Lifeline Bradford Alcohol Service (Piccadilly Project)

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

Ratings

Overall rating for this location

Are services safe?	
Are services effective?	
Are services caring?	
Are services responsive?	
Are services well-led?	

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.

Summary of findings

Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following issues the provider needs to improve:

- The service did not respond to all the recommendations outlined by a fire risk assessment carried out in March 2015. The service was overdue a gas safety check by over one month. The last gas inspection was carried out in September 2015. This meant the provider was not assured of the safety of their premises.
- We found clients did not have risk management plans aligned to their risk assessments. In addition, staff did not always score risk assessments according the guidance provided. This meant staff could not be assured of the severity of risk to an individual and how to manage the risk towards the client and people within the service.
- The service did not routinely collect performance data relating to mandatory training. We did not see the service regularly reviewing appraisals and supervisions during team meetings or governance meetings. The service did not have systems in place which would ensure they could effectively assess, monitor or improved the quality and safety of the service.

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

- We observed a team meeting and handover meeting which demonstrated good multi-disciplinary working, a supportive team ethic and an environment where staff could share practice and learning.
- All clients had up to date assessments including a newly modified 'recovery action plan'. Staff were knowledgeable in delivering psychosocial interventions and had a holistic approach to caring for clients. They worked towards improving the clients' recovery capital and moving them through the service without building dependency. There were a range of treatment programmes which clients could undergo were all underpinned by national guidelines. Staff worked closely with other agencies and could operate effectively in a multi-disciplinary fashion.
- We received very positive feedback about the service. Clients were happy with the quality of care their received. They commented on the responsiveness of the service and how they were able to support them. Clients felt staff were suitably qualified to care for them and offer the appropriate support.
- The service did not have any wait times for assessment and could provide clients with their first appointment within a week. The service had group rooms, therapy rooms and a lounge, which were clean, comfortable and well maintained. They were able to offer a service tailored to different communities within Bradford by offering programmes and literature in different languages. The service had upheld all its complaints and demonstrated a prompt response by implementing change in a timely manner.
- Staff demonstrated the spirit of the vision and values of the organisation. There was a strong team ethic and a positive morale. Staff were happy with local management and felt well supported in work.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services		Start here...

Summary of findings

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Summary of this inspection

Background to Lifeline Bradford Alcohol Service (Piccadilly Project)

Piccadilly Project is a Community Alcohol service for people suffering from alcohol addiction who are 18 years of age and older. This service is one of 10 services in the Bradford district commissioned to deliver alcohol recovery services.

The service is registered to carry out:

- Treatment of Disease, Disorder or Injury

Piccadilly Project work closely with specialist alcohol services, GP's, Hospitals, and Probation services to provide a holistic service. They offer psychosocial interventions including, solution focused approaches, motivational interviewing and low level cognitive behavioural therapy. The service has set programmes, which include group work and one to one work. The service aims to develop clients' recovery capital by offering support around housing, benefits and employment. Piccadilly Project does not provide any clinical intervention such as prescribing; however, they have care pathways in place to support referrals into appropriate services.

This was Piccadilly Projects first inspection and therefore did not have outstanding regulatory actions.

Our inspection team

The team that inspected the service comprised of the lead CQC inspector Hamza Aslam and two inspectors.

Our inspection team

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.

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.

During the inspection visit, the inspection team:

- looked at the quality of the physical environment where care and treatment was delivered
- spoke with 10 clients

Summary of this inspection

- spoke with the registered manager and clinical governance lead
- spoke with five other staff members employed by the service provider including the team leader
- observed a team hand over and a team meeting
- 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 14 clients
- sought feedback from patients, relatives and carers and other organisations at a focus group
- looked at seven care and treatment records for clients
- looked at policies, procedures and other documents relating to the running of the service
- reviewed fire safety documentation in relation to the building.

What people who use the service say

During our inspection, we spoke with 10 people who use the service and we reviewed 14 comment cards. The feedback was overall very positive. Clients told us how they felt staff at Piccadilly Project were very skilled in their work. They felt supported, listened to and well cared for. Client identified areas where they felt the service excelled. This included the responsiveness of staff in meeting their needs in times of crisis and how the service supported them holistically, around their benefits, housing and employment. One client we spoke with who had attended for an initial assessment with the service said they felt relaxed and optimistic about the future following the assessment.

In the comment cards, people told us about the quality of the service they received and the positive impact it had on their lives.

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 the service provider needs to improve:

- The service was overdue a gas safety check by a month, the last check was done in September 2015.
- Staff did not always assess risk in accordance with the guidance provided.
- Staff did not complete risk management plans for the risks they had identified in the clients risk assessments. This meant staff would not always know how to manage risks associated with clients.
- The service had not responded to the actions outlined in an independent fire risk assessment conducted in March 2015 that highlighted some concerns. This meant the service was not assured of the safety of their premises.

