

Addaction – Lincoln

Quality Report

26-30 Newland
Lincoln
Lincolnshire
LN1 1XG
Tel: 01522 305518
Website: www.addaction.org.uk

Date of inspection visit: 25 to 26 April 2017
Date of publication: 28/06/2017

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

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

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

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

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

Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- Interview, clinic and group rooms were fitted with alarms. Staff had access to personal alarms. All areas were clean and well maintained. Cleaning records were complete and in date.
- The service had a full range of staff to provide the level of safe care and treatment clients required. The service did not use bank or agency staff. Managers covered absences by staff within the team.
- 100% of staff had completed safeguarding adults and children training level 3.
- Staff discussed vulnerable clients, complex cases, new referrals, safeguarding and clients who had not attended for their appointments in weekly case management meetings.
- Staff ensured clients risk assessments were updated in a timely manner. All information needed to deliver care was stored securely and accessible to staff.
- Staff followed National Institute for Health and Care Excellence (NICE) guidance in prescribing. There was good medicines management.
- Staff had adapted care plans to enable client involvement. Care plans were recovery focussed, holistic, and comprehensive.

Summary of findings

- Staff completed a clinical health assessment for all clients due to receive medication as part of their treatment pathway.
- Clients we spoke with told us that staff were interested in their wellbeing, understood their needs and were respectful, polite, and compassionate.
- There was a clear referral criteria. The service was meeting their key performance indicator of three weeks from referral to assessment. The service operated extended hours one evening during the week.
- Treatments had been adapted for use with a range of client's ages, cognitive ability, physical ability, literacy, and communication needs.
- There was 100% compliance with supervision and appraisal. Supervision and appraisal records reflected the services vision and values.
- Staff spoke highly of their managers, and supported the new initiatives being introduced by management to improve caseload management.
- There was no substantive clinical lead for this service. Cover was being provided by the offsite director of medical practice, supported by two local general practitioners who provided two on site sessions per week to the service.
- There was no obvious signage alerting members of the public and clients to the fact that CCTV cameras were in use around the building. This was raised with staff at the time of our inspection and they told us they would rectify the situation as soon as possible.
- Interview rooms, clinic rooms and group rooms had clear glass panels in the doors, clients could be seen from the corridor. This was raised with management during the inspection who told us they would rectify the situation as soon as possible.
- Managers had not identified all ligature points. Staff told us they would address these issues immediately and the risks were mitigated anyway because patients were always escorted in these areas, and there was CCTV coverage of the areas.

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

Summary of findings

Our judgements about each of the main services

Service

Rating

Summary of each main service

**Substance
misuse/
detoxification**

We do not currently rate standalone substance misuse services

Summary of findings

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ADDACTION - Lincoln

Services we looked at

Substance misuse/detoxification

Summary of this inspection

Background to Addaction - Lincoln

Addaction Lincoln is a community substance misuse service provided by Addaction, who have 120 mental healthcare services nationally.

Addaction Lincoln is one of four locations within Lincolnshire and provides drug and alcohol services to adults and young people across Lincoln and the surrounding areas. While the majority of services for adults are provided from their base in Lincoln, services for young people are provided through outreach work in schools, client's homes, and other appropriate community settings.

Addaction Lincoln also hold the working with drugs and alcohol contracts for Lincoln's prison and community link work.

Addaction Lincoln first registered with the CQC in 2012. They are currently registered to provide treatment of disease, disorder or injury and for diagnostic and screening procedures. At the time of inspection, the provider was in the process of de-registering their young

addaction services and updating their registration and statement of purpose to include caring for children (0-18 years). The service had 968 clients in treatment, including young people and adults.

Addaction Lincoln has a registered manager, Karen Ratcliffe. The service does not use controlled drugs.

