

Lifeline South Kirklees

Quality Report

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

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

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

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

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

Overall summary

We do not currently rate independent standalone substance misuse services.

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

- Some staff had not received training in adult safeguarding, child safeguarding, or managing challenging behaviour.
- Only 53% of staff had received an appraisal in the 12 months prior to our inspection.
- Portable appliance testing was not up to date.
- Not all records we reviewed showed that clients had been offered blood borne virus testing or immunisation within the recommended timescales.

- There were no systems in place to monitor mandatory training, appraisals or supervision. The service did not have an annual audit cycle. The service did not have a local risk register.
- The whistleblowing policy was overdue for review.
- The service failed to report notifiable incidents to the Care Quality Commission.
- Not all staff had up to date disclosure and barring checks.

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

- Staff were aware of local safeguarding procedures and understood their responsibilities in safeguarding

Summary of findings

children and adults. Staff were knowledgeable about the risks around alcohol withdrawal and provided harm minimisation advice to clients, advising them how to reduce their alcohol intake safely.

- The service had sufficient staff and had not used bank or agency staff in the last 12 month prior to the inspection.
- All clients received a thorough initial assessment and staff documented this accordingly. The service's revised recovery action plans took a holistic approach to care planning and promoted staff to consider the clients recovery capital. The service was offering interventions underpinned by national guidance.
- Staff worked had good working relationships with external organisations and worked closely alongside them to support the clients.
- The service had morning and evening handover meetings so staff could identify pieces of outstanding work that needed covering and highlight areas of concern.
- We observed kind and compassionate care delivered to people who use the service. The people who used the service were very complementary about the effectiveness of staff, and the quality of the care. There was a system in place for clients to feedback about the service.
- Local stakeholders such as citizens advice and housing services attended drop in clinics to support clients with other issues impacting on their lives.
- Clients who were abstinent from alcohol and had completed the recovery programmes could work as peer mentors by supporting new clients attending the service. They also facilitated group work with staff.
- Clients were provided with an assessment at a time that suited them. Staff were able to arrange the first one to one appointment after the assessment within a week. Clients had access to groups and activities whilst waiting for their one to one appointments to begin.
- All the rooms were appropriate for use and optimised client comfort.
- The service was culturally diverse and staff went out of their way to engage with hard to reach clients which included people who were homeless. The service had employed a specialist diversity worker.
- Staff were motivated in their roles and had good morale. There was a strong team ethic, and staff felt well supported by local management. Sickness levels were very low with an average of 2% in the last 12 months.

Summary of findings

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Lifeline South Kirklees

Services we looked at

Substance misuse services;

Summary of this inspection

Background to Lifeline South Kirklees

Lifeline South Kirklees was one of four services which were jointly commissioned as Kirklees' Integrated Drug & Alcohol Services for Adults. Lifeline South Kirklees was the substance misuse component of the integrated substance misuse and alcohol service commissioned in South Kirklees. Whilst each of the four services were registered separately with the Care Quality Commission, the services had one registered manager who was responsible for all four locations including Lifeline South Kirklees. The service regarded itself as one integrated drugs and alcohol service delivered in four separate locations. This service operated from premises in the centre of Huddersfield.

The service employed a partnership model of delivery with Lifeline as the lead provider. In the partnership Lifeline South Kirklees was responsible for overall service delivery with a focus on prevention and recovery through psychosocial interventions. The service is commissioned by Kirklees Council – Public Health.

Lifeline South Kirklees had three sub-contracts:

- Locala Community Partnerships – an independent community interest company providing community health services in Kirklees and other areas. This service was sub-contracted to provide medical and prescribing services via a lead GP and nurse prescribers.
- Community Links – a not-for-profit provider of mental health and well-being services in Yorkshire and the Humber. This service was sub-contracted to provide assertive outreach for people with both mental health needs and substance misuse problems.
- The Basement Project – a not for profit self-help charity based in Halifax, Huddersfield and Dewsbury. This service was sub-contracted to provide abstinence support and group programmes.

This was the first comprehensive inspection of Lifeline South Kirklees using CQC's new inspection methodology.

Our inspection team

The team that inspected the service comprised of the lead CQC inspector Karen Bell and two inspectors.

Why we carried out this inspection

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

How we carried out this inspection

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

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

- Is it well led?

Before the inspection visit, we reviewed information that we held about the location, asked other organisations for information, and gathered feedback from staff members in response to an email we asked the provider to send to them.

Summary of this inspection

During the inspection visit, the inspection team:

- looked at the quality of the physical environment where care and treatment was delivered
- spoke with six clients
- spoke with the registered manager and clinical governance lead
- spoke with 13 other staff members employed by the service provider including the team leader
- received feedback about the service from the local commissioners
- attended and observed an initial assessment with a key worker
- collected feedback using comment cards from 7 clients
- sought feedback from clients, relatives and carers and other organisations at a focus group
- looked at nine care and treatment records for clients
- looked at policies, procedures and other documents relating to the running of the service
- reviewed safety documentation in relation to the building
- toured the premises and checked cleanliness and maintenance

What people who use the service say

During our inspection we spoke with six clients who used Lifeline South Kirklees and the shared care services. We held a focus group prior to our inspection. One carer told us staff were supportive and caring. We also received 7 comment cards from clients that were accessing these services. All comments were positive in relation to the service provided. Many clients said staff treated them with dignity and respect. Staff were described as kind, caring and supportive.