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

- The environment was clean and well maintained.
- All staff had completed the mandatory safeguarding training. Staff were aware of local safeguarding procedures and understood their responsibilities in safeguarding 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.

Are services effective?

We do not currently rate standalone substance misuse services.

We 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 outstanding work that needed covering and highlight areas of concern.
- The service was offering interventions underpinned by national guidance.

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

- Only 11% of staff had completed an appraisal at the time of the inspection.

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 use the service were very complementary about the effectiveness of staff, and the quality of the care.
- Local stakeholders such as citizens advise and housing services attended drop in clinics to support clients with other issues impacting on their lives.
- Clients who were abstinent from alcohol and 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

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

- People who use the service told us staff did not always convey information about groups and activities in a timely manner.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Piccadilly Project were able to cater to the local demographic by having group work targeted at minority communities. They also were able to facilitate their 12 week recovery programme in Polish as well as English.
- 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.

Summary of this inspection

- 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 had upheld all the complaints it received and demonstrated prompt responses.

The service was on target to meet their projected 500 new referrals for treatment.

Are services well-led?

We do not currently rate standalone substance misuse services.

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

- There were no systems in place tomonitor mandatory training, appraisals or supervision.
- The service did not undertake annual audits to provide assurance on the safety or quality of the service they were delivering.
- The service did not have a local risk register.
- The service failed to report four 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 moral.
- There was a strong team ethic, and staff felt well supported by local management.
- Sickness levels were very low with an average of 1% in the last 12 months.

Detailed findings from this inspection

Mental Health Act responsibilities

We did not assess the service provider's compliance to the Mental Health Act 1983 as it was not relevant to this service.

Mental Capacity Act and Deprivation of Liberty Safeguards

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

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.

All the staff we spoke to had a good understanding of the Mental Capacity Act including the statutory principles and the application of the 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

Piccadilly Project was situated on the first floor of a building, which had several businesses' occupying it. The entrance was discrete with no obvious signage to display it was a substance misuse service. This meant clients could enter the premises without the general public knowing the purpose.

The service had an independent fire risk assessment carried out in March 2015. The report indicated areas of concern in its action plan for the Piccadilly Project to address. During our inspection, we found the service had not completed or undertook alternative measures for seven out of 19 recommendations by the independent assessor.

The service had false ceilings on the floor it occupied; the partition walls between rooms were to the height of the false ceiling. This meant there remained a large void between the original ceiling and the false ceiling across the first floor, which created a fire hazard. This meant there was an increased risk of a fire spreading across the building. The risk assessment carried out in March 2015 stated "the fire corridors and fire escape staircase must be brought up to standard, all walls raised to ceiling height, fully fire stopped fire retardant" , which would mitigate fire spreading across the building. In addition, the fire assessment found the Piccadilly Project did not have a Personal Emergency Evacuation Plan policy in place. This meant the service had no procedures for staff to follow or equipment to evacuate people with physical disabilities in the event of a fire. Piccadilly Project had a refuge room which was fire protected, this could provide temporary safety, however, they would still require the personal evacuation protocol to safely evacuate the relevant person. The Department of Public Health, Social Services and Public Safety discusses the requirement for organisations such as this to have this policy in place in its document "Fire Safety Law – The evacuation of disabled people from buildings". We addressed our concerns with the registered manager and they assured us they would begin to implement change where necessary. The service implemented a Personal Emergency Evacuation Plan policy three days after our inspection. We also contacted the fire authorities to inform them of the issues regarding the fire walls and requested secondary opinion. They carried out an inspection that provided assurances that the service met the minimum fire safety requirements.

Although the service met minimum fire safety requirements (about the partition walls not being to full ceiling height,) they had not evidenced any steps since September 2015 to assure themselves of the safety of the building and the risks identified in the assessment.

In addition, the service were overdue a gas safety check by one month. The last gas safety check had been carried out 07 September 2015. This should have been redone in September 2016. The service were aware of this and informed us that plumber had been booked to conduct the annual gas safety check, however it had been postponed at short notice due to an emergency.The service could not be assured the safety of the gas equipment were up to standard at the time of the inspection. The service arranged the gas saved check done within the following days.

The environment was well maintained and clean. Office rooms and storage rooms were locked and could only be opened by keypad entry. The service had a cleaner who attended the service three times a week.

There was a clinic room situated on site that was used by health and well-being nurses from an organisation that Lifeline worked in partnership with. Staff at the Piccadilly Project were responsible for checking the temperatures of

the fridges that the vaccines were stored in on the days the nurse was not in the clinic, and for maintaining the standard of cleanliness of the clinic room. The clinic was well maintained and staff were taking fridge temperatures according to their agreement with the service. A protocol was agreed with the partner agency should the Piccadilly Project staff encounter problems with the temperatures of the fridges. Staff at the Piccadilly Project understood who they had to contact and what their responsibilities were in the case of any issues.

