Requires improvement

Lincolnshire Partnership NHS Foundation Trust

Substance misuse services

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RP7HQ	Trust Headquarters	Drug and Alcohol Recovery Team (DART) Lincoln	LN1 1FS
RP7HQ	Trust Headquarters	DART Boston	PE21 8QR
RP7HQ	Trust Headquarters	DART Grantham	NG31 9DF

This report describes our judgement of the quality of care provided within this core service by Lincolnshire Partnership NHS Foundation Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Lincolnshire Partnership NHS Foundation Trust and these are brought together to inform our overall judgement of Lincolnshire Partnership NHS Foundation Trust.

Summary of findings

Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

Overall rating for the service	Requires improvement 
Are services safe?	**Requires improvement** 
Are services effective?	**Requires improvement** 
Are services caring?	**Good** 
Are services responsive?	**Good** 
Are services well-led?	**Requires improvement** 

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

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

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

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

Summary of findings

Contents

Summary of findings

Overall summary

We rated Lincolnshire Partnership Foundation NHS Trust substance misuse services as **requires improvement** because:

- Staff did not see people who were accessing substitute prescriptions within the 12-week guidelines set by the service. This meant the safety and suitability of medication was not being reviewed. Managers did not monitor attendance rates at appointments. Staff did not always make timely contact with people when they failed to attend appointments. Staff did not see clients accessing a prescription every 12 weeks to review their medication and ensure clients were safe to continue with this. We raised this with the management team.
- Staff completed risk assessments when people started treatment but they did not always review them regularly or update them when risk to people changed. Staff did not always review people's recovery plans when a lapse occurred and they used illicit drugs but continued to prescribe medication.
- Doctors did not follow guidelines for prescribing diamorphine, as described in the Drug Misuse and Dependence: UK Guidelines on Clinical Management (2007).
- Staff did not maintain comprehensive care records and it was difficult to access clinical information. Doctors did not keep comprehensive records following medical reviews. This meant that records lacked detail and did not include an assessment of the person's prescribing treatment plan. Service user records were kept in three different formats, which made it difficult to review records in detail. Managers had not set consistent guidelines for staff on how medical appointments were recorded on the electronic case recording system. This made records difficult to navigate to find evidence that staff saw clients.
- The Lincoln service did not have any fire marshals, owing to staff sickness. Not all rooms across the service were soundproofed to an appropriate level
- Managers did not meet the development needs of staff. They did not record any substance misuse specific training that staff completed. Supervisors did not provide regular supervision to staff. Seventy eight per cent of staff had completed their mandatory training. The trust target was 95% compliance. The service manager post had been vacant for six months, which meant that the locality managers had not received the appropriate level of support and supervision.
- Staff recorded clinical entries from home as late as 0:17am which raised concerns about staff's work life balance. Managers were not aware of this practice despite this having been a matter for scrutiny in the recent past.

However:

- There were sufficient staff numbers to meet the needs of people who used the service.
- The service provided comprehensive support for people's healthcare needs associated with substance misuse. Staff supported people with blood-borne virus testing and vaccination programmes. Electrocardiograms were recorded for all people receiving high doses of methadone, to monitor the effect on their hearts. The service communicated regularly with people's GPs.
- People could access the service quickly and easily. Staff were able to provide assessment appointments within 21 days of a person being referred to the service. Staff saw people in places close to their home to reduce the need for people to travel to the main offices.
- Peer advocates provided a variety of support to people and were developing ways to engage people with the treatment system.
- Staff discussed discharge plans with people from assessment. This included asking people how long they wanted to be in treatment so they could plan appropriate treatment goals.
- Managers referred staff appropriately for support from occupational health and the trust wellbeing service when it was required.
- The trust gave staff opportunities for leadership and development across the different roles within the service. Poor performance was dealt with, but not recorded in staff notes.

Summary of findings

The five questions we ask about the service and what we found

Are services safe?