Together with three other Lifeline services in Kirklees, Lifeline South Kirklees participated in a feedback week with clients that used the service in June 2016 and 170 questionnaires were completed. The results indicated a very positive experience for clients with 80% or more rating for Lifeline services in Kirklees as good or excellent. The survey did not differentiate between the four services.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We do not currently rate standalone substance misuse services.

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

- Some staff had not received training in adult safeguarding, child safeguarding, or managing challenging behaviour.
- Portable appliance testing was not up to date
- Not all staff had up to date disclosure and barring checks.

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

- The environment was clean.
- Staff were aware of local safeguarding procedures and understood their responsibilities in safeguarding children and adults.
- Staff were knowledgeable about the risks around substance withdrawal and provided harm minimisation advice to clients, advising them how to reduce their alcohol intake safely.
- The service had sufficient staff and had not used bank or agency staff in the last 12 month prior to the inspection.

Are services effective?

We do not currently rate standalone substance misuse services.

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

- Not all records we reviewed showed that clients had been offered blood borne virus testing or immunisation within the recommended timescales.
- Only 53% of staff had received an appraisal in the 12 months prior to our inspection.

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

- All clients received a thorough initial assessment and staff documented this accordingly.
- The service's revised recovery action plans took a holistic approach to care planning and promoted staff to consider the clients recovery capital.
- Staff worked had good working relationships with external organisations and worked closely alongside them to support the clients.

Summary of this inspection

- The service had morning and evening handover meetings so staff could identify pieces of work that needed covering and highlight areas of concern.
- The service was offering interventions underpinned by national guidance.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- We observed kind and compassionate care delivered to people who use the service.
- The people who used the service were very complementary about the effectiveness of staff, and the quality of the care.
- Local stakeholders such as citizen's advice and housing services attended drop in clinics to support clients with other issues impacting on their lives.
- Clients who were abstinent from substance misuse and had completed the recovery programmes could work as peer mentors by supporting new clients attending the service. They also facilitated group work with staff.
- There was a system in place for clients to feedback about the service.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients were provided with an assessment at a time that suited them. Staff were able to arrange the first one to one appointment after the assessment within a week.
- Clients had access to groups and activities whilst waiting for their one to one appointments to begin.
- All the rooms were appropriate for use and optimised client comfort.
- The service was culturally diverse and staff went out of their way to engage with hard to reach clients which included people who were homeless. The service had employed a specialist diversity worker.

Are services well-led?

We do not currently rate standalone substance misuse services.

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

Summary of this inspection

- There were no systems in place to monitor mandatory training, appraisals or supervision.
- The service did not have an annual audit cycle.
- The service did not have a local risk register.
- The service failed to report notifiable incidents to the Care Quality Commission.

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

- Staff were motivated in their roles and had good morale.
- There was a strong team ethic, and staff felt well supported by local management.
- Sickness levels were very low with an average of 2% in the last 12 months.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

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

Training on the Mental Capacity Act was mandatory for all staff. Staff received this training upon their induction. All staff that were required to complete this training had done so.

Staff we spoke with had a mixed understanding of their responsibilities under the Mental Capacity Act including the statutory principles and the application of the Mental Capacity Act within their role.

Staff could seek support from management and literature available to them within the service.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

The provider leased the premises occupied by Lifeline South Kirklees. The building had three floors.

The provider had carried out risk assessments of the environment which included fire, environment and health and safety. However, the portable appliance testing was not up to date, the provider showed us evidence that they had arranged for an approved technician to attend and complete the testing. Facilities were clean. During a tour of the building we noted that the anti-slip covering on one step in the main stairwell had significantly lifted and was a hazard. This was raised to the service manager and repairs were completed on the day of inspection.

Nurses from a partner agency used clinic rooms; however, Lifeline had responsibility for ensuring it was clean. On days when the clinic rooms were not being used by nurses, Lifeline staff checked and recorded medication fridge temperatures to ensure they were within the safe limits for the storage of medication.

Staff had access to oxygen cylinders in the case of an emergency and this was checked daily. Adrenaline and naloxone auto injectors were held by the service. They were all in date and kept in a grab bag for easy access in case of an emergency. However, the grab bag was kept on the lower ground floor which meant if it was required on other floors there may be a delay in this being accessed by staff.

Safe staffing

Total number of substantive staff: 38

Total number of substantive staff leavers: 23

Substantive staff leavers (%) in the last twelve months: 60

Total % of vacancies: 30%

Total % permanent sickness (last 12 months): 2%

The service had no use of bank or agency staff in the last twelve months.