Some of the rooms where staff worked with clients had panic buttons; however, staff also carried personal alarms.

Safe staffing

The total number of substantive staff was 17. This did not include volunteers, peer mentors and social work students. There were six social work students at the time of the inspection. Sickness levels were very low, with an average of 1% in the last 12 months. The service did not use any bank or agency staff in the last 12 months and there was one vacancy at the time of the inspection.

The service had a procedure that enabled emergency cover for sickness and leave to be covered. Hand over meetings every morning and evening ensured staff were aware of any gaps in the service and people were assigned additional duties.

At the time of the inspection 15 out of the 17 full time staff had disclosure and barring service checks that were still valid and in date. The two outstanding members of staff had re-submitted their applications and were awaiting their certificates. The disclosure and barring service informs employers of any past or current criminal convictions against an individual and checks that people are safe to work with vulnerable people. Staff were acting in line with the safeguarding policy where by disclosure and baring checks had to be done every three years.

All staff carried a caseload ranging between 25-35 clients. The service did not use a weighting tool to manage caseloads; however, the team leader had oversight of caseloads. Staff with more complex clients had smaller caseloads. At the time of the inspection, there were 331 clients in receipt of services. The team leader felt as though the service was not at capacity and they could safely manage the number of clients.

The service did not monitor mandatory training figures. This meant that the provider could not assure themselves that staff had completed the mandatory training, including adult and child safeguarding training. We asked the service to collate the data for us during the inspection. The figures indicated that staff had a completion rate of over 90% in mandatory training. 'Drugs/Alcohol/Current Trends' 'Basic first aid' 'Safeguarding' training had a 100% compliance rate. However, 64% of staff required a refresher course on sexual health interventions.

Assessing and managing risk to clients and staff

We reviewed seven risk assessments. Five of the seven risk assessments had clients who had historical risks and current risks around self-harm, suicide and violent behaviour. We found staff did not always correctly score the risk levels according the guidance available. The guidance at the start of the risk assessment required staff to rate the level of risk between zero to four, zero meant there was no apparent risk, no history and no warning signs and four meant there was a serious and imminent risk. Staff had scored five of the risk assessments incorrectly. We found one client had a history of suicidal thoughts and self-harm, they were rated as zero in this area, we saw another client who had had suicidal thoughts two months prior to the assessment, and they were also scored as zero. By not scoring risk according to the guidance, staff could not always be sure of appropriate levels of concern around clients who pose a high risk.

In addition, the risk assessment had an "actions" box associated with each risk however; staff had not always completed this section of the document. None of the seven risk assessment we reviewed had a risk management plans. This meant staff did not have clear guidance to follow to enable them to manage identified risks for each client safely. We were informed staff documented how they managed risk in the contemporaneous notes, however, this did not constitute as risk management plan.

Staff were knowledgeable about risks pertaining to alcohol withdrawal. They demonstrated this during interviews and facilitating group work, where they provided harm minimisation advice to clients and advised them how to reduce their alcohol intake safely. Staff also discussed risk pertaining to clients within their morning and afternoon handovers. This supported the team in having oversight of any concerns.

In the event of an emergency staff would call 999. Clients in the focus group told us they felt safe with the staff and were assured by their expertise. Staff had lone working procedures in place, these were important for group work sessions held in the evening. They were not required to undertake home visits.

Adult and child safeguarding training was mandatory and all staff had completed it. Staff were aware of their responsibilities with regard to safeguarding vulnerable adults and children. They told us who they could contact within the local authority to raise safeguarding concerns. Staff identified key contact details within the clients' initial assessments for professionals in the safeguarding teams where children were known to social services.

Staff also worked closely with other partner agencies to support their clients but to also manage risks associated with alcohol misuse in the community, for example anti-social and offending behaviour.

Track record on safety

The service reported four serious incidents 12 months preceeding this inspection. These related to two deaths and two police incidents. The deaths were not related to the delivery of the service, and the police incidents had been managed effectively.

Reporting incidents and learning from when things go wrong

Prior to our inspection, staff at the Piccadilly Project had completed training in the newly developed incident reporting system. The electronic system enabled a more detailed and comprehensive assessment of incident reporting. It included a section for the service to identify any learning to prevent future incidents from occurring. Staff told us that they were of how to report incidents and the process that followed.

We reviewed three incidents. The service had recorded the incidents appropriately and investigated them. We saw learning had taken place from incidents, for example, staff were coached in using alternative methods in communication and de-escalation where a client became confrontational. Staff said they felt supported and were provided with debriefs in the event of an incident occurring.

Duty of candour

Piccadilly Project had an up to date Duty of Candour Policy in place. The service was open and transparent towards its clients and. responded to clients appropriately. Staff could not always describe what Duty of Candour meant, however, they represented the spirit of the Duty of Candour. Clients told us they felt the service was open and honest with them. They said they felt the service would take responsibility of any wrongdoing.

