Lifeline Southwark

Quality Report

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

Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- The service recognised the importance of supporting clients to access facilities so they could look after their own care. Clients could use a microwave and laundry facilities, and could have a shower. A towel was provided to clients who did not have one.
- Staff carried out comprehensive assessments and risk assessments. Staff supported clients to manage risks.
- Clients care plans were detailed, holistic and recovery focussed. They identified clients substance misuse, emotional and social needs.
- The service communicated with a range of other organisations in an effective way. This minimised risks to clients.
- Clients were very positive regarding the staff in the service. They reported that staff were respectful, caring and provided them with emotional and practical support.
- Clients were prescribed medicines in accordance with best practice. They were able to access a range of psychological and psychosocial interventions.
- Clients were able to provide feedback to the service. Clients were involved in how the service operated.
- There was a staff culture of being open and transparent when mistakes were made. There was a strong culture of using mistakes, incidents and complaints as learning opportunities.

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

- The provider did not identify training that was mandatory for staff and the frequency for it to be refreshed, to ensure they could undertake their duties effectively.
- The service did not always notify the Care Quality Commission of incidents as required.
- Less than half of the staff team had undertaken safeguarding adults and safeguarding children training although further training was planned.
- Staff employment records were not complete. The details of staff criminal record checks were not appropriately recorded and some staff did not have written references.
- Although some audits and systems were in place, these were not all ongoing and were not integrated. The systems for assessing, monitoring and improving the service over time were not sufficiently robust.

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Summary of this inspection

Background to Lifeline Southwark

Lifeline Southwark provides advice, support and treatment for adults with drug and alcohol problems in the London Borough of Southwark. The service operates nine am to five pm two days a week and nine am to seven pm three days a week. At the time of the inspection, the service provided care and treatment for 1335 clients. The service had been operating for nine months. Prior to this seven separate services had been operated by four different providers.

The service is based on two sites, Cambridge House and Camberwell Road. The two buildings are near each other. The service has the following teams:

Engagement team – based in Camberwell Road, this team assesses new clients to the service. They also provide support and treatment interventions for up to twelve weeks. A needle exchange is also provided.

Recovery co-ordination – based in Cambridge House, the largest team, which provides support, treatment and liaison with other services. This team supports clients who have complex needs or require support in the longer term.

Recovery support – based in Camberwell Road, this team provides counselling, family work, facilitates group work and promotes wellbeing.

Medical team – Undertake medical assessments of clients and substitute prescribing

Psychology team – Undertake individual psychology and cognitive behavioural therapy with clients. Also provide training and support to the wider team, and oversee the psychosocial interventions programme

Data and administration team – Provides administrative and information support for the service

Blood borne virus testing is provided by a different service provider. Peer mentors are provided by a different service provider. A consultant physician in sexual health is employed by another service provider and attends the service every week.

Lifeline Southwark is registered to provide the following regulated activity:

Treatment of disease, disorder or injury

The service was commissioned by the London Borough of Southwark Drug and Alcohol Action Team.

There was a registered manager for the service.

The Care Quality Commission had not previously inspected this service.

Our inspection team

The team that inspected the service comprised a CQC inspector (inspection lead), three other CQC inspectors, a CQC regional medicines manager, a CQC assistant inspector, a specialist advisor who was a consultant in addictions, and an expert by experience.

An expert by experience is a person who has personal experience of using, or supporting someone using, substance misuse services.

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.

Summary of this inspection

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about the location.

During the inspection visit, the inspection team:

- visited both parts of the service, looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with 13 clients
- spoke with the registered manager and the interim senior service manager
- spoke with 23 staff members employed by the service provider, including nurses, doctors operations managers, team leaders, recovery co-ordinators, administrators, a data performance officer, a duty worker, a psychologist, an engagement worker, and a CBT therapist
- received feedback about the service from the service commissioners
- spoke with two peer mentors and a volunteer
- attended and observed a multidisciplinary meeting, a staff business meeting, and a client group
- collected feedback using comment cards from 32 clients
- looked at 18 care and treatment records, including medicines records, for clients
- reviewed prescribing and the medicines prescription process
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

Clients were very positive regarding the staff in the service. They reported that staff were caring and provided them with emotional and practical support. Clients said staff listened to them, and they were treated with courtesy and respect.

