recovery worker employed by another partner in the consortium.

Whilst the majority of the records that we reviewed over a 6 month period prior to our inspection identified discussions from St Martin's prescribers about discharge and detoxification within the contemporaneous notes, we could not find a record of detoxification or discharge being discussed in the records of two long-term opiate clients.

A detailed informed consent agreement was discussed with clients when they accessed treatment and support at Forward Leeds. This agreement explained to the client that information would be shared between the five services that were part of the consortium. In the records we reviewed, we saw that consent was reviewed at the 'milestone appointments' with clients and updated when situations changed.

Best practice in treatment and care

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, including relevant interventions. For example, there was evidence in the records that clients were offered blood borne virus testing, immunisation and signposted to treatment if they wanted it

Staff told us that they signposted clients to mutual aid and the recovery academy to link in with community support and this was confirmed in the records we reviewed.

Where clients were receiving support for their opiate dependence, St Martins' offered a choice of medication between methadone and buprenorphine and relapse prevention medication, like naltrexone to prevent a relapse

Clients' treatment was reviewed every 12 weeks as a minimum during a 'milestone appointment'. This was in line with National Institute of Health and Care Excellence (2007) clinical guideline 52 for opioid detoxification and the Department of Health (England) (2007) Drug misuse and dependence: UK guidelines on clinical management and the development of administrations.

All clients who were prescribed over 100ml of methadone were given an electrocardiogram. The electrocardiogram measured for potential heart abnormalities which clients on high dose medication had an increased likelihood of suffering. This was in accordance with national guidance (Department of Health, 2007). St Martins' worked with the lead contract holder and had agreed a system to monitor all those clients that were on high dose methadone 100ml or over, and whether they had an electrocardiogram completed, or if it was required. The lead contract holder circulated the report to clinicians in St Martins' to ensure these were completed.

St Martins' offered a physical health assessment at the beginning of treatment and referred to smoking cessation

services support programme and nicotine replacement therapy. In all the records we reviewed, the prescribers or nurses had offered smoking cessation. Physical health was reassessed where clinicians identified a concern.

The service had undertaken the following clinical audits between May 2016 and October 2016:

- Buprenorphine and Liver Function Tests.
- Harm Reduction audit.
- Relapse prevention medication audit.
- Supervised consumption audit.

The service also completed a monthly audit cycle which included:

- Clients that were prescribed 100mls or more methadone who had a recent electrocardiogram. An electrocardiogram measures for potential heart abnormalities in clients on high dose medication.
- The number of clients that were prescribed relapse prevention medication as a percentage of all clients that were prescribed by the service.
- Clients that were prescribed specific relapse prevention medications who had follow up bloods completed.

Skilled staff to deliver care

St Martins' provided clinical treatment including prescribing and physical health assessment within the Forward Leeds consortium. Therefore, St Martins' employed a range of professionals to deliver care and treatment to clients in Forward Leeds, which included doctors, non-medical prescribers, nurses, and specialist workers.

St Martins' held personnel records centrally at their head office. The central human resources team were responsible for ensuring recruitment checks were completed, disclosure and barring service checks were completed and monitoring when staffs professional registration was due for revalidation. The service manager held a local file for clinical staff containing recruitment and supervision records. The manager also maintained an electronic record, which recorded dates of disclosure and barring Service checks, revalidation and mandatory training courses.

Several doctors employed by the service were primarily employed within a general practice that was responsible for ensuring their revalidation. In these circumstances, St Martins' human resource staff were able to confirm their revalidation via an online portal.

Specialist training specific to staff roles was available through continuous professional development and appraisals, this included cognitive behavioural therapy and a degree in addiction studies.

We reviewed an electronic log of supervisions and appraisals and five staff files. The records demonstrated 60% of the clinical staff had received supervision within the last three months and 20% within the last four months; managers informed us it could be difficult to ensure supervision was provided within the three month intervals for doctors, as they did not work full time roles and worked a limited number of sessions for the service. However, 80% of staff had received an appraisal within the previous year.

Multidisciplinary and inter-agency team work

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 feedback from the operational management group and sub-group, performance and data, practice development sessions, areas raised by staff for discussion and any other business.

'Flash meetings' were held daily for all staff. These were daily meetings including any incident feedback, client risk, and building management for that day.

The lead contract holder for Forward Leeds, subcontracted four other organisations in the Forward Leeds consortium including St Martins' to deliver the specialist substance misuse services across Leeds. St Martins' delivered the clinical interventions for opiate and alcohol dependency.