CQC had previously inspected Addaction Lincoln in July 2012, January 2014 and April 2016, and the former Young Addaction in December 2016. Following the last of those inspections, the services were issued with requirement notices against the following standards:

Addaction Lincoln:

Regulation 9: Person-centred care

Regulation 13: Safeguarding service users from abuse and improper treatment

Regulation 17: Good governance

Regulation 18: Staffing

Our inspection team

The team that inspected the service comprised CQC inspector Debra Greaves (inspection lead), and two other CQC 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, and asked other organisations for information.

During the inspection visit, the inspection team:

- looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with two clients
- interviewed the service manager, registered manager and team leaders
- spoke with 15 other staff members employed by the service provider, including nurses, drug counsellors, administration staff, support workers and doctors.
- received feedback about the service from commissioners and the client advocacy service
- spoke with one volunteer
- attended one client group and observed a staff and client interaction
- collected feedback using comment cards and feedback forms from 16 clients
- looked at 11 care and treatment records, and 11 medicines records
- reviewed ten staff records including supervision and appraisal records
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

- Clients we spoke with were positive about the care they received. They told us they felt safe while using the service and that staff treated them with respect and had a caring attitude.
- Clients said staff were great and always respectful even when dealing with difficult situations, and the service they received was fantastic.
- Clients commented that staff were not judgemental and prepared to be flexible with appointments, even offering telephone support between appointments if necessary.
- Clients had commented how impressed they were by the follow up service offered them and how their families could be involved in their treatments if they wanted then to be.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Interview and group rooms were fitted with alarms. Staff had access to personal alarms. All areas were clean and well maintained. Cleaning records were complete and in date. Equipment was well maintained, equipment testing was in date, and maintenance records were in order.
- With the exception of the psychiatrist. The service had a full range of staff to provide the level of safe care and treatment clients required. The service did not use bank or agency staff, any absences were covered by staff within the team.
- 100% of staff had completed safeguarding adults and children training level 3. Staff knew how and when to raise a safeguarding alert or concern.
- Staff discussed vulnerable clients, complex cases, new referrals, safeguarding and clients who had not attended for their appointments in weekly case management meetings.
- Staff updated clients risk assessments in a timely manner. Client's risks were discussed at the weekly case management meeting. All information needed to deliver care was stored securely and accessible to staff when needed.
- There was good medicines management. Medications were prescribed in line with NICE guidelines. The service employed one registered mental health nurse, and two independent nurse prescribers. Staff had access to emergency naloxone (used to reverse the effects of opioids).
- Staff knew what an incident was and how to report. There was evidence of feedback from incidents relating to this service being shared in supervision records, and weekly meetings.
- The service had a lone worker policy that staff understood and followed.

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

- There was no substantive clinical lead for this service. Managers advised they had not been successful in recruiting to this post yet. Cover was being provided by the offsite director of medical practice, supported by two local general practitioners who provided two on site sessions per week to the service. The medical team also provided additional telephone support as

Summary of this inspection

required. The impact of this was that obtaining medical cover on site was difficult. Some staff told us that because of this situation they did not feel as supported as they otherwise might have done.

- Managers had not identified all ligature points. (Ligatures are places that clients could use to hang themselves). While the ligature assessment and management for the identified risks was in order. Staff told us they would rectify this with immediate effect. The risk was rated low and there were also CCTV cameras in the public areas of the building that could be monitored in the reception area and the manager's office.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff had adapted care plans so clients could be more involved in the care planning process. Staff ensured care plans were recovery focussed, holistic, and comprehensive and had been adapted to meet individual's needs.
- Staff worked with other agencies including a national resilience programme, probation, housing, pharmacy, community mental health teams, and local authority safeguarding teams.
- Staff followed National Institute for Health and Care Excellence (NICE) guidance in prescribing. Staff were familiar with guidance in the Drug misuse and dependence – UK guidelines on clinical management, also known as the “orange book for substance misuse”.
- The service provided a needle exchange service in line with National Institute for Health and Care Excellence (NICE) guidelines on needle and syringe programmes.
- Staff completed a clinical health assessment for all clients who were due to receive medication as part of their treatment pathway.
- Managers employed a range of skilled and experienced staff including team managers, prison in reach worker, project key workers for both young people and adults using the service, resilience workers, volunteers, nurses, independent nurse practitioners, and administrators.
- Staff received two one-hour supervision sessions every four to six weeks in line with the provider's policy. Supervision focussed on case management and performance, and case discussion, personal and professional development. Records of supervision were updated and kept in staff files.

