

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

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Overall summary

We do not currently rate independent standalone substance misuse services.

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

- The fire risk assessment was not up to date. Post our inspection a contractor was engaged to carry out the assessment. The contractor identified a requirement for remedial works to be carried out and services were temporarily suspended from the location.
- Portable appliance testing was not up to date.
- Some staff had not received training in adult safeguarding, child safeguarding, or managing challenging behaviour. Only 18% of staff had received an appraisal in the 12 months prior to our inspection.
- There were no systems in place to monitor mandatory training, appraisals or supervision. The service did not have an annual audit cycle. The service did not have a local risk register.
- The whistleblowing policy was overdue for review.
- The service failed to report notifiable incidents to the Care Quality Commission.

Summary of findings

- Not all staff had up to date disclosure and barring checks.

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

- Staff were aware of local safeguarding procedures and understood their responsibilities in safeguarding children and adults. Staff were knowledgeable about the risks around alcohol withdrawal and provided harm minimisation advice to clients, advising them how to reduce their alcohol intake safely.
- The service had sufficient staff and had not used bank or agency staff in the last 12 months prior to the inspection.
- All clients received a thorough initial assessment and staff documented this accordingly. The service's revised recovery action plans took a holistic approach to care planning and promoted staff to consider the clients recovery capital. The service was offering interventions underpinned by national guidance.
- Staff worked had good working relationships with external organisations and worked closely alongside them to support the clients.
- The service had morning and evening handover meetings so staff could identify pieces of work that needed covering and highlight areas of concern.
- We observed kind and compassionate care delivered to people who use the service. The people who used the service were very complementary about the effectiveness of staff, and the quality of the care. There was a system in place for clients to feedback about the service.
- Local stakeholders such as citizens advice and housing services attended drop in clinics to support clients with other issues impacting on their lives.
- Clients who were abstinent from alcohol and had completed the recovery programmes could work as peer mentors by supporting new clients attending the service. They also facilitated group work with staff.
- Clients were provided with an assessment at a time that suited them. Staff were able to arrange the first one to one appointment after the assessment within a week. Clients had access to groups and activities whilst waiting for their one to one appointments to begin.
- All the rooms were appropriate for use and optimised client comfort.
- The service was culturally diverse and staff went out of their way to engage with hard to reach clients which included people who were homeless. The service had employed a specialist diversity worker.
- Staff were motivated in their roles and had good morale. There was a strong team ethic, and staff felt well supported by local management. Sickness levels were very low with an average of 1% in the last 12 months.

Summary of findings

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On-Trak (Kirklees Alcohol Service)

Services we looked at

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Summary of this inspection

Background to On-Trak (Kirklees Alcohol Service)

On-Trak (Kirklees Alcohol Service) was one of four services which were jointly commissioned as Kirklees' Integrated Drug & Alcohol Services for Adults. On-Trak (Kirklees Alcohol Service) was the alcohol component of Lifeline's integrated substance misuse and alcohol service commissioned in North Kirklees. Whilst each of the four services were registered separately with the Care Quality Commission, the services had one registered manager who was 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 employed a partnership model of delivery with Lifeline as the lead provider. In the partnership On-Trak (Kirklees Alcohol Service) was responsible for overall service delivery with a focus on prevention and recovery through psychosocial interventions.

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

- Locala Community Partnerships – an independent community interest company providing community health services in Kirklees and other areas. This service was 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 was 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 was sub-contracted to provide abstinence support and group programmes.

This was the first comprehensive inspection of On-Trak (Kirklees Alcohol Service) using CQC's new inspection methodology.

Our inspection team

The team that inspected the service comprised of the lead CQC inspector Karen Bell and two inspectors.

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?

Summary of this inspection

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

During the inspection visit, the inspection team:

- looked at the quality of the physical environment where care and treatment was delivered
- spoke with seven clients
- spoke with the registered manager and clinical governance lead
- spoke with three other staff members employed by the service provider including the team leader
- received feedback about the service from the local commissioners
- attended and observed an initial assessment with a key worker
- collected feedback using comment cards from 11 clients
- sought feedback from clients, relatives and carers and other organisations at a focus group
- looked at five care and treatment records for clients
- looked at policies, procedures and other documents relating to the running of the service
- reviewed safety documentation in relation to the building
- toured the premises and checked cleanliness and maintenance.

What people who use the service say

During our inspection we spoke with seven clients who used On-Trak (Kirklees Alcohol Service). We held a focus group prior to our inspection. Clients told us staff treated them respectfully and compassionately. Clients felt the service provided good opportunities for their future, such as volunteering and access to employment. We also received 10 comment cards from clients that were accessing these services. All comments were very positive in relation to the service provided. All clients said staff treated them with dignity and respect. Staff were described as friendly, caring and supportive. Clients stated they were given hope for their futures.

