Addaction - Lincoln

Quality Report

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Date of inspection visit: 05/04/2016
Date of publication: 05/08/2016

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

Overall summary

We do not currently rate independent standalone substance misuse services.

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

- A high risk safeguarding case was not discussed at the case management meeting and was not referred to the local authority. Staff were unaware of who was the safeguarding lead within the service.
- Quality of recovery plans varied. Recovery plans had not been regularly updated and details such as clients name and date of birth were missing. Clients were not offered a copy of their recovery plan. Care plans that we saw were not holistic, specific, measurable, achievable, realistic or time bound.
- Clinical case notes lacked detail; some files had no detail on prescribing dose or frequency. Clinicians did not consistently record information around risks of prescribed medication, how to safely store medication at home or the risk of overdose when receiving medication.
- There was a lack of psychosocial interventions for clients.
- Managers did not supervise staff regularly or in line with the provider's supervision policy.
- Reception staff handed clients prescriptions in the waiting area. There was no intervention with clients based on their presentation and there were no checks made that a person was safe to receive the prescription.
- There was a lack of consistency in reporting serious incidents to the Care Quality Commission.

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

- The service had a full range of rooms and equipment to support treatment. This included 1:1 rooms, group rooms, a needle exchange room, urine testing suite, a family room, a gym and a recovery café.
- The provider had low levels of staff sickness and no staff vacancies. All staff had completed mandatory training in safeguarding children and young people and safeguarding adults.
- The service had a robust management and storage procedure for prescriptions for substance misuse treatment (FP10).
- Staff received feedback on incidents relating to the service through weekly case management meetings and were debriefed and supported by their line managers following serious incidents.

Summary of findings

- The nurse completed a clinical health assessment for every client who was engaging in treatment and offered blood borne virus (BBV) testing and vaccination.
- The service offered six months post treatment support for clients who had finished treatment.
- Clients were able to become involved within the running of the service by becoming peer mentors, recovery champions or volunteers. Clients told us that staff were respectful, polite and compassionate; clients told us they felt involved in their care. Staff morale at the service was high. Staff told us that they felt valued and rewarded for the job they do and they enjoyed their roles.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services		See overall summary

Summary of findings

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Summary of this inspection

Background to Addaction - Lincoln

Addaction Lincoln is an adult community substance misuse service provided by Addaction. The organisation Addaction was set up in 1967 and has 120 services across England and Scotland. Addaction provides services for adults, young people, families and communities nationally.

Addaction Lincoln registered with the CQC on 21 January 2011 for the treatment of disease, disorder or injury and for diagnostic and screening procedures. Addaction Lincoln has a registered manager.

At the time of our inspection, the service had 490 clients in treatment; Addaction Lincoln was prescribing medication to 351 clients.

CQC had previously inspected the service in July 2012 and January 2014 against the previous outcome measures. The service was meeting all the requirements against the following standards:

- Consent to care and treatment
- Care and welfare of people who use services
- Management of medicines
- Assessing and monitoring the quality of service provision
- Respecting and involving people who use services
- Care and welfare of people who use services
- Safeguarding people who use services from abuse
- Supporting workers
- Assessing and monitoring the quality of service provision.

Our inspection team

The team that inspected the service consisted of CQC inspector Hannah Lilford (inspection lead), two other CQC inspectors, and an inspection manager.

Why we carried out this inspection

We inspected this service as part of our inspection programme to make sure health and care services in England meet fundamental standards of quality and safety.

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.

During the inspection visit, the inspection team:

Summary of this inspection

- spoke with 10 people who were using the service.
- spoke with the service manager and operational manager.
- spoke with 11 other staff members employed by the service provider, including nurses, senior practitioners, recovery workers, administrators and peer mentors.
- attended and observed the recovery café.
- collected feedback using comment cards from 17 people who used the service.
- looked at 12 care and treatment records for people who used the service, and
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

- We spoke with 10 people who use the service and collected information from 17 comment cards.
- All clients we spoke with were positive about the care they receive, they all told us that they felt safe while using the service and that staff treated them with respect and had a caring attitude.
- Some people we spoke with told us that the service was a good place to come and get a coffee or have soup.
- One client told us that seeing visible recovery in the service promoted by recovery champions and peer mentors had motivated them to feel more optimistic about their own recovery.