We reviewed partnership board meeting minutes, integrated governance board meeting minutes, and operational meeting minutes and observed representation from services in the consortium. They demonstrated a partnership, multi-disciplinary approach to strategic and operational management of Forward Leeds.

Staff from the services in the consortium were co-located together in the hubs. They told us that this facilitated

multi-disciplinary discussions on a regular basis, where they would ask for input from colleagues on a client they were working with, for example, prescribers could ask recovery co-ordinators advice clients' care.

St Martins' employed five recovery co-ordinators across three primary care extended service where St Martins' staff worked alongside the GP's to provide a range of drug and alcohol treatment and support. Staff working in these services could access both the GP practice electronic records and Forward Leeds electronic records to ensure information was both captured and shared appropriately.

Staff at St Martins' confirmed that they had a good relationship with GPs including the primary care extended service GP practices, pharmacies, hepatology, crisis services and mental health teams.

Good practice in applying the MCA

The Mental Capacity Act is a piece of legislation which enables people to make their own decisions wherever possible and provides a process and guidance for decision making where people are unable to make decisions for themselves.

There was an easy read guide on the mental Capacity Act (2005) and the Mental Capacity Act Code of Practice available for all staff on the shared internal drive. However, the provider did not have a system or process established, to assess and monitor staff compliance with the Mental Capacity Act 2005. There was no oversight or assurance that the Mental Capacity Act 2005 was being applied across the organisation.

Although Mental Capacity Act training was mandatory, records demonstrated that only 50% of St Martin's staff had completed the training. However, staff we spoke with were able to demonstrate an understanding of the Mental Capacity Act including the five statutory principles and the application of the Act within their role.

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 the service and the action that they would take.

Staff told us that they would record any concerns about a client's capacity, and any decisions made in the client record this was evidenced in the client records we reviewed.

At the time of the inspection, Forward Leeds 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.

The service had not made any applications under Deprivation of Liberty in the last 12 months because these safeguards apply only to care homes and hospitals.

Equality and human rights

St Martins' had an Equality and Diversity policy dated October 2016. The policy provided a definition for equality and diversity, the protected characteristics and outlined the organisation's commitment to equality and diversity including staff roles and responsibilities under the policy.

An equality impact screening tool was completed for all organisational polices, these highlighted if the policy adversely impacted against any specific demographic and weather a full equality impact assessment was required.

Staff received mandatory training in relation to equality and diversity. However, the compliance rate was only 62%.

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 that staff worked in a way to ensure that all clients received equal treatment and access to services. Managers discussed the diverse populations across Leeds and the associated trends in substance misuse, and also their response.

The Forward Leeds client comprehensive assessment gathered information on people's personal, cultural, social and religious needs. The service was accessible for people with disabilities and they had completed an equality access review on all its hubs in relation to the protected characteristics. It also had an accessible information action plan in place.

Forward Leeds worked closely with local services to ensure that the care and support offered was available and appropriate for all clients.

Substance misuse services

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, a primary care extended service where St Martins' provided a recovery coordinator in the hub, or the GP practices that offered primary care extended service. Primary care extended service is where treatment and support is offered in the local GP practices and is delivered in partnership between the primary care GP and another agency

Clients could be referred by their GP or other professional. Forward Leeds, had a single point of contact telephone number operating Monday to Friday 9am – 5pm. Outside of these times, an answerphone service was available.

There was an online referral form on the Forward Leeds website that could be completed by people to refer themselves or someone else into the service.

Clients could access St Martins' through the criminal justice service, for example from the prisons, police cells, and courts. St Martins' provided the treatment element of the court orders that offenders were sentenced to following conviction of a criminal offence, including the drug rehabilitation requirement and the alcohol treatment requirement. The probation service continued to provide the supervision element of the order. Therefore, there was ongoing liaison between St Martins' and the offender managers from the probation service to support the clients on these orders.

St Martins' provided both a young person's and an adults' service. It had a standard operating procedure for transitioning young people into adult services and 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 adult provision when it was appropriate for them and in line with the guidance in the Forward Leeds standard operating procedure. This gave the service flexibility to support the young person in the service that was most suitable for them.

Clients were encouraged to access mutual aid such as self-management and recovery training groups throughout their recovery so that when they were discharged from services they could continue with their recovery and access local recovery and community support. We saw evidence in the records we reviewed of referrals to the recovery academy, mutual aid and self-management and recovery training groups, employment training and education, and housing.