Requires improvement

We rated substance misuse services as '**requires improvement'** for safe because:

- There was no system in place to record when areas of the building were cleaned.
- Staff did not see people who were accessing substitute prescriptions regularly. Two examples we saw highlighted that people had not been seen by a prescribing doctor for 11 months.
- Seventy eight per cent of staff had completed their mandatory training. The trust target was 95% compliance.
- Staff completed risk assessments when people started treatment, but they did not always review them when the risk to clients changed.
- Sixty six per cent of staff were complaint with safeguarding children training. The mandatory training list did not include training for safeguarding vulnerable adults.
- Staff did not always respond promptly when people using the service experienced a lapse and used illicit substances.

However:

- Managers employed enough staff to meet the needs of the people using the service.
- Senior nurses allocated caseloads according to risk and senior staff co-ordinated the care of people with complex needs.
- Staff kept secure stationery, such as blank prescriptions, safe and had a log to identify their whereabouts to reduce the likelihood of any being stolen or lost.

Are services effective?

Requires improvement

We rated substance misuse services as '**requires improvement'** for effective because:

- Staff recorded a person's contemporaneous case notes in three places: two paper files and an electronic system. This made the care records difficult to navigate to ensure that staff saw clients and supported them appropriately.
- Staff did not support people in line with Drug Misuse and Dependence: UK Guidelines on Clinical Management (2007), when individuals were receiving diamorphine prescriptions.
- Staff did not offer regular and structured psychosocial interventions alongside prescribing interventions.

Summary of findings

- Managers did not record when staff completed training in substance misuse specific topics. This meant that there was no evidence to show that staff had completed appropriate training for this type of work.
- Supervisors were not supervising staff consistently every six weeks as per trust policy.

However:

- Staff completed comprehensive assessments with people at the start of their treatment programme.
- Eighty eight per cent of records showed that staff completed comprehensive and holistic care plans with people. The plans were reviewed regularly and updated when needs changed.
- Staff assessed the physical health care needs of people using the service and offered specific interventions, such as blood borne virus testing and vaccinations.
- Managers employed staff with a variety of experience, including doctors, nurses and recovery workers.
- Staff knew how to assess mental capacity, and were able to relate this to specific examples relevant to substance misuse services.

Are services caring?

Good

We rated substance misuse services as '**good'** for caring because:

- Staff interacted with people in a positive and supportive way. They demonstrated an awareness of individual treatment needs and people's preferences.
- People told us they felt supported by staff and felt treated as an individual. Staff listened to what they wanted and made their goals seem achievable.
- People told us that staff clearly explained confidentiality to them and they felt confident that their care was discussed only when they gave permission.
- Peer supporters were involved in the service and some were still in treatment. Their role was to demonstrate that recovery was possible and to help welcome people to the service. Peer groups were available at all three locations. Managers attended and people could feed back on the care they received.

However:

- The Boston office was small and did not maintain the confidentiality of people when they called the service. Staff recognised this so they transferred all calls to a different office, which allowed calls to be taken in private

Summary of findings

Are services responsive to people's needs?

Good

We rated substance misuse services as '**good** for responsive because:

- Staff saw people who required support quickly. The service had a 21-day target and they were meeting this across all three locations.
- Doctors were flexible and would re-prioritise their commitments to ensure emergency referrals were seen.
- Staff cancelled appointments only when necessary.
- The service had appropriate clinical rooms if people required a physical examination. A variety of rooms were available for one to one appointments and group work.
- The services had a variety of information displayed to inform people of other services that could provide support. Information included how to make a formal complaint.

However:

- The service at Boston had an interview room without appropriate soundproofing. Conversations could be heard from the manager's office.
- Staff did not always make timely contact with people when they failed to attend appointments.
- The service in Lincoln had a waiting area that contained significant amounts of information. This made it difficult to see what support was available and what posters were for information only.

Are services well-led?

Requires improvement

We rated substance misuse services as '**requires improvement'** for well-led because:

- Managers did not record training that staff had attended specific to substance misuse services. This meant they could not evidence that staff were suitably trained to support people who use the service.
- Supervisors did not supervise staff in line with trust policy.
- Managers did not keep organised staff files. They stored supervision notes, correspondence, sickness records and other documentation in loose-leaf document wallets. These were not organised, making it difficult to review how managers supported and monitored staff.
- Managers were not aware that staff made clinical entries on the electronic system as late as 00:17am. Three separate staff members made entries on the system after 22:00 and this raised concerns regarding staff's work life balance. We raised this with them during the inspection.

