

Lifeline Bolton

Quality Report

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[bolton-integrated-drug-and-alcohol-treatment-service](http://www.lifeline.org.uk/contacts/bolton-integrated-drug-and-alcohol-treatment-service) **On-site inspection visit: 5 and 6 December 2016**

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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 areas of good practice:

- The locations were well maintained and clean. There were arrangements in place to ensure subcontracted clinical services had well-equipped clinic rooms. There were appropriate staffing levels with low levels of sickness and minimal use of agency and bank staff. There was a risk assessment in place on clients accessing mainstream community drug and alcohol services we looked at. The worker supporting clients to use steroids safely had a comprehensive understanding of the risks of inappropriate steroid use. There were arrangements in place to report incidents. Following a serious case review which included identified improvements for Lifeline Bolton, changes had been made to address the concerns raised in the review.
- Staff at Lifeline Bolton offered a wide menu of groups and interventions to support treatment and recovery. Staff delivered recovery-focused care that took into account clients' holistic needs. Staff used a range of tools to support the delivery of care and to monitor

Summary of findings

outcomes which followed evidence-based practice and national guidance. Lifeline Bolton staff worked closely with medical and nursing staff who provided the subcontracted clinical services and staff in external agencies. Staff received regular supervision sessions and had received a recent annual appraisal. Staff understood how impaired capacity might affect decisions on care and treatment.

- Clients described receiving a good quality service which helped promote their recovery, met their needs and provided the help they needed. We observed staff providing person-centred care. There was an ethos of not judging clients for their current or past substance misuse. Clients could see where they were in the recovery journey through a road to recovery visual poster. There was an active service user forum which provided feedback from clients on how the service ran and how it could improve. There was a 'you said, we did' noticeboard showing how managers had taken action following client feedback.
- Clients were seen quickly and there were no significant waiting lists for the services provided by Bolton integrated drug and alcohol service. Appointments ran on time. The service routinely offered in the evenings and at the weekend. The buildings were well-furnished and welcoming with facilities for disabled people. Staff were reaching out to local mosques to improve awareness of the service and uptake to people from who were Muslim, the majority of whom were from south Asian backgrounds. Clients knew how to make complaints and there was information on making a complaint held in reception areas. There were a small number of upheld complaints which resulted in staff ensuing lessons were learnt and changes to practice.

- Staff were complimentary about team leaders and managers and felt supported. Staff reported morale being good despite the service going through a tendering exercise in the near future. Managers were consulting and engaging staff about the likely planned changes. Managers carried out regular checks to help monitor service delivery, team performance, incidents and risks. Staff were committed to working in partnership; there were regular partnership meetings to discuss and address the challenges of working in a partnership formed by commissioners. The provider had plans to improve quality and develop services including plans to introduce a 'take home' naloxone service in the near future.

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

- There were gaps in the staff recruitment processes with missing information on personnel records. This meant that managers were not keeping records to assure themselves fully that all staff were of good character.
- The case management and risk management responsibilities were held by another organisation and managers recognised the need to continue to address the complexities of the responsibilities in the partnership.
- Although clients accessing the service for steroid use were informed of the risks of abusing steroids, this was not formulated into a care plan and a risk management plan.

Summary of findings

Our judgements about each of the main services

Service

Rating

Summary of each main service

Substance misuse services

We do not rate standalone substance misuse services.

Summary of findings

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Lifeline Bolton

Services we looked at:

Substance misuse services

Summary of this inspection

Background to Lifeline Bolton

Lifeline Bolton is one of the agencies involved in Bolton's integrated drug services, providing community drug services to the population of Bolton. The service supports clients who have a dependency on either or both alcohol and drugs. The service can offer a range of time bound interventions following medical, psychosocial and harm reduction models these can be tailored to specifically meet the needs of the client.

The Bolton Integrated Drug Service consists of

- Lifeline Bolton who oversees the service and also provides the psychosocial and harm reduction service
- St Martins Healthcare (Services) CIC who provide the community detoxification service and
- Arch Initiatives who provide the referral and triage and case management service.

The service can be accessed by self-referral, referral by general practitioner (GP), referral from the hospital team or other stakeholders and partners including criminal justice organisations. All clients go through a single access point where their care plan and the intervention

that was most likely to meet their needs were discussed with them. They were then referred on to detoxification and clinical service, community psychosocial or harm reduction teams.

Lifeline Bolton is registered to provide the following regulated activities: treatment of disease, disorder or injury and diagnostic and screening procedures. Services that came under treatment of disease, disorder or injury included clinical services subcontracted to St Martins Healthcare community interest company. Services that came under diagnostic and screening procedures included the taking, sending off, analysis and communication of blood results for steroid drug users.

At the time of the inspection there was a registered manager in place who oversaw the running of the service and made sure that the service complied with the regulations we inspect against. The service did not store or manage controlled drugs and therefore did not require an accountable controlled drugs officer.

Lifeline Bolton has been inspected once before in May 2013. The service was compliant against the essential standards we looked at on that inspection.

Our inspection team

The team that inspected the service comprised of a CQC inspector and a CQC assistant inspector.

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?

Summary of this inspection

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

Before the inspection visit, we reviewed information that we held about the location and asked the provider for information and data on the running of the service. We also asked other organisations for information including the commissioners of the service and the local Healthwatch organisation. The inspection was announced so the provider knew we were coming.

During the inspection visit, the inspection team:

- visited the locations where clients received community substance misuse services and looked at the quality of the physical environment
- observed how staff were supporting clients
- spoke with 16 clients; nine clients individually and seven in a group
- attended and observed two group meetings for clients

- looked at 10 care and treatment records
- spoke with the registered manager, a team manager and two more senior managers
- spoke with nine other staff members employed by the service provider, including team leaders and recovery workers in either focus groups or individually
- spoke with two peer support volunteers
- spoke with staff who provided clinical services, including the overseeing manager. These were employed by a different service provider
- looked at policies, procedures and other documents relating to the running of the service.

