

Lifeline Newcastle (Harm Reduction 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

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 found the following areas of good practice:

Staff had the knowledge and skills to deliver a safe service. They were provided with opportunities to develop skills through further training. Staff had access to supervision and were encouraged to participate in service development.

Clients could access the service without an appointment. Staff carried out an assessment of needs including assessment of risk on first contact with the service. Staff knew clients well and looked to find opportunities to support clients with reducing harm around their injecting

drug use and supporting their health and well-being. Clients could access the support of the registered nurse who offered blood borne virus screening and testing as well as other physical health support.

The service had a clear governance structure, which supported learning from incidents and complaints. Staff felt supported by the team leader and morale was good. Staff felt part of a team and were motivated to improve the service and outcomes for clients.

However, we also found areas that the provider could improve:

Summary of findings

The service had not taken action to address all the findings of a fire risk assessment in February 2016. This meant that there was a risk to client and staff safety in the event of a fire.

During our inspection, clients initiated confidential conversations in the reception area. Whilst the clients were aware of who was present in the reception area, staff did not suggest moving into a private room to continue the conversation.

Summary of findings

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Summary of this inspection

Background to Lifeline Newcastle (Harm Reduction Service)

Lifeline Newcastle (Harm Reduction Service) is commissioned by Newcastle-upon-Tyne City Council, Safer Newcastle Partnership to minimise the risks associated with using harmful substances.

This is an open access service, which assists people to deal with physical health needs related to their substance use. People who use the service can access information, a range of injecting and other harm reduction equipment. The service offers brief interventions where people have the opportunity to speak with staff about the impact of their drug use.

The service carries out blood borne virus screening and employs a nurse who assists people with physical health needs related to their substance use. Lifeline Newcastle (Harm Reduction Service) is registered with the CQC to carry out the following regulated activities:

- Treatment of disease, disorder, or injury.
- Diagnostic and screening procedures.

The service has a CQC registered manager.

CQC had previously inspected the service in September 2012 and September 2013. There were no compliance actions following these inspections.

Our inspection team

CQC inspector Sharon Baines led our inspection team.

The team that inspected Lifeline Newcastle (Harm Reduction Service) included a CQC inspector, CQC inspection manager, and a substance misuse nurse specialist.

Why we carried out this inspection

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

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about the location and asked other organisations for information.

During the inspection visit, the inspection team:

- visited the premises at Clayton Street, Newcastle, to look at the quality of the physical environment, and observe how staff were caring for clients
- reviewed six care records
- observed staff supporting two clients using the service
- interviewed the registered manager and the registered nurse
- spoke with four other staff members employed by the service provider
- attended a team meeting

Summary of this inspection

- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

Before the inspection, a comments box was placed in the service. We received ten comments cards from clients. On all ten comments cards clients were very positive about the support offered by the service. Clients described the service as helpful and supportive. Clients described staff at the service as being approachable, friendly and caring.

Only one negative comment was received from a client who found the service very supportive but would like to be able to access it on a weekend.

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 service had commissioned a fire risk assessment in February 2016. This risk assessment identified a number of actions that were required to reduce the risks to clients and staff in the event of a fire. At the time of inspection, the service had not addressed all of the recommended actions in the report.
- Not all staff were compliant with their mandatory training, specifically in relation to health and safety update, Mental Capacity Act and Deprivation of Liberty Standards training.

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

- The premises were clean and well maintained.
- Staffing levels allowed the safe delivery of the service to clients.
- There were clear processes for reporting incidents and learning from them. Staff understood these and were able to describe them.
- Staff assessed and reviewed risk during contact with clients and took action to reduce these risks.
- Vaccines and equipment were stored appropriately and regular checks were carried out including temperature and expiry date, where appropriate.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff had the knowledge and skills to provide safe care, and were supported to access additional training to develop their skills.
- The service provided was in line with relevant national guidance.
- Staff carried out an initial assessment of clients' needs, which included injecting drug use and wider health and well-being issues. The assessment considered both physical and mental health issues.
- The service had developed relationships with other agencies and support services to increase the effectiveness of its harm reduction activity and improve the service to clients.

Summary of this inspection

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff were caring and non-judgemental towards clients.
- Staff knew clients well and looked for opportunities to support them with their health and wellbeing and reduce harm from injecting drug use.
- Clients were encouraged to engage with the service and access the support available.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients could access the service without an appointment, at a time suitable to them during opening hours.
- The service worked with external agencies to deal with issues in the local community such as drug related litter and anti-social behaviour.
- Outreach services were provided in a range of community locations. This increased ease of access to the service and meant they could target service provision at vulnerable groups.