All transitions were managed well despite, for example, clinical workers, recovery coordinators, and detoxification staff in the hubs working for different organisations to deliver the Forward Leeds service. Clients and staff told us they saw the Forward Leeds service as one service that delivered their care and treatment.

Are substance misuse services caring?

Kindness, dignity, respect and support

We spoke with nine clients who accessed Forward Leeds, and we received 37 comment cards. We spoke with two relatives or carers and three peer mentors. Peer mentors are current or ex-clients who are in recovery and whose role it is to support other clients at the beginning of their recovery journey. Most comments were extremely positive about the service and the approach from all staff. People reported that staff were respectful, non-judgemental, kind, and polite. They said they felt listened to and that staff were supportive and provided them with guidance to address their substance misuse and recovery. There were some negative comments, which were in relation to appointments over-running and running late, or people not being able to contact the service by phone.

During the inspection, we attended three clinic sessions with a prescriber or prescription facilitator, an appointment with a nurse for a blood borne virus intervention, and a primary care extended service. We observed examples of good practice, which consolidated the client feedback we received that staff were respectful and polite. Staff discussed the interventions and listened to clients' input. 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.

Forward Leeds had an informed consent information sharing agreement that was completed at the initial contact with the clients and reviewed throughout

treatment every three months, or when the identified need changed. This included how information would be shared with organisations in the consortium, including St Martins' Healthcare 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, and the agreement described circumstances where information may be shared without the client's consent. Clients were also 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 included a completed Forward Leeds informed consent information sharing agreement.

Any confidentiality breaches were recorded and acted upon as incidents, which we confirmed through a review of the incidents between 1 June 2016 and 1 December 2016.

The involvement of clients in the care they receive

Staff told us that they discussed the treatment options with clients and encouraged them to attend recovery activities, mutual aid, and other services where necessary. St Martins' Healthcare Services employed five recovery co-ordinators.

A service user handbook had been developed by the partners in the consortium including St Martins' Healthcare Services, and had recently been introduced across Forward Leeds and given to clients at the start of treatment.

During the inspection, we spoke with a client's relative who had attended the appointment with the client. They said they felt involved in the client's treatment and that the worker was supportive. One of the 24 records we reviewed demonstrated that a client's partner had also attended appointments with the client and consent to share information on the informed consent agreement had been completed appropriately. Staff told us that if a family member wanted to attend an appointment and the client agreed, then that would be facilitated.

Forward Leeds had links with local advocacy services and staff told us that they would support clients to access these if it was required.

Other partners in the consortium were responsible for the service user involvement in Forward Leeds; mainly the lead contract holder. Forward Leeds had a service user involvement group where clients were given the opportunity to give feedback on the service they received and identify areas where the service could improve.

We also observed 'You Said, We Did' boards at all three hubs in response to feedback provided by clients through client feedback mechanisms, including the service user involvement meeting, and the comments box. This showed that the services in Forward Leeds, including St Martins' , took on board and acted upon feedback in a transparent way.

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

Access and discharge

St Martins' offered substance misuse treatment to adults 18 years and older in the main treatment hubs, primary care extended GP practices, and GP surgeries. They also offered substance misuse provision in the young people's service for young people who used drugs and/or alcohol aged between 10 years of age and 18 years of age, or 21 years of age depending on the timescales for them transitioning to the adult service. On the 24 November 2016, 3730 adult clients were in active treatment across Forward Leeds. Of those adult clients, 2166 (58%) were accessing the service for support with their opiate use, 314 (8%) for other drug use but not opiate use, 190 (5%) for opiate and alcohol, and 1060 (29%) for support for alcohol use only.

The diagnostic outcomes monitoring executive summary is a high level summary of key treatment information, providing benchmarking against national figures produced by the national drug treatment monitoring system. According to this 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. Two out of 367 (0.5%) clients waited over three weeks to access alcohol interventions, and one over six weeks. This was still better than the national average of 2.8% for clients starting alcohol interventions within three weeks. Commissioners told us that Forward Leeds had

consistently improved the waiting times for clients starting treatment each quarter. The Public Health England adult activity report for 1 April 2016 and 30 September 2016 showed that Forward Leeds had had 1177 new presentations of clients: the largest proportion of the new presentations of clients were for alcohol misuse only, these made up 55% of these new presentations to the service. Twenty-three percent were opiate clients only representing to the service, 11% were alcohol and non-opiate clients, and the other 11% were non-opiate only clients.