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:

- The clinic room temperature was not being recorded, meaning that staff would not know if the room temperature had gone over the optimum range, this meant that medication that should have been disposed of may have still been used.
- Risk assessments did not include what process to follow for a client who unexpectedly exits treatment.
- Staff were unaware of who was the safeguarding lead within the service.
- A high risk safeguarding case was not discussed at the case management meeting and was not referred to the local authority. Staff reported poor links with the local authority and were unaware of who was the safeguarding lead within the service.

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

- The provider had low levels of staff sickness and at the time of inspection the service had no vacancies.
- All clients had an allocated key worker who supported them with their treatment.
- The service held weekly multi disciplinary team (MDT) meetings to manage and assess new referrals and to discuss caseloads and complex clients. Staff received feedback from incidents during this meeting.
- All staff had completed mandatory training in safeguarding children and young people and safeguarding adults.
- The provider had an outreach and lone working policy in place, which staff adhered to.
- The service stored and managed prescriptions safely.

Are services effective?

We do not currently rate standalone substance misuse services.

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

Summary of this inspection

- Quality of recovery plans varied. Recovery plans had not been regularly updated and details such as client's name and date of birth were missing. Clients were not offered a copy of their recovery plan. Care plans that we saw were not holistic, specific, measurable, achievable, realistic or time bound.
- Clinical case notes lacked detail; some files had no detail on prescribing dose or frequency. We saw no information in files from clinicians around risks of using substitute prescribing, safe storage of medication or increased risk of overdose.
- There was a lack of access to psychosocial interventions for clients.
- Staff were not being regularly supervised in line with the provider supervision policy.

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

- The service operated a duty worker rota, meaning that people who accessed the service had a comprehensive assessment completed on the day they attended the service.
- The nurse completed a health assessment for every client who was engaging in treatment.
- The service provided needle exchange services to clients that met National Institute for Health and Care Excellence (NICE) guidelines on needle and syringe programmes.
- The service offered a blood borne virus (BBV) testing and vaccination programmes.
- All permanent non-medical staff had received appraisal between February 2015 and February 2016.
- The service held weekly multi disciplinary team (MDT) meetings to discuss new referrals, complex cases, safeguarding, external referrals and clients who had not attended for their appointments.
- The service had good links with local services such as local dispensing pharmacies, local GP surgeries, criminal justice services and probation.
- The service offered six months post treatment support for clients who had finished treatment.
- The service had good links with the local prison; there was a pathway in place for people being released from custody into community treatment.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients told us that staff were respectful, polite and compassionate; clients said they felt involved in their care.

Summary of this inspection

- We observed positive interactions between staff and clients.
- All client files had a confidentiality contract which showed staff had discussed confidentiality with clients.
- Clients could become involved with the service by becoming peer mentors, recovery champions or volunteers.
- Clients who were struggling with treatment were offered additional support from peer mentors, recovery champions and volunteers.

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

- Reception staff handed clients prescriptions in the waiting area. There was no intervention with clients based on their presentation and there were no checks made that a person was safe to receive the prescription.
- Clients were not offered a copy of their recovery plan.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The service met all the key performance targets within its contract between January 2015 to January 2016.
- The service opened late one evening during the week to assist clients who worked full time or could not attend day time appointments.
- Clients told us that appointments were rarely cancelled.
- The service had a full range of rooms and equipment to support treatment. This included 1:1 rooms, group rooms, a needle exchange room, urine testing suite, a family room, a gym and a recovery café.
- The service had a low number of complaints.