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

- We observed clients having confidential discussions with staff in the reception area.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The service had a clear board and governance framework in place, which supported good governance across the organisation.
- Staff felt supported by their team leader and knew the senior managers of the service.
- There was a corporate risk register in place, which was monitored and reviewed by the board.
- Staff identified areas for improved service delivery and we saw evidence of initiatives to support the delivery of the harm reduction aims.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff assumed that clients had capacity, unless there were indications that this was not the case. Staff gave an example of clients potentially attending the service under the influence of drugs or alcohol. Where this was the case staff would carry out a capacity assessment.

Five of the seven staff had completed training Mental Capacity Act and Deprivation of Liberty Safeguards

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

The service was clean and maintained to a good standard. A current environmental risk assessment was in place. The service had commissioned a fire risk assessment in February 2016. The risk assessment made a number of recommendations in relation to fire safety in the building including the installation of appropriate fire doors. The service had not taken action to address all the recommendations in the report to reduce the risks to clients and staff in the event of a fire. We raised this as a concern with the manager of the service and immediate arrangements were put in place to address this. The building work required to address the priority actions within the fire risk assessment were confirmed as completed in the days following our inspection.

The service was located over three floors of a building in Newcastle-upon-Tyne city centre. Access from the discreet entrance was via an intercom system leading to a staircase to the main reception area on the first floor.

Closed circuit television (CCTV) cameras were in use on the premises and a staff alarm system was in place to call for assistance if required.

There was a well-equipped clinic room on the second floor as well as a toilet and activity room. Staff kitchen and offices were located on the third floor. We saw that the clinic was clean and tidy and contained an examination couch, weighing scales, blood pressure machines, and equipment for vaccinations. We saw evidence of the completion of regular equipment checks. Daily recordings were made of fridge and room temperatures, which were within maximum and minimum levels. All vaccination kept in the fridge were in date.

The service held Naloxone and all staff had received relevant training. Naloxone is a medication, which blocks the effects of opiates and is given when a person has overdosed.

Adrenaline was the only emergency drug held by the service and this was in date. First aid boxes were located in each floor of the premises and a resuscitation mask was located in the clinic room. All equipment including needle exchange equipment was in date.

The service had appropriate arrangements in place for the safe management and disposal of clinical waste.

Safe staffing

Staffing levels were appropriate to deliver a safe service to clients. The service had a small permanent staff team, which consisted of:

- a team leader
- a harm reduction worker
- a registered nurse
- an outreach worker
- a steroid worker
- a pharmacy co-ordinator
- an administrator.

The registered nurse had recently started with the service in September 2016. Prior to their appointment, the registered nurse post had been vacant from September 2015 and during this period the service had not carried out any regulated activity.

There was always at least two staff, on the premises during operational hours. Annual leave was always planned and managed with the staff team working together to cover days off if needed. If

necessary staff from other Lifeline services provided cover in this service, in particular if registered nursing cover was

Substance misuse services

required. The service used agency sessional workers to provide cover, although this was rare. The service manager gave an example of an agency worker being used to cover a long-term absence.

All staff were required to complete mandatory training relevant to their role. The training included adult safeguarding, children's safeguarding, equality and diversity, health and safety awareness, alcohol awareness, drug awareness, mental health awareness, boundary training, confidentiality and data protection, and Mental Capacity Act/Deprivation of Liberty Safeguards. Staff had completed most mandatory training. However, no staff had completed health and safety update, and five of the seven staff had completed training in Mental Capacity Act and Deprivation of Liberty Safeguards.

Assessing and managing risk to clients and staff

A registration form was completed during the client's initial appointment. The assessment and risk profile were also completed at this appointment. Due to the confidential nature of needle exchange services clients were only required to provide initials and date of birth. The majority of clients were happy to provide additional information as part of the assessment process. This included their substance misuse history, injecting behaviour, physical and mental health. Risk management plans and care plans were developed from this information and reviewed when clients attended the needle exchange.

Where clients had unmet needs in relation to physical and/or mental health issues, referrals were made to other specialist services, with the consent of the client.

