

# Lifeline Waltham Forest Recovery Service

## 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 areas of good practice:

- The service provided a range of care and treatment to meet the needs of people using the service. This care and treatment was provided safely and in line with current best practice guidance.
- Care and treatment was provided within a clean and hygienic environment. Clinical areas were checked regularly and were stocked appropriately. Medication management and infection control audits were undertaken regularly.
- Clients' physical health was monitored appropriately by both medical and nursing staff as necessary to ensure that their needs were met. Identified risks were managed within the service and there was good communication with GPs as appropriate.
- The service was accessible for people both in terms of opening times and the physical environment of the service at the main service base in Walthamstow. The service looked to prioritise meeting the needs of people with regular drop in clinics for people with high needs associated with alcohol misuse. They were able to provide a specialist liaison service at Whipps Cross Hospital and a planned community alcohol detox service as well as a range of other services.
- The service worked to meet the needs of people from the diverse local community and there was a community development worker who linked in with local community groups.
- Clients were very positive in their feedback about the service and we observed care being delivered with sensitivity and respect.
- Staff in the service were very positive about the management and felt able to raise concerns.
- Staff throughout the service had access to a range of data to check their performance and ensure that key targets were monitored, such as the completion of assessments and reviews in a timely manner.
- There was a strongly embedded volunteer and peer mentor scheme which had led to paid employment for some volunteers. This was highly valued by staff and clients.

# Summary of findings

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

- Some staff records which had been transferred to the new provider were not comprehensive as they did not include all references. However, all DBS checks were in place for current staff as well as volunteers and peer mentors.
- Regular client meetings were not recorded, so it was not clear what action had been taken as a result of these meetings.

# Summary of findings

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# Summary of this inspection

## Background to Lifeline Waltham Forest Recovery Service

Lifeline Waltham Forest Recovery Project provides a wide range of services for adults with drug and alcohol problems in the London Borough of Waltham Forest. This includes advice and information and support in recovery including case management. There is structured treatment including community alcohol detoxification and referrals to residential detoxification programmes where needed. The service provides an alcohol liaison service at Whipps Cross Hospital and a variety of groups and drop in support.

As of September 2016, the service had 648 clients on their caseload and saw an average of 300 clients per week between August 2015 and August 2016. There were 39 members of staff employed within the service.

The service was registered on 1 August 2015 where it took over contracts to deliver alcohol and substance misuse services in the borough from four previous providers. Staff employed in these services were transferred to Lifeline.

The service operates from two sites, one in Walthamstow and one in Chingford.

Lifeline Waltham Forest Recovery Project is registered to provide the following regulated activities:

Treatment of disease, disorder or injury

Diagnostic and screening procedures

There is a registered manager in post for this service. The Care Quality Commission had not previously inspected this service.

## Our inspection team

The inspection team that carried out this inspection consisted of three CQC inspectors, one CQC assistant inspector, one CQC pharmacy specialist manager and one pharmacy clinical fellow who was observing the inspection, one specialist advisor who was a doctor with

experience working within a substance misuse service and one expert by experience. An expert by experience is a person who has personal experience of using, or supporting someone using substances.

## 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

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.

# Summary of this inspection

During the inspection visit, the inspection team:

- visited the site at 1 Beulah Road, Walthamstow and looked at the quality of the physical environment, and observed how staff interacted with clients
- spoke with six clients
- spoke with the registered manager
- spoke with 19 other staff members employed by the service provider, including doctor, nurses and support workers
- spoke with one peer mentor
- received feedback about the service from the lead commissioner
- attended and observed one clinical team meeting and one general team meeting.
- collected feedback using comment cards from 47 clients
- looked at eight care and treatment records, including medicines records, for clients
- undertook a specific check of medicines management
- looked at policies, procedures and other documents relating to the running of the service.

## What people who use the service say

We spoke with six clients who used the service during the inspection visit and received feedback from 47 comments cards with 45 of the cards having wholly positive feedback, one mixed and one negative

The feedback we received was overwhelmingly positive. Some examples of the comments we received included

remarks that this was the best service that someone had received, others said that staff were polite, friendly and helpful and that there was a comfortable and relaxed atmosphere within the service.

One of the negative pieces of feedback related to the timeliness of appointments.