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

- The service had 3,113 clients who did not attend appointments between January 2015 and January 2016.This impacted on service user's treatment and on staff member's time. The service had a did not attend (DNA) procedure in place.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- All staff had completed mandatory training in safeguarding children and young people and safeguarding adults.

Summary of this inspection

- All non-medical staff had an appraisal within the last 12 months.
- The service had low levels of staff sickness.
- Staff morale at the service was high. Staff told us that they felt valued and rewarded. We saw positive interactions between staff members.
- We saw evidence of recruiting from within the service; many of the paid staff we spoke with had started as volunteers.
- Staff were offered the opportunity to input into service development.

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

- Staff were not being supervised in line with the provider's policy. Managers did not use a consistent template for recording supervision when it took place.
- The service was under reporting incidents to the Care Quality Commission.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

- The service provided online Mental Health Capacity Act training for staff which had been completed by 70% of staff.
- If someone attended the service lacking capacity due to intoxication, recovery workers would request that they came back later or if an assessment decided that immediate assistance was required a healthcare professional could be called.
- Staff were able to tell us how they would apply Mental Capacity Act knowledge to their work.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- Staff had access to pull pin sound activation alarms during 1:1 sessions with clients if required. The service did not have a staff response rota, if an alarm was pulled during a 1:1 session all available staff would respond and would need to walk around the service to locate where the alarm had been sounded.
- Staff had access to emergency naloxone (used to reverse the effects of opioids). Staff recorded clinic room fridge temperature daily and were aware what to do if the fridge temperature went out of range.
- The clinic room was clean, tidy and fully equipped to carry out physical examinations, this included an examination couch. The clinic room temperature was not recorded. Staff did not know if the room temperature was too high resulting in medication or equipment, such as naloxone, still being used when it should have been disposed of.
- A clinical waste disposal company contract was in place to collect and dispose of clinical waste weekly.
- All areas of the service were clean and well maintained. The service had a daily and weekly cleaning task list in place. However, the cleaning task list did not include cleaning toys that were located in the family room for when clients needed to bring children into the service.
- Staff adhered to infection control principles. The service displayed hand washing posters at each sink within the service. Hand sanitizer was available in all areas including the clinic room and reception area.
- Equipment was well maintained. Portable appliance testing stickers were all visible and in date.

Safe staffing

- The service consisted of a service manager, an operational manager, team leaders, 22 project workers, three nurses, a doctor, peer mentors, recovery champions, administrators and three volunteers.
- Staff turnover was 17%. Four staff members left the service between January 2015 and January 2016. At the time of inspection the service had no vacancies as an operational manager had recently been recruited.
- The average caseload size was 26 clients per project worker; the highest caseload size we saw was 55 clients for a full time project worker. Caseloads were discussed and managed through staff supervision.
- The service held weekly multi disciplinary team (MDT) meetings to discuss incident reporting and feedback, new referrals, complex cases, safeguarding, external referrals and clients who had not attended for their appointments.
- All staff had completed mandatory training in safeguarding children and young people, safeguarding adults, safeguarding information and safeguarding health and safety. Ninety one percent of staff had completed mandatory training in safeguarding equality and diversity.

Assessing and managing risk to people who use the service and staff

- Twelve care records were reviewed during the inspection. All clients had an initial risk assessment. Ten risk assessments had been updated within the past three months. Risk assessments were comprehensive and included risk to self, risk to others, personal safety, neglect, child care, physical and mental health and relationships. Risk assessments did not include what process to follow for a client who unexpectedly exits treatment.