Before the inspection, comment boxes had been placed in the service. We received 32 comment cards from clients using the service. Twenty six of the comment cards were positive. They praised the staff as being caring and treating clients with dignity and respect. The comment cards also described the benefits of groups and treatment. Three comment cards were mixed with positive and negative comments. Positive comments were about the staff and the overall service. The negative comments concerned cleanliness, staffing levels and waiting to collect prescriptions. There were two negative comment cards. These comment cards concerned lack of privacy, waiting to be seen, and improvements being made just before the inspection.

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:

- There was a lack of ongoing infection control procedures.
- Less than half of the staff team had undertaken safeguarding adults and safeguarding children training although further training was planned.
- The provider did not identify training that was mandatory for staff and the frequency for it to be refreshed, to ensure they could undertake their duties effectively.
- Clients considered to be at high risk of a relapse did not have early exit care plans. When clients leave treatment early and use illegal drugs they are at an increased risk of overdose.
- The medicine naloxone was stored at only one of the service sites. On that site, naloxone was not easily accessible. Naloxone is used to reverse the effects of a heroin or opiate overdose.
- Staff employment records were not complete. The details of staff criminal record checks were not appropriately recorded. The service did not have references for staff who worked for the previous providers. The provider could not ensure staff were of good character and suitable for their role.

However, we also found areas of good practice:

- Clients had comprehensive and detailed risk assessments. Clients were supported to manage the assessed risks.
- The service received information regarding a client's health from their general practitioners (GPs) before prescribing medicines. A letter to GPs clearly stated the medicines the service was prescribing and that GPs should not prescribe.
- All incidents were reviewed and discussed amongst the staff team. The team learnt from incidents and where required, further action was taken.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients in the service had a comprehensive assessment. Structured assessment tools were also used. Clients were prescribed medicines in accordance with best practice and national guidance.

Summary of this inspection

- Clients' care plans were detailed, holistic and recovery focussed. They identified clients' substance misuse, emotional and social needs.
- When clients had a community alcohol detoxification the service communicated with clients' GPs. GPs were sent a letter at the start, in the middle, and at the end of clients' detoxification.
- Clients could access a range of psychological support. This included groups and individual psychology appointments. Some clients had individual cognitive behavioural therapy (CBT) twice a week.
- The staff team included doctors, nurses, psychologists, a CBT therapist and a family support worker. Clients' care and treatment benefited from the range of different professionals in the service.
- The service had strong links with general practitioners, community pharmacies, general hospitals, sexual health services and community mental health services.

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

- The service had not developed links with groups who support young adults to leave gangs.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients were very positive regarding the staff in the service. They reported that staff were respectful, caring and provided them with emotional and practical support.
- Staff showed an in-depth understanding of clients' individual needs. Staff spent time with clients to understand their needs. They referred clients to other agencies appropriately and supported them with a range of difficulties.
- The service also had a dedicated family support worker. Their role was to provide support and practical assistance to clients' families.
- Clients were able to provide feedback in a number of ways. A service user council provided feedback to service managers monthly. Suggestion boxes were in the reception of each site for clients to make suggestions for the service to improve.
- Clients were involved in the operation of the service. A service user representative attended the monthly clinical governance meeting. Clients were on staff recruitment interview panels.

Summary of this inspection

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

- Clients were not consistenty offered a copy of their care plan.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Both sites offered refreshments for clients. At one of the sites a microwave could be used by clients. Clients could also use laundry facilities and have a shower. If clients didn't have a towel staff provided them with one.
- The service operated a walk-in assessment clinic four days a week. People could attend for an assessment without an appointment.
- The service did not have any exclusion criteria. People could access care and treatment regardless of their substance misuse, health, background or social difficulties.
- The waiting time for individual psychological treatment was two months.
- The service provided a range of programmes and specialist staff to meet the diverse needs of the local community.
- The service investigated complaints openly and transparently. The staff team learnt from complaints.

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

- One of the sites did not have enough interview rooms. Interview rooms in the service were not soundproofed.
- The service had one group room. This restricted the number of groups that could be operated.
- Almost all of the information leaflets in the service were only available in English.

Are services well-led?

We do not currently rate standalone substance misuse services.

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

- The service did not always notify the Care Quality Commission of incidents as required.
- Although some audits and systems were in place, these were not all ongoing and were not integrated. The systems for assessing, monitoring and improving the service over time were not sufficiently robust.