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

Summary of this inspection

- There was no obvious signage alerting members of the public and clients to the fact that CCTV cameras were in use around the building. This was pointed out to staff at the time of our inspection and they told us they would rectify the situation as soon as possible.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- We observed staff interacting with clients in a respectful and caring manner. Clients we spoke with told us that staff were interested in their wellbeing, understood their needs and that staff were respectful, polite, and compassionate.
- Addaction had initiated a client opinion poll of their services. The results showed a positive response in all areas.
- Staff offered clients copies of their recovery plan and this was recorded in their notes.
- Staff had adapted care plans to enable client involvement and to make them more meaningful.
- Staff explained how they would support a client to access independent advocacy services. The service displayed advocacy information within the reception and waiting room area for clients

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- There was a clear referral criteria. All new clients received the providers welcome pack. The pack included information about the treatments available, and how to make complaints and suggestions.
- The service had a key performance indicator (KPI) for waiting times from referral to assessment of under three weeks. The service had a 100% compliance rate for meeting this target in the 6 months preceding this inspection.
- The service operated extended hours one evening during the week to assist clients who worked full time or could not attend daytime appointments.
- The service had a full range of rooms and equipment to support treatment. Including, interview rooms, a family friendly interview room, two group rooms, needle exchange room, fully equipped clinic room, separate urine testing room, and an accessible toilet.

Summary of this inspection

- In the 12 months preceding, this inspection the service had received 8 complaints and 15 compliments. We saw how complaints had been responded to and none had been referred to the ombudsman.

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

- Interview rooms, clinic rooms and group rooms had clear glass panels. Clients could clearly be seen from the corridor.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff were passionate about their work and could describe the organisation's vision and values. Supervision and appraisal records reflected the services vision and values.
- Staff spoke highly of their managers. Most staff told us they supported the new initiatives being introduced by management to improve efficiency in the service.
- Key performance indicators (KPIs) were used to gauge performance of the team.
- Managers ensured audits were completed. For example, infection control, health and safety and patient files. Action plans had been developed following audits being undertaken to improve practice.
- Staff said they enjoyed their roles. Staff worked well together as a team, and there was mutual support for each other. We heard about opportunities for further training for staff to develop their roles.
- Incidents were being reported appropriately, and the service had a robust investigation and review process for monitoring and dealing with incidents.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

- All staff had completed initial Mental Capacity Act training, as part of their induction, 85% of staff had completed the annual on line refresher training.
- Although Mental Capacity Act training was not mandatory staff were able to tell us how they would apply Mental Capacity Act knowledge to their work.
- The service had not made any Deprivation of Liberty Safeguard applications in the 12 months prior to our inspection.
- Staff explained that if someone attended the service lacking capacity due to intoxication, they would request that they came back later or if an assessment decided that immediate assistance was required the staff member could call on a member of the clinical team for assistance.
- Staff working with young clients understood how the Gillick Principle and Fraser Guidelines applied to children under the age of 16. Staff referred to their manager and the referring agency if they had concerns over a client's capacity.

Substance misuse/detoxification

Safe

Effective

Caring

Responsive

Well-led

Are substance misuse/detoxification services safe?