The Forward Leeds performance summary up to October 2016 presented to the partnership board, demonstrated that there had been 750 successful completions up to the end of October 2016 (rolling 12 months). The target for the service was 1082 successful completions by the end of December 2016. Whilst performance had improved month on month since July 2016, with 120 people leaving the service successfully in a planned way (30 above the target of 90 required), 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 in the service, except for those clients using both opiates and alcohol. The diagnostic outcomes monitoring executive summary showed that in the latest period for treatment completions between 1 April 2015 and 31 March 2016, including representation calculated up to 30 September 2016, Forward Leeds remained below the national average in comparison to other local authority services. However, managers and stakeholders told us that this service was comparable to other services with similar populations and demographics.

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. Forward Leeds continued to focus on reducing the length of time clients were in treatment, and to increase the number of clients leaving the services in a planned way and not re-presenting. 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, in two of the 24 client records that we reviewed we did not see evidence of future planning and discharge from the service

The facilities promote recovery, comfort, dignity and confidentiality

Clinic rooms had the appropriate equipment available including a couch, blood pressure monitors and breathalyser testing machine. Height measures and weighing scales were also available at all sites.

All of the clinic rooms had a glass panel in the door and most of these had been covered using paper. Managers told us that this was a temporary measure whilst 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. 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.

Staff told us that sound proofing was an ongoing issue in all of the buildings. We observed lack of soundproofing on the lead providers' risk register and appropriate actions identified. Staff told us that they made clients aware of the issue and worked with them in a way to ensure confidentiality and privacy was maintained. Managers also confirmed that they had contracted acoustic engineers to address the soundproofing issues at all the hubs, and the work was still ongoing.

There was adequate signage, leaflets and posters displayed in the clinic room giving details on alcohol and drug-related harm as well as naloxone information. Information was also available for clients on the medication choices, and the recovery journey they could expect when they started treatment, in the service user handbook.

Meeting the needs of all clients

All three hubs were fully accessible for people with a disability or a physical impairment, and the lead contract holder had ensure that all had a completed disability access audit which expired in June 2017.

Substance misuse services

The services enabled equitable access for all clients regardless of geographical constraints, with clients able to access one of the three hubs that was closest and easiest for them. St Martins' also offered treatment and support from three primary care extended service practices, where clients could access the same offer of treatment and support as the Forward Leeds hubs, including prescribing, one to one key working, and group work interventions. Clients were also able to access some treatment and support in their local GP surgeries.

The hubs open from 9am to 5pm on Monday and Friday, and the service had late night opening on Tuesday, Wednesday and Thursday, where it opened from 9am to 7pm for clients that were unable to attend during the day due to work commitments or care arrangements.

Information provided to clients, family members and carers was accessible and could be provided in easy-read format.

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.

Listening to and learning from concerns and complaints

In the twelve months up to 24 October 2016, St Martins' received 42 complaints, ten of those complaints were upheld and seven were partially upheld. None of the complaints was referred to the ombudsman.

The lead provider recorded complaints and compliments centrally. We reviewed the complaints and compliments spread sheet for Forward Leeds. The complaints information was comprehensive and included all relevant data required to allow investigation of the complaint. Staff gave us examples of where changes had been made a result of a complaint. For example, the clinical administration systems were reviewed to shorten the process following a complaint where a client had waited some time for a prescription.

All Forward Leeds receptions had a suggestion box for feedback and complaints and compliment leaflets clearly displayed. Staff told us they encouraged clients to complain where they felt dissatisfied with the service and would support them to do so. Clients told us that they knew how to complain and would speak to a doctor or nurse if they wanted to and the client handbook included information for clients on how to complain.

Clients received written and verbal outcomes of their complaints and were given the opportunity to appeal. The complaints spread sheet we reviewed confirmed how and when clients were communicated with and staff confirmed that clients received feedback when they had made a complaint.

Complaints were reviewed and learning disseminated through service integrated governance board meetings and cascaded to staff via the operational management group through team and hub meetings, flash meetings, supervision, and/or the staff electronic newsletter. We confirmed this in the meeting minutes that we reviewed.

Are substance misuse services well-led?

Vision and values

St Martins' ethos stated it:

'Prioritises the provision of good healthcare over financial gain, aspires to offer high quality, accessible, non-discriminatory and equitable health care to all service users and is committed to a team-based, collaborative approach to working. We create an environment of mutual learning, mutual respect and validation for each member of the team'.

Forward Leeds' mission statement was to 'Support adults and young people to make healthy choices about alcohol and drugs. We reduce risk-taking behaviours through dedicated prevention, early intervention and tailored programmes. Our ultimate goal is to support people to achieve and sustain recovery.'