Summary of findings

- Managers were not aware that prescribers did not see people regularly, because they did not audit appointment attendance.
- The service manager post had been vacant for six months. This meant that one of the locality managers had had supervision once in six months.

However:

- Ninety six per cent of staff had received an appraisal in the last 12 months.
- Managers reviewed incidents reported by staff and shared learning across the teams in team meetings and case review meetings.
- The service was meeting all contractual targets and managers monitored key performance targets on a monthly basis.
- Staff reported good morale in the team and spoke with passion about their roles.
- Staff participated in leadership and development programmes provided by the trust.
- The service was piloting innovative projects; such as supporting people to reduce their alcohol intake by providing take home breathalysers for monitoring and promoting people's motivation.

Summary of findings

Information about the service

Lincolnshire Partnership NHS Foundation Trust provides support to people suffering from drug and alcohol problems across the county.

There are three treatment centres in Grantham, Boston and Lincoln. At the time of our inspection, the drug and alcohol recovery teams (DARTs) worked with a caseload of 1,071 people. The service provides access to substitute prescribing and community detoxification, along with one-to-one support; including harm reduction, relapse prevention and motivational interviewing.

The service supports male and female service users.

Our inspection team

Our inspection team was led by:

Chair: Stuart Bell, Chief Executive of Oxford Health NHS foundation trust.

Team Leader: Julie Meikle, Head of Hospital Inspection, mental health hospitals, CQC.

Inspection manager: Lyn Critchley, Inspection Manager, mental health hospitals, CQC.

The team that inspected the substance misuse services consisted of an inspector, a specialist professional advisor and an expert by experience. (An expert by experience is someone who has developed expertise in relation to health services by using them or through contact with those using them – for example as a carer.)

The team would like to thank all those who met and spoke to inspectors during the inspection and were open and balanced with the sharing of their experiences and their perceptions of the quality of care and treatment at the trust.

Why we carried out this inspection

We inspected this core service as part of our ongoing comprehensive mental health inspection programme.

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

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

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

During the inspection visit, the inspection team:

- Visited all three centres for the service in Lincoln, Boston, and Grantham. We looked at the quality of the environment and observed how staff were caring for people who use the service.
- Spoke with eight service users and reviewed four comment cards completed by people who use the service.
- Interviewed three locality managers.

- Spoke with ten other staff members; including doctors, nurses, recovery workers and peer advocates.
- Attended and observed a service user group, a meet and greet session and a service user led filming project.
- Reviewed 25 care and treatment records in detail.
- Carried out specific checks of the medication management across all sites.
- Looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the provider's services say

People told us that they felt supported by staff across all three services. They felt that staff knew them well and treated them as an individual.

People felt safe using the service and said that staff helped them to see that their goals were achievable.

People said staff supported them to progress with their goals and get involved in the service. They had an opportunity to show people that recovery was possible. They felt that the peer advocate roles helped people to stay in treatment as they offered lots of support and informal groups.

Good practice

The service had started to provide a breathalyser for people to take home to monitor their alcohol use. Staff implemented this as a modern alternative to paper drink diaries, used to record an individual's alcohol intake. Staff supported people to monitor their intake and recognise a reduction in drinking as a positive achievement and motivation to continue to reduce intake.

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure that a prescriber sees people accessing medication from the service every 12 weeks.
- The provider must ensure that prescribing is in line with guidelines detailed in the (2007).
- The provider must ensure that staff update risk assessments routinely and when risk to people using the service changes.
- The provider must ensure that clinical records are comprehensive and reflect the content of contact with service users.
- The provider must ensure that staff access substance misuse specific training and attendance is recorded.
- The provider must ensure that staff are supervised in line with trust policy.
- The provider must ensure that there are suitable fire marshals at all locations.

Action the provider SHOULD take to improve

- The provider should record the content of prescribing appointments within the electronic case management system.