Substance misuse services

- Staff had good links with the local pharmacies that were dispensing medication to clients. The pharmacies contacted the service if they saw deterioration in a client's health or they had missed three days of collecting their prescription.
- The service provided a duty cover rota so any new clients were seen on the day they attended at the service.
- Staff had not identified a high risk service user to be discussed at case management meeting, this service user had also not been referred to the local authority. Staff were unaware of who was the safeguarding lead within the service.
- The provider had an outreach and lone working policy in place. Case notes in clients' files identified that the outreach and lone worker policy was being adhered to. One staff member advised us that they would be carrying out a lone working home visit and that safety had been assessed by updating the client's risk assessment.
- Plans had been put in place to start facilitating home detoxifications; we were advised a suitable transportation bag would be used by the nurse to transport medication to the client's home.
- The service had a robust system for storing, ordering and printing prescriptions, which was facilitated by the clinical administrator. The business support manager would offer extra support to the clinical administrator if required.
- The service did not offer clients safe storage boxes to store illicit drugs or medication in. This meant that the service could not confirm if clients were storing medication safely at home.
- The service had good links with local dispensing pharmacies who would advise project workers if a client had attended the pharmacy to collect their prescriptions whilst under the influence of substances or whilst intoxicated.
- Staff told us that if a client attended the service whilst under the influence they would not provide them with their prescription without agreement from the doctor due to risks associated with poly drug use.

Track record on safety

- There were four serious incidents requiring investigation (SIRI) in the past 12 months. These incidents related to allegations or incidents of physical abuse, sexual assault or abuse.

Reporting incidents and learning from when things go wrong

- Staff told us what would constitute an incident and how to report it using Addaction's electronic incident reporting system.
- Staff reported 50 incidents these included client deaths, client overdoses, prescribing errors and safeguarding concerns.
- Staff received feedback on incidents relating to the service and wider organisation through weekly case management meetings. Minutes of these meetings were disseminated to all staff by email.
- Staff told us that they were debriefed and supported by their line managers following serious incidents.

Duty of candour

- Managers and staff of the service were aware of the duty of candour. Managers and staff told us that the service supported them to be candid with patients.

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

Assessment of needs and planning of care

- Staff completed comprehensive assessments with all clients at the start of treatment. They assessed substance type, method of use and frequency, family, mental and physical health and social circumstance.
- We looked at 12 case files and saw varying degrees of quality in recovery plans. Two recovery plans we looked at were detailed taking into consideration the clients goals, social circumstances, criminality, substance use, physical and mental health. Other recovery plans that we saw were not holistic, specific, measurable, achievable, realistic or time bound. Recovery plans had not been regularly updated in nine of the case files we looked at and there were no details on the recovery plan or in case notes to show if clients were offered a copy of their recovery plan.

- Staff kept client files in locked cabinets within their offices which were only accessible to staff. The service used both electronic and paper recording systems.

Best practice in treatment and care

- Staff followed National Institute for Health and Care Excellence (NICE) guidance in prescribing. This included following drug misuse and dependence UK guidelines on clinical management of supervised consumption. However, clinical case notes we saw lacked detail; some files had no detail on prescribing dose or frequency. Staff did not record information about risks of using substitute prescribing, or increased risk of overdose.
- Staff recorded prescribing support for clients in care records but did not record other interventions such as motivational interviewing, relapse prevention and support for social problems.
- The nurse completed a clinical health assessment for each client who was engaging in treatment. The assessment included discussion around substance use, medication, family history, sexual health and blood borne virus (BBV) status.
- Staff used the Treatment Outcomes Profile to measure change and progress in key areas of the lives of people treated within the services. Staff used the Severity of Alcohol Dependence Questionnaires to measure severity of dependence on alcohol.
- The service provided needle exchange services to clients that met National Institute for Health and Care Excellence (NICE) guidelines on needle and syringe programmes.
- The needle exchange offered Information and advice on safer injecting, advice on preventing the transmission of blood borne viruses and access to treatment. A knowledgeable harm minimisation worker who logged all interactions with clients staffed the needle exchange.
- The service offered a blood borne virus (BBV) testing and vaccination programmes. BBV testing and vaccination was routinely offered to all clients who were accessing treatment.