Staff were seen to demonstrate an understanding of both the St Martins' ethos and the Forward Leeds mission statement in their interactions with clients.

Staff knew who senior managers for both St Martins' and the lead provider were and most staff told us they felt confident in approaching the managers either organisation if they needed support. Staff told us that senior managers from St Martins' and the lead provider visited the service regularly.

Substance misuse services

Good governance

St Martins' worked in partnership with the lead provider to deliver the care and treatment for people requiring support for substance misuse across Leeds. A comprehensive local governance structure underpinned the service to ensure an integrated approach to service design and delivery. The electronic recording system used supported this partnership approach, ensuring that all staff could access and input into one contemporaneous record.

The integrated governance structure 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). In addition, the structure comprised a series of sub groups including safeguarding and clinical practice. We observed meeting minutes for all these meetings and noted representation from St Martins' at all meetings and communication between these structures and the staff teams.

However, despite the governance arrangements in place, some concerns were identified regards mandatory training compliance, emergency medication, infection control, clinical waste, the key chain management, governance around the Mental Capacity Act and maintaining patients' privacy and dignity whilst using clinic rooms.

Leadership, morale and staff engagement

St Martins' had regular clinical leads meetings to review their clinical delivery and identify issues.

Managers reported that since the Forward Leeds consortium began to deliver the service in July 2015. There had been a high staff turnover within partner organisations. However, St Martins' staffing had remained consistent. St Martins' reported a total permanent staff sickness of 1% overall and a substantive staff turnover of 0%, as at 24 October 2016.

Staff reported that they could share ideas and were positive about the integrated team at Forward Leeds. They felt that the different roles and experience of staff within the consortium contributed to providing a holistic service to clients. Staff told us they were able to feedback into the organisation and felt supported by managers.

St Martins' were in the process of developing a staff satisfaction survey which they planned to introduce in January 2017.

Commitment to quality improvement and innovation

St Martins' had developed a Naloxone programme for clients. 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. St Martins' had trained staff from partner organisations to support clients and family members in the use of Naloxone.

St Martins' were working with St James Hospital towards providing a hepatitis c clinic based in the hubs from January 2017 to improve access to the treatment programme for clients.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

Action the provider MUST take to meet the regulations:

- The provider MUST ensure staff have completed mandatory training relevant to their role.
- The provider MUST ensure that the policy and guidance in relation to the appropriate storage and transportation of clinical waste and the appropriate clinical waste streams are clear and are followed by all staff.
- The provider MUST ensure there are systems in place to ensure emergency medication is in date and is stored appropriately.
- The provider MUST ensure that the have system or process established, to assess and monitor staff compliance with the Mental Capacity Act 2005 and its' application across the organisation.
- The provider MUST ensure that clients' privacy and dignity is maintained in all clinic rooms

Action the provider SHOULD take to improve

Action the provider SHOULD take to improve:

- The provider should ensure there is clarity around who is responsible for ensuring the clinic rooms are fully stocked and free from clutter.
- The provider should ensure a key chain management process is implemented to clearly identify staff roles and responsibilities across the Forward Leeds partnership.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met** Infection prevention and control policy and guidance were not being followed. There were dirty trolleys in clinic rooms. Clinical waste in the store cupboard was not segregated from unused stock. Guidance from the waste collection contactor stated breathalyser tubes should go in the offensive waste stream and not the clinical waste stream. However, an offensive waste stream was not available. Regulation 12 (2) (h)

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met** The provider did not always ensure systems and processes were established and operated effectively to maintain oversight of service delivery. This included staff training, infection control procedures, the storage of keys, emergency medicines and the management of clinical waste and mechanisms. Mechanisms had not been implemented to enable feedback of issues from clinical environments to the lead

This section is primarily information for the provider

Requirement notices

provider. For example the infringement of clients dignity and privacy in clinic rooms which did not have frosted glass or privacy screens and the cleanliness of trolleys in clinic rooms.

The provider did not have a system or process established, to assess and monitor staff compliance with the Mental Capacity Act 2005. There was no oversight or assurance that the Mental Capacity Act 2005 was being applied across the organisation.

Regulation 17 (1) (2) (b)

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met** Compliance with mandatory training was below 75 % with the exception of cardio pulmonary resuscitation training which was at 78 %. Compliance with infection control training was only 3 %. The low compliance with mandatory training meant that staff might not have the skills to effectively preform their role. Regulation 18 (2) (a)