Lincolnshire Partnership NHS Foundation Trust

Substance misuse services

Detailed findings

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Drug and Alcohol Recovery Team (DART)	Lincoln
Drug and Alcohol Recovery Team (DART)	Boston
Drug and Alcohol Recovery Team (DART)	Grantham

Requires improvement

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Our findings

Safe and clean environment

- Staff had access to personal alarms and would use them if the clients were identified as a risk to staff. Interview rooms did not contain alarms.
- Clinical rooms contained appropriate equipment including weighing scales, height measures and examination couches used to assess a person's physical health.
- The service was visibly clean, tidy and well kept. The trust employed an outside cleaning company to maintain the cleanliness of the environment across all three locations. However, in Grantham there was no record of when the cleaning service had attended and which areas of the premises had been cleaned.
- The service displayed appropriate hand washing instructions in all toilets across the three sites and 94 % of taff had undertaken hand decontamination training.
- The service did not have emergency equipment at any of its locations and would make contact with emergency services if required.

Safe staffing

- The service model set overall staffing levels at 63 whole time equivalent (WTE) posts across the three locations. Lincoln's established level was 20 WTE, Boston's was 17 and Grantham's 15. There were also 11 members of staff in the central drug and alcohol recovery team (DART), who worked across all three locations. The service had enough staff to meet the needs of the clients.
- Of those 63 staff, 30 were nurses and 33 were recovery workers, peer advocates, integration workers and administration staff.
- The Boston team did not have any vacancies. Staff sickness rates were 7%. Four people had left the DART Boston team in the last 12 months.
- The DART Lincoln team had 17% staff vacancies and a sickness rate of 3%. Four people had left their posts in the last 12 months.
- The DART Grantham team had 8% staff vacancies and a sickness rate of 3%. Four people had left their post in the last 12 months.
- The central DART team had 36% vacancies and a sickness rate of 3%. In the last 12 months, two people had left their roles in the service.
- There was a 21% overall annual turnover of staff for DART services across Lincolnshire.
- Staff who worked full time carried an average caseload of 45. This was the ideal maximum number set by managers. In Boston and Lincoln, staff were carrying higher caseloads owing to staff sickness. For example, a nurse in Boston was working with 66 people. The manager was supporting the nurse by reducing appointment times and increasing contact with a senior nurse for case management support.
- Of the 25 records reviewed, there was evidence of one case that was not allocated a care co-ordinator.
- Nurses allocated workers based on the complexity of the individual client's needs during weekly allocation meetings. Senior nurses worked with service users with complex needs who were considered high risk, to ensure their safety. The manager of the service ensured senior staff had capacity to do this by capping their caseload at 15 people.
- Staff had caseloads reallocated to the team if they were absent from work for longer than two weeks. This was to ensure patient safety. If a staff member was absent for less than two weeks a member of the team would make phone contact with clients on their caseload to ensure people were safe.
- The manager sourced temporary administration cover from an agency owing to long-term sickness. This ensured there was appropriate cover to reduce the impact on the other administrator and to provide the team with administration support. Managers were not able to source agency staff for any other posts because of a central trust decision that agency staff could not be used.
- The service employed a consultant psychiatrist who worked full time across the service. They were able to amend their schedule to respond to emergencies.
- Staff were 78% compliant with mandatory training. The trust target for training was 95%

Assessing and managing risk to patients and staff

- Staff completed comprehensive risk assessments during initial assessment appointments. Staff did not always

Requires improvement

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

update a person's risk assessment when the situation changed or as part of a routine 12 week review. In Boston, there were two examples of people receiving high dose prescriptions where there had been a three-year gap in their risk assessments.