The service produced a mandatory training list which identified up to 11 modules of mandatory training. The service had certain roles which had either additional mandatory training or were exempt from some modules of mandatory training. The largest staff group was recovery workers who were required to undertake nine modules of mandatory training.

Staff were required to undertake updates in safeguarding and basic first aid modules every three years. Modules in basic drug & alcohol awareness, cognitive behavioural therapy and psychosocial interventions, data protection, paperwork training, confidentiality & boundaries, equality & diversity, and smoking cessation required an annual update.

We asked the service to produce their compliance rates with mandatory training. The service did not routinely monitor mandatory training compliance. The service manager was able to produce a spreadsheet which documented each staff member's last recorded date of training for each module. There was no overall figure for compliance. However, we saw from the records that almost all staff were not up to date with their training. Most staff had last undertaken an update of modules marked for annual update in 2014.

We saw that some staff had not received training in adult safeguarding, child safeguarding, or managing challenging behaviour. The service did not actively monitor compliance rates for mandatory training.

As of 28 July 2016, 26 of the 38 staff had current disclosure and barring service check. The service's one volunteer had a current disclosure and barring service check. The disclosure and barring service helps employers make safer

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recruitment decisions and prevent unsuitable people from working with vulnerable groups. The manager told us they were in the process of updating all staff members' disclosure and barring service checks. The provider's safeguarding policy stated that all staff required a disclosure and barring service check every three years.

The service provided a snapshot of caseload numbers which showed that there was a ratio of 37 clients per worker in July 2016. The service caseload at the time was 663 clients.

Assessing and managing risk to clients and staff

Every client was allocated to a care co-ordinator who was responsible for carrying out a risk assessment. The provider had introduced a new risk assessment tool which had not been completed in all of the records we reviewed. We reviewed nine client care records. Risk assessments and risk management plans were recorded using either the provider's new risk assessment tool or in a health and social care assessment.

Staff had a good understanding of the safeguarding policy and could describe signs of abuse. Staff told us that as part of the risk assessment they would check if there were children associated with clients. If staff were concerned about the safety of a child or a vulnerable adult, they would speak with a health visitor and or social care. We saw examples of where the provider had made referrals to the local authority, this included both adult and children's referrals. Lifeline South Kirklees had not submitted any safeguarding notifications to the Care Quality Commission.

The service had a whistleblowing policy which was implemented in 2010 and had expired as it was due for review in 2011. We noted in the policy that staff were advised to discuss concerns with a legal advisor or an independent third sector charity before reporting them outside of the provider's organisational structure. This additional requirement was not within the spirit of whistleblowing and was a potential disincentive for staff to report concerns outside of the organisation.

Track record on safety

The service had no serious incidents requiring investigation under the criteria defined by the NHS commissioning board serious incident framework.

Reporting incidents and learning from when things go wrong

When an incident occurred staff completed an incident form. We reviewed the incidents and found there were incidents such as the death of clients in receipt of services, which managers should have reported to the Care Quality Commission. The provider has a responsibility to notify us about certain changes, events and incidents affecting their service or the people who use it. Staff had a good understanding of what constituted an incident and this was evident from the incidents we reviewed. The provider had three different incident forms in use. One of the forms enabled staff to clearly detail the incident, how the incident was investigated, and what action was taken as result of the investigation. However, not all the forms we reviewed showed what action was taken. Staff told us incidents were discussed in their supervision, at the beginning of each day and in team meetings.

Duty of candour

Not all staff were able to describe their responsibilities under the duty of candour. Staff who recognised the duty of candour described it as an open and transparent approach towards their clients following all incidents. Managers were clear on their responsibilities and gave us examples of where they had apologised under the duty of candour. The provider had delivered duty of candour training to staff in the 12 months prior to our inspection.

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)

When first entering the service staff carried out a full assessment of the client's needs. A 'treatment outcome profile' was completed which scored the clients substance use, injecting risk behaviour, involvement with crime, health and social functioning. The scoring was then reviewed six months later and again when exiting the service. This enabled workers to track the client's success with them throughout their journey through the service. Staff said this enabled some very positive interaction with clients. The 'treatment outcome profile' tool is a monitoring tool developed by the National Treatment

Substance misuse services

Agency for staff to use throughout treatment and is reported through the National Drug Treatment Monitoring System. Public Health England gathers these statistics and provide local and national data.

All the records we reviewed contained recovery plans. Recovery plans had been developed as recommended in the department of health UKCG07 drug misuse and dependence UK guidelines on clinical management. Plans followed the areas scored in the client's treatment outcome profile. Recovery plans were holistic, personalised and considered recovery capital. Recovery capital is a term used to predict the likelihood of achieving sustained recovery. It is dependent on a person's external and internal strengths and capabilities. The recovery capital factors that contributed to recovery following treatment included social, physical, human and cultural factors.

The plans were up to date and were personalised. Staff had written each recovery plan in conjunction with the client. Staff had recorded the views of the client, for example in one client record we saw staff had recorded details of how the client wanted to reduce their opiate drug use.

