On-Trak (Kirklees Alcohol Service)

Quality Report

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

Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- The service had responded to the areas of concern identified in the previous inspection. We found that the service had improved systems and processes related to the management of staff. A new system had been introduced to monitor compliance with mandatory training. Staff files showed that staff consistently received an annual appraisal and regular supervision. The service had updated checks with the disclosure and barring service for all staff. The service had undertaken a specific check of all staff member's 'right to work' documentation.
- The service had introduced a risk register and had taken action in response to issues highlighted during the previous inspection related to environmental risks. The service had responded to concerns identified in a recent fire risk assessment by relocating to alternative premises. Client records showed that the service's approach to assessing and managing clients' risks had improved since the last inspection.
- Staff awareness of the duty of candour had improved since the last inspection and all staff where able to provide a detailed description of the duty of candour and scenarios were it would apply. The service had introduced an electronic register to record incidents and there was evidence that notifiable incidents were consistently reported to the Care Quality Commission.

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

- Whilst all of the actions identified in the previous inspection that the provider must take to improve had completed, the actions identified that the provider should take to improve had not been completed. The service had not introduced an annual audit cycle and the whistleblowing policy and equality and diversity policy was still overdue for review.
- There were issues with the electronic database used to record dates for annual appraisal which meant that compliance data was unreliable.

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Background to On-Trak (Kirklees Alcohol Service)

On-Trak (Kirklees Alcohol Service) is one of four services which are jointly commissioned as Kirklees' Integrated Drug & Alcohol Services for Adults. There are substance misuse services in both North Kirklees and South Kirklees and alcohol services in both North Kirklees and South Kirklees. On-Trak (Kirklees Alcohol Service) is the alcohol component of Lifeline's integrated substance misuse and alcohol service commissioned in North Kirklees. Whilst each of the four services is registered separately with the Care Quality Commission, the services have one registered manager who is responsible for all four locations including On-Trak (Kirklees Alcohol Service). The service regarded itself as one integrated drugs and alcohol service delivered in four separate locations. This service operated from premises in the centre of Dewsbury.

The service is registered to provide:

- Treatment of disease, disorder or injury

The service employs a partnership model of delivery with Lifeline as the lead provider. In the partnership On-Trak (Kirklees Alcohol Service) is responsible for overall service delivery with a focus on prevention and recovery through psychosocial interventions.

On-Trak (Kirklees Alcohol Service) has three sub-contracts:

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

On-Trak (Kirklees Alcohol Service) has been inspected twice since it was first registered. At the last inspection on 10 October 2016 we found that On-Trak (Kirklees Alcohol Service) was not meeting all of Health and Social Care Act (Regulated Activities) Regulations 2014 and the Health and Social Care Act (Registration) Regulations 2009. We issued the provider with one warning notice and two requirement notice for this service.

The warning notice related to the following regulation under the Health and Social Care Act (Regulated Activities) Regulations 2014:

- Regulation 17 HSCA (Regulated Activities) Regulations 2014 Good governance.

The requirement notices related to the following regulations under the Health and Social Care Act (Regulated Activities) Regulations 2014 and the Health and Social Care Act (Registration) Regulations 2009:

- Regulation 12 HSCA (Regulated Activities) Regulation 2014 Safe care and treatment
- Regulation 18 HSCA (Registration) Regulations 2009 Notification of other incidents.

Our inspection team

Team Leader: Chris Storton, Inspector (Mental Health) Care Quality Commission

The team that inspected the service comprised three CQC inspectors which included the team leader.

Summary of this inspection

Why we carried out this inspection

We undertook this inspection to find out whether On-Trak (Kirklees Alcohol Service) had made improvements to their substance misuse service since our last comprehensive inspection in October 2016.

Following the October 2016 inspection, we told the provider it must make the following actions to improve substance misuse services:

- The provider must have systems in place which ensures compliance with mandatory training, appraisals and supervisions.
- The provider must ensure it reports all notifiable incidents to the Care Quality Commission.
- The provider must ensure that the premises are safe to use for their intended purpose.
- The provider must ensure all staff have an up to date disclosure and barring check in line with provider's safeguarding policy.
- The provider must ensure that documentation is maintained relating to 'right to work' checks.
- The provider must ensure all staff receive annual appraisals.
- The provider must have a risk register or alternative method of documenting how they assess, monitor and mitigate risks relating to health, safety and welfare within the service

These related to the following regulations under the Health and Social Care Act (Regulated Activities) Regulations 2014 and the Health and Social Care Act (Registration) Regulations 2009:

- Regulation 12 HSCA (Regulated Activities) Regulations 2014 Safe care and treatment
- Regulation 17 HSCA (Regulated Activities) Regulations 2014 Good governance.
- Regulation 18 HSCA (Registration) Regulations 2009 Notification of other incidents

We also reported that the provider should take the following actions:

- The provider should implement an annual audit cycle to assess and monitor quality and safety within the service.
- The provider should ensure that the whistleblowing policy and the equality and diversity policy are reviewed.