Skilled staff to deliver care

- The multidisciplinary team consisted of a service manager, an operational manager, team leaders, project workers, nurses, a doctor, peer mentors, recovery champions, administrators and volunteers.
- All staff had completed mandatory training in safeguarding children and young people, safeguarding adults, safeguarding information and safeguarding health and safety. Ninety one percent of staff had completed mandatory training in safeguarding equality and diversity. Seventy percent of staff had completed training in drug awareness, 78% of staff had completed medicines management E-Learning and 61% of staff had completed alcohol awareness.
- Sixty five percent of staff had completed the corporate induction, which equated to 15 members of staff. Two new members were due to complete the corporate induction.
- We looked at seven staff supervision files. Managers were using two formats to complete supervision with staff. However, they were planning on merging the two documents into one standardised format to carry out staff supervision. Managers did not supervise staff in line with Addaction's supervision policy. One staff member had a 13 month gap in between supervision. The service had recently recruited an operational manager who had developed plans to ensure that all staff were regularly supervised in line with the supervision policy.
- All permanent non-medical staff had received an appraisal between February 2015 .
- Staff told us that there was a good level of face to face and online training available, including drug awareness, alcohol awareness, safeguarding adults and children and medicines management. Nursing staff could access training to become non-medical prescribers.
- Managers did not have any ongoing cases where staff were being performance managed.

Multidisciplinary and inter-agency team work

- The service held monthly multidisciplinary team (MDT) meetings.
- Staff told us they had good links with local dispensing pharmacies, local GP surgeries, criminal justice services and probation.

Good practice in applying the MCA

- The service provided online Mental Health Capacity Act training for staff which had been completed by 70% of staff.
- If someone attended the service lacking capacity due to intoxication recovery workers would request that they came back at a later date or if an assessment decided that immediate assistance was required a healthcare professional could be called.
- Staff were able to tell us how they would apply Mental Capacity Act knowledge to their work.

Equality and human rights

- The service supported people with protected characteristics under the Equality Act 2010. The service was accessible for people requiring disabled access; this included adapted toilets on site. Ninety one percent of staff had completed mandatory training in safeguarding equality and diversity.

Management of transition arrangements, referral and discharge

- The service had good links with the young people's Addaction team who were based in the same building. The young people's Addaction team referred clients who were approaching 19 years to the adult service on a case by case basis. The services were able to hold joint 1:1 meetings with both adult and young people's services and provide a gradual transfer.
- Referrals to the service came from GP surgeries, criminal justice services, probation and through self-referral.
- The service offered a six month post treatment support for clients who had finished treatment. Post treatment combined support from recovery champions, peer mentors and volunteers for clients who had finished their treatment with the service but would still benefit from additional support and signposting to other services.
- The service had good links with the local prison. Clients who were being released from prison were transferred in to the community service with a booked appointment to improve continuity of treatment and support on release. This included liaising with the prison to ensure that clients who required substitute prescribing on release were able to continue with their prescription on release.

Are substance misuse services caring?

Kindness, dignity, respect and support

- We observed staff interacting with clients in a kind, considerate and caring manner.
- Clients we spoke to told us that staff were interested in their wellbeing and that staff were respectful, polite and compassionate.
- Reception staff handed clients prescriptions in the waiting area. There was no intervention with clients based on their presentation and there were no checks made that a person was safe to receive the prescription. We also observed a client discussion with a recovery worker taking place in a seating area which was used a through fare to access 1:1 rooms. This did not respect client's rights to confidential treatment.
- All client files viewed had a confidentiality contract located within them.

The involvement of people in the care they receive

- Two of the 12 recovery plans viewed showed that clients had been actively involved in developing their goals. The recovery plans and case notes did not detail if clients were offered a copy of their recovery plan. Clients we spoke to said they felt involved in their care.
- The service displayed advocacy information within the reception and waiting room area for clients.
- Peer mentors or recovery champions supported people to stay in treatment and to continue working towards recovery goals by demonstrating that recovery was possible. Clients could become peer mentors whilst in treatment if they were progressing well and could become recovery champions when treatment was complete.