# 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 areas of good practice:

- Care and treatment was provided in an environment that was clean and hygienic. This included the clinic room areas where treatment was undertaken. There were regular infection control audits and areas which were identified where action was needed were highlighted.
- There were sufficient clinical and non-clinical staff working within the service to provide safe care and treatment to clients attending the service.
- Staff working within the service had a good understanding of how to report incidents and were aware of recent incidents, and actions which had been taken to embed learning following incidents.
- Risks were managed appropriately within the service. Staff ensured that where clients were receiving treatment, this was done safely and with appropriate physical health checks being carried out. They also liaised with other professionals to share information to ensure the safety of clients.

However, we found the following issue which the provider needs to improve

- Two records we checked from staff that transferred into the service from a previous provider did not have complete records of references provided.

### Are services effective?

We do not rate standalone substance misuse services

We found the following areas of good practice:

- Initial assessments and ongoing reviews were complete and updated as necessary. They contained relevant information and involved clients in developing recovery plans. Recognised outcome measures were used to understand the progress clients were taking towards recovery.
- The service worked with a variety of different local agencies including the local acute hospital where they delivered a specialist liaison alcohol service, the local mental health trust and the local authority as well as a number of third sector organisations.

# Summary of this inspection

- Staff had access to regular supervision and appraisals. Staff also told us that they had access to additional training which was relevant to their role.

## Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients were very positive about the support which they received from Lifeline Waltham Forest.
- The service provided regular carers groups fortnightly and there was a dedicated family support worker.
- There was a strongly embedded peer mentor and volunteer scheme which clients valued and had led to paid employment in some situations. Peer mentors and volunteers were supported with regular supervision.

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

- Some regular client meetings were not well-attended and had not been recorded. This meant that it was not clear what actions had been taken on the basis of client feedback.

## Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients were able to access the service on a drop in basis and receive a timely assessment of their needs.
- Specific clinics relating to clients with high needs meant that the service was able to allow a level of flexibility to cater to those who might be more difficult to engage with specific appointment times.
- The service had specific programmes which could be accessed by some groups within the community including women's groups, a service specifically targeting party drugs which were commonly used in the lesbian, gay, bisexual and transgender community and outreach work with local communities. There was also a community development worker in post whose role was to link in with local community groups to meet the needs of the wider community.
- There was a clear complaints policy and clients told us that they were aware how they could access it.

## Are services well-led?

We do not currently rate standalone substance misuse services.

# Summary of this inspection

We found the following areas of good practice:

- Staff engagement and morale was good. Staff were positive about the provider and about the support which they received from their managers. They told us that they would feel comfortable raising concerns internally.
- One member of staff led on data issues and this meant that information was available at a local level regarding key performance indicators and additional checks on the timeliness of data entry and reviews of care plans and risk assessments.
- The service was taking steps to improve and had developed a specific action plan following feedback from a number of sources including commissioner feedback, internal quality review visits and feedback from incidents, accidents and complaints.



# Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

## Are substance misuse services safe?

### Safe and clean environment

- The Waltham Forest Drug and Alcohol Service run by Lifeline Project was based over two sites, one in Walthamstow and one in Chingford. As a part of this inspection visit, we visited the main site in Walthamstow. This service had a number of meeting rooms and areas for staff and clients and included a clinic room for medical examinations and treatment.
- The service and rooms were visibly clean and tidy when we visited.
- There were regular infection control audits which were undertaken quarterly. Every day a nurse completed a checklist which included checking the clinic room and ensuring that supplies of hand gel and soap were sufficient, checking sharps boxes were in date and not overfilled and general checks that the areas used for clinical practice were visually clean.
- Equipment such as blood pressure monitors, scales and electrocardiogram machines were checked regularly and calibrated.
- The service undertook externally commissioned health and safety audits including specialist audits of clinical areas and urine testing rooms. Where recommendations were made, these formed part of the action plans for the service.
- Emergency medicines including adrenaline were kept on site and were seen to be monitored by nurses and were within their expiry dates. An assessment had been carried out by staff to decide which emergency

medicines were kept and the service kept this under review along with the need to provide any emergency equipment. The service had access to first aid equipment.