How we carried out this inspection

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

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

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

On this inspection, we assessed whether the service had made improvements to the specific concerns we identified during our last inspection. We also followed up on the actions we reported the provider should take. This was a short-notice announced inspection.

During the inspection visit, the inspection team:

- Visited the location and looked at the quality of the physical environment.
- Spoke with the registered manager.
- Spoke with four other staff members employed by the service provider, including key workers, senior practitioners and the strategic operations manager.
- Looked at four client care and treatment records.
- Looked at policies, procedures and other documents relating to the running of the service.

Summary of this inspection

- Attended the 'daily briefing' which was a morning meeting attended by all members of staff.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice;

- The service had responded to concerns identified in a recent fire risk assessment by relocating to alternative premises.
- All clients had an up to date risk assessment and risk management plan.
- All staff currently working in the service had an up to date disclosure and barring check in line with provider's safeguarding policy.
- The service had ensured that notifiable incidents were reported to the Care Quality Commission.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice;

- Staff files showed that staff undertook regular supervision and received an annual appraisal.

Are services caring?

We do not currently rate standalone substance misuse services.

Since the last inspection in October 2016 we have received no new information that would cause us to re-inspect this key question.

Are services responsive?

We do not currently rate standalone substance misuse services.

Since the last inspection in October 2016 we have received no new information that would cause us to re-inspect this key question.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice;

- The service had implemented a risk register which was regularly reviewed.
- The service had introduced a new system to monitor individual and overall compliance with mandatory training.
- The service had undertaken a specific check of all staff and maintained documentation relating to 'right to work' checks.

Summary of this inspection

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

- Whilst all of the actions identified in the previous inspection that the provider must take to improve had completed, the actions identified that the provider should take to improve had not been completed. The service had not introduced an annual audit cycle and the whistleblowing policy and equality and diversity policy was still overdue for review.
- There were issues with the electronic database used to record dates for annual appraisal which meant that compliance data was unreliable.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe Staffing

Our previous inspection in October 2016 found that;

- The provider did not have systems in place which ensured compliance with mandatory training, appraisals and supervisions. Some staff had not received training in adult safeguarding, child safeguarding, or managing challenging behaviour.

At this inspection we found that the service had introduced a new database to record and monitor mandatory training compliance. Mandatory training compliance was collated at a service-wide level which included all four services in Dewsbury and Huddersfield. Average compliance with mandatory training was 76% which was above the service target of 75%. Average compliance with safeguarding adults training was above target at 88%. Average compliance with safeguarding children training was above target at 89%.

The service was below the compliance target for challenging behaviour training at the time of inspection. Prior to the inspection we had an engagement meeting with the registered manager and other senior managers in the service. We were told that challenging behaviour training was a known area of low compliance and that the service had booked dates for staff to receive the training with a target of over 90% compliance by July. Our review of the mandatory training database showed that 93% of staff had planned dates to complete this course. All staff who had dates booked for this course were due to complete the course before July 2017 and 60% of staff were due to complete the course before June 2017.

Assessing and managing risk to clients and staff

Our previous inspection in October 2016 identified that the service did not have full oversight on risks pertaining to the service. We reported that.

- The fire risk assessment was not up to date.
- Portable appliance testing had expired in December 2015.

Following the inspection in October 2016 the service had taken action to respond to concerns related to the out of date fire risk assessment. The service employed an external contractor to assess the premises at Union Street. The assessment found that there was a requirement for remedial works. On 27 October 2016, the service relocated to share the premises used by Lifeline's substance misuse service in Dewsbury. The Care Quality Commission received a notification of 'Events that stop the service running safely and properly' in accordance with Regulation 18 (Registration) Regulations 2009. The service was still operating from the shared premises at the time of inspection. The registered manager told us that the relocation was now considered a permanent decision and that the service would be updating the registration to reflect the change in location.