There was evidence in most records of referrals or signposting to other recovery focussed services for counselling, activities, employment or peer support.

Records were stored on an electronic system. The service used the same electronic system used by the majority of local primary care services. The system allowed staff to 'task' primary care services which meant for example they could directly ask general practitioners to undertake specific physical healthcare tests such as blood tests. The shared system meant that staff would be able to access the results of tasks.

Best practice in treatment and care

Lifeline South Kirklees was the substance misuse component of the integrated substance misuse and alcohol service commissioned in South Kirklees. The service was the lead provider and was responsible for care co-ordination, psychosocial interventions, prevention, wellbeing and recovery. Medical and prescribing services, mental health, and abstinence support was provided by organisations which were sub-contracted by Lifeline South Kirklees.

The National Institute for Health and Care Excellence recommends treatment for drug misuse should always

involve a psychosocial component. All psychosocial interventions offered were evidence based in line with guidance. The organisation had linked these interventions into different stages of treatment defined by the National Treatment Agency. This guided the service to effective interventions throughout stages in treatment. Lifelines programme of care included various groups and one to one sessions to meet client needs. Approaches included cognitive behaviour therapy, motivational interviewing, International Treatment Effectiveness Project (i-tep), which is a programme of psychosocial interventions and reflective listening. Staff said goals were set in every group and that goals were specific, measurable, achievable, realistic and time based. Staff said that their ethos was all about helping clients to move forward.

The service had two intervention programmes which categorised interventions into those delivered on the premises and those delivered in community settings. The service offered a comprehensive programme of group activities. Clients began with 'my time' which was an introduction to the group programme and allowed clients to choose groups from the weekly timetable and produce their own weekly plan of activities. Groups included:

- 'my friends' – a peer support group led by peer mentors and volunteers which aimed to build self-esteem and self-confidence.
- 'my health and well-being' – a group focussing on building knowledge and understanding of physical healthcare. The group allowed clients to undertake physical activities such as football as well as creative activities such as arts and crafts.
- 'my home' – a group focussing on building understanding of the responsibilities of running a home. This group included housing advice and how to find accommodation, advice on welfare and other benefits and advice on how to manage utility bills.

Staff told us they were given quarterly updates on their performance, which included the number of planned discharges, number of group referrals and the number of representations, which are readmissions to the service within six months.

Client health checks were carried out by Lifelines partner agency Locala who recorded the information in client care records. Staff at Lifeline would remind clients when their physical health checks were due.

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Staff carried out routine urine screens to identify substance use. Steps were taken to check the integrity of the samples provided using temperature testing. The toilets used by people providing the samples were designed in a way to ensure there were no possible places people could hide samples for use by others.

Clients were given harm minimisation advice, and offered a referral for blood borne virus testing and immunisation. Staff recorded this information in clients care records. Not all records we reviewed showed that clients had been offered blood borne virus testing or immunisation within the recommended timescales. There was an alert on the Lifeline care record system which identified when a client's immunisation or testing was due. Staff told us clients were always offered testing and immunisation but this was often refused but that in some cases staff omitted to record it.

Clients we spoke with were aware of the range of services and activities available to them.

Skilled staff to deliver care

As of July 2016 the appraisal rate for the service was 53%, equating to 20 of 38 staff receiving an appraisal in the last 12 months.

All staff completed a staff induction at the start of their employment and we saw the comprehensive induction checklist. This was completed by the employee with the support of their line manager over the new employee's first three months.

We reviewed three staff personnel records which were complete with the information required including sickness information, employee's qualifications and disclosure and barring checks although these were not all up to date. There was also recruitment information in line with the recruitment policy.

The registered manager told us that staff received supervision every four to six weeks. Staff told us that they received regular supervision with most staff telling us that they received individual supervision at least once every two months. The service had a supervision policy which was last reviewed in March 2008 and was due for review again in August 2008. The policy set a minimum standard that each member of staff with a client caseload should receive supervision at least once a month and each member of staff without, for example administrative staff, should receive supervision at least every two months.

We asked the service to produce their compliance rate with the supervision policy. The service stated that 'all staff have regular supervision and have had a recent quarterly appraisal'. We saw that the service was not regularly monitoring compliance with the supervision policy. The service was not able to produce figures to support this assertion or to evidence that the management team engaged in ongoing monitoring of supervision.

All staff had completed specialist training to enable them to carry out their role. These included, training on needles, foil (how people use foil for drugs), blood borne viruses, personality disorder, legal highs and drug and alcohol awareness. Recovery champions all undertook level 1 'how to champion recovery' accredited training.

Multidisciplinary and inter-agency team work

There were a range of professionals involved in the care and treatment of clients. Probation meetings held between professionals were recorded in client records. Staff noted actions and these were followed up to ensure a continuity of care. Staff told us meetings took place every Tuesday where clients were discussed and information shared on groups and activities for the week.