We also carried out a routine, comprehensive inspection of the organisation who was subcontracted by Lifeline Bolton to provide clinical services across Bolton on 19 and 20 December 2016. We have written a separate report on this service.

What people who use the service say

We spoke with 16 clients using the service; nine clients individually and seven in a group. They were very positive about the support they had received from Lifeline Bolton. They told us that they were happy that they received a responsive and supportive service delivered by staff who were empathetic and non-judgmental. Clients told us that individual and group sessions usually ran to time and were structured to promote recovery.

We spoke with seven clients as part of a group session who told us that the service was tailored around them and helped them recover from their addiction. Clients told us that they did not mind that the service was operated by three separate services as the different services worked together well and this meant that they could usually speak to someone more quickly.

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

- There were gaps in the staff recruitment processes with missing information on personnel records. This meant that managers were not keeping records to assure themselves fully that all staff and volunteers working in the service were of good character.
- The case management and risk management responsibilities were held by another organisation and provider recognised the need to continue to address the complexities of the responsibilities in the partnership.
- Although clients accessing the service for steroid use were informed of the risks of abusing steroids, this was not formulated into a care plan and a risk management plan.

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

- The locations were well maintained and clean.
- There were arrangements in place to ensure subcontracted clinical services had well-equipped clinic rooms.
- Each site had resuscitation equipment and sub-contracted clinical service staff held and maintained emergency drugs.
- Interview rooms had panic alarms fitted and staff knew how to respond to them.
- There were appropriate staffing levels with low levels of sickness and minimal use of agency and bank staff to cover vacancies, sickness and maternity leave.
- Staff received regular mandatory training to equip them to work appropriately with clients
- There was a risk assessment in place on clients accessing community drug and alcohol services we looked at.
- The worker supporting clients to use steroids safely had a comprehensive understanding of the risks of inappropriate steroid use gained through involvement in national forums on this topic.
- The provider had developed information-sharing protocols and good joint working arrangements with other agencies to improve risk management plans to make sure they were comprehensive.
- Staff understood their responsibilities to report safeguarding issues and knew how to report incidents and concerns.

Summary of this inspection

- Staff had manageable caseloads.
- There were arrangements in place to report incidents.
- Managers ensured that lessons were learnt from incidents.
- Following a serious case review which included identified improvements for Lifeline Bolton, changes had been made to address the concerns raised in the review.

Are services effective?

We found the following areas of good practice:

- Staff delivered recovery-focused care that took into account clients' social, psychological and physical needs.
- Staff used a range of tools to support the delivery of care and to monitor outcomes. These included assessment tools and treatment outcomes profiles.
- Staff followed evidence-based practice and the relevant National Institute for Health and Care Excellence guidance. For example through the partnership they ensured clients received treatment in conjunction with psycho-social interventions.
- Staff at Lifeline Bolton offered a wide choice of groups and interventions to support treatment and recovery, presented as a menu.
- Lifeline Bolton staff worked closely with staff who provided the subcontracted clinical services and staff in external agencies to meet clients' needs.
- Staff received regular supervision sessions and had received a recent annual appraisal.
- Staff received training on the Mental Capacity Act.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- We observed staff providing person-centred care underpinned by an ethos of not judging clients for their current or past substance misuse.
- Clients described receiving a good quality service which helped promote their recovery, met their needs and provided the help they needed.
- Staff involved clients in assessment, care planning and care delivery.
- The service was recovery-focused and clients could see where they were in the recovery journey through a road to recovery visual poster.
- Staff ran services and support groups for families and carers and signposted them to other services in the community.

Summary of this inspection

- The service asked clients and their carers for their suggestions for improving the service on an ongoing basis and formally on an annual basis.
- Following client feedback actions taken were displayed on a 'you said, we did' noticeboard.
- There was an active service user forum which provided feedback from clients on how the service ran and how it could improve.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The service accepted self-referrals and referrals from other agencies and professionals.
- Clients were seen quickly and there were no significant waiting lists for the services provided by Bolton integrated drug and alcohol service.
- Clients told us that appointments ran on time and the service routinely offered services some evenings and at the weekend.
- The buildings used to provide care and treatment were well-furnished and welcoming with a reception area and a range of interview rooms, clinic rooms, and group rooms.
- Reception areas held a wide range of information such as leaflets about specific treatments, harm reduction, mutual aid groups, physical health issues and community services.
- Staff were reaching out to local mosques to improve awareness of the service and uptake to people who were Muslim, the majority of whom were from south Asian backgrounds.
- Clients knew how to make complaints and there was information on making a complaint held in reception areas
- There were a small number of upheld complaints which resulted in staff ensuing lessons were learnt and changes to practice.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Managers carried out regular checks to help monitor service delivery, team performance, incidents and risks.
- Staff knew about the visions and values of Bolton Integrated Drug and alcohol service. Staff were committed to working in partnership and ensuring clients received a recovery-focused service.

Summary of this inspection

- There were regular partnership meetings to discuss and address the challenges of working in a partnership formed by commissioners.
- Staff reported morale being good despite the service going through a tendering exercise in the near future. Managers were consulting and engaging staff about the likely planned changes.
- Staff were complimentary about team leaders and managers and felt supported by the wider organisation.
- The provider had developed innovative services including the development of the service for clients who used steroids and for on site Hepatitis C testing and support in partnership with a local NHS trust.
- There were plans to introduce a 'take home' naloxone service in the near future.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff received training on the Mental Capacity Act and knew about the principles that underpinned the Mental Capacity Act.
- Staff assumed clients had capacity to make decisions.
- Staff checked if client's understood the information given to them and asked for consent to share information.
- Staff described how intoxication would give rise to uncertainty about the degree of capacity to make informed decisions about treatment.
- Where there was doubt, staff would ask clients to return later and recorded their decision in the client's notes.

Overview of ratings

Our ratings for this location are:

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|---------------------------|------|-----------|--------|------------|----------|---------|
| Substance misuse services | N/A | N/A | N/A | N/A | N/A | N/A |

Notes

We do not rate standalone substance misuse services.