Portable appliance testing was up to date for all electronic equipment. The service maintained a buildings folder which contained all information related to health and safety for the premises.

The provider's safeguarding policy stated that the service must undertake a check with the disclosure and barring service on all staff at least every three years. Our previous inspection in October 2016 identified that

- Forty members of staff working in the four Lifeline services in Kirklees did not have an up to date disclosure and barring service check.

At this inspection the service had completed updated checks with the disclosure and barring service for all staff

who were currently working in the service. Only staff who were on long term maternity leave had not undertaken an updated check, however the registered manager told us that this would be undertaken prior to staff recommencing their role. The service maintained a register of disclosure and barring service checks for all staff which recorded the date the check was undertaken, the date of expiry and the reference number provided by the disclosure and barring service.

Our previous inspection in October 2016 identified that;

- The service had introduced a new risk assessment template which had not been completed for all clients.

At this inspection we reviewed four client records. We found that all clients had an up to date risk assessment and risk management plan. There was evidence in journal entries in the client record that risk assessments were regularly reviewed and updated. All four records had risk management plans which contained detailed information for how staff managed and mitigated the risks identified by the risk assessment.

Reporting incidents and learning from when things go wrong

Our previous inspection in October 2016 identified that;

- Notifiable incidents had occurred in the last 12 months that had not been communicated to the Care Quality Commission.

At this inspection we found that the service had introduced an electronic log of all incidents. The service now used one incident form to report all incidents. Incidents were reviewed by the service manager. In the period 1 January 2017 to 30 April 2017 the service had four incidents. One incident were classed as a notifiable incident and the service manager had made the appropriate notification to the Care Quality Commission.

Duty of candour

Our previous inspection in October 2016 identified that;

- Not all staff were able to describe their responsibilities under the duty of candour.

At this inspection we spoke with three members of staff who worked in the service. All three members of staff were able to give a detailed description of the duty of candour.

Staff described it as being open and honest with clients if a mistake has been made. Staff knew that the duty of candour included the requirement to apologise to a client following an incident.

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

Skilled staff to deliver care

Our inspection in October 2016 found that;

- Not all staff had received an annual appraisal.

At this inspection the service had a database which recorded the dates where staff undertook supervision sessions and their annual appraisal. The database recorded either the date of each staff member's last appraisal or the date the next appraisal was booked. This meant it was not clear from the database how long had passed between appraisal dates for staff who had their next appraisal booked. The service did not routinely produce compliance data related to supervision and appraisal. Compliance data was based on the number of staff who had either received an appraisal or had a future date booked. This meant that compliance data for appraisals might not have been accurate. We raised this with the registered manager who told us that this was something that the service would review.

However, we reviewed four staff files for On-Trak (Kirklees Alcohol Service) and saw that staff received regular monthly supervision in line with the provider's policy. All four staff files included evidence of an appraisal within the twelve months prior to inspection. Staff told us that they received regular supervision. We asked three staff if they had received an appraisal and all three staff told us that they had received an appraisal in the last twelve months and that they received regular supervision.

Are substance misuse services caring?

Since the last inspection in October 2016 we have received no new information that would cause us to re-inspect this key question.

Are substance misuse services responsive to people's needs?

Substance misuse services

(for example, to feedback?)

Since the last inspection in October 2016 we have received no new information that would cause us to re-inspect this key question.

Are substance misuse services well-led?

Good governance

Our previous inspection in October 2016 found that;

- The provider did not have systems in place which ensured compliance with mandatory training, appraisals and supervisions.

At this inspection we saw that the service had introduced a database to record mandatory training compliance for all staff within the service. Average compliance with mandatory training was 76% which was above the service target of 75%. Managers were able to evidence action taken to respond to mandatory training courses which had compliance rates which were below the service target.

At this inspection the service had a database which recorded the dates where staff undertook supervision sessions and their annual appraisal. The service did not routinely produce compliance data related to supervision and appraisal and this was not routinely monitored in governance meetings. We found that where compliance data had been produced, there were issues with the electronic database that meant the data was unreliable. However, staff files provided evidence that staff had received regular supervision and appraisal in the twelve months prior to inspection. We asked three staff if they had received an appraisal and all three staff told us that they had received an appraisal in the last twelve months.

Our inspection in October 2016 found that;

- The provider did not report all notifiable incidents to the Care Quality Commission.