The team at Lifeline South Kirklees had good working relationships with GPs, adult social care, the local safeguarding team and various housing associations. The service worked with a multi-agency service for pregnant women with complex social factors. Lifeline worked with closely with the Basement project which was an abstinence based group work provider.

Lifeline worked in partnership with shared care GPs at their practices. We observed the contract that was in place to underpin the partnership approach between Lifeline and the GPs at these practices to deliver substance misuse care and treatment.

Good practice in applying the MCA

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

Training on the Mental Capacity Act was mandatory for all staff. Staff we spoke with had a mixed understanding of their responsibilities under the Mental Capacity Act. Most members of staff could confidently explain what they

Substance misuse services

would do should they suspect a clients lacked the capacity to make certain decisions. Staff said that if a clients capacity was in question they would refer them to either their GP or adult social care. Some members of staff told there was not a Mental Capacity Act policy and others said the policy was on the Lifeline intranet.

Equality and human rights

Equality and diversity training was mandatory for all staff. The service did not monitor total compliance rates for this training module. The service operated in an area with a highly diverse population. Once a month the service produced a report which looked at the ethnicity of the current client group. The only criteria for entry into the service was that clients needed to be over 18 years old which meant that the service did not exclude clients on the basis of gender, race or sexual orientation. We saw that the service employed a diverse staff group which was reflective of the local population.

The service had an equality and diversity policy which was last reviewed in March 2015 and was due for review again in August 2015.

Management of transition arrangements, referral and discharge

Clients accessed treatment for their substance misuse by self-referral or they could be referred by their GP, criminal justice system under a court order, other agencies or professionals.

Clients had a structured discharge process out of the service. The service aimed to prepare clients leaving the service by developing their autonomy and referring into other community services which could promote autonomy. For example, clients were supported to access college courses to develop their education.

Are substance misuse services caring?

Kindness, dignity, respect and support

We spoke with clients who used the service and they told us staff were respectful, kind and caring. One carer told us staff 'were very nice and very supportive.'

On the day of our inspection, we observed a group work session with a small number of clients. The keyworker and recovery champion demonstrated these qualities

throughout the session. Their interactions were responsive to client needs and both actively listened to client views and opinion. We observed the recovery champion explain the boundaries of the group and confidentiality. The recovery champion explored the use of mobile phones and expectations around behaviour and language. A new client had joined the group, so this was very relevant for them.

Client's privacy and dignity was maintained as all key working sessions happened in individual rooms. A chaperone notice was visible in the reception area; this told clients they could request additional support in their appointment.

The involvement of clients in the care they receive

In the reception area we saw detailed information about what clients could expect from the service in relation to their needs. The easy to read flow chart provided information on meet and greet, assessment, treatment options, peer support, clinical support, group work and family support. We saw extensive information available from partner agencies regarding gender specific services, mutual aid, physical health and wellbeing.

Clients told us about how they were encouraged during key work sessions and within group work to build their recovery capital. Recovery capital refers to the internal and external resources necessary for an individual to achieve and maintain recovery, these include social networks, physical, human, cultural and community issues. Clients told us that Lifeline provided access to a number of weekly sessions that supported this. Clients told us they could also access many other groups in the community through Lifeline, these were very important and central to supporting recovery. Recovery champions delivered groups alongside staff. Clients told us recovery champions had a 'lived experience', they could relate to clients' current experiences and this made the groups more meaningful.

We observed a key work session with a client. The client was able to demonstrate their understanding of their recovery goals and care plan. The client spoke honestly about current barriers in achieving their goals. The key worker was sensitive and responsive to the clients' needs. Together they discussed options for amendments to the care plan and agreed some small changes. This meant the

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client received support with their immediate needs and were involved in decisions about their care. The key worker was flexible in their approach, whilst maintaining focus on the clients' recovery.

We reviewed nine electronic care records, each client had an identified key worker and this helped with continuity of care for the client. The quality of information in client care plans was inconsistent; most did not detail how the client wanted to achieve their goals. This meant care plans did not reflect client choice and opinion.

Families and carers of clients had the opportunity to be involved in care and treatment. A monthly support group ran for those affected by someone they care for who has a drug misuse problem. This group offered emotional support, practical advice, well-being initiatives, activities and peer support.

Four Lifeline services in Kirklees participated in a feedback week with clients that used the services in June 2016. The results were not separated into the four services. One hundred and seventy questionnaires were completed, 12% of clients. The results indicated a very positive experience for clients with 80% or more rating Lifeline as good or excellent. Categories included overall experience, welcome received, environment, information and advice, opening times, availability of appointments and activities available. Between 94% and 99% of clients stated staff treated them equally, with respect, had a positive attitude, and felt supported. At the time of inspection the service was still discussing how to use the feedback from clients to improve the service, looking at where they need to improve and focus on parts of the service that clients liked best. All client feedback was presented in an information booklet for clients and staff to access. Feedback representatives also visited the service to discuss further the findings with clients. Lifeline has planned another feedback week in December 2016.