However, we also found areas of good practice, including that:

Summary of this inspection

- The service had a development plan. This plan was detailed and comprehensive. Each action was rated red, amber or green (RAG rated) indicating how near the action was to being completed.
- There was a staff culture of being open and transparent when mistakes were made. There was a strong culture of using mistakes, incidents and complaints as learning opportunities.
- The provider had engaged an external organisation to work with the management team. This work involved developing a stronger management team to drive the development of the service.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff had a good understanding of the Mental Capacity Act. They could describe the five principles. Staff provided examples of clients being intoxicated. Clients would not be asked to sign any consent forms until they could understand what they were signing. Clients' capacity was discussed regularly at multidisciplinary meetings. The consultant psychiatrist in the service would conduct capacity assessments when this was considered necessary. Four staff in the service, including both operations managers, had undertaken Mental Capacity Act training.

Substance misuse/detoxification

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse/detoxification services safe?

Safe and clean environment

- Both sites had an alarm system. Staff could summon assistance in the event of an incident. However, when the alarm sounded, there was no indication of where the alarm had been activated. This meant that staff did not know immediately where to respond to. However, this had not led to any incidents. The urine testing room in Cambridge House did not have an alarm. This was due to be fitted after the inspection.
- There were three clinic rooms at the Cambridge House site. One of the clinic rooms also had an examination couch. There was an electronic sphygmomanometer, for measuring blood pressure, and weighing scales. However, there was no height measure in the clinic rooms. Underweight clients need their height and weight measured to ensure appropriate doses of medicines are prescribed. In one clinic room there was an automated external defibrillator (AED). This equipment is used to restart a person's heart. The AED was on the top of a wall cupboard and was not in its bag. It was dusty. The AED could not be reached easily in the event of an emergency. We informed one of the managers. The AED was then moved to where it could be easily reached. The AED had been checked that it was working. However, these checks had only started two weeks before the inspection. One of the clinic rooms had a fridge to store blood samples. The fridge temperature had been checked daily in the week prior to the inspection. Previously, the temperature checks had not been carried out consistently. Needles and syringes used in the needle exchange at Camberwell Road were within their expiry date.
- Both sites were clean. The service was in the process of changing the cleaning contractor at Camberwell Road. A cleaning schedule was available at Camberwell Road. The service had previously requested a cleaning schedule from the landlord of Cambridge House. They had not received one.
- Handwashing posters were displayed in client toilets at both sites. These posters showed the five principles of handwashing. Using the five principles are the most effective way to prevent transmission of infections. Both sites in the service had blood spillage kits. These are important due to the increased risk of clients having a blood borne virus. One of the blood spillage kits at Cambridge House was in a locked cupboard in a clinic room. This meant it was not easily available to use. Clinic rooms at Cambridge House had disposable alcohol wipes. One of the clinic rooms in Cambridge Road had no disposable towels. Hand disinfectant foam at Camberwell Road had passed its expiry date. Prior to the inspection, an infection control audit had been undertaken in the service. However, there was no system for ongoing audit of infection control.
- All of the medical equipment in the service, such as the sphygmomanometer, was new when the provider started the service. A log was kept with the dates when each piece of equipment would require calibration. Calibration is important to ensure that equipment is working accurately. In Camberwell Road there were three first aid boxes. Only one had been checked to ensure all of its contents were present.

Safe staffing

- The staff vacancy rate was 9%. There were no vacancies for qualified nurses. The staff sickness rate was 6%.
- The provider had estimated staffing requirements for the service by undertaking 'capacity mapping'. This was a tool the provider had developed. It took account of

staff caseloads and any other regular duties they undertook, including travel time. However, staff caseloads were not assessed regarding the complexity of clients.