Substance misuse services

| | |
|------------|--|
| Safe | |
| Effective | |
| Caring | |
| Responsive | |
| Well-led | |

Are substance misuse services safe?

Safe and clean environment

The Bolton integrated drug and alcohol service operated out of three buildings in the centre of Bolton - St Andrews Court, Samantha House and Beacon House. At the time of our inspection, the buildings were well maintained and clean. Staff carried out regular health and safety checks of the building.

There was antibacterial gel situated around the buildings so that staff and clients could clean their hands easily. Clinical waste bins were provided for the safe disposal of clinical waste. The fridge used to store medication was locked and had regular temperature checks to ensure medication was stored at the correct temperature.

There were panic alarms within all interview rooms so staff could call for assistance. There was a defibrillator available within each building, as well as spill kits to clear up spillages appropriately.

Lifeline Bolton staff had the responsibility of ensuring cleanliness, fire checks, security and maintenance of St Andrews Court, and Samantha House. Arch Initiatives staff were responsible for checks on Beacon House. Lifeline Bolton staff received assurances from the subcontracted clinical staff that checks occurred of the clinical areas to ensure that they were suitable environments for providing treatment and clinical services. Managers in Lifeline Bolton ensured the overall safety of the premises that staff worked from. This included carrying out checks directly themselves or, where the building was owned by a partner, receiving assurance that these checks have been carried out. There were regular fire safety checks, electrical testing of equipment, checks on the cleaning to a clinical standard and panic alarm checks as well as safety walk rounds to ensure that health and safety issues were checked and appropriate remedial action taken.

Safe staffing

The service employed a registered manager who oversaw this service and two other services, one team manager, two senior practitioners, 12 whole time equivalent recovery co-ordinators, receptionists and other specialist staff such as staff within the 'strengthening families' project. There were four vacancies - a harm reduction team manager, two psycho-social recovery co-ordinators and a brief intervention worker. Substantive staff were providing cover arrangements for these vacancies through covering individual sessions and group work. There were no vacancies in the subcontracted clinical services.

At September 2016, Lifeline Bolton were working with 567 clients with an average ratio of 27 clients to one fulltime worker. The case management function was carried out by staff from Arch Initiatives so Lifeline Bolton staff did not carry a caseload, with psycho-social intervention and harm reduction staff doing individual and group work on an allocated basis. The worker specialising in supporting clients with steroid misuse had a current caseload of 30 clients which they felt was manageable and they were supported to look at their caseload with managers.

There was one shift covered by bank or agency staff in the three months prior to 15 September 2016. This was to cover a shift of an administrative staff.

Lifeline Bolton had a total permanent staff sickness of 3% overall Lifeline Bolton had eight staff leaving over the 12 months prior to the inspection giving a substantive staff turnover of 23% at September 2016. However five of the eight staff members left to take internal development opportunities.

All staff, including agency volunteers, received mandatory training. As of 30 April 2016, the compliance rates with mandatory training for substantive staff were as follows:

- safeguarding 100%
- data protection, 97%

Substance misuse services

- five step training 81 %.
- fire awareness 90%
- working with individuals and groups 87%
- understanding Lifeline's policies 87%

The service had guidance in place to ensure that staff were recruited appropriately with the correct checks to ensure that the right staff worked with vulnerable patients. This included taking up references, disclosure and barring checks, photographic ID checks and receiving references. We looked at six personnel records to look at whether proper checks were made before people started work and whether the necessary information was available according to the regulations. The regulations state that care employers should record and keep these details to ensure people employed are of a suitable character.

We saw that there were shortfalls in the employment details kept locally. The shortfalls included no application forms on some of the files we looked at. There was no photo and proof of identity on some files we looked at. Where there were applications, there were some files where there were gaps in staff employment histories without a corresponding satisfactory explanation of the reason for such gaps, no evidence of references and no confirmation of satisfactory conduct in previous employment if staff were previously employed in health or social care settings.

We asked the managers to carry out an audit to see how many gaps there were in the personnel files as some information and details were held at head office. The completed audit showed that there were a number of gaps in the required personnel information across numerous staff files which confirmed what we found was not isolated to the files we looked at.

The audit also showed that disclosure and barring service (DBS) checks had been obtained on files. These checks confirmed the staff were not barred from working with vulnerable adults and ensured that any criminal convictions were declared. Four staff, who although not barred, did have a declared conviction on their application form confirmed by disclosure and barring screening. There was not a satisfactory corresponding risk consideration or risk assessment to consider and manage any risks of them working with vulnerable clients. The audit included detailed action to improve the situation including providing assurance that risk assessments would be

completed for the four identified members of staff. Managers gave assurance that the personnel files would be re-audited in February 2017 and were confident that all actions would be complete by then.

Where there were gaps in the personnel records, we did not identify concerns that the staff employed or volunteers in the service should not be working or were not of suitable character. However, the gaps in the staff recruitment processes with missing information on personnel records meant that the provider was not meeting appropriate regulations. This was because managers were not keeping records to assure themselves fully that all staff and volunteers working in the service were of good character.

Lifeline had appropriate systems in place to ensure that the directors of the company were fit and proper when they were appointed. The completed checks for the current directors were held at the head office. We did not look at these on this inspection.

Assessing and managing risk to clients and staff

We reviewed care records including risk assessments for 10 clients. Staff from Arch Initiatives completed a risk assessment for each client and developed risk management plans. Staff reviewed risk management plans quarterly or when risks changed. Risk assessments were completed with a comprehensive checklist of risks which included risks in relation to substance misuse, risk to children, risk to self and risk to others. We looked at three records relating to clients receiving the specialist steroid service. Although clients accessing the service for steroid use were informed of the risks of abusing steroids and records were made of this, this was not formulated into a care plan and a risk management plan. We spoke with managers about this who explained that because the service was a Tier 2 advice service they were not required to complete care plans in these instances. However as this service provided diagnostic and screening procedures which included the taking, sending off analysis and communication of blood results for steroid drug users, the provider should ensure clients accessing the service for steroid use have a care plan and a risk management plan .

The provider had effective information-sharing protocols with other agencies within the partnership that promoted safety.