During this inspection we reviewed incident data for the period January 2017 to April 2017. Incident data was collated at a service-wide level which included all four services in Dewsbury and Huddersfield. On-Trak (Kirklees Alcohol Service) had made one notification to the Care Quality Commission in this period. Incident data showed that there were one incident affecting On-Trak (Kirklees Alcohol Service) which was an incident which should have been reported to the Care Quality Commission. At a service-wide level there were nine incidents which were incidents which should have been reported to the Care Quality Commission and all had been reported as required by the regulations. We were assured that at a service-wide level the four services in Dewsbury and Huddersfield had a system in place to identify incidents which should be reported to the Care Quality Commission and that the service was making notifications when appropriate.

Our inspection in October 2016 found that;

- All staff did not have an up to date disclosure and barring check in line with provider's safeguarding policy.

At this inspection we saw that the service had a database which recorded disclosure and barring service checks for all staff. The provider's safeguarding policy stated that the service must undertake a check with the disclosure and barring service on all staff at least every three years. The database showed that all staff who were currently employed and working within the service had a valid and up to date disclosure and barring service check. Only staff who were on long term sick leave or maternity leave did not have an up to date disclosure and barring service check.

Our inspection in October 2016 found that;

- The provider had not maintained documentation relating to 'right to work' checks.

At this inspection the service had a database which recorded 'right to work' checks for all staff. We reviewed four staff files and saw that the service had made copies of evidence relating to 'right to work' checks in line with guidance readily accessible on the UK government website on 'an employer's guide to right to work checks'. The service also maintained a separate backup of evidence relating to 'right to work' checks in a folder in the Lifeline South Kirklees service in Huddersfield for all staff in both Dewsbury and Huddersfield.

Our inspection in October 2016 found that;

- The provider did not have a risk register or alternative method of documenting how they assessed, monitored and mitigated risks relating to health, safety and welfare within the service.

Substance misuse services

At this inspection risks related to On-Trak (Kirklees Alcohol Service) were captured on a risk register which recorded the risks which affected all four Lifeline services in both Dewsbury and Huddersfield. The risk register was separated into financial risks, operational risks, governance and management risks, clinical risks and risks posed by the services' buildings. The risk register had thirteen identified risks. Most risks affected all four services in both Dewsbury and Huddersfield. Two risks on the risk register were specifically focussed on risks posed to On-Trak (Kirklees Alcohol Service) which did not affect the services in Huddersfield. This included the risk posed by the transition of services from the service's previous premises to the premises now shared with Lifeline North Kirklees which was the drugs service.

Our inspection in October 2016 found that:

- The provider did not have an annual audit cycle to assess and monitor quality and safety within the service.

We reported following the last inspection that the provider should implement an annual audit cycle to assess and monitor quality and safety within the service. The service was able to produce examples of completed audits. At this inspection the service had a draft annual audit cycle which was not fully embedded into practice. The registered manager told us that the service was aware that more work was required to improve and embed the audit cycle.

Our inspection in October 2016 found that;

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

On-Trak (Kirklees Alcohol Service) used the whistleblowing policy and equality and diversity policy of the Lifeline corporate provider. At this inspection we found that the provider had not updated the whistleblowing policy or the equality and diversity policy. The service had a whistleblowing policy which was implemented in 2010 and had expired as it was due for review in 2011. As in the previous inspection the policy stated that staff were advised to discuss concerns with a legal advisor or a third party whistleblowing charity before reporting them outside Lifeline. This additional requirement was not within the spirit of whistleblowing and was a potential disincentive for staff to report concerns outside of the organisation. We raised this with the registered manager and the strategic operations manager during the inspection. The strategic operations manager told us that the provider was aware that some policies has expired however work to update these policies had not been started. During the inspection we asked staff about their understanding of whistleblowing. All staff were able to give a clear description of the concept of whistleblowing, describing a tiered approach where they would approach line managers or senior managers depending on the seriousness of the concern. All staff told us that in the most serious cases they would directly approach the Care Quality Commission. We were assured that whilst the provider's whistleblowing policy required updating, staff nevertheless had a clear understanding of the concept of whistleblowing.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure the newly developed audit cycle is embedded into practice
- The provider should ensure that the whistleblowing policy and the equality and diversity policy and supervision policy are reviewed
- The provider should ensure that the system for recording appraisals also allows managers to accurately monitor compliance rates.