- Staff caseloads varied, depending on the role staff undertook. Recovery co-ordinators had caseloads of up to 57 clients. However, a number of these clients' care was shared with general practitioners (GPs). This is known as GP shared care. Clients having this type of care do not require intensive support from substance misuse services. Other recovery co-ordinators had caseloads of 18 clients. Staff caseloads were reduced when staff started working in the service and following long term absence. Some clients reported that staff caseloads were too large. They said that this limited the time they could spend with their worker. Staff views were mixed regarding the size of their caseloads. Some staff considered the size of their caseload increased their stress levels. However, most staff reported that the size of their caseload was manageable.
- Two of the four nurses in the service were non-medical prescribers. Non medical prescribers are healthcare professionals who can prescribe certain medicines. There were four doctors in the service.
- When staff were on leave or absent from the service, their work was undertaken by other staff members. Each morning a handover took place. When staff called in sick, their work for the day was discussed at this meeting. Client appointments were allocated to other staff. If required, the duty worker would carry out these appointments. There was a duty worker in the service every day during the week. Client appointments were not cancelled due to staff absence.
- Of the four doctors in the service, one was permanently employed. The consultant psychiatrist and the other doctors were long term locum staff. There were five vacancies for recovery, engagement and administrative staff. These posts were being advertised. In the meantime, agency staff undertook these roles.
- During weekday office hours there was always a non-medical prescriber and a doctor available. All of the non-medical prescribers and doctors were based at Cambridge House.
- The provider had not identified training which was mandatory for staff to attend. The providers training and development policy had last been reviewed in 2008 and did not describe types of mandatory training for staff. The service training record did not describe what types of training were mandatory. However, all of the staff had undertaken training to use the electronic clinical records system. A further 96% of staff had undertaken training regarding the drug and alcohol outcomes star. Eighty eight per cent of staff had undertaken clinical governance training and training concerning continuous professional development. Five staff had undertaken first aid training, and training to be fire wardens. Three staff had undertaken training on reducing drug-related deaths. No staff had undertaken information governance training, and six staff (12%) had undertaken infection control training. Two staff had undertaken basic life support training. However, this training had been undertaken more than a year ago. The provider did not identify which training had to be undertaken once and training which should be undertaken every few years.
- We reviewed five staff records. All staff had a Disclosure and Barring Service (criminal records) check (DBS). However, there were no reference numbers regarding the DBS certificate. The information requested was not recorded. This meant it was not possible to know what risk information had been requested. It was not possible to trace the DBS certificates as there were no reference numbers. The majority of staff transferred from previous providers, and the service inherited a number of staff and their recruitment checks. The provider had no record of employment references for staff who had transferred from previous service providers. The provider could not ensure that staff had been appropriately checked prior to employment.

Assessing and managing risk to clients and staff

- When people first attended the service, staff undertook a risk assessment of the client. This risk assessment included all areas of potential risk. Potential risks concerned clients' substance misuse, such as injecting drugs and how clients paid for their drug use. The risk assessment also included other risk areas, such as neglect, self harm, violence, exploitation and gang involvement. If clients held a driving licence they were told that they should inform the Driver and Vehicle Licencing Agency (DVLA) of their substance misuse and treatment. This was in accordance with national guidance. Client risk assessments were updated after incidents occurred. The frequency of client risk assessment updates was based on the level of risk.

Substance misuse/detoxification

- Before clients were prescribed any medicines by the service, information from their GPs was obtained. This meant staff in the service knew about clients' health conditions and medicines before prescribing medicines for their substance misuse. This was important to ensure that clients' treatment could be tailored to their health needs.
- When clients had their medical assessment, potential risks were also assessed. Before starting the medicine methadone, clients were informed of the risks of also using alcohol and medicines called benzodiazepines. Using benzodiazepines and alcohol with methadone increases the risk of overdose. The template used for clients' medical assessment contained a list of medicines which could increase the risk of a heart condition. High doses of methadone can also increase the risk of this heart condition. The template reminded medical and nursing staff of the risks if a client was already prescribed one of these medicines.
- After clients had a medical assessment, details of the assessment were sent to the client's GP. The front page of the letter clearly recorded the client's current medicines, and if the client's medicines had changed. There was also a clear instruction to the GP regarding which medicines the GP should not prescribe. Some people with substance misuse problems attempt to obtain the same medicines from different professionals. By clearly indicating which medicines the GP should not prescribe, this risk was reduced. When clients were first prescribed methadone, their dose was gradually increased by five milligrams on each occasion. This was to prevent opiate overdose and is best practice (Drug misuse and dependence: UK guidelines on clinical management, Department of Health [DH], 2007).
- Some clients came to the service and requested an alcohol detoxification. Alcohol detoxification can lead to some people having serious health problems such as alcohol withdrawal seizures. The risks to clients of alcohol detoxification were carefully assessed. Where clients' risks were increased, they were referred for in-patient or residential detoxification. When the service undertook community alcohol detoxification, staff monitored the client closely. Staff also made sure that the client had another adult with them throughout the period of detoxification. This was best practice.
- Clients were supported to manage potential risks. For instance, clients who continued to use illegal drugs were asked if they kept naloxone close by. Naloxone is a medicine used to reverse the effects of a heroin overdose. A client had relapsed and started using illegal drugs again. The client was transferred from GP shared care, which is less intensive care, back to the substance misuse service. The client was also taking their medicine at the chemist daily, under supervision. This was to monitor the risk of the client being sedated and at risk of overdose.
- Clients considered to be at high risk of relapsing did not have early exit care plans. This meant clients were not consistently supported in the event that they relapsed in their drug use. When clients have stopped using drugs and start using them again, there is an increased risk of overdose. The lack of client care plans for high risk clients meant that the service could not ensure that clients were provided with consistent advice regarding these risks. The registered manager said the planned re-engagement standard operating procedure was going to include safety advice for clients.
- Thirteen safeguarding adult referrals had been made in the nine months prior to the inspection. Two referrals concerned children and 11 were for adults. Just over one quarter of staff had undertaken safeguarding adults training at level two. Four per cent had undertaken training at level three. Forty four per cent of staff had undertaken safeguarding children training at level two. Thirty four per cent had undertaken training at level three. Twenty nine staff had been booked to undertake safeguarding adults training in future. Nineteen staff had been booked on to safeguarding children training in the future. Two staff had undertaken domestic violence training. All staff had received a safeguarding procedures briefing immediately prior to the inspection. A standard operating procedure for safeguarding incidents had been developed in the service. The service also maintained a tracking system. Over 100 clients who had children were recorded on the tracking system. When the service made, or were aware of, safeguarding referrals or investigations, staff followed these up with the local authority. The service also had a 'hidden harm' worker. This staff member worked with children at risk of neglect due to parental substance misuse. There was a service lead for safeguarding adults and another for safeguarding children. A member of staff led on domestic violence. The nurse who worked with pregnant women regularly attended safeguarding meetings concerning clients' unborn children.