A lone working risk assessment was in place. There were very few situations where staff would work alone. However, staff were able to tell us about the services lone worker policy. All staff kept a central diary which was updated with any scheduled outreach appointments and their location.

All staff had completed both adult and child safeguarding training. Staff knew what constituted a safeguarding concern and the process they would follow if required.

Track record on safety

There had been no serious incidents in the twelve month period prior to our inspection.

Reporting incidents and learning from when things go wrong

Staff we spoke with could clearly describe what they would report as an incident and how they would do this. The service had an incident reporting policy. Staff told us incidents were discussed within team meetings to identify lessons learned and staff received feedback. We saw that incidents formed a standing item on the agenda at team meetings and staff all described discussing incidents within the meeting.

The provider held a monthly clinical governance meeting where all incidents were discussed. Following this meeting, a report was sent to all services, which provided information on all incidents and complaints within Lifeline services across the North East.

Duty of candour

The service had a complaints policy and an incident reporting policy, which included information and followed the principles of Duty of candour. There had been no incidents that had triggered the duty of candour policy.

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

Assessment of needs and planning of care (including assessment of physical and mental health needs and existence of referral pathways)

During the clients' initial attendance at the service a registration form that included a brief assessment of the specific needs of clients in relation to their injecting drug use and associated health needs was completed. This assessment included the completion of a risk profile for each client. Clients were only required to provide initials and date of birth as part of this assessment. However, the majority of clients were happy to provide additional information as part of the assessment process. Risk management plans and care plans were developed from the information gathered in this assessment. The service recognised that a client's drug use and injecting behaviour could change over time and reviewed the clients risk and care plan when they attended the needle exchange.

All clients were offered an opportunity to see the registered nurse. The registered nurse offered blood borne virus testing and ongoing support. This included wound care, general physical health observations, and sexual health

Substance misuse services

information including pregnancy testing. The service had clear pathways to refer clients to their GP or local hospital for unmet physical health needs and to the mental health crisis team for urgent access to mental health services.

Each time a client attended the needle exchange a record of the type of equipment provided and returned was made as well as information on all harm reduction advice provided.

The service used both paper records and an electronic case management system. Electronic records were accessible to authorised staff using secure passwords. Paper records were held in locked filing cabinets in a multi-purpose room next to reception. Staff used this room to speak to clients in private; however, a member of staff would always be present in the room. The information needed to deliver the needle exchange and other interventions to clients was accessible and available to staff as required.

Best practice in treatment and care

The service provided by Lifeline Newcastle (Harm Reduction Service) was in line with the National Institute for Health and Care Excellence (PH52) guidance on delivering needle and syringe programmes.

As well as delivering needle exchange services, staff had identified lead roles and worked closely with a range of other local agencies to meet the wider health and social needs of clients. Staff supported the holistic needs of clients through supporting them to access other services and sources of support. This support ranged from general advice to helping to arrange appointments and supporting clients to attend these appointments.

The service supported clients to access structured drug treatment. The service referred clients to the drug treatment service and arranged assessments at the point of referral so that clients did not have to wait.

The registered nurse in the service received clinical supervision from Lifeline's Clinical Lead who also completed a clinical environment and equipment audit.

The team leader carried out a case file audit as part of the supervision process. Three case files were audited each month, for each member of staff.

Skilled staff to deliver care

Staff had the skills and experience to provide effective care and treatment. Staff were expected to complete mandatory

training appropriate to their roles. In addition, staff were supported to access additional training to meet their own developmental needs as well as additional service wide training. The service also supported staff to attend relevant conferences; some staff had attended a recent harm reduction conference.

Some staff had started as volunteers within the service and been successful in securing permanent employment. This meant that permanent staff had considerable experience in supporting clients and delivering the needle exchange.

Required employment checks were carried out. Some employment references were not available in the files reviewed, however, these were made available following the inspection from centrally held records.

The service had a training matrix, which allowed the ongoing monitoring of staff training and development needs. Staff confirmed that they received supervision in line with the services supervision policy and appraisals were completed annually.

Multidisciplinary and inter-agency team work

The service had developed relationships with other agencies and services in the area. The team leader described the positive relationship between the service and local police and social workers. Staff from the service attended well-being events and promoted the services that they provided to other agencies and clients.

Staff had a lead role within the service to work with other agencies. The outreach worker provided support to local businesses around substance misuse on their premises, provided outreach to local hostels, and worked with police and local authority on drug related litter prevention. The steroid worker attended local gyms to provide information regarding steroid use and was preparing to start providing teaching sessions at the local college to increase awareness of steroid use and the support available. The pharmacy co-ordinator liaised with and supported local pharmacies as part of the needle exchange programme.