- Staff had recorded minimal crisis plans in people's records. The plans were not personalised and told clients to make contact with the local crisis team.
- The consultant psychiatrist would attend any of the three locations if a person required an emergency appointment. This was also the case for any urgent referrals such as pregnant women, people with high risk safeguarding concerns and people with significant mental health problems.
- Sixty six per cent of staff were compliant with safeguarding children training. Six per cent of staff were booked to attend the next available training dates. The mandatory training list did not include training for safeguarding vulnerable adults, which is relevant to this service. Each location had a senior nurse who was the safeguarding lead and would attend relevant meetings with social services. Staff were able to describe types of abuse and the process for making a referral to the local authority if they had concerns.
- Managers had implemented a lone working protocol that required staff to call the office at the start of visits and at the end. There was a safe phrase in place that staff used in the event of an emergency and if they required support.
- Staff did not keep prescribed medication on site. However, prescriptions were kept on the premises to provide people with substitute medication. Staff kept prescriptions, known as secure stationery, in a locked safe. Limited staff had access codes. Staff logged prescriptions in and out of the safe so there was a record of their location. These processes reduced the likelihood of blank prescriptions being taken or lost.
- Staff stored vaccinations in fridges across all three locations. Nurses monitored the temperature of the fridges daily to ensure vaccinations were stored within a range that would not affect their efficacy.

Track record on safety

- The service recorded 12 serious incidents requiring investigation over the last 12 months. The incidents related to unexpected or avoidable deaths and severe harm. Lincoln recorded four, Grantham recorded three, Boston recorded one, and four were recorded under 'DART' and did not specify the location.
- Staff reported 204 incidents over nine months from April 2015 – November 2015. Types of incident included: episodes of self-harm, abuse to staff and medication errors. Managers had reviewed the information and took action to address the incident and prevent it reoccurring where possible.
- Managers liaised with local coroners to provide reports for any drug related deaths that occurred if the service had contact with the person.

Reporting incidents and learning from when things go wrong

- Staff used an electronic system to report incidents and managers completed a review of the incidents. Managers reported reviewing one to two incidents per month.
- Managers fed back learning from incidents to the team in monthly team meetings. Managers would also discuss learning in the weekly allocation meetings. The trust sent a lessons learnt leaflet across all services and this was discussed in monthly team meetings to ensure staff were aware of learning from other core services.
- Staff transferred the care of people who were moving out of the area within a two-week period. This followed learning from a serious incident and helped clients to link up with services in their new area.
- Staff gave examples of de-briefs taking place following serious incidents and being offered the appropriate support through the trust wellbeing service.

Are services effective?

Requires improvement

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Our findings

Assessment of needs and planning of care

- Staff had completed comprehensive assessments for people starting treatment in all 25 records we reviewed. Records showed that staff assessed new clients within ten days of referral to the service.
- Eighty eight per cent of records showed that staff completed comprehensive and holistic care plans with people. They were reviewed regularly and updated when people's need changed.
- Staff recorded information about people's treatment in three different places, in two files and on the electronic records. Staff used paper files for all assessment information and review documents. An electronic case management system was used to record all contact with people. Staff also transferred assessment information and review information to the electronic record. Prescribers recorded appointments in a paper record kept separately from the main file. Some notes from prescribing appointments were transferred on to the electronic system, but not all detailed the contents of the appointment. This system meant that current information about a person's care was difficult to find. Managers did not have a consistent approach for which contact type should be used to record appointments on the electronic system. This meant that up to three different contact types were used to detail a prescribing appointment. This further contributed to difficulties in navigating a person's care record.
- Staff transferred information in a safe way that adhered to the trusts information governance policy. They used lockable cases to transfer recovery plan documents if they were seeing people in other locations.