Substance misuse/detoxification

- When staff went on home visits or were working alone, they used existing procedures from the previous providers. These procedures were to ensure staff safety when working alone. Staff members' location was recorded on a whiteboard in the staff office. The provider had a policy on lone working. However, this policy did not reflect the range of different lone working situations encountered in the service. A new draft policy had been developed for the service to better reflect service practice. This was due to be finalised after the inspection.
- Many clients in the service were prescribed medicines. A system was in place for the storing and processing of prescriptions. Doctors and non-medical prescribers had specific time set aside to review and write prescriptions. A number of checks were made to minimise the risk of handing an incorrect prescription to clients. This involved a thorough review and checking process. The service stored the medicine naloxone, which is used to reverse the effects of heroin overdose. The provider had a policy on how to manage client overdoses in the service. However, no naloxone was stored at Camberwell Road. At Cambridge House, the naloxone was not easily accessible. Clients were given training on how to use naloxone and were provided with the medicine to take away with them. This was best practice. When clients had children at home, they were provided with a locked storage box for their medicines. This was to prevent children having access to their medicines. The service had guidelines for almost all of the medicines prescribed to clients. The exceptions were where clients had been prescribed non-standard medicines by the previous provider. The service was aiming to change these prescriptions where it was appropriate and safe to do so.
- All clients with a heroin addiction took their medicine at their local chemist. They were observed taking their medicine by a pharmacist. This is known as supervised consumption and is best practice (DH, 2007). The amount of time clients were required to take their medicine in this way was individually assessed. There was regular communication between the service and community pharmacies. This was to confirm if the client had been attending and taking their medicine. The client would not receive their prescription if they had not been attending. This process was to prevent clients taking an overdose of prescribed medicines if they had a break in their treatment. When clients had a break of three days treatment, they were restarted on a lower dose of medicine.

Track record on safety

- The service reported no serious incidents requiring investigation since it started operating nine months previously.

Reporting incidents and learning from when things go wrong

- Staff in the service reported a range of incidents, including aggression, prescription errors and when records were not available. Staff knew what type of incidents required reporting. All incidents were recorded on an incident tracker. This was a record of all incidents, action taken after an incident review, and learning which took place. However, incidents were not monitored for themes and trends over time. The provider was in the process of changing to an electronic incident reporting system.
- Incidents were discussed during the daily morning handover and the weekly multidisciplinary meeting. Areas of learning were identified and action was taken. For instance, following an incident of aggression, a new standard operating procedure was developed. Staff training was also identified as an action.
- Following any incident, staff had a debriefing the same day or the following day. This ensured that staff could discuss the incident and be offered support.