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

Access and discharge

The service worked with adults 18 years and over who were misusing drugs. Referrals into the service are recorded on a core data set determined by National Drug Treatment

Monitoring System. This system records the activities of all drug and alcohol services across the UK. Between April and June 2016, the service received 56 new referrals into the service. There were 47 self-referrals, three arrest referrals, one from criminal justice, one from probation and four from prison. In the same quarter, the service had 633 clients accessing the service. There were 18 completed treatment programmes, five clients dropped out of treatment and two clients transferred. Information provided by the service prior to the inspection showed that 6129 appointments were not attended over the 12 months up until 30 June 2016, an average of 511 each month. The service had a process to follow when clients did not attend appointments; this was captured in an easy to use flow chart for staff to follow. Staff told us this could involve telephone contact, letter or home visit.

For clients whose needs were not met by the service, there were robust care pathways in place to support individual need. Lifeline Kirklees is committed to a shared care framework for drug treatment with local GP practices. The guidance supports the safe management and reduction in drug treatment for clients within a primary care setting. The service had 105 shared care clients.

The facilities promote recovery, comfort, dignity and confidentiality

The service had a full range of rooms to support treatment and care. A range of clinical and interview rooms were available on the ground floor and upper floors of the building. A fully furnished information technology suite was available to use by clients during group work sessions. Rooms were of a good size and were adequately furnished. All rooms were sound proofed, so confidentiality was maintained. Interpreting services were accessible and information about this service was available in each room. The reception area was of a good size and clean. The reception desk was close to the seating area and therefore could limit any confidential conversation.

We saw a wide selection of information available to clients in the reception area. Information specific to weekly group sessions was extensive; the service displayed a monthly plan of events under each recovery theme. This was particularly useful for clients to be able to plan the use of their time constructively. Availability of mutual aid across

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the Kirklees area covering Monday through to Sunday was also on display. Information on community initiatives for clients, families and carers was prominent. Physical and mental health information was also on display.

The service was open Monday, Wednesday, Thursday and Friday 09.30-17.00, it was open on a Tuesday 13.00 – 19.00. Clients also had access to a recovery group session on a Saturday morning within the wider Lifeline service provision. Later opening on a Tuesday and opening on a Saturday provided flexibility for clients, especially for those that were in employment.

Meeting the needs of all clients

The service was for all adults over 18 who are residents within the Kirklees area, including those who are homeless, who wish to address their issue of drug misuse, whether this is detoxification and abstinence, or harm reduction. The service provided assessment, one to one support and access to extensive mutual aid provision. As part of the community recovery programme, Lifeline provided access to women and men only groups for clients on a weekly basis. The weekly women's group also had a crèche; this provided additional support for clients to attend.

The service hosted a number of other roles from wider recovery providers. Specialist mental health care was accessible through a local mental health trust. Staff referred clients to the dual diagnosis service, this provided access to a psychiatrist and full time nurse prescriber. This helped clients receive specialist support they needed. The clinical element of the service provided daily access to a nurse prescriber and GP sessions for clients. Clients could easily access clinical services and participate in three monthly reviews of their care with their key worker and clinicians. This meant that clients received a co-ordinated and inclusive approach to their recovery.

Lifeline provided a shared care framework for opiate substitution treatment with local primary care services. Commissioners and providers have agreed the shared care framework. Its purpose is the safe maintenance and reduction of opioid substitution treatment and associated interventions as part of holistic care to clients on a recovery journey. There are currently 105 clients in shared care.

We saw a key work session within a shared care practice during our inspection. We observed the key worker working collaboratively with a particularly vulnerable client. The client had a condition which affected their ability to recall

and retain information. The key worker sympathetically worked with the client to identify how they could best support them. This included using text message prompts, joint appointments with their partner and referral to specialist health service. The client responded positively to this approach.

The local community, within which the service was based, was culturally diverse. We spoke with the specialist diversity worker within the service. They told us their local knowledge and networks within the community had supported work with previously difficult to access south Asian communities. This included work with local Imams and faith based academies. Similar work is ongoing locally with emerging eastern European communities.

The service has also been involved in another community initiative regarding image and performance enhancing drugs. The specialist diversity worker told us there had been an increase in steroid users accessing the needle exchange within the service. Lifeline had supported work with the local leisure services. Work was ongoing across Kirklees within four specific locations. Partnership work with Kirklees staff focussing on education and harm reduction underpinned this. This meant that clients within the wider community were increasingly aware of pathways for support.

Quality performance data provided by Lifeline confirmed once referred to the service, all 56 clients received a comprehensive assessment within 48 hours. Staff recorded physical and mental health status for each client at the start of treatment. All clients also had a recovery care plan in place within five working days of assessment. On a daily basis, they provided appointment based sessions for those clients that preferred a set time. At the time of our inspection, there were no waiting lists to access treatment with the clinical provider of the service or for group and key work sessions.