There were appropriate staff safety practices in place. All staff signed in and out as they entered and left the office.

Substance misuse services

Staff had mobile phones. Staff used the office bases or health centres for their appointments, and all meeting rooms had panic alarms. Where it was indicated staff would see clients in pairs.

Harm reduction information was provided to all clients at assessment, and then according to need during their treatment/recovery. Clients had access to clean injecting equipment to ensure their safety with regards to injecting drug use. Local pharmacies that provided needle exchange services were contacted regularly to ensure they had correct equipment and up to date information.

There were systems in place to keep clients safe and safeguarded from abuse. The partnership had a shared safeguarding policy. All Lifeline staff had read the policy and were aware of the local safeguarding processes. The policy contained protocols for escalation. All Lifeline staff had received safeguarding training. Staff from Arch Initiatives had responsibility to liaise with children's teams and safeguarding teams as part of the case management function.

A staff member attended the local domestic abuse and violence practitioner forum meetings quarterly, exchanging good practice with other professionals/agencies within Bolton. Lifeline, as part of the partnership, had a draft domestic abuse and violence policy, which would help guide staff when faced with issues around domestic abuse and violence.

Managers of Lifeline Bolton received assurances from the subcontracted clinical services that staff were meeting their obligations for the safe prescribing and management of medicines and oversight of clinical areas and services. We looked at these arrangements in-depth when we inspected the clinical services. The provider ensured that there was improved storage of emergency medication following our inspection. Most clients received regular medication reviews either with a psychiatrist or with a non-medical prescriber.

There were robust business contingency plans, as well as plans to manage key continuity threats such as a pandemic infection at an organisational level. There were links with key local partners and stakeholders to manage serious disruption to services. For example there were reciprocal agreements to work temporarily from partner buildings in the event of serious building maintenance issues or interruptions.

Track record on safety

Lifeline Bolton experienced low numbers of incidents. There were no incidents at this service which resulted in clients experiencing significant harm.

Managers were required to ensure we were notified of any incidents relating to significant incidents. We received eight direct notifications in the 12 months up to 15 September 2016. Seven of these notifications related to incidents involving the police and included minor crimes such as alleged theft of clients' personal belongings whilst on the premises. One notification related to the unexpected death of a client.

Managers were required to ensure we were notified of any incidents relating to allegations of abuse and safeguarding incidents whilst staff were working with clients. There had been no safeguarding concerns or safeguarding alerts raised by the service in the 12 months up to 15 September 2016.

Staff within Lifeline Bolton had attended inquests following the death of clients including where the death was attributable or unrelated to their substance misuse. There had been no recent coroner's rulings commenting on any aspect of the work of Lifeline Bolton.

The partnership had been involved in a serious case review following the death of a child in Bolton to parents who misused substances. The serious case review report was published in November 2015 which sought to learn lessons and further develop safeguarding responses. There were six specific recommendations for Bolton integrated drug and alcohol services out of 43 recommendations. The service specific recommendations included reviewing the impact of client refusals when clients decline psychosocial interventions, standardised guidance for staff contacting children's social care services when there were children living with clients who misuse substances and improved and regular case management in response to need rather than clients being seen every 12 weeks.

Lifeline Bolton staff took the lead in producing an action plan which summarised the action taken to date to respond to the lessons learned and to ensure staff build on the good practice that was highlighted in the review. Lessons had been learned including improving the requirement to attend psychosocial interventions for

Substance misuse services

clients receiving substitute treatment, improved training on safeguarding children and the development of the 'strengthening families' project to work with the wider family.

There was a register of key risks at local level, which was updated and discussed at each governance committee. The risk register was last updated in November 2016. Managers had identified operational risks on the risk register. These included the electronic recording system not supporting effective monitoring and reporting, incomplete case management with clients not engaging with case managers, some minor shortfalls in meeting contractual obligation and the destabilisation of the service due to the recommissioning process. Each item on the operational risk register had the additional controls and management of risk to help mitigate the risks identified.

Reporting incidents and learning from when things go wrong

There were appropriate reporting systems to ensure incidents were identified and reported including near misses and no-harm incidents. Lifeline had a central process for reporting incidents, including serious untoward and critical incidents. Staff sent reports to a dedicated email address, using a standard form, containing all the information required to monitor and manage incidents. Serious incidents were reported immediately by telephone, followed by an incident report form within 24 hours. Reports were then reviewed by Lifeline's clinical governance lead and forwarded to the relevant director.

Staff had access to a reporting policy which included underpinning procedures and guidance on managing serious untoward incidents and incidents. The policy aimed to ensure that incidents were managed and reported appropriately and quickly and ensure that lessons were learned to prevent incidents happening again.

Incidents were reported from across the Bolton integrated drug and alcohol services partnership according to Lifeline's incident reporting policy. Incidents were reviewed by Bolton integrated drug and alcohol services managers at a monthly meeting and the outcomes updated.

Staff participated in identifying and implementing learning from incidents at service-level reviews and discussions. Lifeline Bolton's incident reports and investigations were discussed at clinical governance meetings. The

responsibility for the dissemination of learning was taken by each individual organisation. Where learning was identified across the partnership, joint training sessions had been delivered. Learning and implementation of remedial measures was overseen through line managers. Results of investigations, case reviews, drug-related death processes were reported to the Lifeline's board.

Lifeline sub-contracted medical interventions services to St Martin's Healthcare Service who took responsibility for safety alert systems in relation to clinical services. Staff from St Martin's Healthcare Service ensure alerts were sent to relevant services and to local and national forums. For example, the local intelligence network for controlled drugs incidents and 'yellow card' reports for adverse drug reactions.

The local death review processes were managed by Lifeline on behalf of the Bolton integrated drug and alcohol services. Staff from across the partnerships discussed any deaths of clients who were using, or had recently, used the service to identify any shortfalls or learning from these deaths. Managers were developing a comprehensive 'death in service' process and action plan to try and prevent deaths from substance misuse locally. This work was being developed across the partners of Bolton integrated drug and alcohol services. The process included meeting up to review the services provided when the service was informed of a death. The action plan included action to further improve working practices across the case management clinical and intervention pathways, recording and reporting, joint working arrangements and management review.