Best practice in treatment and care

- Staff did not support people in line with Drug Misuse and Dependence: UK Guidelines on Clinical Management (2007) when individuals were receiving diamorphine prescriptions. Prescribers had not seen two people for 11 months, whilst in receipt of a prescription. Recovery workers had seen people during this time but the service had not adhered to its policy of completing a medical review every 12 weeks. Staff did not offer structured psychosocial intervention to people receiving injectable diamorphine, as required by the Drug Misuse and Dependence: UK Guidelines on Clinical Management (2007).
- People told us that there were limited groups to attend and that the groups were more informal and led by peers. Staff did not provide regular, structured psychosocial interventions to people alongside their prescribing interventions. Workbooks were used in some appointments with people that were specific to their drug of choice.
- Staff referred people to housing workers for support and were able to refer to the DART reintegration workers to support people to engage with community activities.
- Staff routinely assessed people's physical health on assessment and were able to offer healthcare interventions, such as blood borne virus (BBV) testing and vaccinations. Staff also took vaccinations to community premises to offer vaccinations to people that may not be able to travel to the centres. Staff were trained in pre-test and post-test counselling so were able to talk about BBV results with people and signpost them to follow up support if they received a positive test result. Electrocardiograms were completed for all people receiving over 100 millilitres of methadone per day to check a person was not suffering from a lengthened heartbeat cycle, which can be an effect of high dose methadone.
- The service worked closely with GPs to request medical histories and to request tests before people could access prescriptions. For example, a liver function test is required before a person is able to access a buprenorphine prescription.
- Staff used treatment outcome profiles with people at review appointments to measure substance misuse, social needs, physical health, mental wellbeing and overall quality of life. Staff completed this at the start of treatment, reviews and at discharge.

Skilled staff to deliver care

- People using the service had access to staff with a variety of skills and experience. The service was made up of a variety of roles including doctors, nurses, non-medical prescribers, recovery workers, social workers, peer advocates and social integration workers.
- There was no that evidence staff were suitably trained to support people effectively. Managers did not record substance misuse specific training that staff had

Are services effective?

Requires improvement

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

completed. The mandatory training list for the trust did not contain substance misuse specific training. Staff told us that they had completed training in motivational interviewing, solution focussed therapy and alcohol awareness, but this was not recorded.

- Managers inducted new staff to the service over a period of four weeks. The induction schedule included mandatory training and shadowing opportunities.
- The trust required staff to be supervised by their line manager at least every six weeks and this was not always met within the DART service. We reviewed 13 staff files and found that not all people were receiving regular supervision. One staff member had received one session of supervision in a six-month period. This meant staff did not have regular protected time to discuss personal objectives and reflect on their individual practice. Staff had access to monthly clinical supervision if they wished to attend. This was not compulsory. Staff attended monthly team meetings and weekly allocation meetings where cases could be discussed and they could seek practice advice from their peers.
- Staff had received an appraisal of their work performance.
- Peer advocates were able to access support from the service to complete national vocational qualifications in health and social care.
- Managers addressed poor performance quickly and appropriately and extra support was given to help staff achieve the desired level of performance. However, was not always properly recorded.

Multi-disciplinary and inter-agency team work

- Managers held monthly team meetings, along with weekly allocation meetings where complex cases would be reviewed and people new to treatment would be allocated a care co-coordinator.
- The service had good links with external agencies and case notes showed inter-agency working with social services and mental health teams.

Good practice in applying the MCA

- Seventy eight per cent of staff were compliant with Mental Capacity Act (MCA) training.
- The staff that we spoke with understood mental capacity in relation to the MCA and described the need for assessments to be decision specific. They described how capacity was assessed in relation to people being under the influence of substances and how this would trigger issues, such as consent, to be reviewed again at the earliest opportunity.
- Staff recorded consent to share information on people's care records. This was revisited regularly with people, and updated as and when people requested.

Good

Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Our findings

Kindness, dignity, respect and support

- Staff interacted with people in a positive and supportive way. They showed an awareness of individual treatment needs and peoples preferences. Staff spoke to people with respect and provided practical and emotional support to people using the service.
- People told us they felt supported by staff and felt they were treated as an individual. They felt staff listened to what they wanted and made their goals seem achievable.
- People told us that staff were clear in explaining confidentiality to them and they felt confident that their care was discussed only when they gave permission.
- The Boston office was small and phone conversations could be over-heard. This could compromise the confidentiality of people when they called the service. Staff recognised this so they transferred all calls to a different office which allowed calls to be taken in private.

The involvement of people in the care they receive

- People told us that they knew the contents of their care plan and staff helped them to work towards their goals.
- Staff did not always get a signature from people on the care plans to show that they agreed to the goals identified. People were able to have a copy of their care plan if they chose to and this was recorded on the care records.
- Families and carers were involved with a person's treatment if the person gave consent for this to happen.
- The service displayed information for people about an independent advocacy service if people required extra support.
- Peer supporters were involved in supporting people and to show people that recovery was possible. Peer groups were available at all three locations and were attended by managers so people could feed back on the care they received.