Safe and clean environment

- Interview rooms were fitted with alarms. Staff also had the option of carrying personal alarms. The service had arranged for the local police community support officer to drop into the base a couple of times a week on an informal basis. Thereby affording staff and clients an added sense of safety and vigilance, and promoting a positive image of law enforcement officers.
- While managers had carried out a ligature assessment and associated management plans in place, this was not complete, (ligatures are places that clients could use to hang themselves). Door closures in the interview rooms and group rooms, and handrails in the accessible toilet were not included on the register. Staff told us they would rectify this with immediate effect, and that in any event clients were not usually left unescorted in the public areas.
- There were CCTV cameras in all public areas of the building, and staff from both the reception area and the manager's office could monitor the cameras. However, there was no signage to advise users of the building that CCTV cameras were in use.
- All areas were clean, well maintained and cleaning records were up to date.
- Staff had access to emergency naloxone (used to reverse the effects of opioids). Staff recorded clinic room fridge temperature daily and were aware what to do if the fridge temperature went out of range.
- Staff adhered to infection control principles. The service displayed hand-washing posters at each sink within the service. Hand sanitizer was available in all areas including the clinic room and reception area.

- Staff ensured equipment was maintained. Maintenance records were in order and there were designated, fire wardens, first aiders and health and safety representatives for the building. Portable appliance testing stickers were all visible and in date.

Safe staffing

- The service consisted of a service manager, a team manager (who was also the registered manager), four team leaders, 27 project workers including project support workers and resilience workers, two independent nurse prescribers, one mental health nurse, two peer supporters, one general administrator and two project administrators. The service had one vacancy for a support worker and one vacancy for a medical practitioner.
- Managers advised us that medical practitioner post had been vacant for nearly two months. Managers had advertised the post but had not been successful in recruiting to it. The offsite Director of medical practice was covering this vacancy, supported by two local general practitioners with specialist interest, who provided two on site sessions per week to the service.
- The medical team also provided additional telephone support as required. The nurse prescribers were also able to provide appropriate back up. The impact of this was that medical reviews had to be scheduled for the days when the doctors were on site, and obtaining medical cover on site for other emergencies was difficult. Staff also commented that because of this situation they did not feel well supported in their role and found it difficult on occasions to access urgent medical advice and support.
- Managers did not use bank or agency workers. Sickness and annual leave absences were covered within the existing team.

Substance misuse/detoxification

- The service reported a total staff sickness rate of 17% percent over the last 12 months and a turnover rate of 20%. Managers told us the sickness rate was due to some long-term sickness. They managed this in line with the provider policy. Staff turnover was due to staff being moved into the team when they were merged with another provider during 2016 and subsequently choosing to move to other jobs.
- Staff told us caseloads were high at approximately 50 – 60 clients per key worker. Caseloads had increased substantially in the last eight months. To manage this staff discussed caseloads in weekly meetings and in supervision so care was prioritised and patients were not compromised. Managers were aware of their staffs concerns about caseload numbers and told us of imminent plans to help reduce them. Plans included , the introduction of a recovery choices group, and some skills based, time limited, targeted group work to help staff manage their caseloads.
- New referrals were all seen within the providers three week timeframe, and usually seen within one to two weeks of referral. Due to this there was no waiting list for Addaction Lincoln.
- Managers held weekly meetings to discuss incident reporting and feedback, new referrals, complex cases, safeguarding and clients who had not attended for their appointments.
- 93% of staff had completed mandatory training that included, incident reporting, infection control and needle exchange.

Assessing and managing risk to clients and staff

- The service had a lone worker policy. Staff used a buddy system and their easily accessible but protected platform outlook calendars to indicate their whereabouts when working away from base. In an emergency staff operated use of a code word when conducting outreach visits, although most clients' appointments took place either on site or in local GP practices.
- There was good medicines management practice at Addaction Lincoln, including storage and dispensing and when necessary transportation of medicines. The provider had recently introduced a new Non-medical prescribing policy.

- We reviewed eleven medicine treatment records for clients at Addaction Lincoln, all records were complete, followed good practice guidelines and the providers' medication policy. Staff had ensured that treatment records were clearly written and well ordered with no apparent errors. Patient group directions (PGD's) and patient specific directions (PSD's) were properly authorised and legally operated.
- Information was recorded in both electronic and paper format. Staff were in the process of transferring over to paper light information. All information needed to deliver care was stored securely and available to staff when they needed it.