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

Access and discharge

Substance misuse services

- The service had a key performance indicator (KPI) for waiting times from referral assessment of under three weeks. The service had a 100% compliance rate for meeting this target from January 2015 to January 2016.
- Staff were able to see urgent referrals by utilising the duty worker rota, non-urgent referrals or appointments were booked in with the client's recovery worker for the next available opportunity.
- Staff were provided with business mobile phones for clients to phone their recovery worker directly if they required advice or support during business hours.
- The service operated extended hours one evening during the week to assist clients who worked full time or could not attend day time appointments.
- 3,113 clients did not attend their appointment between January 2015 and January 2016.This impacted on the support that key workers were able to give to clients. The service had a DNA Procedure for clients who had failed to attend their appointment. Clients who did not attend their appointment were contacted by letter, email, by phone, or contact was made with another agency also engaging with the client. If a client was still not able to be contacted, a discussion would be held with the doctor to discuss reducing or suspending the client's prescription.
- Clients told us that appointments were rarely cancelled. If a recovery worker was off work the duty worker could cover their diary or a recovery champion, peer mentor or volunteer could offer support to clients.
- Referrals to the service came from self referrals, family members or carers, probation, GPs and criminal justice services.
- There were 281 substance misuse service users discharged from the service in the 12 months leading up to inspection. One hundred and fourteen of these were successful discharges, 91 were unsuccessful discharges and 76 transferred to another service.was not required as part of their contract to complete follow ups on discharges from service.

The facilities promote recovery, comfort, dignity and confidentiality

- The service had a full range of rooms and equipment to support treatment. This included 1:1 rooms, group rooms, a needle exchange room, urine testing suite and a family room with toys for client's children. The service had a fully equipped clinic room with a bed to examine clients. All rooms where clients could be seen were adequately sound proofed.
- The service had a fully equipped gym on site for clients to use as part of their recovery. One staff member was a qualified personal trainer who offered clients an introduction session in the gym.
- The service provided a recovery café, run by volunteers and peer mentors to encourage people to come in to the service and get a hot drink and have a chat. The recovery café offered free hot drinks, soup and received food donations from a local bakery.
- The service provided leaflets and information relating to local services in the waiting area and the recovery café. Information included hepatitis information, smoking cessation, housing benefit advice, mental health support and street outreach schemes.
- The service had links with the local food bank to support clients in accessing food and toiletries.

Meeting the needs of all people who use the service

- The service was accessible for people requiring disabled access; this included adapted toilets on site.
- The service did not supply leaflets in any language other than English, although they were available on request.
- Staff used language line if interpreters were required. A recovery worker employed by Addaction Lincoln could speak Russian, Latvian and English and would provide support to clients if required.

Listening to and learning from concerns and complaints

- Addaction Lincoln received three complaints within the last year between January 2015 and January 2016, none of these were upheld.
- Clients knew how to complain; in addition information about making a complaint was displayed in the waiting area, along with a comments box. None of the clients we spoke with had made a complaint about the service and were not therefore able to reflect on how the service had handled their complaint. Staff knew how to handle complaints appropriately.

- The service manager had been involved in investigating one complaint made by a client. They were able to feedback to us the findings of this complaint. Staff were given appropriate feedback regarding complaints.
- The service received nine compliments over the past 12 months from April 2015 to March 2016. Compliments included donations to the service from service user's family and another thanked staff for the support they had given.
- Staff gave all service users a feedback and complaints leaflet and a client expectations leaflet at the first appointment.

Are substance misuse services well-led?

Vision and values

- Staff knew the organisational visions and values.
- Staff knew who the most senior members of staff were and said that they had visited the team, although not on a regular basis.