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

Assessment of needs and planning of care

The service offered a comprehensive assessment to all clients entering the Piccadilly Project. We reviewed seven client records that included:

- Personal details and key contacts. This also included any allergies or key information such as forensic history.
- 'Alcohol', 'Wellbeing' and 'Criminal' outcome measurement tools. These looked at the clients' dependency on alcohol, their personal wellbeing, social wellbeing and any forensic history. The client's parental status was obtained and any important information about their children and involvement with other services. We saw staff had identified key people such as social workers within this section.
- The client and assessor signed confidentiality statements and information sharing agreements. This was so the service could share important information about the client amongst key service providers such as their G.P.
- Risk assessment which outlined any current and historical risks. The risk assessment considered physical health, mental health and risk of harm within its key sections.
- Engagement contract outlined expectations from the client and expectations of the service. The assessor and client both signed this.
- Treatment Outcome Profiles, which were completed when the client entered structured treatment, and three months thereafter until discharge. This tool measures change and progress in key areas for each client using the service. The treatment outcome profiles are a requirement of Public Health England, and the

outcomes are submitted to the National Drug Treatment Monitoring System. Clients short term goals that they could work towards. This enabled clients to develop a short term future plan and provide motivation to begin the cycle of change.

Records were stored securely and accessible for all staff. Most of the care records were paper based. However, due to commissioning arrangements, client referrals received from the GP were managed on an electronic system that was also used by the GP in primary care. These clients received the same service as others however; their care records were stored differently. The service had dedicated staff to case manage these clients.

A key worker was identified for each client prior to their assessment. The same key worker assessed the client and worked with them throughout their treatment to enable continuity of care.

The Piccadilly Project worked in partnership with another service to offer physical health assessments to all clients. A nurse attended the Piccadilly Project three times a week and offered appointments for clients for physical health checks.

We reviewed seven recovery plans; staff had reviewed them every three months in line with Lifeline's policy. The clients and staff had signed all the recovery care plans we reviewed.

The service had implemented a new methodology for recovery plans which had been rolled out one month prior to our inspection. The new format was more comprehensive and prompted staff to take a more holistic approach to care planning, considering the clients' needs outside of just alcohol support. The areas included, mental health, housing, psychological wellbeing and social wellbeing. Staff and clients set goals which were Specific, Achievable, Measurable, Realistic and Timely (SMART).

The service had structured recovery pathways which integrated the Piccadilly Project with other key stakeholders within the community. For example, the service had close links with other services in Bradford that delivered drug misuse interventions. The Piccadilly Project also provided the alcohol intervention for the local probation service for clients given a community order's around alcohol rehabilitation, known as the alcohol treatment requirement. In addition, the service had a key worker who was based in the local accident and emergency service to identify people with alcohol sustained injuries and offer support and advice after their medical intervention. They offered up to six one to one sessions at the accident and emergency if clients did not want to attend the main centre.

Best practice in treatment and care

Piccadilly Project only offers psychosocial interventions. This means they provide therapy based interventions. Clients requiring medication or clinical intervention are referred to other local treatment services.

The service provides interventions recommended the National Institute for Health Care Excellence's quality standards for alcohol services, as well as, guidance for commissioners for substance misuse services by the Department of Health.

The interventions available to clients include:

- All clients accessing the service for their alcohol misuse had a comprehensive assessment using evidence based screening tools including the Alcohol the Severity Assessment and Dependency Questionnaire. These screening tools identify the level of alcohol dependency and the level of intervention required, in line with the National Treatment Agency treatment effectiveness review.
- SHARE, an open access drop-in to meet staff and volunteers and other people who have experience of coping with alcohol programmes.
- One to one support with a key worker. This used psychological frameworks to provide focused intervention. Staff use solution focused therapies where by clients were encouraged to put their efforts into achieving goals and being future focused. Staff used low level cognitive behavioural therapy, motivational interviewing and ITEP mapping. ITEP mapping (International Treatment Effectiveness Project) is a psychosocial intervention developed by the 'National Treatment Agency for Substance Misuse'. It offers an opportunity for clients to explore areas of their lives in an open manner. It allows the client worker to have a shared understanding of a particular issue.
- 'Structured Day Care' recovery offered clients a 12 week support programme towards abstinence. Clients underwent an eight week intensive day plan where staff work alongside clients in developing coping

mechanisms, tools to utilise and support around their recovery capital. The service then offers a four week programme to prepare clients for discharge. The staff worked around employment, housing and personal development. This aimed to reduce dependency and increase autonomy.

- Clients had access to a range of groups. The groups included a SMART group, which used evidence based approaches looking at life skills, confidence building and anger management.
- The service also offered a volunteer and mentor programme. This enabled clients who have been through the treatment programmes to support others that were new to the service.