### Safe staffing

- At the time of our inspection there were 39 staff employed at Lifeline Waltham Forest. This included full time and part time staff. There were 1.5 working time equivalent vacancies for nurses. However, the nursing posts were covered by staff employed through an agency who had undergone inductions and knew the service well. Vacancies were covered by the use of agency staff and some fixed term temporary employees. As of September 2016, there was a 10% vacancy rate across all staff at Lifeline Waltham Forest. There were four members of staff on maternity leave and these posts were covered.
- All shifts were covered by agency or bank staff in the three months up to 23 September 2016.
- There were two medical posts including one full time post and one part time post. These posts were filled through a specialist medical agency. The doctors in post had been working in the service since it opened in August 2015. In case of planned or unplanned leave, cover could be arranged through the agency so there was consistent medical cover during working hours.
- Staff completed mandatory training. Some had completed the training as a part of their induction but also staff who had been working for the service completed this on an ongoing basis. 82% of staff had completed safeguarding adults and mental capacity training. Mandatory training was monitored throughout the service and staff were directed at supervision to

# Substance misuse services

attend. In the service, mandatory training included specific training related to substance misuse including an overview of prescribing and for those working in the criminal justice area.

- As of September 2016, the service had a caseload of 648 clients and there was an average caseload of 35 clients per member of staff. However, the type of work undertaken by staff varied. For example, there were separate teams within the service that assessed clients on admission to the service and another team who provided ongoing case management support. This meant that caseloads varied significantly depending on the type of role the staff member was taking. Staff in the various teams told us that they did not feel their caseloads were excessive or unmanageable.

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

- When clients were referred or referred themselves to the service, they were assessed by a member of the engagement team. Staff undertook risk assessments initially and these risk assessments were comprehensive and reflected the current risks. They were reviewed a minimum of three monthly and recorded on the service's electronic database. Information from this database was collected centrally so that the service could monitor and record that risk assessments were updated regularly. If an incident occurred, risk assessments were updated more frequently. The risk assessments we checked reflected the current identified risks and these translated into risk management plans.
- Specific risk assessments were carried out depending on the service which was accessed. For example, there were more detailed risk assessments when people required medical or nursing input compared to those attending drop in groups. For example, if someone was undertaking a community alcohol detoxification programme, they were seen by a doctor before starting detoxification and had a blood test to take baseline physical health observations. The service also ensured they liaised with clients' GPs and also liaised with carers who had been designated to help clients through the detoxification process. Clients were not admitted to the community detoxification programme unless they were committed to it and had demonstrated that they had a currently stable lifestyle, for example, they had a job. There were also specific exclusion criteria in place including any history of seizures or pre-existing medical conditions which may affect the safety of the community detox. In these circumstances, clients were referred for residential detox settings. This service provided both a client and carer's handbook with specific information. During this period of detoxification there was a nurse allocated to monitor the physical health through this process.
- All clients who attended the service were offered access to a blood borne virus (BBV) screening test and support regarding the outcome of these tests. The service employed a nurse specifically to lead on the screening of blood borne viruses for clients of the service.
- Doctors within the service monitored clients regularly and carried out checks when prescribing medication. There were specific risk assessments carried out when clients were given prescriptions to take home after a period of supervised consumption at a pharmacist. Supervised consumption is when pharmacists observe clients taking medication prescribed. Specific safeguarding issues were noted clearly on prescription changes.
- Where there was a risk of a client diverting their prescription, which means that when they were not taking the prescription but were either giving or selling it to someone else, this was managed on an individual basis. Where staff thought there was a risk, they were able to take oral swab checks to determine whether the client had taken their prescribed medicine.
- Where clients were at risk of exiting the programme or service, key workers remained in contact with them to provide additional information and support to re-engage if possible. They were also given options to engage with specific drop ins and groups to support people with high dependency needs. The service had a protocol in place regarding clients who did not engage with the service or did not attend appointments. Clients who were part of the community detox service were given information about the risks of disengaging throughout the programme. The service ensured that information about harm reduction including advice regarding disengaging with treatment was passed on as a part of the programme.
- Where home visits were necessary, they were carried out by two members of staff. There was a specific lone working protocol which staff were aware of. Staff used

# Substance misuse services

an emergency code word over the phone if they were in difficulties in community settings to summon help. They also informed the service manager and an administrative worker of their whereabouts and called both when they arrived at a property and when they left. Staff we spoke with were aware of this protocol.