Clients did not raise concern regarding the cancellation of appointments or group sessions. During the inspection, we checked the electronic system and the service confirmed that there had been no cancellations within the last three months. If the need arose, staff confirmed that they would provide cover for colleagues.

Listening to and learning from concerns and complaints

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Lifeline implemented its complaints policy and procedure in March 2016. Lifeline described a complaint as ‘an expression of dissatisfaction that requires a response.’ The management of complaints is made clear by the policy. Learning from complaints to improve the quality and delivery of the service was central to the policy.

Clients made three formal complaints to the service in the first six months of 2016. Lifeline did not uphold the complaints or refer them to the Parliamentary and Health Service Ombudsman.

Information for clients on how to complain was not on display. We discussed this with the service manager and arrangements were made to action this. However, the information provided was minimal and fell below the expected standard of Lifelines policy for complaints. Staff told us they would listen to a client if they complained and then refer it to a manager. Staff were unsure of Lifelines complaints process.

A suggestions box was also available in the reception area, this meant clients could feedback to the service any concerns or compliments they had.

Are substance misuse services well-led?

Vision and values

Lifeline had adopted at provider level a corporate vision, values and a mission statement. The vision of lifeline was ‘to provide alcohol and drug services that we are proud of; services that value people & achieve change’. Lifeline’s mission statement was ‘we work with individuals, families & communities both to prevent & reduce harm, to promote recovery, and to challenge the inequalities linked to alcohol & drug misuse’.

Lifeline had four values:

- Improving lives
- Effective engagement
- Exceeding expectations
- Maintaining integrity

The registered manager told us that the vision, values and mission statement were central to the work of Lifeline South Kirklees. The vision, values and mission statement were available on the provider website and on the staff intranet. We did not see the vision, mission statement or values advertised anywhere in the building in Huddersfield.

Supervision and appraisal records did not contain any explicit reference to the vision, values or mission statement. Staff told that the focus was more on achieving team objectives than on working within the vision and values, however the registered manager explained that team objectives were themselves working towards achieving the vision, values and mission statement.

Staff were positive about their team leaders. Most staff were positive about the registered manager but showed a limited knowledge of more senior managers

Good governance

Prior to the inspection we asked the service senior management to deliver a presentation to the inspection team which covered the governance arrangements within the service. We were told that the service had adopted ‘integrated governance arrangements’ with ‘structures to support: incident reporting analysis – including deaths in service; quality assurance and performance management of sub-contractors; pathway, process and protocol development and implementation; risk management and shared learning; and communication.

During the inspection we identified that the service had significant gaps in governance. We saw during the inspection minutes which showed that the service had undertaken governance meetings in July, August and October 2016. We saw in both meeting minutes and heard during interviews with the senior managers that service did not routinely collect and discuss performance data relating to mandatory training, appraisals and supervision. This meant that the service did not have systems and processes to ensure that they were complying with mandatory training requirements, including statutory modules such as safeguarding children from abuse and safeguarding adults from abuse which staff were required to undertake refreshers every three years. It meant that the service did not have assurance that staff received regular supervision and an annual appraisal which would support staff to carry out their roles effectively.

The service did not have an annual audit cycle.

The service did not have a risk register or alternative method of documenting how the service assessed, monitoring and mitigated risks relating to the health, safety and welfare. This meant that the service management had no assurance that the service was effectively monitoring and mitigating the risks related to health and safety and

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welfare of clients and others who may be at risk. During a tour of the building we noted that the anti-slip nosing on one step in the main stairwell had significantly lifted and was a hazard. We saw that portable appliance tests had expired in December 2015. The service did not have a local risk register or alternative which would have captured and monitored these risks.

The service used the governance policies of the corporate provider. No policy included an equality impact assessment. The provider had reviewed most policies in March 2016 including the safeguarding policy.

During the inspection we asked to review staff files. We saw that all staff files included a job description. However, we also saw that staff files did not contain evidence that the service had undertaken 'Right to Work' checks on all staff. The senior managers told us that the service had been advised not to make and keep copies of documents related to 'Right to Work' checks because of Data Protection concerns. This contradicts guidance readily accessible on the UK government website on 'an employer's guide to right to work checks'. The provider had not accurately maintained a record of person's employed.

The provider's safeguarding policy stated that the service must undertake a check with the disclosure and barring service on all staff at least every three years. However, the service did not have a regular system of monitoring compliance with this part of the policy. On the day of inspection we saw that the service was undertaking a project of updating all staff's disclosure and barring service check and that 23 staff members were recorded up to date with their disclosure and barring service check and 40 were waiting for their renewal to be returned by the disclosure and barring service. This meant that not all staff currently employed with the service had a disclosure and barring service check which met the requirements of the safeguarding policy. The provider had not accurately maintained a record of person's employed.

The provider's whistleblowing policy, supervision policy and equality and diversity policy were overdue for review at the time of inspection.

Lifeline South Kirklees was the substance misuse component of the integrated substance misuse and alcohol service commissioned in South Kirklees. The service employed a partnership model of delivery with

Lifeline as the lead provider. In the partnership Lifeline South Kirklees was responsible for overall service delivery with a focus on prevention and recovery through psychosocial interventions.