Duty of candour

The duty of candour regulation relates to providers being open and honest with clients (and other people acting lawfully on behalf of clients) when things go wrong with care and treatment. This included giving those affected reasonable support, full and correct information and a written apology. The provider's incident reporting policy detailed staff responsibilities under duty of candour. Staff were aware of their need to apologise and would refer matters to managers to ensure the requirements of the duty of candour were met. None of the incidents met the threshold for duty of candour.

Are substance misuse services effective?

Substance misuse services

(for example, treatment is effective)

Assessment of needs and planning of care

We reviewed care records for 10 clients. We found completed assessments and up-to-date care plans in all but one record. Care records showed that staff from Arch Initiatives completed initial assessments and then allocated them to the appropriate teams - the psychosocial teams or clinical teams. Assessments took into account client's individual physical, psychological and social needs and history and current substance misuse. Assessments were well completed. The assessment also determined whether clients needed inpatient or community-based detoxification. Staff undertook a pre-commitment assessment to assess whether clients were psychologically, physically and mentally ready for treatment.

Arch initiative staff drew up care plans arising from the assessment which psychosocial and clinical staff worked to; Lifeline staff worked to these care plans. Care records showed that staff discussed individual needs and promoted recovery with clients. There was some variability in the care plans formulated; with some being comprehensive and others having fairly basic levels of details. Care plans did not always identify the client's recovery capital or provide contingency arrangements such as planning for unexpected exits from the service. Staff provided ongoing support with social issues and referred clients to other services such as housing and debt advice, where appropriate.

The recovery co-ordinator who specialised in supporting clients with steroid use took a comprehensive history of steroid use including the cycle of steroids taken, the route of administration the dose and any noted physiological or psychological effects including changes in the libido (sex drive) and mood. The worker was trained to take bloods which were sent off for analysis to the local NHS trust pathology laboratory to consider any significant or adverse hormone level changes. Although clients accessing the service for steroid use were informed of the risks of abusing steroids, this was not formulated into a care plan and a risk management plan although it was recorded within ongoing running records.

We observed a post detoxification support group meeting which was well led by an engaging recovery co-ordinator. The staff member encouraged open and honest

discussions about client's strengths and recovery achievements whilst they also challenged behaviour which might lead to relapse and addiction in a safe and appropriate manner. The group helped to improve client's recovery capital and clients were given worksheets to recognise and record this to help with the session the following week. Clients were also reminded of the availability of mutual aid groups in the local area.

The service employed a senior practitioner with specific emphasis on social inclusion who was involved in developing recovery activities.

The service used electronic files. Staff across the partnership had easy access to the same client records and there were standards which explained which pieces of data should be stored. This helped each team knew where to locate clients' records and data. Access to the system was via secure password to help maintain client confidentiality.

Best practice in treatment and care

Lifeline Bolton used evidence-based interventions recommended by National Institute for Health and Care Excellence and Public Health England clinical guidelines. This was monitored through processes including service audit and observations, individual observation of practice, intervention review and the dissemination of learning.

The service reported performance information monthly to Public Health England and also to commissioners according to locally agreed schedules. This information was used to monitor and improve performance, and to identify under-performing and strongly-performing services so that lessons could be learned and shared. Diagnostic outcomes monitoring executive summary reports were used to benchmark the service performance against services in 'clusters' serving similar populations. Whilst there was no lead agency within the partnership, Lifeline staff monitored the service to specific key performance indicators to ensure effective performance in key areas, contributing to overall treatment outcomes for the partnership.

Performance targets and progress against these were communicated to teams and individual staff, to ensure that staff were aware of their responsibilities and ensure individual performance against targets. Individual supervision and appraisal ensured that performance from individual staff members were celebrated or addressed if there were shortfalls.

Substance misuse services

Skilled staff to deliver care

Most of the staff had significant experience of working with clients with a history of substance misuse. Some staff had lived experience of misusing substances with 11 out of 39 volunteers going into employment across Lifeline services, partners or other agencies. The service did not employ professionally qualified staff as the medical and nursing staff that provided clinical services were subcontracted. Lifeline Bolton staff worked closely with these staff to provide psychosocial interventions alongside treatment. The worker who supported clients using steroids had received venepuncture training to take bloods. The worker was also part of a developing network of steroid use forums nationally.

All staff had role-specific job descriptions, which clearly set out the required competencies. Competency was assessed at interview, before completion of probationary periods, then personalised plans were in place for continuing professional development, monitored through supervision and annual appraisals. Supervision and appraisal occurred on a regular monthly basis. Data from the provider and staff confirmed that they all had an annual appraisal in the last year (100%).

There were regular team meetings to share information, identify areas for improvement and plan service development. There were three meetings per month – a business meeting to exchange information and review performance; a staff development meeting to provide learning and training locally to the staff team and a group supervision session to share good practice and improve reflective performance.

Ninety four per cent of staff at Lifeline Bolton had completed international treatment effectiveness project training. International treatment effectiveness project's key purpose was to improve treatment effectiveness through the regular use of mapping during key working sessions.

Some staff had received training in mental health awareness, which helped ensure that they were aware of signs and symptoms of mental health problems.

Multidisciplinary and inter-agency team work

Staff at Bolton integrated drug and alcohol services worked with the local acute hospital to ensure that information was shared when clients were admitted to hospital to ensure that there was continuous and consistent provision including ongoing medical prescribing in hospital. Staff

reported occasional examples where Bolton integrated drug and alcohol services staff were not informed when clients were discharged from hospital prior to discharge. Staff were working to address these problems. For example, staff were meeting with the alcohol liaison nurse from the local acute hospital in order to develop pathways from hospital to the brief intervention service, to ensure clients have effective interventions to meet their needs, delivered in a timely way.

Lifeline's brief intervention service held monthly consultation sessions at Bolton community mental health team. This allowed mental health staff to liaise directly with Lifeline Bolton staff around the needs of client, ensuring a safe and timely response to their needs.