- There was a secure system in place to monitor the use of prescription forms which included an audit trail on paper and electronically for the issue of all prescriptions.
- Agreement letters were sent by the service to pharmacies before clients started their pick up arrangements. The service had negotiated with three pharmacies locally to accommodate people using the service which allowed some flexibility over work days, evenings and weekends.
- The service had access to Naloxone, which is a drug used for the emergency treatment of overdoses. We saw that the service followed recommended national treatment guidelines and had systems in place in the event of clients not following the agreed treatment regime. The service also had arrangements in place to provide clients with secure storage facilities for their medicines to minimise the risks to others living with them.

## Track record on safety

- There were no serious incidents reportable under their serious incident framework.

## Reporting incidents and learning from when things go wrong

- Staff had a good understanding of the way that incidents should be reported within the service. There was an electronic incident reporting form which was completed by the member of staff who first became aware of the specific incident. This form was forwarded to the service manager and the operational manager who were able to review it. If one of them was on leave, the other would be able to review it. This information was also shared centrally with the Lifeline office covering the southern region. This meant that information about incidents, trends, and learning could be collated at a local and central level.

- The service had daily staff meetings and weekly clinical meetings where incidents were discussed and reviewed. Staff who were not present at meetings were encouraged to look at minutes in order to have details.
- Staff we spoke with were able to give us examples of recent incidents in the service and were able to explain actions which had been taken to change practice following incidents and ensure that learning was embedded.

## Duty of candour

- Duty of candour is a legal requirement, which means providers must be open and transparent with clients about their care and treatment. This includes a duty to be honest with clients when something goes wrong. Staff were aware of the need to be open and transparent when things went wrong.
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- The registered manager of the service had an understanding of their responsibilities in line with the duty of candour and the need to apologise to clients when errors were made.

## 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)

- We checked care and treatment records for eight clients chosen at random who attend the service for different reasons. We saw that assessments carried out were comprehensive, holistic and person-centred with a focus on recovery. The service used recognised assessment scales as were relevant, for example, if clients were being assessed for alcohol dependency, the alcohol use disorders identification test (AUDIT) and severity of addiction questionnaire (SADQ) were used. The service also used the clinical institute withdrawal assessment for alcohol (CIWAS) scales. Where clients used opiate based substances, the clinical opiate withdrawal scale (COWS) was used.

# Substance misuse services

- Initial assessment records showed that client history including mental and physical health background, as well as social and family history. Care plans reflected client's needs and we saw that clients were involved in the development and review of their care plans.
- Where necessary, and depending on the needs of the clients, additional tests were undertaken, for example, the doctor undertook mental state examinations when they were relevant.
- When prescribing the service was able to carry out urine screening on site and in a sterile environment.
- Staff within the service liaised with GPs as necessary. Information was provided to the GP after the initial assessment and updates were sent after three months or earlier if necessary. The service was able to provide ECG checks in clinic for clients who were on prescriptions of methadone.
- When clients were assessed, physical health checks were logged. Client outcomes were recorded and monitored using treatment outcome profiles (TOP). These were monitored at the beginning of treatment and at regular intervals throughout the treatment programmes.

## Best practice in treatment and care

- We met with the clinical lead for Lifeline south region. They had put together guidelines for the service relating to the current relevant National Institute of Health and Care Excellence guidelines particularly around prescribing practices. Medical staff within the service were aware of these guidelines.
- The service ensured that blood borne virus screening took place on site for all people referred to the service. The service used an outsourced pathology service which provided prompt access to results.
- Lifeline clients were able to access a specialist service which catered to users of party drugs and chemsex substances. This was called the After Party Service. This service which covered London and had a particular focus within the lesbian, gay, bisexual and transgender community. Staff within this service were able to offer six sessions either in a local Lifeline project or as an outreach in the community to assist clients who wished to manage these issues with specialist support. They were also able to offer home HIV testing kits. The After

Party service were able to link into the local Lifeline service but also provide a safe environment where people felt able to raise specific issues relating to the use of these substances.

- There were a number of groups available to clients, depending on their needs and the stage of treatment which they were at. This included a high threshold alcohol group which included drop in sessions with the doctor and other staff and a low threshold alcohol group as well as other groups such as a women's empowerment group, a recovery skills group, a parents' programme and a motivation group as well as activities such as art and relaxation.
- There were five GPs within Waltham Forest which the service had specific shared care agreements. This meant that staff from the service would see people in GP surgeries and GPs would prescribe medication with the oversight and involvement of the service. This was provided for clients who were stable and there were two members of staff who covered these clients. As well as providing services to the clients, the service also worked with GPs to provide educational input, for example, giving presentations to GPs about Lifeline services and attending educational lunches.