There were links with the local structured drug treatment service. Clients could access assessment at the point of referral to the service and the service provided a range of information on other services available in the area as well as supporting clients to access these.

Substance misuse services

The staff's knowledge of substance use within the area through their relationship with clients meant that they could share information about current issues with other clients, other agencies, and the wider community to reduce harm.

Staff from the service attended a common case management group. This group met weekly and was attended by a range of agencies including housing, probation, and social services. The meeting allowed discussion regarding complex cases and for multi-agency plans to be developed to respond to areas of concern.

Good practice in applying the MCA

Five of the seven staff had completed training Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff assumed that clients had capacity, unless there were indications that this was not the case.

Staff could describe the principles of the Mental Capacity Act and understood that the main issue relating to the service was clients presenting in an intoxicated state. In these cases, clients would be asked to return to the service when they were no longer under the influence of drugs or alcohol.

Equality and human rights

Staff had received equality and diversity training as part of their mandatory training programme. The service was open access and had no restrictions on who could access support. The service outreach programme targeted sharing information about the service, improving access, and reducing harm in the wider community. The service had good links with local support services within the community and interpreters could be arranged for clients if needed.

The premises in Newcastle-upon-Tyne city centre were not accessible for clients who could not use stairs. However, the service could arrange to see people at other appropriate locations if this was necessary.

Are substance misuse services caring?

Kindness, dignity, respect, and support

Staff knew the clients who accessed the service well. Staff spoke with passion about their work with clients to reduce

harm and improve their health and well-being. Staff spoke about clients with kindness, understanding, and respect. Staff considered the holistic needs of clients and looked to support them to meet their needs wherever possible.

We saw good staff interaction with two clients. Staff had a positive and respectful relationship with clients, showing kindness and compassion. All clients who completed comments cards gave positive views of their experience of the service.

The involvement of clients in the care they receive

The service provided access to needle exchange equipment, harm minimisation advice, and blood borne virus testing. The service did not provide structured treatment to clients. Clients were actively encouraged to access the additional support and care offered. Staff formed positive relationships with clients and supported them in meeting their identified needs.

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

Access and discharge

At the time of the inspection, the service had 1096 registered clients. On average, 50 clients accessed the service each day. Between April 2016 and September 2016, there was an average of 940 needle exchange transactions each month. No appointments were required to attend the needle exchange and clients could access the service at any time during opening hours. The service opening hours were 10am to 6pm, Monday to Friday. Clients were encouraged to access the registered nurse in the service for physical health checks including blood borne virus testing. When available, the registered nurse saw clients immediately.

Clients continued to attend the service for as long as they required needle exchange and harm minimisation advice.

The main premises for the service were at Clayton Street in the city centre. Outreach services were provided at various locations in the community and the service had plans to extend blood borne virus testing and physical health checks at other appropriate locations.

Substance misuse services

The facilities promote recovery, comfort, dignity, and confidentiality

The reception area was located on the first floor of the premises. Clients were seen in a private room to maintain confidentiality if required. The interview room for one-to-one discussions between staff and clients was not soundproof. However, a sign was displayed on the interview room door advising clients of this.

During the inspection, we found that clients were having confidential conversations in the reception area. These were started by clients who were aware of who was present in the room. However, staff did not suggest continuing the conversation in a private area.

Harm reduction information and information on other local services was available in the reception area and interview room.

The service controlled access to the premises to maintain the safety of clients and staff, and to help maintain confidentiality.

Closed circuit television (CCTV) cameras were in use on the premises.

The service had a clear policy on confidentiality, which staff discussed with clients at their initial appointment.

Meeting the needs of all clients

The service opening hours were 10am to 6pm, Monday to Friday. Additional local needle exchange provision could be accessed outside these hours, through some local pharmacies.

The main entrance to the premises was discreet but on a busy street. Rooms used by clients were on the first and second floor. An alternative location was arranged for clients who could not use the stairs. The manager and staff team recognised that the building was not ideal and did not fully meet the needs of all clients. They had been looking at alternative locations.

Information leaflets on harm reduction and other support were available. The service could access interpreters if required and had used an online translation tool to print off information in other languages.