Good governance

- All staff had completed mandatory training in safeguarding children and young people and safeguarding adults.
- The service was not reporting all incidents that required investigation to the Care Quality Commission.
- All non-medical staff had an appraisal within the last 12 months.
- Staff were not being supervised in line with the provider's policy. Managers did not use a consistent template for recording supervision when it took place. However, the new operational manager had plans to ensure that all staff were regularly supervised in line with Addactions supervision policy. One staff member had a 13 month gap in between supervision.
- The service had poor auditing processes. Mangers told us clients files were audited as part of staff supervision. However, we saw high risk clients without an updated risk assessment and who had not been discussed at case management meetings or referred to the local authority.
- All volunteers and 95% substance misuse staff had a current Disclosure and Barring Service (DBS) check. The remaining five percent accounted to one staff member who was in the process of updating their DBS.
- The service used key performance indicators (KPIs) to gauge performance of the team. KPIs included waiting times of under three weeks from referral to assessment,percentage of those offered and accepted a blood borne virus vaccination for hepatitis B, percentage of clients at risk offered and accepted hepatitis C testing, clients leaving treatment in a planned way and percentage of clients actively engaging in treatment. All KPIs set out for service had been met since December 2014.
- The service manager felt they had sufficient authority and administrative support.

Leadership, morale and staff engagement

- Addaction Lincoln had 3% permanent staff sickness overall between January 2015 and January 2016.
- Staff told us they knew the whistle-blowing process and said they felt able to raise concerns without fear of victimisation.
- None of the staff or managers we spoke with raised any concerns regarding bullying or harassment.
- Staff morale at the service was high. Staff told us that they felt valued and rewarded for the job they do, staff said they enjoyed their roles and that the team was supportive. We saw positive interactions between staff members. Staff said they all worked well together as a team and there was mutual support for each other.
- We saw evidence of recruiting from within the service; many of the paid staff we spoke with had started as volunteers.
- Staff felt able to input into developments within the service. One member of staff we spoke with told us they had initiated a performance enhancing drugs group which was well attended and was in the process of developing a female only health and fitness group.

Commitment to quality improvement and innovation

- The service was working with Nottingham University and the Royal Liverpool University Hospital to identify barriers to accessing treatment for clients that had been

diagnosed with hepatitis C. The pilot included facilitating further staff training for hepatitis C, recruiting 'buddies' who have lived experience of hepatitis C for newly diagnosed clients and taking clients to appointments at Lincolnshire County Hospital.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure that safeguarding procedures and policies are followed by staff.
- The provider must ensure that recovery plans are holistic, person centred and that staff offer all clients a copy of their recovery plan.
- The provider must ensure that clinical case notes are thorough and include prescribing dose and frequency, the risks of using substitute prescribing, information on overdose, commencement of dose and supervised consumption.
- The provider must ensure that staff receive regular supervision in line with the provider's supervision policy.
- The provider must ensure that all incidents that should be reported to the Care Quality Commission are reported.

Action the provider SHOULD take to improve

- The provider should ensure that all clients are offered a range of psychosocial interventions to support prescribing interventions.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care Recovery plans had not been regularly updated. There were no details on the recovery plan or in case notes to show if clients were offered a copy of their recovery plan. Recovery plans were not holistic or person centred. **This was a breach of Regulation 9 (3)(b)**

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment High risk service users were not referred to the local authority or discussed at case management meetings. staff were not aware of who the safeguarding lead within the service was. **This was a breach of Regulation13 (3)**

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing The service was not notifying the Care Quality Commission of incidents that required notification. **This was a breach of (Registration) Regulation 18 (2)**

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Clinical case notes lacked detail and did not include prescribing dose and frequency, the risks of using substitute prescribing, information on overdose, commencement of dose and discussion around supervised consumption. **This was a breach of Regulation 17 (2)(c)**

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents The service was not notifying the Care Quality Commission of incidents that required notification. **This was a breach of (Registration) Regulation 18 (2)**