Track record on safety

- The service had reported 14 serious incidents in the preceding 12 months leading up to inspection. These had included two expected death notifications, five unexpected death notifications, five abuse allegations, and two concerns for client's safety.

Reporting incidents and learning from when things go wrong

- Staff told us what would constitute an incident and how to report it using an electronic incident reporting system.
- Managers explained that all incidents were reviewed monthly at Addaction's critical incident review group. The learning from the reviews was then cascaded to all locations at the centre of the incident, and nationally through the local operational managers meetings and quarterly critical incident review group bulletin. Staff received feedback and learning from incidents at weekly case management meetings. Minutes of these meetings were disseminated to all staff by email.
- Managers were notifying CQC of incidents in a timely manner.
- There was evidence of feedback from incidents being shared in supervision records.
- Staff said they were supported by their line manager following incidents and gave us examples of times when they had accessed management support and the employee assistance programme.

Duty of candour

Substance misuse/detoxification

- Managers and staff were aware of the duty of candour as the need to be open and honest with patients when things go wrong. Managers and staff told us that the service supported them to be candid with clients.
- We observed a staff interaction with a client where they were being open and honest about why an appointment had been missed. The situation was handled well by the staff member and the client was happy with the outcome they agreed to.
- Staff completed a clinical health assessment for each client who was engaging in treatment. The assessment included discussion around substance use, medication, family history, sexual health and blood borne virus (BBV) status.
- Staff used a treatment outcomes profile to measure change and progress in key areas of the lives of people treated within the services. Staff used the severity of alcohol dependence questionnaires to measure severity of dependence on alcohol.
- The service had a comprehensive audit programme. Staff had participated in audits of patient files, health and safety, infection control and medicines management. Following audits we saw evidence of action plans having been formulated to address any short comings.

Are substance misuse/detoxification 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)

- We looked at 11 case files and found all clients had an up to date recovery focussed care plan. Staff ensured care plans were holistic and comprehensive and had been adapted to meet individual's needs. Staff supported and encouraged clients be engaged in the care planning process. We saw how some care plans had used diagrams, pictures and collage to help clients express themselves.
- Staff had indicated in the care records when clients had been offered a copy of their care plan and when and why clients had refused to sign them or declined them.

Best practice in treatment and care

- Staff followed National Institute for Health and Care Excellence (NICE) guidance in prescribing. Staff were familiar with guidance in the Drug misuse and dependence – UK guidelines on clinical management, also known as the “orange book for substance misuse”.
- The service provided needle exchange services to clients that met National Institute for Health and Care Excellence (NICE) guidelines on needle and syringe programmes. The programme offered information and advice on safer injecting, advice on preventing the transmission of blood borne viruses and access to treatment.
- Staff recorded prescribing support for clients in care records.
- Managers ensured that staff had received an annual appraisal.
- Staff said they were able to access specialist training to enable them to develop their skills for example solution focussed brief therapy, motivational interviewing, hate crime and domestic abuse awareness.
- We saw evidence in the staff files of cases where managers had needed to use performance management in line with the provider's policies. Managers told us they were supported by colleagues in the human resource department with performance management issues.

Substance misuse/detoxification

Multidisciplinary and inter-agency team work

- Staff worked in conjunction with a range of services including probation, police, housing, pharmacy, community mental health teams and local authority safeguarding teams. Staff evidenced this joint working within clients recovery plans.
- The service held the working with drugs and alcohol contracts for Lincoln prison and community link working.
- Staff told us that they had good relationships with local pharmacies and a GP practice.
- Staff knew how to refer clients to local crisis mental health teams and had done so for clients experiencing mental health problems. However staff also told us of examples where they had found it very difficult to refer some of their complex clients to other services. To facilitate this process Addaction had allocated one of their workers to act as a link person with the local hospital.
- Staff worked well with other Addaction teams calling upon the experience of other colleagues as required.