Listening to and learning from concerns and complaints

No complaints had been received by the service in the 12 months prior to the inspection. The service had received seven compliments. We saw information displayed on how to make a complaint and clients were given information on how to make a complaint at their first contact with the service. A complaints policy in place and there was a clear process for dealing with complaints.

Learning from complaints was a standing item on the weekly team meeting agenda. Lifeline also had a northeast clinical governance group, which met monthly to discuss all incidents and complaints. Feedback from this group was discussed in the local team meetings.

Are substance misuse services well-led?

Vision and values

Lifeline had a vision statement, which was 'to provide alcohol and drug services that we are proud of; services that value people and achieve change'. The organisational mission statement was 'we work with individuals, families and communities both to prevent and reduce harm, to promote recovery, and to challenge the inequalities linked to alcohol and drug misuse'. There were four organisational values of improving lives, effective engagement, exceeding expectations and maintaining integrity.

Staff were able to describe the organisation's mission and values in their own words. All staff we spoke with were passionate about working with clients to reduce harm and improve health and wellbeing.

Staff felt supported by the team leader and were positive about the leadership within the service. The service manager visited the service regularly and was known by staff. The Lifeline northeast director visited the services in Newcastle-upon-Tyne monthly.

Good governance

The provider had a board assurance and governance framework in place. This framework included a clear structure, which included sub-committees of the board and their responsibilities. One of these sub-committees was responsible for governance in the organisation. There was a clear meeting structure to monitor service level and organisational performance against key performance indicators.

Substance misuse services

There was a corporate risk register, which was reviewed and monitored by the board. Staff could identify risks at a team level for further discussion and inclusion in risk registers.

The service monitored key performance indicators including the number of registered clients, number of new clients accessing the service; take up of blood borne virus screening and testing.

The governance structure in place provided an effective system to report, investigate and feedback incidents and complaints and learn lessons from across the organisation.

Clinical governance meetings took place monthly and these meetings reviewed all incidents and complaints for Lifeline services in the northeast.

The service contributed to the local process for reviewing drug and alcohol related deaths. There had been four drug related deaths of registered clients between April 2016 and September 2016.

The service had staff supervision and appraisal arrangements in place. Staff told us that supervision sessions were supportive and that staff were supported to develop their skills and knowledge in their roles.

Leadership, morale, and staff engagement

There was a clear management structure in place for the service and staff felt motivated and supported by the team leader. Staff knew who the members of the management team were.

Staff gave us positive feedback about the service and morale was good. Staff spoke positively about their roles describing how they work together and support each other as a team.

Staff told us they were encouraged to suggest service improvements, and were supported to make these

changes to improve the service to clients. Staff were supported to develop their skills and knowledge through a range of training opportunities in addition to mandatory training.

Staff could all describe how they would raise concerns and were aware of the whistle blowing policy. There had been no whistleblowing reports to the CQC from this service. Staff said they felt comfortable to raise concerns with their team leader.

At the time of our inspection, there were no current grievances or allegations of bullying or harassment within the service.

Commitment to quality improvement and innovation

The service looked for opportunities to develop and meet its harm reduction aims.

The service was working with a local further education college to deliver performance and image enhancing drugs training.

The service was working with local businesses and the local authority as part of an initiative to reduce anti-social behaviour in the local area.

The service was working with the local authority in supporting the delivery of Naloxone training to clients. Naloxone is a medication, which blocks the effects of opiates and can be given when a person has overdosed.

The service delivered training to a range of other agencies to increase awareness of substance misuse and harm reduction.

The service planned to improve the accessibility and up take up of blood born virus screening and testing by offering this in other locations outside their main premises in the city centre.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that the premises are safe for clients and staff by taking action to address the fire safety risks identified in the fire risk assessment completed in February 2016.

Action the provider **SHOULD** take to improve

- The provider should ensure that all staff have completed mandatory training including health and safety update, Mental Capacity Act and Deprivation of Liberty standards.
- The provider should ensure that confidential discussions with clients take place in an appropriate environment.
- The provider should ensure that signs are in place to notify clients of the use of CCTV in the building.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person must ensure that the premises used by the service provider are safe to use for their intended purpose.</p> <p>The provider had commissioned a fire risk assessment. This risk assessment identified a number of actions that were required to reduce the risks to clients and staff in the event of a fire. At the time of inspection, the service had not addressed all of the recommended actions in the report.</p> <p>Regulation 12 (1)(2)(d)</p>