Are services responsive to people's needs?

Good

By responsive, we mean that services are organised so that they meet people's needs.

Our findings

Access and discharge

- The service was meeting waiting time targets set by the commissioners. Ninety five per cent of people referred to treatment in November 2015 were offered their first appointment within three weeks. People waited an average of 1.3 weeks to access the service.
- Staff saw urgent referrals, such as pregnant women and people with high risk safeguarding involvement, within seven days of referral. The doctors were flexible and would re-prioritise commitments to ensure emergency referrals were seen.
- The service accepted referrals from a wide range of sources, including self-referrals, referrals from families and referrals from professionals. Staff had two requirements for referrals: that a person was motivated to engage and that a person was aware of the referral if it was being made by someone other than themselves.
- Staff worked from the main centres in each location. They provided services in smaller towns to provide increased opportunities for people to engage and to reduce the barrier of travel times and cost.
- The service did not have a formal procedure for people who failed to attend appointments. Staff did not always follow up people who failed to attend in a timely way. Staff discussed re-engagement plans in weekly allocation meetings and plans were formulated on a case-by-case basis considering the risk of the individual.
- Staff provided a variety of appointment times to suit the individual. The Lincoln and Boston service opened one late night per week. The Grantham service opened one late night every fortnight. People who use the service had asked, via a peer group wish list and service user feedback, for more late night openings in Grantham.
- Staff cancelled appointments as a last resort, owing to late notice of staff sickness. However, people had fed back to the Lincoln service that the yoga group did not run because no one attended to take the class.
- Staff discussed discharge with people from the beginning of their treatment. During the assessment staff asked people to decide how long they would like to be in treatment, so realistic goals could be created.
- Staff discussed cases that were near discharge in weekly meetings and discharges were discussed as standard agenda items in management supervision.
- The service was meeting its contractual targets for planned treatment exits. Fifty per cent of people using the service from April to November 2015 were discharged in a planned way, either drug free or occasionally using (not heroin or crack cocaine). For the same period 62% of people whose primary problem was alcohol were discharged in a planned way.

The facilities promote recovery, comfort, dignity and confidentiality

- All three locations had a wide variety of rooms available, including group rooms, interview rooms and clinical rooms. All rooms were bright and well kept. People who use the service had created recovery messages that were displayed in rooms and waiting areas.
- One room in Boston was adjacent to the manager's office and did not have adequate soundproofing. Conversations could be heard between care co-ordinators and people using the service.
- Each location displayed a variety of information in waiting areas relating to substance misuse services. The information included drug alerts, harm reduction advice and other services that could offer support with other needs, for example, domestic violence charities and counselling services. The service in Lincoln had a waiting area that contained significant amounts of information, which made it difficult to see what support was available and which posters were for information only.
- Each service displayed information on how to make a formal complaint.

Meeting the needs of all people who use the service

- The services were accessible to everyone as the three locations had appropriate disabled access.
- Each location displayed a poster informing people that leaflets were available in different languages.
- Staff could access interpreters if required.

Listening to and learning from concerns and complaints

- The service received one complaint relating to Lincoln from September 2014 to July 2015. This related to communication and was not upheld following a managerial investigation. The manager provided the person with an explanation following the investigation.

Are services responsive to people's needs?

Good

By responsive, we mean that services are organised so that they meet people's needs.

- Managers submitted feedback about the service to the patient experience team on a regular basis. This included compliments and any informal complaints that were dealt with locally within the service. From August 2015 to November 2015, 61 compliments were received by DART services across Lincoln. There were no informal complaints recorded.
- People told us that they knew how to make a complaint, but that most of the time they could speak to their care co-ordinator and it would be dealt with.
- Staff described the complaints process and were aware of what steps people would need to take to make a formal complaint.
- Managers fed back learning from complaints in monthly team meetings and also made staff aware of compliments that had been received.

Are services well-led?