Together with three other Lifeline services in Kirklees, On-Trak (Kirklees Alcohol Service) participated in a feedback week with clients that used the service in June 2016 and 170 questionnaires were completed. The results indicated a very positive experience for clients with 80% or more rating for Lifeline services in Kirklees as good or excellent. The survey did not differentiate between the four services.

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 fire risk assessment was not up to date. Following our inspection a contractor was engaged to carry out the assessment. The contractor identified a requirement for remedial works to be carried out and services were temporarily suspended from the location. Portable appliance testing was not up to date.
- Some staff had not received training in adult safeguarding, child safeguarding, or managing challenging behaviour.
- Portable appliance testing was not up to date
- Not all staff had up to date disclosure and barring checks.

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

- The environment was clean.
- Staff were aware of local safeguarding procedures and understood their responsibilities in safeguarding children and adults.
- Staff were knowledgeable about the risks around alcohol withdrawal and provided harm minimisation advice to clients, advising them how to reduce their alcohol intake safely.
- The service had sufficient staff and had not used bank or agency staff in the last 12 month prior to the inspection.

Are services effective?

We do not currently rate standalone substance misuse services.

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

- Only 18% of staff had received an appraisal in the 12 months prior to our inspection.

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

- All clients received a thorough initial assessment and staff documented this accordingly.
- The service's revised recovery action plans took a holistic approach to care planning and promoted staff to consider the clients recovery capital.

Summary of this inspection

- Staff worked had good working relationships with external organisations and worked closely alongside them to support the clients.
- The service had morning and evening handover meetings so staff could identify pieces of outstanding work that needed covering and highlight areas of concern.
- The service was offering interventions underpinned by national guidance.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- We observed kind and compassionate care delivered to people who use the service.
- The people who used the service were very complementary about the effectiveness of staff, and the quality of the care.
- Local stakeholders such as citizens advice bureau and housing services attended drop in clinics to support clients with other issues impacting on their lives.
- Clients who were abstinent from alcohol and had completed the recovery programmes could work as peer mentors by supporting new clients attending the service. They also facilitated group work with staff.
- There was a system in place for clients to feedback about the service.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients were provided with an assessment at a time that suited them. Staff were able to arrange the first one to one appointment after the assessment within a week.
- Clients had access to groups and activities whilst waiting for their one to one appointments to begin.
- All the rooms were appropriate for use and optimised client comfort.
- The service was culturally diverse and staff went out of their way to engage with hard to reach clients which included people who were homeless. The service had employed a specialist diversity worker.

Are services well-led?

We do not currently rate standalone substance misuse services.

Summary of this inspection

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

- There were no systems in place to monitor mandatory training, appraisals or supervision.
- The service did not have an annual audit cycle.
- The service did not have a local risk register.
- The service failed to report notifiable incidents to the Care Quality Commission.

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

- Staff were motivated in their roles and had good morale.
- There was a strong team ethic, and staff felt well supported by local management.
- Sickness levels were very low with an average of 1% in the last 12 months.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

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

Training on the Mental Capacity Act was mandatory for all staff. Staff received this training upon their induction. All staff that were required to complete this training had done so.

Staff were clear on their responsibilities under the Mental Capacity Act. Staff did not know that the provider had a policy for guidance for the Mental Capacity Act.

Staff could seek support from management and literature available to them within the service.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

The provider leased the premises occupied by On-Trak (Kirklees Alcohol Service). The building had three floors, and no lift.

The provider had carried out risk assessments of the environment which included fire, environment and health and safety. However, the fire risk assessment we were provided with had not been completed since 2012. We asked the provider to check if there was a more up to date assessment. After our inspection the provider contacted us to say there was not a more up to date assessment but that they had arranged for a contractor to attend and carry out an assessment. The provider advised us that the contractors had identified a requirement for remedial works to be carried out. Services were suspended at Union Street and transferred to another one of the providers locations nearby. The portable appliance testing was not up to date, the provider showed us evidence that they had arranged for an approved technician to attend and complete the testing.

Nurses from a partner agency used clinic rooms; however, On-Trak (Kirklees Alcohol Service) had responsibility for ensuring it was clean. On days when the clinic rooms were not being used by nurses, On-Trak staff checked and recorded medication fridge temperatures to ensure they were within the safe limits for the storage of medication.

Staff had access to oxygen cylinders in the case of an emergency and this was checked daily. Adrenaline and naloxone auto injectors were held by the service. All were all in date and kept in a grab bag for easy access in case of an emergency.