Lifeline South Kirklees had three sub-contracts:

- Locala Community Partnerships – an independent community interest company providing community health services in Kirklees and other areas. This service was sub-contracted to provide medical and prescribing services via a lead GP and nurse prescribers.
- Community Links – a not-for-profit provider of mental health and well-being services in Yorkshire and the Humber. This service was sub-contracted to provide assertive outreach for people with both mental health needs and substance misuse problems.
- The Basement Project – a not for profit self-help charity based in Halifax, Huddersfield and Dewsbury. This service was sub-contracted to provide abstinence support and group programmes.

We were shown meeting minutes which documented how the service had established a framework for quarterly meetings with sub-contractors to review their performance and 'and for any future horizon scanning, trends, concerns, positive outcomes to be shared'. The service had undertaken meetings with representatives of all three sub-contractors in June and July 2016. Further meetings were planned for the end of October 2016. These meetings were chaired by senior contract executive on behalf of all four Lifeline services in Kirklees.

The service reports each month on compliance with thirty-three treatment outcome performance standards to the National Drug Treatment Monitoring System. Together with the other three services in Kirklees, Lifeline South Kirklees also produced a quarterly report for commissioners focussing the service's key performance indicators. The report also included a written evaluation produced by the service on performance each quarter. We noted in the report produced following our inspection that the service had included some of the positive comments made by the inspection team in relation to the care provided by staff. The service stated in this report that 'Feedback was fantastic in terms of our staff teams, and the areas for development were already known and plans were in place to address them'. We did not find evidence to support the assertion that the service was sighted on all areas of concern before our inspection.

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Leadership, morale and staff engagement

Prior to the inspection the service reported that its turnover rate was 38% in the last twelve months. The service had 23 substantive staff leave in the last twelve months, out of a total substantive staff team of 38. This meant that the turnover rate for the last twelve months was 60%. The total number of vacancies was also high at 16% compared to similar Lifeline services in the area. The permanent sickness staff sickness rate was low at 2% for the last twelve months.

There were no reported incidents of bullying and/or harassment.

We found that staff morale in both teams was mixed. Staff were positive about their team leaders. However, we found that some showed a limited knowledge of who the senior managers were. Most staff told us that the service had gone through an extended period of change in the last year as a result of re-tendering the service with local commissioners.

The service had a whistleblowing policy which was implemented in 2010 and had expired as it was due for review in 2011. We noted in the policy that staff were advised to discuss concerns with a legal advisor or a third

party whistleblowing charity before reporting them outside Lifeline. This additional requirement was not within the spirit of whistleblowing and was a potential disincentive for staff to report concerns outside of the organisation. This was raised during the inspection and the provider's governance lead agreed that the policy needed reviewing.

Commitment to quality improvement and innovation

Lifeline had implemented a 'you said, we did' board in all four services in Kirklees. The feedback from this board was shared in the quarterly report to the commissioners.

Together with Lifeline North Kirklees the service managed the 'Clarity Project'. The project allowed a designated specialist substance misuse worker to work with people in North and South Kirklees to reduce or end the use of sleeping pills and tablets for anxiety. The project focused on giving long term users alternative methods of controlling anxiety and insomnia. It was jointly funded by NHS Greater Huddersfield Clinical Commissioning Group, NHS North Kirklees Clinical Commissioning Group and Public Health, Kirklees Council. The project was shortlisted in the Primary Care Innovation category at the 2015 Health Service Journal (HSJ) Awards in November 2015.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must have systems in place which ensures compliance with mandatory training, appraisals and supervisions.
- The provider must ensure it reports all notifiable incidents to the Care Quality Commission.
- The provider must ensure all staff have an up to date disclosure and barring check in line with provider's safeguarding policy.
- The provider must ensure that documentation is maintained relating to 'right to work' checks.
- The provider must ensure all staff receive annual appraisals.

- The provider must have a risk register or alternative method of documenting how they assess, monitor and mitigate risks relating to health, safety and welfare within the service

Action the provider **SHOULD** take to improve

- The provider should implement an annual audit cycle to assess and monitor quality and safety within the service.
- The provider should ensure that the whistleblowing policy and the equality and diversity policy and supervision policy are reviewed.
- The provider should ensure clients are offered blood borne virus testing or immunisation within the recommended timescales and that this is appropriately documented.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents How the regulation was not being met: We were informed of notifiable incidents that had occurred in the last 12 months that had not been communicated to the Care Quality Commission. This was a breach of Regulation 18(2)(e)

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: The service did not have full oversight on risks pertaining to the service. This meant they could not address risk in a timely manner. The service did not have oversight of mandatory training, supervisions and appraisals. The service had not maintained up to date disclosure and barring service checks for all staff The service had not maintained documentation relating to 'right to work' checks for all staff. This was a breach of Regulation 17(1)(2)(a)(b)(d)(i)