## • Skilled staff to deliver care

- The team which provided care and treatment at the Waltham Forest Lifeline service consisted of a range of professionals including psychiatrists, both mental health nurses and general adult nurses and support workers. There was also a specialist family support worker and a member of staff who was a trained counsellor. Additional volunteers and peer mentors also supported the service. The service also provided an alcohol liaison service delivered by a nurse in Whipps Cross accident and emergency department.
- Staff we spoke with told us that they received regular individual supervision. We saw this reflected in staff records and supervision records. As well as individual supervision, staff received group supervision in their teams regularly. Staff across the service also told us that they were able to access informal supervision and support from their line managers as well as managers within the service as necessary. Staff told us that they felt supported in their roles. All staff had also had appraisals in the previous year.

# Substance misuse services

- We checked four staff recruitment records. We saw that all staff and volunteers used by the service had current disclosure and barring service (DBS) checks which meant that the service had undertaken a criminal records background check. We saw that for staff that were newly employed by the service, the service had checked references prior to employment. We checked two records of staff who had transferred into the service from another provider. While these had one reference on file, they did not have two references. However, these members of staff had been employed by different organisations.
- Staff had access to additional specialist training beyond the mandatory training provided in the service. Some staff had accessed specific training such as motivational interviewing, cognitive behavioural therapy (CBT), specialist training related to drugs and alcohol misuse and mindfulness.
- **Multidisciplinary and inter-agency team work**
- The service worked with a number of different agencies in order to support clients who used the service. This included liaising with local authorities when there were concerns regarding safeguarding or when social care was required.
- **Good practice in applying the Mental Capacity Act**
- Most staff had had training including reference to the Mental Capacity Act as it had been part of the adult safeguarding training.
- Staff who had a responsibility to administer treatment, whether blood or urine tests or prescribing as a medical professional, had an understanding of their duties relating to the Mental Capacity Act and where necessary, consent documentation was completed and recorded.
- **Equality and human rights**
- Staff within the service had a good understanding their responsibilities regarding the Equality Act and legislation providing protection to clients on the basis of their protected status.
- The team had also built links with the local mental health trust. Key workers led on liaising with local community mental health teams. Some staff within the service had transferred from the local mental health trust when Lifeline had taken over the contract. There was a local community mental health team which was located near the service and staff were aware of how to make referrals if necessary.
- There were nurses who were based at Whipps Cross Hospital and provided an alcohol liaison service to the accident and emergency department. This meant that clients could be seen and picked up while they were in the local acute hospital. The service had regular meetings with the local mental health trust and the local acute hospital trust in order to iron out any miscommunication or to raise issues which were of common interest or concern. These meetings were recorded and the minutes were available for staff.
- The service had built up links with local GPs. There were five GPs specifically that had shared care agreements but other than that, the service liaised closely with GPs and ensured that information was shared as best possible. Staff ensured that information from BBV tests was relayed to GPs.
- There were regular team meetings and every day there was a morning meeting for all staff to attend where key information, including current risk information was shared.
- There was a community development worker in post. Their role was to liaise and develop links in the local community with voluntary sector and general community based groups. They ran sessions for third sector groups in the local area to help them understand the role of Lifeline services in Waltham Forest.

## Are substance misuse services caring?

### Kindness, dignity, respect and support

- We spoke with six clients who came into the service during our inspection visit. They were very positive about the service and told us that they were treated with dignity and respect by staff and given information about their care and treatment as well as information about available groups, whether they wished to join them or not. One person told us that the group they attended had helped them in their recovery and that



# Substance misuse services

they had received information about the services through social media channels such as Facebook and Twitter as well as by attending the service and this made them more accessible.

- We observed positive interaction between clients and members of staff, including when there was an incident in the service which was managed with skill and patience by staff members.
- Staff we spoke with demonstrated a good understanding of individual clients' needs.
- We received feedback from 47 comments cards with 45 of the cards having wholly positive feedback, one mixed and one negative. The feedback we received was overwhelmingly positive. Some examples of the comments we received included remarks that this was the best service that someone had received, staff are polite, friendly and helpful and that there is a comfortable and relaxed atmosphere within the service. One of the negative pieces of feedback related to the timeliness of appointment times.