Safe staffing

Total number of substantive staff: 11

Total number of substantive staff leavers: 4

Substantive staff leavers (%) in the last twelve months: 27%

Total % of vacancies: 0%

Total % permanent sickness (last 12 months): 1%

The service had no use of bank or agency staff in the last twelve months.

As of 28 July 2016, 8 of the 11 staff had a disclosure and barring service check within the previous three years. The disclosure and barring service helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. The manager told us they were in the process of updating all staff members' disclosure and barring service checks. The provider's safeguarding policy stated that all staff required a disclosure and barring service check every three years.

The service provided a snapshot of caseload numbers which showed that there was a ratio of 25 clients per worker in July 2016. The service caseload at the time was 167 clients. The service saw an average of 85 clients per week.

The service produced a mandatory training list which identified up to eleven modules of mandatory training. The service had certain roles which had either additional mandatory training or were exempt from some modules of mandatory training. The largest staff group was recovery workers who were required to undertake nine modules of mandatory training.

Staff were required to undertake updates in safeguarding and basic first aid modules every three years. Modules in basic drug & alcohol awareness, cognitive behavioural

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therapy and psychosocial interventions, data protection, paperwork training, confidentiality & boundaries, equality & diversity, and smoking cessation required an annual update.

We asked the service to produce their compliance rates with mandatory training. The service did not routinely monitor mandatory training compliance. The service manager was able to produce a spreadsheet which documented each staff member's last recorded date of training for each module. There was no overall figure for compliance. However, we saw from the records that almost all staff were not up to date with their training. Most staff had last undertaken an update of modules marked for annual update in 2014.

We saw that some staff had not received training in adult safeguarding, child safeguarding, or managing challenging behaviour. The service did not actively monitor compliance rates for mandatory training.

Assessing and managing risk to clients and staff

Every client was allocated to a care co-ordinator who was responsible for carrying out a risk assessment. The provider had introduced a new risk assessment tool which had not been completed in all of the records we reviewed. We reviewed five client care records, one of the records we reviewed had a risk assessment. However, it was not backed up by a robust risk management plan. The other four records did not contain a formal risk assessment. Staff had recorded risks in the body of the client notes. This meant it would be difficult for staff to have a full understanding of the client's risks and what the level of risk was without reading through the whole of the client's record.

Staff had a good understanding of the safeguarding policy and could describe signs of abuse. Staff told us that as part of the risk assessment they would check if there were children associated with clients. If staff were concerned about the safety of a child or a vulnerable adult, they would speak with a health visitor and or social care. We saw examples of where the provider had made referrals to the local authority, this included both adult and children's referrals. On-Trak (Kirklees Alcohol Service) had not submitted any safeguarding notifications to the Care Quality Commission within the last 12 months.

The service had a whistleblowing policy which was implemented in 2010 and had expired as it was due for

review in 2011. We noted in the policy that staff were advised to discuss concerns with a legal advisor or an independent third sector charity before reporting them outside of the provider's organisational structure. This additional requirement was not within the spirit of whistleblowing and was a potential disincentive for staff to report concerns outside of the organisation.

Track record on safety

The service had no serious incidents requiring investigation under the criteria defined by the NHS commissioning board serious incident framework.

Reporting incidents and learning from when things go wrong

When an incident occurred staff completed an incident form. We reviewed the incidents and found there were incidents such as the death of clients in receipt of services,, which managers should have reported to the Care Quality Commission. The provider has a responsibility to notify us about certain changes, events and incidents affecting their service or the people who use it. Staff had a good understanding of what constituted an incident and this was evident from the incidents we reviewed. The provider had three different incident forms in use. One of the forms enabled staff to clearly detail the incident, how the incident was investigated, and what action was taken as result of the investigation. Staff told us incidents were discussed in their supervision, at the beginning of each day and in team meetings.

Duty of candour

Not all staff were able to describe their responsibilities under the duty of candour. Staff who recognised the duty of candour described it as an open and transparent approach towards their clients following all incidents. Managers were clear on their responsibilities and gave us examples of where they had apologised under the duty of candour. The provider had delivered duty of candour training to staff in the 12 months prior to our inspection.

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)

Substance misuse services

The service offered a comprehensive assessment to all clients entering the On-Trak service. We reviewed five client records that included:

- Personal details and key contacts. This also included any allergies or key information such as forensic history.
- 'Alcohol', 'Wellbeing' and 'Criminal' outcome measurement tools. These looked at the clients' dependency on alcohol, their personal wellbeing, social wellbeing and any forensic history. The client's parental status was obtained and any important information about their children and involvement with other services. We saw staff had identified key people such as social workers within this section.
- The client and assessor signed confidentiality statements and information sharing agreements. This was so the service could share important information about the client amongst key service providers such as their G.P.
- Engagement contract outlined expectations from the client and expectations of the service. The assessor and client both signed this.
- Treatment Outcome Profiles, which were completed when the client entered structured treatment, and three months thereafter until discharge. This tool measures change and progress in key areas for each client using the service. The treatment outcome profiles are a requirement of Public Health England, and the outcomes are submitted to the National Drug Treatment Monitoring System. Clients short term goals that they could work towards. This enabled clients to develop a short term future plan and provide motivation to begin the cycle of change.