Staff were aware of the guidance that underpinned their work and knew where they could access further information.

Skilled staff to deliver care

Piccadilly Project Bradford had a range of skilled staff delivering care to its clients. Staff had qualifications in areas such as social work and psychology. The team also had a member of staff who was trained in cognitive behavioural therapy.

The service had six social work students on placement during the inspection. The students were provided with a mentor who was a senior member of staff. They had regular supervision and were provided with the same training as full time staff.

The service provided staff with essential training as part of their induction and provided additional training where relevant to their role. Staff told us if they identified an area of training they thought was useful the service would try to provide it to the whole team.

The team leader addressed poor performance effectively. The service provided us with examples of poor performance and how it was resolved. The team leader took a proactive approach managing the situation, which resulted in a positive outcome.

All new staff received a three week structured induction programme. Staff had to complete mandatory training, shadow staff and visit local community projects to understand what local services were available. Staff were assessed in facilitating group work and working with individuals before being able to manage their own caseload.

Only 11% of staff had a completed appraisal at the time of the inspection. However, the team leader provided us with dates that showed the remaining staff scheduled to have their appraisal before 2017. Staff received regular supervision every six to eight weeks. The team leader provided supervision to all full time staff, and a senior practitioner provided supervision to the social work students. Staff felt well supported in supervisions and told us it gave them an opportunity to address their personal wellbeing, clinical issues and discuss development. Although staff felt supported and said they were receiving supervisions, we did not find any systems in place to monitor or have oversight on which staff had received supervisions and appraisals.

Staff could undertake additional training which was not mandatory but supported their practice, it included, 'Cognitive Behavioural Therapy' and 'Strengthening Families Programme'.

Multidisciplinary and inter-agency team work

We saw effective examples of inter-agency and multidisciplinary working. The service worked closely with other providers such as community mental health teams, GPs, social services and probation. We saw staff were regularly attending meetings and participating in wider aspects of the clients care. For example, we saw staff attending "Child Protection" meetings with social services as part of the wider multi-disciplinary team. Staff worked with probation services supporting clients who were serving community orders. The community orders included alcohol rehabilitation as part of their conditions.

The team worked effectively within the organisation. They had daily hand over meetings in the morning and in the afternoon. In the meeting, staff were allocated work which was outstanding to cover sickness or leave. It also provided the opportunity for any service updates and for staff to raise any issues. We observed a morning hand over meeting and saw it was a short and effective. The agenda was brief and the team leader led it.

The service had monthly team meetings whereby staff had comprehensive discussion about the service, clients, activities and administration. We observed a monthly team

meeting and found the dynamic was different to the morning handover. Staff led the monthly team meetings and took a lead in different elements. For example, a member of staff took the lead on group work sessions. We found this empowering for staff; it gave everyone an opportunity to partake. During the team meeting, a guest speaker from a rehabilitation service came to talk about what care they deliver. We heard testimonials from clients who had used the service. The service invited guest speakers to attend the monthly team meetings. This was an important element to the team meeting as it provided staff to network with new services in the local area. The monthly team meetings were effective and well facilitated.

Good practice in applying the MCA

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

Training on the Mental Capacity Act was mandatory and staff completed this during their induction period. At the time of the inspection, over 80% of staff had completed the training. We found staff understood the primary principles of the Mental Capacity Act, to always assume capacity unless proven otherwise and rights for individuals to be supported to make their own decisions. Staff told us they were happy to seek support and advice where necessary.

Equality and human rights

'Equality and Diversity' training was included in the mandatory training schedule for staff. The service employed staff from a range of different British Ethnic Minority communities which allowed them to work effectively amongst the diverse Bradford Community. As a result, they were able to facilitate session's particular to different groups, in different languages and had good links with organisations within the local communities.

Management of transition arrangements, referral and discharge

Clients could also self-refer, or be referred into the Piccadilly Project by other organisations such as Probation and Community Mental Health Teams.

The service had a 'Hub Team' to case manage clients who were referred from primary and secondary care, including the ambulance service. Key workers in these hubs worked with clients for 12 weeks and then if the clients still required further support they were referred into the structured treatment provided by the mainstream key workers and service.

Clients requiring clinical intervention were referred to the local trusts drug and alcohol team, however, staff at the Piccadilly Project worked alongside the trust with their psychosocial intervention.

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 observed staff delivering kind, caring and compassionate treatment to clients. Staff were empathetic to the clients' needs and adapted their style of working to what suited the client best. Staff told us they had a 'none judgemental' approach working with clients. They aimed to have an inclusive organisation that could cater to different people needs. The National Institute for Health Care Excellence identifies this one of its quality standards for community alcohol services.

Staff demonstrated confidence and positivity in facilitating group work and working one to one. They actively listened to what clients had to say and responded appropriately. They supported clients holistically by considering all aspects of their lives, for example, housing issues and social issues. Staff identified this as developing the clients 'recovery capital'. Recovery capital is the internal and external resources necessary for an individual to achieve and maintain recovery from substance misuse as make behavioural changes.