Adherence to the MHA

- Mental health Act is not applicable to this service.

Good practice in applying the MCA

- One hundred percent of staff had completed initial Mental Capacity Act training, as part of their induction, 85% of staff had completed the annual on line refresher training. Mental Capacity Act training was not mandatory training.
- Staff were able to tell us how they would apply Mental Capacity Act knowledge to their work.
- There had been no Deprivation of Liberty Safeguard applications in the 12 months prior to our inspection.
- If someone attended the service lacking capacity due to intoxication, key workers would request that they came back later or if an assessment decided that immediate assistance was required a healthcare professional could be called.
- Staff working with young clients understood how the Gillick Principle and Fraser Guidelines applied to children under the age of 16. Staff referred to their manager and the referring agency if they had concerns over a client's capacity.

- The service had a Mental Capacity Act (MCA) policy, which staff referred to. If they were unsure they said they would ask the operations manager or team leader for advice. We saw consent to treatment forms had been documented in client files.
- Staff understood the principles of a best interest meeting and the need for someone who knew the client well to lead such a meeting. One staff member showed us a flow chart explaining who they would involve in, and how they would conduct a best interest meeting, though most staff said they would refer clients to the local authority for a best interest assessment to be conducted if necessary.

Equality and human rights

- The service supported people with protected characteristics, such as age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and maternity under the Equality Act 2010. The service was accessible for people requiring disabled access; this included adapted toilets on site. Staff had completed mandatory training in safeguarding equality and diversity.

Management of transition arrangements, referral and discharge

- The service had recently merged with the young people's Young Addaction team and staff told us this had improved staffs understanding of each other's roles and subsequently the clients experience of transitioning to an adult key worker if required. All key workers, both those working with young people and those with adults held joint meetings and discussed complex cases that required gradual transfer.
- The service also had key workers who carried out prison in reach work and could therefore help prisoners to remain in contact with appropriate services upon discharge from prison.
- Staff accepted referrals to the service from GP surgeries, criminal justice services, health professional's and self-referral. All new clients were seen by an experienced and qualified staff member within two weeks for an initial assessment. Following this appointment staff

Substance misuse/detoxification

could either offer advice, signposting to more appropriate services, or a further assessment appointment to determine which treatment pathway would be most appropriate for the client.

- Managers had introduced a new case management tool. This tool supported managers to identify a number of clients who appeared to be active on staff caseloads but in actual fact were not in receipt of any meaningful treatment, and therefore could have been discharged. Managers and staff used this information to review caseloads and ensure timely discharge.

Are substance misuse/detoxification services caring?

Kindness, dignity, respect, and support

- We observed staff speaking with clients and interacting with clients in a respectful and caring manner.
- Clients we spoke with told us that staff were interested in their wellbeing, understood their needs and that staff were respectful, polite, and compassionate.
- Clients said that they could include their families' friends and carers in their care if they wished and staff supported this.
- Within the 12 months prior to this inspection, Addaction had initiated a client opinion poll of their services. Clients were asked to rate eight areas of the Addaction service and twenty clients took part in the poll. The areas included: Accessibility; Environment; Information; Involvement; Listening; Respect; Timeliness; and Social support. The results were positive in all areas.

The involvement of clients in the care they receive

- Staff offered clients copies of their recovery plan and this was recorded in their notes. The way care records were written and the wording used demonstrated that clients had been involved in their care.
- Staff had adapted the care plans to enable client involvement and to make them more meaningful for the client. For example one care plan showed how it been written by the client in their own language (Russian) and translated to English in the case notes by the multi-lingual key worker.