All the records we reviewed contained recovery plans. Recovery plans had been developed as recommended in the department of health UKCG07 drug misuse and dependence UK guidelines on clinical management. Plans followed the areas scored in the client's treatment outcome profile. Recovery plans were holistic, personalised and considered recovery capital. Recovery capital is a term used to predict the likelihood of achieving sustained recovery. It is dependent on a person's external and internal strengths and capabilities. The recovery capital factors that contributed to recovery following treatment included social, physical, human and cultural factors.

The plans were up to date and were personalised. Staff had written each recovery plan in conjunction with the client.

There was evidence in most records of referrals or signposting to other recovery focussed services for counselling, activities, employment or peer support.

Records were stored on an electronic system. The service used the same electronic system used by the majority of local primary care services. The system allowed staff to 'task' primary care services which meant for example they could directly ask general practitioners to undertake specific physical healthcare tests such as blood tests. The shared system meant that staff would be able to access the results of tasks.

Best practice in treatment and care

On-Trak Kirklees Alcohol Service was the alcohol misuse component of the integrated substance misuse and alcohol service commissioned in North Kirklees. The service was the lead provider and was responsible for psychosocial interventions which focussed on prevention and recovery. Medical and prescribing services, mental health and well-being services, and abstinence support was provided by organisations which were sub-contracted by On-Trak (Kirklees Alcohol Service).

The National Institute for Health and Care Excellence 'NG115 Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence' recommends treatment should always involve a psychosocial component. All psychosocial interventions offered were evidence based in line with guidance. The organisation had linked these interventions into different stages of treatment defined by the National Treatment Agency. This guided the service to effective interventions throughout stages in treatment. On-Trak's programme of care included various groups and one to one sessions to meet client needs. Approaches included cognitive behaviour therapy, motivational interviewing, International Treatment Effectiveness Project (i-tep), which is a programme of psychosocial interventions and reflective listening. Staff said goals were set in every group and that goals were specific, measurable, achievable, realistic and time based. Staff said that their ethos was all about helping clients to move forward.

The service had two intervention programmes which categorised interventions into those delivered on the premises and those delivered in community settings. The service offered a comprehensive programme of group

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activities. Clients began with 'my time' which was an introduction to the group programme and allowed clients to choose groups from the weekly timetable and produce their own weekly plan of activities. Groups included:

- 'my friends' – a peer support group led by peer mentors and volunteers which aimed to build self-esteem and self-confidence.
- 'my health and well-being' – a group focussing on building knowledge and understanding of physical healthcare. The group allowed clients to undertake physical activities such as football as well as creative activities such as arts and crafts.
- 'my home' – a group focussing on building understanding of the responsibilities of running a home. This group included housing advice and how to find accommodation, advice on welfare and other benefits and advice on how to manage utility bills.

Staff told us they were given quarterly updates on their performance, which included the number of planned discharges, number of group referrals and the number of representations, which are readmissions to the service within six months.

Client health checks were carried out by On-Trak's partner agency Locala who recorded the information in client care records. Staff at On-Trak would remind clients when their physical health checks were due.

Clients we spoke with were aware of the range of services and activities available to them.

Skilled staff to deliver care

As of July 2016 the appraisal rate for the service was 18%, equating to 2 of 11 staff receiving an appraisal in the last 12 months.

All staff completed a staff induction at the start of their employment and we saw the comprehensive induction checklist. This was completed by the employee with the support of their line manager over the new employee's first three months.

We reviewed three staff personnel records which were complete with the information required including sickness information, employee's qualifications and disclosure and barring checks although these were not all up to date. There was also recruitment information in line with the recruitment policy.

Staff told us that they received regular supervision with most staff telling us that they received individual supervision at least once every two months. The service had a supervision policy which was last reviewed in March 2008 and was due for review again in August 2008. The policy set a minimum standard that each member of staff with a client caseload should receive supervision at least once a month and each member of staff without, for example administrative staff, should receive supervision at least every two months.

We asked the service to produce their compliance rate with the supervision policy. The service stated that 'all staff have regular supervision and have had a recent quarterly appraisal'. We saw that the service was not regularly monitoring compliance with the supervision policy. The service was not able to produce figures to support this assertion or to evidence that the management team engaged in ongoing monitoring of supervision.