## The involvement of clients in the care they receive

- Clients told us that they were aware of their care plans and had been involved in the care planning process.
- Throughout the service, there was information on display which provided additional information for clients and their family members or carers including local groups and events, general information about substance misuse and information about making complaints about the service.
- There was a well embedded team of peer mentors and volunteers, supported by a member of staff whose role was to provide support to the network of peer mentors and volunteers. At the time of our inspection, there were three peer mentors and ten volunteers. Some volunteers had gone on to take paid employment with the service. Volunteers carried out a number of functions including running a café twice a week, greeting clients when they came into the service and running groups such as the art group. The group of peer mentors had additional training and support for their roles. The service also supported some clients to take part in the Expert by Experience programme through the CQC and support inspections of other substance misuse services around the country.

- While regular meetings for clients were arranged, they were not consistently well-attended or recorded. The service had tried a number of ways to seek feedback including having a dedicated email address for feedback, using feedback forms in the centres and having a meeting in the café for volunteers. There was a volunteer working group which developed the organisational strategy for the use of volunteers through the southern region and looked at how volunteers were used within the service.
- Peer mentors and volunteers that we spoke with told us that they felt supported by the organisation and had regular supervision.
- The service ran a fortnightly carer group. There was a dedicated family support worker and a counsellor was available specifically to provide advice and support to carers.
- The service had developed a regular newsletter which had initially started as a staff newsletter but was now distributed to clients and carers as well. This had information about local events and information about the service.

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

## Access and discharge

- People were referred to the service from a number of routes, including self-referral but other referrals came from local community mental health teams, the local acute hospital and from the probation service or court. Different teams worked within the service. These included the engagement team which took initial referrals and short term work, the recovery coordination team which worked with people over longer periods and the recovery support team which included the provision of group work, advice regarding welfare benefits and family support and volunteer and peer mentor work. In addition to this, the medical and nursing team and administrative team worked alongside all these teams and there were nurses based in Whipps Cross Hospital providing a specialist liaison service.

# Substance misuse services

- The service did not operate a waiting list to provide an initial assessment. Clients were provided with a walk-in service if necessary and access to self-referral meant that those who wished to be seen could be seen quickly. The service base in Walthamstow was open until 8pm on two nights a week to meet the needs of people who worked during the day. There were no specific inclusion or exclusion criteria and the service provided a range of different options regarding the specific needs of clients so were able to adapt services to specific needs.
- There were specialist workers in the recovery coordination team who worked with people who were involved in the criminal justice system and liaised specifically with probation workers and the court service.
- In order to meet the needs of clients who were at the stage of their treatment which may identify them as more difficult to engage, the service ran an open clinic for 'high dependency' alcohol users. This meant that on a specific time each week, clients in this group were able to walk into the service without a prior appointment and see a doctor or a nurse as well as attending a group. This ensured that consistent care was provided for this group of clients.
- When clients had not attended arranged appointments, the service ensured that key workers followed this up. We saw that this was happening consistently when necessary. Key workers were also able to arrange home visits when necessary. Between September 2015 and September 2016, 68% of appointments were attended. This included both group and individual sessions.
- When clients disengage, they were followed up by the service prior to being discharged. There were three attempts made to re-engage with clients before discharging and all discharges were reviewed by a manager before going ahead. Between August 2015 and August 2016, 374 clients had been discharged from the service. The service provided information to clients about specific safety issues related to unplanned discharged and disengagement with the service and the risks involved.

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

- The service was provided over two sites. We visited the Walthamstow site as a part of this inspection. This is

where the clinical work took place including nursing and medical input. The building was not purpose built. It had a number of interview rooms, meeting rooms and a clinic room. However, some staff and clients told us that finding space within the building could sometimes be problematic. There was a garden area within the building.

- The building was on a ground floor level meaning that it was accessible for clients who had mobility difficulties and may need to use mobility aids including wheelchairs. There was a toilet which was wheelchair accessible.
- Information in the form of leaflets and posters were evident throughout the service and offered details of different events and groups in the local area, the services which were on offer through Lifeline and partner agencies, such as the After Party service and information about substance misuse for clients and their family members or carers.