- The service displayed advocacy information within the reception and waiting room area for clients. Staff told us of some clients who had accessed advocacy, and were able to explain how they would support a client to access independent advocacy services if requested.
- There was a suggestion box in the reception area where clients could give feedback about the service. Suggestions were discussed at the weekly team meeting. We saw a sample of seven forms that clients had completed, all of which were complementing the staff and the service they provided.

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

Access and discharge

- There was a clear referral criteria. Following initial assessment to determine the client's suitability for treatment from Addaction Lincoln, clients were allocated to one of two pathways. Either a prescription pathway or a non-prescription pathway, though neither pathway was mutually exclusive, and clients could and would move between the two or be engaged in both pathways.
- Referrals to the service came from self-referrals, family members or carers, probation, GPs, health professionals and criminal justice services.
- The service had a key performance indicator (KPI) for waiting times from referral to assessment of under three weeks. The service had a 100% compliance rate for meeting this target in the 6 months preceding this inspection. At the time of inspection the service was receiving approximately 14 new referrals per week, and key workers were seeing an average of 25 clients per week each.
- Data provided at the time of inspection showed that the average waiting time from referral to initial assessment was approximately ten working days. When necessary staff saw urgent referrals within 48 hours. The waiting time from initial assessment to allocation was 24 hours and from initial assessment to second appointment approximately five working days, often with some homework or thinking time to be done between the initial and second appointments.

Substance misuse/detoxification

- The service operated extended hours one evening during the week to assist clients who worked full time or could not attend daytime appointments.
- The service did not give us their did not attend (DNA) figures for the 12 months preceding the inspection. The service had a (DNA) policy and procedure for clients who had failed to attend their appointment. Staff contact clients who did not attend their appointment by letter, email, by phone, or contact was made with another agency also engaging with the client. If clients did not attend three appointments, and unless there were known exceptional circumstances, they were discharge from the service, and both the client and referrer were advised of this action.
- During the 12 months preceding the inspection 390 clients discharged from the service, 236 of these were unplanned discharges and 154 were planned discharges. We saw examples of how staff had tried to re-engage clients who wanted to discharge prematurely and had advised them how they could re-refer themselves in the future. Staff confirmed these figures appeared to be high but they were in line with similar services within the Addaction organisation, and the figures included those clients offered initial appointments but subsequently not attending.
- Clients told us their appointments were on time and rarely cancelled by the provider, and they were kept informed of any changes to appointments

The facilities promote recovery, comfort, dignity and confidentiality

- The service had a full range of rooms and equipment to support treatment. This included one to one rooms, a family friendly interview room, two group rooms, needle exchange room, separate urine testing toilet room, and a disabled access toilet. The service had a fully equipped clinic room and one further room that could be used as clinic, interview or education room. Rooms where clients could be seen were adequately sound proofed. However, privacy screens were not in place, so clients could be clearly seen by others during their appointment.
- All new clients received a welcome pack containing information about treatment pathways, the assessment

process, what the client could expect from the service and what the service expected of the client. The pack included information on confidentiality, data protection and how to make complaint.

Meeting the needs of all clients

- The service was located on ground floor level and accessible for people requiring disabled access, this included an accessible toilet.
- A range of leaflets were available in several languages in the reception area.
- Staff were able to access interpreter services for clients for whom English was not their first language, and one of the key workers at Addaction Lincoln was known to be multi-lingual in English, Latvian and Russian.
- While clients were discouraged from taking their children to appointments at Addaction Lincoln, and young clients using the service were not seen at the base. The provider acknowledged that there would be occasions when clients might not be able to avoid bringing their children with them. Therefore, an observable private waiting area had been created to the side of the reception and one of the rooms had been made into a family friendly interview room with a playroom area and toys to keep children occupied.