Adherence to the Mental Health Act

The service did not get involved in decisions relating to detaining people under the Mental Health Act. The care plans and risk assessments included whether clients were known to mental health services and if they currently were being seen by a worker from the community mental health team. If a client's mental health were to deteriorate, staff were aware of who to contact.

Good practice in applying the Mental Capacity Act

Staff received training on the Mental Capacity Act as part of the provider's mandatory training programme. Staff were aware of the principles that underpinned the Mental Capacity Act.

Staff assumed clients had capacity to make decisions. Staff checked if client's understood the information given to them and asked for consent to share information. Staff described how intoxication would give rise to uncertainty about the degree of capacity to make informed decisions about treatment. Where there was doubt, staff would ask clients to return later and recorded their decision in the client's notes.

Equality and human rights

Staff within Lifeline Bolton routinely collected data on the protected characteristics of clients including their gender, ethnicity, sexuality and disability. Staff promoted the service to reach out to different groups within the local population. There were no restrictions on using the service. Buildings were accessible to disabled clients including level or ramped access and an accessible toilet with sufficient space for a wheelchair and handrails.

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Within the last 12 months, Lifeline Bolton had established links with Bolton council of mosques and had delivered drug and alcohol awareness training to the Imam's assistants. The aim was for the assistants to act as drug and alcohol champions within their communities and improve uptake of the service to clients who were Muslim, the majority of whom were from south Asian backgrounds.

Staff at Lifeline Bolton were planning to undertake some research into the Black and minority ethnic communities within Bolton, exploring the local demographic in order to ensure services were delivered in such a way to respond to local needs.

Lifeline Bolton staff also proactively reached out to the local lesbian, gay, bisexual and transgender community in Bolton, by having a visible presence through a stall at the Bolton PRIDE event. During the event, staff provided brief interventions such as initial advice on safe drinking limits.

Staff at Lifeline in Bolton were beginning a new project called the strengthening families programme. This was an evidenced-based targeted intervention, aimed at preventing young people aged 10-14 in commencing substance use.

Management of transition arrangements, referral and discharge

There was an open referral system so clients could self-refer into the service. There were no waiting times to receive substance misuse support. Each referral was considered by the single point of access service managed by Arch Initiatives. Staff from Arch Initiatives then determined which was the most suitable service including clinical service for detoxification or substitute prescribing, psychosocial support and/or harm reduction. Arch initiative staff retained the case management function but did not provide services themselves.

There were a total of 1353 substance misuse clients discharged from the service in the 12 months, up to 15 September 2016. A total of 475 clients were discharged in a planned way. The remaining 878 (65%) were unplanned discharges and these clients were followed up within seven days of unplanned discharge.

Care and treatment was coordinated with other services and other providers. For example the service had developed links with local prisons so that treatment could continue when clients with ongoing substance misuse issues were released from prison.

Are substance misuse services caring?

Kindness, dignity, respect and support

We spoke with 16 clients using the service; nine clients individually and seven in a group. They were very positive about the support they had received from Lifeline Bolton. They told us that they were happy that they received a responsive and supportive service delivered by staff that were empathetic and non-judgmental. Clients told us that individual and group sessions ran to time and were structured to promote recovery. Clients were complimentary about the caring attitude of staff. A common theme from clients we spoke with was how much improved the service was compared to the previous provider of clinical and intervention services.

We spoke with seven clients as part of a group session who told us that the service was tailored around them and felt supported through the detoxification process and post detoxification to stay abstinent. Clients in the focus group told us that staff helped them stay abstinent, helped them to recover and were very supportive with the wider problems they faced. Clients stated that they did not mind that the service was operated by three separate services as the different services worked together well and this meant that they could usually speak to someone more quickly. Clients also appreciated having the ability to drop in to the recovery café but did express some minor concerns about it being upstairs so it was not fully accessible and also commented on the health and safety rules which meant that they were only allowed paper cups and weren't allowed to boil the kettle unsupervised.

Our observations confirmed that clients were treated with dignity and respect and staff took genuine interest in their welfare. Staff held difficult conversations with clients about their current or past alcohol and drug use with sensitivity.

The involvement of clients in the care they receive

The service routinely asked people their views on the services they received. There was a 'you said; we did' notice board at St Andrews Court. An example of a change as a result of clients' comments was having hand gel available for staff and clients throughout the building to promote hand hygiene.

There were regular feedback meetings, chaired by the social inclusion senior practitioner, which involved staff

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from the medical intervention service, representatives from the local service user forum and volunteers. Comments were collated and responses either agreed or issues passed to the relevant managers for discussion and action.

The service carried out an annual questionnaire of clients in receipt of services which asked how they felt about the service, and their thoughts on what the service was doing right and what improvements they would make. The results of the recent survey were published in 2016 and in the following areas, clients were positive about the service they received. Out of 20 clients who agreed to complete the questionnaire, 88% rated their experience with Lifeline Bolton as 'excellent' or 'good'. Ninety six per cent of clients agreed that the service met their individual needs; 62% of clients felt that their general health and wellbeing had improved as a result of accessing the service.

The report identified the top three reasons for clients gave for continuing to engage with Lifeline Bolton services were 'I was keen to get help' (81%), 'The staff were friendly' (53%) and 'I was seeing positive changes in my life' (51%). A high proportion of clients (98%) felt that peer volunteers had a positive impact within the service. There were a small number of comments about improvements to the service which included agreement for detoxification could be made sooner and not so many hoops to jump through and some assertive self-confidence groups for women. On the inspection, we saw there was an eight week rolling women's support group and assertiveness was also covered on routes to recovery training.

At a recent large scale consultation event regarding future commissioners involving clients and their families, the work of staff was praised in relation to the psychosocial services in particular group based activities and the one to one support.