We spoke to 10 clients who used the service all of whom were complementary and positive about the Piccadilly Project. They felt they received the care and treatment which met their needs. Clients told us staff were approachable, knowledgeable and did not give up. They

felt staff were passionate about their roles and always worked alongside them. We spoke to one client after an initial assessment and they told us they felt relaxed, listened to and optimistic about the future.

During the focus group, clients told us they liked how the service supported all aspects of their lives as well support around alcohol reduction. However, they said the service could improve on better communication as clients felt they were not always notified about groups and appointments in timely manner.

We received 14 comment cards completed by clients about their experiences at the Piccadilly Project Bradford. All 14 cards were overwhelmingly positive. The comments were themed around how well the staff were able to work with clients, their ability to develop positive relationships and the effectiveness the service. One comment card read, "Without the help of this service my alcohol addiction would continue, sterling work from the team".

The service adapted its information leaflets to meet the needs of the local demographic. Service information leaflets were available in a variety of languages including Urdu and Polish.

The involvement of clients in the care they receive

Staff offered clients reminders in a method that suited them, for example, via text, telephone call or through the post.

The service facilitated a weekly 'carers groups' during the day and in the evening for carers who worked. This provided an opportunity for people who care for clients with alcohol addictions to meet, speak about their experiences and provide peer support. The service had excellent links with organisations within the local community where they could refer on to if they could not meet the needs of carers or clients. We saw staff promoting and signposting clients to local community events for the family which were alcohol free.

During the focus group all the clients told us they were offered a copy of their care plan. Some said they did not always choose to take it, however, they knew they could have a copy of they wanted. The client and the member of staff had signed off all the care plans we reviewed.

Local stakeholders such as housing agencies and citizens advice attended the Piccadilly Project for drop in sessions. This was an opportunity for clients to get advice and support around issues such as benefits. As part of the structured recovery programme, the service offered selected clients to become peer mentors. This enabled clients who were abstinent from alcohol and had been through the programmes to support new clients entering the service. They also helped facilitate group work. Some of the clients who attended the focus group were peer mentors and they felt as though it was an important part of their recovery. They said it enabled them to give back in to the community and gave them a sense of empowerment.

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

Access and discharge

Piccadilly Project worked with clients who were 18 years of age and older. The service accepted referrals from primary care, secondary care and voluntary organisations. They also accepted self-referrals and referrals from family, and friends. Piccadilly Project received referrals from 66 different sources from July 2015 to July 2016. This meant it was widely accessible across the Bradford district and was well known to other services.

The service received regular referrals from Probation and GP's. For example, clients who received Alcohol Treatment Requirements as part of their court conditions were referred into Piccadilly Project. Staff at the service then worked alongside Probation services until the client had completed their Alcohol Treatment Requirement. Probation referrals accounted for 39% of the caseload in July 2016, this was around 96 clients.

We reviewed referrals and discharge data collated by the service. The service was receiving an average of 63 referrals a month, having received 54 in July, 75 in August and 60 in September. Staff told us told the figures remained constant over the last 12 months. There was an average of 40 clients per month being discharge out of the service. The average number of missed appointments in the last three months was 112. We did not see any evidence of the service having oversight of any themes and trends of why clients may not attend and implement changes as a result.

Substance misuse services

The service had set a target of working with 500 new referrals from January 2016 to January 2017. They were on track to meet their target, as of September 2016 they had accepted 330 referrals for treatment.

The service had no wait times to assess clients. Staff arranged assessments for times that suited the client. Clients had an average wait time of a week before receiving their first one to one appointment. We observed an assessment where the client was offered their appointment within a week. The service allowed clients to access group work and informal activities before having their first one to one appointment. This meant clients could access the service immediately after their assessment. A key worker was assigned to the client with their contact details in the event of an emergency. The focus group feedback highlighted the responsiveness of the service. Clients told us they felt assured with how soon staff offered them appointments.

Staff had clear discharge pathways to work towards. During interviews they demonstrated their knowledge and understanding of exit routes from the service. Piccadilly Project provided clients with a four week discharge plan at the end of their 12 week recovery programme. This programme aimed to integrate clients back into the community in a structured way. The service had links with other voluntary organisations which they could refer into. This included housing, educational organisations charities and places clients could do voluntary work. The service had a peer mentor programme which enabled clients to come back into the service as a peer mentors to support new people entering the service. Many of the members in the focus group were peer mentors; they felt that the programme was an integral part of their recovery journey.