All staff had completed specialist training to enable them to carry out their role. These included, training on personality disorder, legal highs and drug and alcohol awareness. Recovery champions all undertook level 1 'how to champion recovery' accredited training.

Multidisciplinary and inter-agency team work

There were a range of professionals involved in the care and treatment of clients. Meetings held between professionals were recorded in client records. Staff noted actions and these were followed up to ensure a continuity of care. Staff told us meetings took place every Tuesday where clients were discussed and information shared on groups and activities for the week.

The team at On-Trak (Kirklees Alcohol Service) had good working relationships with GPs, adult social care, the local safeguarding team and various housing associations. There was a midwife attached to the service to assist with any pregnancy related issues. On-Trak (Kirklees Alcohol Service) worked closely with the Basement project which is an abstinence based group work provider.

On-Trak (Kirklees Alcohol Service) worked in partnership with shared care GPs at their practices. We observed the contract that was in place to underpin the partnership approach between On-Trak (Kirklees Alcohol Service) and the GPs at these practices to deliver substance misuse care and treatment.

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Good practice in applying the MCA

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

Training on the Mental Capacity Act was mandatory for all staff. Staff were clear on their responsibilities under the Mental Capacity Act. Staff did not know that the provider had a policy for guidance for the Mental Capacity Act.

Equality and human rights

Equality and diversity training was mandatory for all staff. The service did not monitor total compliance rates with this module. The service operated in an area with a highly diverse population. Once a month the service produced a report which looked at the ethnicity of the current client group. The only criteria for entry into the service was that clients needed to be over 18 years old which meant that the service did not exclude clients on the basis of gender, race or sexual orientation. We saw that the service employed a diverse staff group which was reflective of the local population.

The service had an equality and diversity policy which was last reviewed in March 2015 and was due for review again in August 2015.

Management of transition arrangements, referral and discharge

Clients accessed treatment for their alcohol misuse by self-referral or they could be referred by their GP, criminal justice system under a court order, other agencies or professionals.

Clients had a structured discharge process out of the service. The service aimed to prepare clients leaving the service by developing their autonomy and referring into other community services which could promote autonomy. For example, clients were supported to access college courses to develop their education.

Are substance misuse services caring?

Kindness, dignity, respect and support

We spoke with clients who used the service and they told us staff showed compassion, respect, were supportive and

non-judgemental. We received 11 comment cards; current clients had completed these. All, with the exception of one, were very positive about the service and staff. Comments from clients stated they felt safe in the service, accepted and cared for. Clients said staff “never look down on you, are highly respectful, who give you hope.” Services were described as “excellent, first rate and brilliant.”

On the day of our inspection, we observed a key work session with a client. The keyworker demonstrated many of these qualities throughout the session. The interactions observed were based on a mutual respect, delivered with empathy and understanding. Privacy and dignity was maintained as all key working sessions happened in individual rooms away from the main reception area. A chaperone notice was visible in the reception area, this told clients they could request additional support in their appointment.

We observed the use of an information sharing questionnaire with a client. It covered sharing information with 17 identified individuals and organisations, including family, police, GP, alcohol and drug services. The benefits of sharing information and the boundaries of confidentiality were explained to the client. The client verbally confirmed their understanding. The questionnaire was electronic and staff completed it with the client. To make sure this information was up to date and reflected client choice, staff completed this as a minimum every three months.

The involvement of clients in the care they receive

Prior to the inspection we spoke with clients who used the service and they told us they felt involved in their treatment and care. The clients we spoke with told us they had participated in a thorough assessment process of their individual needs, especially in relation to alcohol withdrawal. Clients told us this was very important to them as they felt that their immediate physical health needs were prioritised and the best treatment options were discussed. Clients said they were fully aware of their treatment plans, including their goals for recovery.

In the reception area we saw detailed information about what the client could expect from the service in relation to their needs. The easy to read flow chart provided information on meet and greet, assessment, treatment

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options, peer support, clinical support, group work and family support. We saw extensive information available from partner agencies regarding gender specific services, mutual aid, physical health and wellbeing.

Clients also told us about how they were encouraged during key work sessions and within group work to build their recovery capital. Recovery capital refers to the internal and external resources necessary for an individual to achieve and maintain recovery, these include social networks, physical, human, cultural and community issues. Clients told us that Lifeline provided access to a number of weekly sessions that supported this, including alcohol specific support sessions. Clients also told us mutual aid such as 'Al-Anon' for families of those affected by somebodies drinking and AA (Alcoholics Anonymous) provided additional support. Clients told us they could also access many other groups through Lifeline and these were very important and central to supporting recovery. Recovery champions delivered groups alongside staff. Clients told us recovery champions had a 'lived experience', they could relate to clients' current experiences and this made the groups more meaningful.