Requires improvement

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Our findings

Vision and values

- Staff could not describe the visions and values of the trust. Managers felt that the staff did not always feel connected to the trust because of the specialist nature of the service.
- Senior managers in the trust were not visible to the staff and the service manager post had been vacant for over six months, leaving a gap in leadership for the locality managers.

Good governance

- The service mandatory training compliance was below the trust target of 95%. Staff were 78% compliant which is a reasonable level.
- Managers did not record substance misuse specific training, which would evidence that staff were suitable trained to work with this client group.
- Supervisors did not supervise staff in line with trust policy. Supervision was required to take place at least six weekly and this was not the case with ten staff.
- Staff had received an appraisal of their work performance in the last 12 months.
- Managers were not aware that some staff made clinical entries on the electronic system out of hours. One record was at 00:17, which was significantly outside of working hours. Three separate staff members recorded entries after 22:00 that raised concerns regarding staffs work life balance, particularly as this had been the focus of several stress related absences.
- Managers had a lack of oversight across the service. Clinical appointments were not monitored in Boston or Lincoln, which meant people accessed medication for 11 months without being seen by a prescriber. This was not safe practice.
- Managers did not keep organised staff files. Supervision notes, correspondence, sickness records and other documentation were kept loose leaf in document wallets, with no organisation, making it difficult to review how staff were being supported and monitored.
- Managers provided a variety of forums for staff to review practice and for learning to be shared across the teams. This included weekly allocation meetings, monthly team meetings and monthly clinical supervision.
- Staff were 66% compliant with safeguarding children training and 6% were booked to attend future training courses. However, the service supported vulnerable adults and there was no record of safeguarding adult training being completed by staff.
- The service was meeting all contractual targets set by the commissioners. This included referral to assessment targets, keeping clients in treatment for at least 12 weeks and providing clients with vaccinations against hepatitis B. Managers monitored monthly performance via an internal trust spreadsheet prior to the information being uploaded to the national performance database.
- The service had sufficient administrative support in place. Administrator absences were covered by temporary staff.

Leadership, morale and staff engagement

- Managers supported staff appropriately when they were absent from work. This included referrals to occupational health and the trust wellbeing service.
- The service did not have any active bullying or harassment cases.
- Staff described the whistleblowing process, and described being able to report concerns about patient safety to the care quality commission.
- Staff and managers were positive about the team morale and spoke with passion about working with the client group.
- The trust provided a comprehensive leadership and development programme, which staff had attended from a variety of roles, including recovery support workers. The programme included structured modules, alongside motivational days that could be attended by staff.
- Staff fed back to people when they made a complaint, either formally or informally, and would apologise if the service had made an error.

Commitment to quality improvement and innovation

- The service had started to provide a breathalyser for people using the service to take home to monitor their alcohol use. This was implemented as a modern alternative to paper drink diaries, which are used to record an individual's alcohol intake. Staff supported people to monitor intake and recognise a reduction in drinking as a positive achievement and motivation to continue to reduce.

Are services well-led?

Requires improvement

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

- The service had created social integration worker posts to support clients to engage with community activities. This was not included in the original service specification, but was created as a way to support people using the service.

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
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment must be provided in a safe way for patients. The things that a provider must do to comply include: Assessing the risks to the health and safety of service users of receiving the care or treatment, doing all that is reasonably practicable to mitigate any such risks. ensuring that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely; The proper and safe management of medicines. · We found risk assessments were not updated routinely or when risk changed. · We found people accessing prescribed medication were not seen regularly. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 12 (1)(2)(a)(b)(c)(g)

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Good governance** Systems or processes must be established and operated effectively to ensure compliance with requirements.

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Systems or processes must enable the registered person to: maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided. · We found that clinical entries lacked detail and did not outline the treatment plan or decisions in relation to prescribing rationale for people using the service. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 17(1)(2)(c)
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed in order to meet requirements. Persons employed by the service provider in the provision of a regulated activity must receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. · We found staff were not receiving regular supervision. · We found that managers did not record if or when staff attended substance misuse specific training. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 18 2(a)