The facilities promote recovery, comfort, dignity and confidentiality

Access into the main building was discrete and there was no obvious signage to notify the wider public what the service was. Staff had access to a range of therapy rooms which differed in size. The service had adequate space to facilitate group work and one to one sessions. The rooms were comfortable, private and well maintained. The rooms had access to natural light, and furniture that was sufficient for its purpose. There were two group rooms available for clients which were both utilised regularly. All the rooms had door signs to inform people if they were being utilised or if they were available to use. There were locks on rooms which clients could not have access to, these included the staff office and records room.

The service had a central large communal room where clients could gather, have tea and have informal interactions. This room was pleasant, had comfortable furnishings and provided clients with facilities to make hot drinks. Clients had access to a range of rooms where they could attend group work and one to one sessions. The rooms were well maintained, set in neutral colours, open and had good access to natural light.

Meeting the needs of all clients

The service made appropriate adjustments for persons with mobility issues and disabilities in accessing the building. There was a lift located on the ground floor to support people access the service. However, the service did not have a Personal Emergency Evacuation Policy (PEEP) in place to support people with mobility issues and disabilities in evacuating the premises in the event of a fire.

There welcoming reception area with a large informal space located centrally where clients could sit down. There were drinks facilities available with comfortable seating. Staff had access to a range of therapy rooms which varied in size enough to fit two or three people. The service had two large rooms where staff could facilitate group work. The rooms were spacious and adequate for group settings

The Piccadilly Project aimed to be accessible for people who wanted to use the service and did this by offering pre-booked appointments for an assessment. Clients could also access an assessment through Piccadilly Projects drop-in clinic named “SHARE”. It provided clients to come in informally to meet staff, volunteers and people who had experience of coping with alcohol problems. This open access service was available Monday to Friday

Staff were aware of meeting the needs of the clients. The service employed staff from British Ethnic Minority communities which were representative of the Bradford demographic. This meant they had the resources and expertise to facilitate group work and one to one sessions in other languages as well as English. For example, Piccadilly Project had two staff that facilitated the 12 week Structured Day Care recovery programme in Polish. We spoke to peer mentor who was supporting the structured day care programme, she felt the service was making

positive steps forward to target different communities. The Piccadilly Project also had a "Apna" group which was specifically aimed at South East Asian males within the local community. Due to the nature of the service and cultural sensitivities around alcohol, this group enabled individuals' who were not ready to access the main groups, to start their recovery journey amongst people who they could relate to better. This group offered targeted support within the community. The service also facilitated "Womens" groups which offered a space for females to address issues specific to their lives.

The service had a vast array of information leaflets for clients describing what services they offered as well as and what services are available in the community. We saw examples of leaflets in different languages such as Urdu and Polish. The service had access to interpreters, however, due to the diversity of staff, the staff were skilled to communicate in different languages for most of the clients requiring interpretation.

Listening to and learning from concerns and complaints

Piccadilly Project received seven complaints and 53 written compliments within the last 12 months. They received an additional 14 written compliments through the Care Quality Commission feedback cards during our inspection. The service upheld all seven complaints. We found staff to be responsive to receiving complaints. For example, the service received a complaint in relation to not having enough activities based around reducing stress. Within a month the service had implemented a relaxation group as a response to the complaint.

We saw information on how to complain located within different areas of the service, including the lounge, corridors and treatment rooms. Clients told us during the focus group they felt comfortable to complain and know who they would go to. Staff told us if a client wanted to complain they would either escalate it to the manager, or provide a complaints pack.

Are substance misuse services well-led?

Vision and values

Lifeline had adopted 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. The vision, values and mission statement were available on the provider website and on the staff intranet. Supervision and appraisal records did not contain any explicit reference to the vision, values or mission statement. Staff represented the values of the organisation. We observed staff facilitating group work, assessing clients and working amongst their peers. It was evident staff had embedded the spirit of the Lifeline values within their day to day practice. Staff were positive about their team leaders but showed a limited knowledge of senior management.

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 it. This included incident reporting analysis, 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.

We found a number of areas where the service was not meeting the regulation in relation to good governance. 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. We interviewed senior managers and were told that they did not routinely collect performance data relating to mandatory training. This meant there was no routine

process management could see who was in date with their training mandatory training and who needed a refresher. In addition they did not routinely monitor appraisals and supervisions.

We reviewed team minutes for 'Tier three team' from meetings on 08 August 2016, 26 July 2016 and 19 July 2016. We reviewed team meeting minutes for 'Hub team' from meetings on 07 September 2016, 20 July 2016 and 29 July 2016. We noted that although these meetings were stated as 'weekly', there were significant gaps between meeting minutes. We noted that there were no documented discussions on mandatory training compliance within these minutes or any discussion on whether staff had received appropriate supervision and appraisal. We observed a monthly team meeting on 11 October 2016 which all staff attended. The only performance information that was discussed in this meeting were referrals in and out of the service. We did not see any evidence of other overarching governance meetings where the service could discuss performance issues around compliance around mandatory training, supervisions and appraisals.