Bolton service users' recovery forum - known as BSURF - was affiliated with the service. The forum was a volunteer run group set up for people in recovery from addictions. It provided a forum for clients to comment on the commissioned drug and alcohol services provided in Bolton through a monthly service user feedback forum as well as providing a safe environment for indoor/outdoor activities with a dedicated activities coordinator. The commissioners of the service told us that they received positive informal feedback from clients through their ongoing dialogue with clients who run the Bolton service users recovery forum.

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

Access and discharge

There was an open referral system so clients could self-refer themselves into the service. There were no waiting times to receive substance misuse support. Each referral was considered by the single point of access service managed by Arch Initiatives. Staff from Arch Initiatives then determined which was the most suitable service including clinical service for detoxification or substitute prescribing, psychosocial support and/or harm reduction. Arch initiative staff retained the case management function but did not provide intervention services themselves.

Clients were able to make appointments which were convenient to them. Clients told us that appointments ran on time and waiting times, delays and cancellations were minimal and managed appropriately. When patients were on supervised consumption, staff had good relations with local pharmacies to follow up clients who had failed to pick up their substitute medication. Staff within the service could then check and find out why clients had failed to attend the pharmacy and decide on next steps depending on how many sessions the client had missed.

The service had an engagement policy that set out clearly the expectations for clients to engage in psychosocial appointments as well as prescribing assessment and monitoring. It included the circumstances under which clients would be reviewed, considered across the multiple agencies and ultimately refused services. There was a staged process for clients not complying with safe storage of their substitute medication including supervised consumption. Staff followed a five stage attempt to engagement if clients were not engaging with the service. If this was unsuccessful, this led to clients being discharged from the service. The discharge was overseen by a clinician if the client was prescribed treatment from the service.

The facilities promote recovery, comfort, dignity and confidentiality

Lifeline Bolton presented the services available to clients as a menu that consisted of 'taster' sessions, 'starters' which included pre-detoxification group, 'main courses' with recovery based support working alongside clinical services, 'desserts' for post detoxification support and for those who

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wished to be abstinent as well as side dishes which included group activities such as drop in sessions and arts and crafts. This helped clients to be fully aware of the services and the progress to recovery.

All three buildings used by Lifeline Bolton had a welcoming reception area with comfortable chairs for client to wait before their individual, group or clinical sessions. The service also provided psychosocial sessions across Bolton in a range of other buildings including health centres. This helped to ensure the service was accessible to people across Bolton.

There were a range of group, individual and clinical rooms in the buildings. These had signs on the door to enable staff to show that the rooms were in use to ensure meetings were private and not interrupted. The rooms were appropriately sound proofed. At St Andrews Court clients had access to hot and cold drinks in a café area on the first floor.

There was artwork on the walls produced by clients as part of their recovery. These helped to ensure there was a visible recovery based approach.

There was a wide range of leaflets in the waiting area which included details of the services provided by Lifeline Bolton. The reception areas also had details of mutual aid groups in the local area, information on harm reduction including safe injecting and local service user involvement groups. There were leaflets on government recommended alcohol use but these had not been updated following changes to government advice on recommended alcohol intake.

Clients were asked to agree to information being collected and shared as part of the agreement to receive treatment.

The service employed peer volunteers who included people who had been through or progressed significantly in their own personal recovery journey.

Meeting the needs of all clients

The service operated two late night clinics and a Saturday morning clinic each week. This helped to ensure that the service was accessible to clients who worked full-time.

There was ramped access in each building within the service and a range of interview and group rooms on the ground floor to enable people who used wheelchairs to access the services. There was an accessible toilet in each

of the buildings used by Lifeline Bolton. There was a café area in St Andrews Court but this was upstairs and there was no lift so clients with significant mobility difficulties could not access the café area easily.

The service ran groups specifically for women enabling a safe environment for relevant discussions. Information on different cultures and events were displayed on the notice boards.

There were designated family rooms in the buildings used by Lifeline Bolton staff. There were a small number of toys, games and books available when clients brought children along. Staff made attempts to meet individual needs including cultural, language and physical needs. Staff could arrange interpreters if required. The service was working with a national older person's charity to provide brief interventions targeted at people over 50. The service was also reaching out to become more accessible to people who were Muslim, the majority of whom were within south Asian communities across Bolton. Staff had promoted the service at the local council of mosques to promote awareness of the service amongst people attending the mosque for prayer.

Listening to and learning from concerns and complaints

There were complaints posters in the buildings used by staff and clients of Lifeline Bolton. Staff and clients were aware of Lifeline's complaints policy. Managers collated and reviewed complaints and compliments monthly at service and provider meetings.

The service had a compliments folder where compliments were held. There were 19 compliments received since April 2016 with clients stating they could not fault the service, that the client and their children have been well supported and several thank you comments. In one recent compliment, one recent client stated that staff had "saved me from self-destruction".

The service had received 16 formal complaints were made in the last 12 months, as at the time of reporting. Three (19%) of these were upheld. Of the 16 complaints received, none had gone to the next stage of the complaints process which would be a referral to the local government ombudsman as a local authority commissioned service.

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We looked at the individual records of the complaints. The records showed that complaints were investigated without delays, apologies were given and changes were made as a result of upheld complaints

Are substance misuse services well-led?

Vision and values

The Lifeline Project had the following vision:

‘To provide alcohol and drug services that we are proud of; services that value people and achieve change’.

Locally, Lifeline Bolton's mission was to provide:

A seamless integrated drug and alcohol service across Bolton enabling and empowering individuals and their families to achieve their full potential, positive outcomes and improve their health and wellbeing.

The Lifeline Project had the following values

- Improving lives: we believe in real and sustained change for individuals, families and communities. We build change through responsive local services, where every engagement counts towards a meaningful individual recovery experience.
- Effective engagement: we are connected to our stakeholders. We listen and respond to our beneficiaries, partners, communities and workforce in order to continually improve services, experiences and outcomes.
- Exceeding expectations: we have high expectations of what our beneficiaries and workforce can achieve together. We demonstrate this commitment through our work on customer service, diversity, leadership, and performance.
- Maintaining integrity: we are honest and realistic about the multiple issues that contribute to alcohol and drug misuse. This pragmatic and understanding approach helps us in our work to overcome these challenges and develop practical solutions together.