Listening to and learning from concerns and complaints

- Addaction Lincoln had received eight complaints in the 12 months preceding this inspection. None of the complaints had been upheld, and none had been referred to the ombudsman. During the same period, the service had received 15 compliments.
- Clients knew how to complain. Information about making a complaint was displayed in the waiting area, along with a suggestions box and given to clients at the point of entry to the service as part of their welcome pack. Staff described how they would handle complaints appropriately.
- Managers had addressed issues that were highlighted from the previous CQC inspection feedback, and involved staff in making changes accordingly. For example reviewing their policy around electronic record keeping, and supporting staff to input their data in a timely manner while improving the quality of those records.
- We saw how the provider had taken on board managers concerns about being able to access accurate team

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performance data, and they had developed the case management tool in response to this. Allowing managers to access caseload management data, staff performance data and key performance target data from one electronic location.

Are substance misuse/detoxification services well-led?

Vision and values

- Staff were passionate about their work and could describe the organisation's vision and values. We saw posters on the walls demonstrating the services values in the form of a wheel emphasising empowerment, respect, honesty and ability to change.
- Supervision and appraisal records reflected the services vision and values.
- Staff knew who the senior managers were, senior managers had visited the team and staff spoke highly of their line management team.

Good governance

- Staff had completed mandatory training in safeguarding children and young people and safeguarding adults.
- Staff had received an annual appraisal and had supervision every four to six weeks. The supervisor ensured copies were made available in the staff file. This was in line with the provider's policy.
- The service had a robust investigation and review process for monitoring and dealing with incidents. Incidents were being reported in a timely manner. Learning was cascaded down to local level and managers shared the learning that was relevant to their service with staff through case management meetings, supervision and the critical incident review group quarterly bulletin.
- Audits were in place, for example infection control, health and safety and patient files. Action plans had been developed following audits being undertaken, to ensure that practice improved.
- Managers ensured that staff had a current disclosure and barring service (DBS) check on file.

- The service used key performance indicators (KPIs) to gauge performance of the team. KPIs included waiting times of under three weeks from referral to assessment, percentage of those offered and accepted a blood borne virus vaccination for hepatitis B and percentage of clients at risk offered and accepted hepatitis C testing. All KPIs set out for service had been met over in the last 12 months preceding this inspection.
- The service manager felt they had sufficient authority and administrative support.

Leadership, morale and staff engagement

- Addaction Lincoln had 17% permanent staff sickness overall between March 2016 and February 2017. Sickness rates were due to specific long term sickness. Managers addressed staff absence using the providers policies and procedures with support from the providers human resources hub.
- Staff told us they knew the whistle-blowing process and said they felt able to raise concerns without fear of victimisation.
- None of the staff or managers we spoke with raised any concerns regarding bullying or harassment.
- Staff said they enjoyed their roles and that the team was supportive. Staff reported they all worked well together as a team and there was mutual support for each other. Most staff we spoke with said they felt valued by their managers.
- Staff felt able to input into developments within the service and had been involved in plans for group sessions to enable more clients to be seen.
- All new staff received a comprehensive staff handbook, and mentors supported them through their induction to develop the necessary skills and knowledge to do their jobs well.
- Staff told us they generally supported the new initiatives and felt managers had handled to recent merger of Young Addaction and Addaction well.

Commitment to quality improvement and innovation

- Staff and managers felt positive about the new case management data tool, they felt it would help them to manage their caseloads and riskier clients more effectively. They were hopeful that the new recovery

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choices group and targeted group work programme would help them gain more time to direct towards their more complex clients and continued record keeping improvement.

Outstanding practice and areas for improvement

Outstanding practice

- Staff had adapted the care plans and risk management plans to enable client involvement and to make them more meaningful for the client. For example one care plan showed how it been written by the client in their own language (Russian) and translated to English in the case notes by the multi-lingual key worker.
- Staff supported and encouraged clients be engaged in the care planning process. We saw how some care plans had used diagrams, pictures and collage to help clients express themselves.

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure that all measures and strategies are employed to recruit to the vacant medical practitioner post.
- The provider should ensure that visible and clear signage, relating to the use of CCTV cameras, is displayed around the building.
- The provider should ensure that clients can not be seen in rooms around the corridor area.