On the day of our inspection we observed a key work session with a client. We saw the key worker sensitively carry out an assessment of alcohol use, discussing with the client their individual needs, triggers and motivation to change. The key worker encouraged the client to identify goals for their recovery. Together they agreed practical steps to start this process, this included identifying individual strengths, positive thoughts and significant others. We observed the key worker explore with the client their social network, particular focus was on the clients' family as they had identified them as a very positive influence in their recovery. The key worker took every opportunity to encourage the client to engage with group work and mutual aid as part of their recovery.

Consideration was given to the impact of reduced alcohol use on the clients' mental health. The keyworker gave the client a leaflet about the improving access to psychological therapies service (IAPT) and explained what they could offer. Before the key work session ended, the worker provided a summary of the session and offered the client a copy of their assessment and care plan.

We reviewed five electronic care records, each client had an identified key worker and this helped with continuity of care for the client. Care plans detailed how the client wanted to achieve their goals whilst working with the service.

Families and carers of clients had the opportunity to be involved in care and treatment. A monthly support group ran for those who were impacted by someone they care for who had a drug or alcohol misuse problem. This group offered emotional support, practical advice, well-being initiatives, activities and peer support.

Four Lifeline services in Kirklees participated in a feedback week with clients that used the services in June 2016. The results were not separated into the four services. One hundred and seventy questionnaires were completed, 12% of clients. The results indicated a very positive experience for clients with 80% or more rating Lifeline as good or excellent. Categories included overall experience, welcome received, environment, information and advice, opening times, availability of appointments and activities available. Between 94% and 99% of clients stated staff treated them equally, with respect, had a positive attitude, and felt supported. At the time of inspection the service was still discussing how to use the feedback from clients to improve the service, looking at where they need to improve and focus on parts of the service that clients liked best. All client feedback was presented in an information booklet for clients and staff to access. Feedback representatives also visited the service to discuss further the findings with clients. Lifeline has planned another feedback week in December 2016.

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

Access and discharge

The service worked with adults 18 years and over who were misusing alcohol. Referrals into the service are recorded on a core data set determined by National Drug Treatment Monitoring System. This system records the activities of all drug and alcohol services across the UK. Between April and June 2016, the service received 55 new referrals into the service. There were 28 self-referrals, 19 GP, three from drug intervention programme, two 'other' sources and one from

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each of criminal justice, social services and hospital. In the same quarter, the service had 154 clients accessing the service. There were 34 completed treatment programmes (72%), 11 clients dropped out of treatment, one client transferred and one death (28%). Information provided by the service prior to the inspection showed that 1531 appointments were not attended over the 12 months up until 30 June 2016, an average of 128 each month. The service had a process to follow when clients did not attend appointments; this was captured in an easy to use flow chart for staff to follow. Staff told us this could involve telephone contact, letter or home visit.

For clients whose needs were not being met by the service, there were robust care pathways in place to support individual need. Lifeline Kirklees is committed to a shared care framework for alcohol treatment with local GP practices. The guidance supports the safe management and reduction in alcohol treatment for clients within a primary care setting. The service had 26 shared care clients. For those clients with a physical disability or mental health issues that prevent them from directly accessing the service, arrangements were in place with a local provider to assertively engage with these clients. Recovery nurses from the local acute hospital referred the majority of clients following medical admission or repeated attendance at the emergency department. Interventions were provided within the community with the purpose of supporting the client to engage with the service, their GP or shared care provider.

The facilities promote recovery, comfort, dignity and confidentiality

The service had a full range of rooms to support treatment and care. A range of clinical and interview rooms were available on the ground floor, so accessible to all clients. Rooms were of a good size; however, there was no natural daylight in some rooms. All rooms were adequately sound proofed, so confidentiality was maintained. Interpreting services were accessible and information about the service was available in each room. The reception area was light, airy and welcoming.

We saw a wide selection of information available to clients in the reception area. Information specific to weekly group sessions was extensive; the service displayed a monthly plan of events under each recovery theme. This was particularly useful for clients to be able to plan the use of their time constructively. Availability of mutual aid across

the Kirklees area covering Monday through to Sunday was also on display. Information on community initiatives for clients, families and carers was prominent. Physical and mental health information was also on display.

The service was open Monday, Wednesday, Thursday and Friday 09.30-17.00, it was open on a Tuesday 13.00 – 19.00. Clients also had access to a recovery group session on a Saturday morning within the wider Lifeline service provision. Later opening on a Tuesday and opening on a Saturday provided flexibility for clients, especially for those that were in employment.

Meeting the needs of all clients

The service was for all adults over 18 who are residents within the Kirklees area, including those who are homeless, who wish to address their issue of alcohol misuse, whether this is detoxification and abstinence, or harm reduction.