## **Meeting the needs of all clients**

- The service identified the demographic information such as age, gender, cultural or ethnic group, first language and sexual orientation on referral. This meant that managers within the service had a clear understanding of where referrals were coming from and if there were gaps or patterns in referrals to target specific user groups. For example, the service identified that there were high levels of referrals from people from eastern European backgrounds and had undertaken to do specific outreach work in this community. Some members of staff were able to speak eastern European languages and where necessary, interpreters were accessed.
- One member of staff was identified as a lead for domestic violence issues to ensure these issues were addressed. The service also had a specific group for women.
- Staff told us that they were aware and sensitive to the specific needs of clients who identify as gay, bisexual, lesbian and transgender. The After Party service specifically had a focus on people who used the service from this group and information was available within the service.

# Substance misuse services

## Listening to and learning from concerns and complaints

- In the year between August 2015 and August 2016, there had been one complaint to the service which had been upheld. There had been numerous compliments received to the service including through the use of comments cards.
- Information about how to make complaints was clearly available in the service. Clients we spoke with told us that they were aware of how to complain.
- The provider had a clear complaints policy which was available to us. It demonstrated that there were robust processes in place when complaints were made for them to be investigated and for information to feed back to the service. Complaints were discussed as a part of clinical governance and general staff meetings, when they arose.

## Are substance misuse services well-led?

### Vision and values

- The provider had a clear vision which is to provide alcohol and drug services that value people and achieve change. The organisational values reflect that the provider aimed to 'improve lives, effective engagement, exceed expectations and maintain integrity'. In speaking with staff through the service, they reflected the organisational vision and values in their interactions with clients who used the service. This was demonstrated by a clear pride in the roles which they carried out a desire to have a positive impact and an effort to ensure that the support provided was of a good quality.
- Staff told us that they felt supported by the organisation and their managers within the organisation to develop and to provide good quality care.

### Good governance

- The service had taken over from four previous providers in August 2015. There had been a number of staff who had transferred from different agencies. Lifeline was embedding its clinical model and the service as in a period of transition and development, to consolidate its aims and values. The service was part of the southern region within Lifeline and received operational support

from this office. There was a member of staff specifically with the role of managing data and data quality. They were able to provide up to date reports on information from the organisation and service's database system so could understand how the service was performing and ensure that data was being used to target areas of performance which may need additional work as well as illuminate areas of work where the service was doing particularly well.

- Lifeline Waltham Forest had developed an action plan which was based on feedback from commissioners, internal audits and quality reviews as well as learning from incidents, complaints and accidents. This meant that all the planning was collated into one document which could track areas of improvement and progress taken.
- Managers within the service undertook regular quality checks including general audits. These fed into the service wide action plan which targeted areas of additional focus from a number of areas, including feedback from commissioners, feedback from the regional office on the basis of key performance indicators and areas of development identified locally including feedback and learning following incidents, accidents or complaints.
- The registered manager kept a log of incidents, accidents and complaints within the service to ensure that any learning or key information was tracked and fed back to staff as necessary. Staff told us that they had a good understanding of recent incidents.
- There was a specific clinical governance meeting locally to ensure that information from the central organisation was also fed down to a local level.

### Leadership, morale and staff engagement

- Staff throughout the service told us that they felt supported by their immediate line managers. They were aware of whistleblowing procedures and told us that they felt they would be able to raise concerns if necessary.
- The registered manager displayed strong leadership and staff were very positive about the way the service was managed locally. They provided a strong knowledge of the service and issues it faced as well as a clear direction for the service.



# Substance misuse services

- Sickness rates in the service in the year between September 2015 and September 2016 was at 4%.The staff turnover rate had been 15%.
- Staff were supported with supervision, appraisal and training. Some staff had been able to access additional training and they felt supported by the organisation to do so.

## **Commitment to quality improvement and innovation**

- The provider had developed a number of specialist services including the After Party service which provided additional support to a specific user group with a particular need and included the ability to provide at home HIV testing.

# Outstanding practice and areas for improvement

## Outstanding practice

- The open drop in for people with high support needs meant that the service was focussed on meeting the needs of particular clients who might otherwise be hard to engage by making the options to them as flexible as possible.
- The service provided specialist support for some groups such as the women's group and the After Party service.
- The provision of a community development worker meant that the service was committed to linking in with local communities and building links with third sector organisations. This meant they would be better able to cater to the needs of clients.

## Areas for improvement

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

- The provider should ensure that references are on record for staff that have transferred into the service so that gaps in employment can be covered.
- The provider should ensure that client's meetings where they are attended are recorded so that any suggestions and actions can be followed up.
- The provider should ensure that they continue to work closely with the local mental health trust and ensure that communication between the trust and the service is strengthened.