Staff were committed to working with the vision and values and worked hard to ensure that the complexities of the partnership did not affect clients from receiving a properly integrated drug and alcohol service. Staff and clients confirmed that services worked towards recovery goals and empowered clients to achieve positive outcomes and improve their health and wellbeing.

Good governance

There were three organisations providing Bolton Integrated Drug and Alcohol service; none of these organisations had lead agency status.

There were various governance groups in place to oversee the running of Bolton Integrated Drug and Alcohol service. There were regular monthly Lifeline management meetings to discuss service delivery, processes, clinical governance, incidents, compliments/complaints and best practice. This included operational managers meetings to talk about the day-to-day running of the service more senior managers across the partnership met up at governance meetings with representatives of the commissioners to talk about more strategic issues, high-level incidents and complaints, partnership risk register and commissioning requirements. The regular joint meetings between managers across the organisations helped to reach consensus around ensuring good practice, monitoring the service and addressing any shortfalls. Partnership meetings had not taken place for six months earlier in 2016. Managers reported that this gap was due to changes within one of the partners, Arch Initiatives. However, public health commissioners were now ensuring attendance from all parties and meetings re-commenced in September 2016.

Managers reported that the three agency partnership was developed by commissioners rather than it being a partnership formed by all three organisations coming together of their own volition and sharing the same values and vision. In the early stages of the partnership, this sometimes led to tensions between the organisations. However latterly, the partnership arrangements had matured and appeared to be working better but with a recognition that there were still challenges due to the complexity of the model and the number of agencies involved. In recognition of the need for improved governance at a partnership level, Lifeline Bolton were recruiting a performance information officer to oversee performance and improve data capture and quality.

Managers carried out audits to ensure the safe running of the service. These included health and safety and environment audits and audits of care and treatment. For example there was an audit of files of clients receiving low maintenance doses of substitute prescribing to check that

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they had received clinical reviews recently, were engaged with psycho-social intervention and whether clients could be moved on to next stages as part of the recovery road map.

Managers carried out audits of case files and observed individual and groups sessions and fed back results through team meetings and staff supervision. Any shortfalls were discussed at monthly managers and staff meetings. Lifeline contract managers visited the service regularly to oversee the work of the registered manager.

We saw changes as a result of checks and audits on the service. One audit identified that there were a number of clients who had been in receipt of a prescription for some time and were reluctant to reduce/change this. The psychosocial intervention service developed the 'breaking free' intervention to work more intensely with this group and help clients to face their fears of being on a reducing regime. This helped the service move from a maintenance service to a recovery based service.

Commissioners told us that they were satisfied with the quality of the services provided by Lifeline Bolton and the subcontracted clinical service organisation. The commissioners recognised that the partnership had consistently underperformed particularly with regard to opiate addiction compared to regional and national averages and statistical neighbours but recognised that Bolton had a particularly challenging group of clients with the eighth most complex client group in the country according to national data and also being hampered by the weaknesses in the model with the lack of a lead agency.

Leadership, morale and staff engagement

The service was overseen by a competent registered manager who had many years' experience of working in and, then, managing substance misuse services. There were operational team leaders who oversaw the day-to-day operation of the services provided by Lifeline Bolton and were committed to providing quality services.

Staff we spoke with were motivated and committed to providing recovery based services that met clients' needs.

They were proud of the work that they undertook and spoke positively about working for Lifeline Bolton. Staff spoke about working through the challenges of working in partnership with staff from the single point of access and case management function whose morale had been affected by organisational changes they had undergone.

The morale in the Lifeline Bolton team was high. This was despite the fact that the services were due to be retendered in the near future due to the current contract arrangements coming to an end. Managers made efforts to keep staff and clients up-to-date on the tendering process, the likely changes and the potential opportunities and challenges this would bring. There was a forthcoming 'away day' so staff could input their ideas about what worked well and how the service could develop and improve to ensure that there was staff input in the organisational response to the forthcoming retendering of the service. New staff told us that they felt supported when they first started to work at Lifeline Bolton.

Staff felt supported by their immediate managers and the wider organisation. Staff were confident that any issues they raised would be dealt with appropriately and fairly.

There was a whistleblowing policy that staff were aware of, if they needed to report any concerns about the care of clients or the running of the service. There were no bullying and harassment cases at the time of our inspection.

Commitment to quality improvement and innovation

The service was committed to improving the quality of the services it offered. This included providing on site Hepatitis C testing and monitoring in partnership with a nearby NHS trust. The service had also developed the discrete steroid use advice and blood testing service and established links with the local gyms to raise awareness of the issue and the service.

Lifeline Bolton staff were working with local public health commissioners to implement take home Naloxone for clients at risk of opiate overdose. It was hoped that this would be fully implemented in early to mid 2017.

Outstanding practice and areas for improvement

Outstanding practice

- The Bolton integrated drug and alcohol service offered on site Hepatitis C testing and monitoring in partnership with a nearby NHS trust.

Areas for improvement

Action the provider **MUST** take to improve

- The provider should ensure that they rectify gaps in the staff recruitment processes with missing information on personnel records so that managers can assure themselves fully that all staff and volunteers working in the service were of good character.

Action the provider **SHOULD** take to improve

- The provider should continue to meet the challenges of working within a model where there was not a lead agency, the case management and intervention functions were separated and there were complexities of the responsibilities in the partnership.
- The provider should ensure clients accessing the service for steroid use have a care plan and a risk management plan where diagnostic and screening procedures are carried out such as blood investigations.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

| Regulated activity | Regulation |
|---|--|
| Diagnostic and screening procedures Treatment of disease, disorder or injury | <p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>Effective procedures were not in place to ensure that staff were of good character because specified information as detailed in Schedule 3 regarding staff was not always available for each person employed by the service. This was a breach of regulation 19 (3) (a).</p> <p>How the regulation was not being met:</p> <p>There were gaps in the staff recruitment processes with missing information on personnel records. This meant that managers were not keeping records to assure themselves fully that all staff and volunteers working in the service were of good character.</p> |