The service did not have an annual audit cycle or programme which effectively assessed, monitored or improved the quality and safety of the service. We identified gaps in care records. We reviewed seven records and found clients had risk assessments with identified risks but no risk management plans were in place. There was no regular audit which would have identified these areas of concern. Management could not be assured staff knew how to manage risks relating to violence, suicide or self-harm. The service did monitored how many missed appointments there were, but were not identifying themes and trends as to why clients were missing appointments in order to reduce the number.

There was also outstanding actions on the fire risk assessment and the service was overdue their annual gas safety checks. There was no system in place at the service to ensure that they were effectively monitoring and mitigating risks related to the health, safety and welfare of service users, and completing required actions. They had not evidenced steps to assure themselves of the safety of the premises after the fire risk assessment had taken place, even if this meant getting a secondary opinion.

The service failed to report four notifiable incidents to the Care Quality Commission in the last 12 months. These related to two deaths and two police incidents. Although the deaths were not related to the delivery of the service, and the police incidents had been managed, it is the duty of the registered manager to notify the Care Quality Commission of such incidents. It provides us with oversight on how the organisation is responding to and acting upon incidents and provides us with assurances people who use the service are safe.

Piccadilly Project did not have a local risk register or an alternative method of documenting how they assessed, monitored and mitigated risk.

Leadership, morale and staff engagement

Sickness levels were low, at 1%. There was one vacancy at the time of the inspection, and staff turnover was 20%. Staff were positive about working at the Piccadilly Project and were motivated in their roles. There was a strong team ethic and this was demonstrated through how the staff supported with each other and interacted with clients. Staff were positive about local management, they felt fully supported. The team leader had been working at the Piccadilly Project for a long time, they understood the delivery of the service well and had a good rapport with clients and staff.

The team leader made themselves available at all times for staff by having an open door policy and having their office located near staff.

There were no reported incidents of bullying or harassment. The service had a whistleblowing policy which was implemented in 2010 but had not been reviewed in 2011 as stated in the policy. We noted in the policy that staff were advised to discuss concerns with a legal advisor or Public Concern at Work before reporting them outside of the service. This additional requirement was not within the spirit of whistleblowing and was a potential disincentive for staff to report concerns outside of the organisation.

Commitment to quality improvement and innovation

The service did not participate in any accreditation schemes. They had previously tried to roll out an Edexcel accreditation programme but this was stopped due to low participation. We found no evidence to suggest the service participated in any other peer review, research or quality improvement programmes

We saw evidence of the service working with clients to make improvements to how the service was delivered. Piccadilly Project held regular service user meetings which

gave the opportunity to clients to discuss any issues or concerns. It also gave them the opportunity to discuss things that they would like to see done differently. Peer mentors supported staff in facilitating the meeting.

The service developed 'Workforce Champions" across the Lifeline services. Staff at the Piccadilly Project had roles which they championed, for example, 'Safeguarding champions'. They met with other champions within the service on a quarterly basis to develop learning and improve service delivery in their area. Staff provided feedback on identified learning to their teams during team meetings.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

Action the provider MUST take to meet the regulations:

- The service must implement a Personal Emergency Evacuation Policy so staff are provided with clear guidance on how to support persons with disabilities or mobility issues can be evacuated from the building safely.
- The service must be assured they have taken appropriate actions and have systems in place to address concerns or risks identified within the service.
- The service must complete risk assessments in line with the guidance provided and ensure that all clients have appropriate risk management plans aligned to the risks identified in the risk assessments.
- The service must ensure that they have systems in place to provide themselves with assurance that the treatment and care delivered is safe, including the completion of the required documentation.
- The service must have systems in place which provides oversight to monitor mandatory training, appraisals and supervisions.
- The service must ensure it reports all notifiable incidents to the Care Quality Commission.
- The service must ensure all staff receive annual appraisals.

Action the provider SHOULD take to improve

- The service should ensure it communicates changes to the service, or activities to its clients in a timely manner.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Staff did not complete risk management plans aligned to the risk assessments they completed.** This was a breach of **regulation 12 2 (a) (b)**

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents **We were informed of four 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 12 HSCA (RA) Regulations 2014 Safe care and treatment **The service had not assured themselves of the safety of the building by risks identified in a fire risk assessment carried out in 2015.** **The service did not have a PEEPs policy in place which meant there was no procedure to evacuate persons with disabilities or mobility issues from the building.** **The annual gas safety check was overdue by a month. It had been last carried out in September 2015.** This was a breach of **regulation 12 2 (d)**

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The service did not have any oversight on risks pertaining to the service. This meant they could not address risk in a timely manner.** **The service did not have a systems in place to ensure that treatment and care was safe, and that the documentation required was Completed. The service did not have oversight of mandatory training, supervisions and appraisals.**

This section is primarily information for the provider

Enforcement actions

This is a breach of **regulation 17 (2) (a) (b).**