The local community, within which the service was based, was culturally diverse. We spoke with the specialist diversity worker within the service. They told us their local knowledge and networks within the community had supported work with previously difficult to access south Asian communities. This included work with local Imams and faith based academies. Similar work is ongoing locally with emerging eastern European communities.

We observed a key work session with a client that demonstrated the skills and understanding that staff had of working with a vulnerable client. Together the client and keyworker discussed issues regarding accommodation and came up with a plan. The plan featured accessing local mutual aid groups, spending increased time with their family and committing to keeping a drink diary.

Quality performance data provided by Lifeline confirmed once referred to the service, all 55 clients received a comprehensive assessment within 48 hours. Staff recorded physical and mental health status for each client at the start of treatment. All clients also had a recovery care plan in place within five working days of assessment. The service was able to see urgent referrals quickly. On a daily basis, they provided appointment based sessions for those clients that preferred a set time. The service also provided a daily drop in service, this meant clients were seen quickly when they required help. At the time of our inspection, there were no waiting lists to access treatment with the clinical provider of the service or for group and key work sessions.

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Clients did not raise concern regarding the cancellation of appointments or group sessions. During the inspection, we checked the electronic system and the service confirmed that there had been no cancellations within the last three months. If the need arose, staff confirmed that they would provide cover for colleagues.

In addition to the assertive alcohol outreach provision, the service hosted a number of other roles from wider recovery providers. Specialist mental health care was accessible through a local mental health trust. Staff referred clients to the dual diagnosis service, this provided access to a psychiatrist and full time nurse prescriber. This helped clients receive specialist support they needed.

Listening to and learning from concerns and complaints

Lifeline complaints policy and procedure was implemented in March 2016. A complaint is described as 'an expression of dissatisfaction that requires a response.' The policy is clear on how complaints should be managed by the service. Learning from complaints to improve the quality and delivery of the service was central to the policy.

Clients made three formal complaints to the service in the first six months of 2016. None of these were upheld and none were referred to the Parliamentary and Health Service Ombudsman.

Staff told us they informed clients of the complaints process during their initial contact with the service and we saw information within the welcome pack that reflected this.

A complaints poster was visible in the reception area, it detailed the named individual to complain to, with their phone number and email address. Clients could also request a complaints pack. We tested this out and reception staff provided this pack on request.

A suggestions box was also available in the reception area, this meant clients could feedback to the service any concerns or compliments they had.

Are substance misuse services well-led?

Vision and values

On-Trak (Kirklees Alcohol Service) was part of the Lifeline group which had adopted at provider level a corporate

vision, values and a mission statement. The vision of lifeline was 'to provide alcohol and drug services that we are proud of; services that value people & achieve change'. Lifeline's mission statement was 'we work with individuals, families & communities both to prevent & reduce harm, to promote recovery, and to challenge the inequalities linked to alcohol & drug misuse'.

Lifeline had four values:

- Improving lives
- Effective engagement
- Exceeding expectations
- Maintaining integrity

The registered manager told us that the vision, values and mission statement were central to the work of On-Trak (Kirklees Alcohol Service). The vision, values and mission statement were available on the provider website and on the staff intranet. The vision and values were also advertised in the building in Dewsbury. The registered manager told us in interview that the vision and values were not used in appraisals or supervision.. Staff told that the focus was more on achieving team objectives than on working within the vision and values. However, the registered manager explained that team objectives were themselves working towards achieving the vision, values and mission statement.

Staff were positive about their team leader. Most staff were positive about the registered manager but showed a limited knowledge of more senior managers

Good governance

Prior to the inspection we asked the service senior management to deliver a presentation to the inspection team which covered the governance arrangements within the service. We were told that the service had adopted 'integrated governance arrangements' with 'structures to support: incident reporting analysis – including deaths in service; quality assurance and performance management of sub-contractors; pathway, process and protocol development and implementation; risk management and shared learning; and communication.

During the inspection we identified that the service had significant gaps in governance. We saw during the inspection minutes which showed that the service had undertaken governance meetings in July, August and October 2016. We saw in both meeting minutes and heard

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during interviews with the senior managers that service did not routinely collect and discuss performance data relating to mandatory training, appraisals and supervision. This meant that the service did not have systems and processes to ensure that they were complying with mandatory training requirements, including statutory modules such as safeguarding children from abuse and safeguarding adults from abuse which staff were required to undertake refreshers every three years. It meant that the service did not have assurance that staff received regular supervision and an annual appraisal which would support staff to carry out their roles effectively.

The service did not have an annual audit cycle.

The service did not have a risk register or alternative method of documenting how the service assessed, monitoring and mitigated risks relating to the health, safety and welfare. This meant that the service management had no assurance that the service was effectively monitoring and mitigating the risks related to health and safety and welfare of clients and others who may be at risk. We saw that fire risk assessments had not been completed since 2012. We saw that portable appliance tests had expired during 2015. The service did not have a local risk register or alternative which would have captured and monitored these risks.

The service used the governance policies of the corporate provider. No policy included an equality impact assessment. The provider had reviewed most policies in March 2016 including the safeguarding policy. The service had a whistleblowing policy which was implemented in 2010 which was overdue for review, which due for review in 2011.

The service did not maintain a record of 'Right to Work' checks on all staff. The senior managers told us that the service had been advised not to make and keep copies of documents related to 'Right to Work' checks because of Data Protection concerns. This contradicts guidance readily accessible on the UK government website on 'an employer's guide to right to work checks'. The provider had not accurately maintained a record of person's employed.

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. However, the service did not have a regular system of monitoring compliance with this part of the policy. The service

reported that 8 out of 11 members of staff had valid disclosure and barring service checks. This meant that not all staff currently employed with the service had a disclosure and barring service check which met the requirements of the safeguarding policy.

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

On-Trak (Kirklees Alcohol Service) was the alcohol component of Lifeline's integrated substance misuse and alcohol service commissioned in North Kirklees. The service employed a partnership model of delivery with Lifeline as the lead provider. In the partnership Lifeline was responsible for overall service delivery with a focus on prevention and recovery through psychosocial interventions.

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

- Locala Community Partnerships – an independent community interest company providing community health services in Kirklees and other areas. This service was 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 was 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 was sub-contracted to provide abstinence support and group programmes.

We were shown meeting minutes which documented how the service had established a framework for quarterly meetings with sub-contractors to review their performance and 'and for any future horizon scanning, trends, concerns, positive outcomes to be shared'. The service had undertaken meetings with representatives of all three sub-contractors in June and July 2016. Further meetings were planned for the end of October 2016. These meetings were chaired by senior contract executive on behalf of all four Lifeline services in Kirklees.

The service reported each month on compliance with thirty-three treatment outcome performance standards to the National Drug Treatment Monitoring System. Together with the other three services in Kirklees, On-Trak (Kirklees

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Alcohol Service) also produced a quarterly report for commissioners focussing the service's key performance indicators. The report also included a written evaluation produced by the service on performance each quarter. We noted in the report produced following our inspection that the service had included some of the positive comments made by the inspection team in relation to the care provided by staff. The service stated in this report that 'Feedback was fantastic in terms of our staff teams, and the areas for development were already known and plans were in place to address them'. We did not find evidence to support the assertion that the service was sighted on all areas of concern before our inspection.

Leadership, morale and staff engagement

Prior to the inspection the service reported that its turnover rate was 27% in the last twelve months. The service had four substantive staff leave in the last twelve months, out of a total substantive staff team of 11. The service had no vacancies. The permanent sickness staff sickness rate was low less than 1% for the last twelve months.

There were no reported incidents of bullying and/or harassment. The service had a whistleblowing policy which was implemented in 2010 and had expired as it was due for review in 2011. We noted in the policy 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. This was raised during the inspection and the provider's governance lead agreed that the policy needed reviewing.

We found that staff morale in both teams was good. Staff were positive about their team leaders however we found that some showed a limited knowledge of who the senior managers were. Most staff told us that the service had gone through an extended period of change in the last year as a result of re-tendering the service with local commissioners

Commitment to quality improvement and innovation

Lifeline had implemented a 'you said, we did' board in all four services in Kirklees. The feedback from this board was shared in the quarterly report to the commissioners.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- 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

Action the provider **SHOULD** take to improve

- 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 and supervision policy are reviewed.

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

Treatment of disease, disorder or injury

Regulation

Regulation 18 CQC (Registration) Regulations 2009
Notification of other incidents

How the regulation was not being met:

We were informed of notifiable incidents that had occurred in the last 12 months that had not been communicated to the Care Quality Commission.

This was a breach of **Regulation 18(2)(e)**

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

How the regulation was not being met:

The fire risk assessment had not been completed since 2012. This meant the provider could not be assured that the premises were safe.

This was a breach of **Regulation 12 (1)(2)(a)(d)**

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The service did not have full oversight on risks pertaining to the service. This meant they could not address risk in a timely manner.</p> <p>The service did not have oversight of mandatory training, supervisions and appraisals.</p> <p>The service had not maintained up to date disclosure and barring service checks for all staff</p> <p>The service had not maintained documentation relating to 'right to work' checks for all staff.</p> <p>This was a breach of Regulation 17(1)(2)(a)(b)(d)(i)</p>