Duty of candour

- The management team were fully aware of the requirements of the duty of candour. They understood that if a client was seriously harmed the client should have an explanation of what happened. They also knew that the client should receive an apology .

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

Assessment of needs and planning of care

- We reviewed 18 care and treatment records. Staff assessed each client when they first attended the

service. This assessment was comprehensive and detailed. The assessment covered clients' substance misuse and their social circumstances. The details of a client's GP was recorded. Following a client's initial assessment, the client had a medical assessment. This was undertaken by a doctor or non-medical prescriber. The Alcohol Use Disorders Identification Test (AUDIT) was used to assess the degree of a client's alcohol dependency. The Severity of Addiction Questionnaire (SADQ) was also used when clients were alcohol dependent. Using these assessment tools followed best practice guidance (Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence, National Institute of Health and Care Excellence [NICE], 2011). For clients who used heroin, or other opiate drugs, the Clinical Opiate Withdrawal Scale (COWS) was used for their assessment. The medical assessment of clients was comprehensive, and included the client's personal, family and social history. It also included the client's full history of alcohol and drug use. This followed national guidance (DH, 2007).

- After clients had an assessment in the service they were discussed at a pre-allocation meeting. These took place three times per week. The aim of this meeting was to decide which team in the service could best meet the client's needs. When clients required short-term support they were allocated to the engagement team. If clients required support for more than three months they were referred to another team, such as the recovery support team. When clients' needs changed significantly, they were again discussed at the meeting. If the decision was for the client to change team the client's worker would discuss the client with their new worker.
- All clients had a care plan. Care plans were detailed, holistic and recovery focussed. Care plans focussed on the client's strengths. In addition to substance misuse problems, care plans included debt, legal matters and housing issues. Care plans also identified if clients needed emotional or psychological support or support around relationships. Care plans were reviewed every three months.
- Client records were stored electronically. Client assessments were recorded on paper. Paper records were scanned onto the electronic records following the assessment. Letters from GPs and other services were also scanned onto clients' electronic records. The service operated a 'clear desk' procedure. This meant that all information concerning clients was stored securely unless staff needed it at the time. We observed that the clear desk procedure was followed by all staff.

Best practice in treatment and care

- Overall, clients were prescribed medicines in accordance with national guidance (Methadone and buprenorphine for the management of opioid dependence, NICE, 2007; DH, 2007; NICE, 2011). Clients with alcohol dependency were prescribed the medicine thiamine. However, the service did not have a supply of the injectable version of this medicine. This is required when people are at risk of significant, chronic memory problems. Clients had to attend a different service for this medicine. The service was considering stocking and using this medicine. The service was also introducing prescribing of the medicine nalmefene. This medicine is used to reduce the alcohol consumption of people who are not physically dependent. This followed national guidance (Nalmafene for reducing alcohol consumption in people with alcohol dependence, NICE, 2014). There were up to date prescribing protocols for all of the recommended medicines prescribed in the service.
- The service had inherited the prescribing patterns from the previous provider and some were not in accordance with national guidance. Where it was safe to do so, the service was attempting to simplify these prescriptions. This included bringing clients' treatment into line with best practice. The previous provider had also prescribed medicines to clients for non-substance misuse health problems. This had included prescribing clients antipsychotic and antidepressant medicines. The service was transferring the prescribing of these medicines to GPs and local mental health services. This meant that the staff who prescribed in the service could focus on their areas of expertise.
- When clients were first assessed in the service they provided a urine specimen for drug testing. This confirmed if clients were using illegal drugs. Where clients used drugs, they had drug tests throughout their treatment in the service. Clients had drug tests more frequently at the start of treatment in the service. This was to check what drugs clients were using in addition to prescribed medicines. When clients could not provide a urine sample for drug testing, mouth swab drug

testing was used. Undertaking drug testing was in accordance with best practice (DH, 2007). Clients also had alcohol breath tests. This meant clients prescribed medicines could be monitored appropriately.

- Clients were able to access a range of psychological support. The service offered a group and workshop programme Monday to Friday. Groups included a cannabis users group, and groups to support people to think more effectively and to manage their emotions. There were groups for self management and recovery (SMART), relapse prevention and a group for people who were abstinent from alcohol. Groups were designated as being for people who were abstinent, alcohol and drug free on the day, or open to everyone. Groups and workshops were very well attended. This led to some groups not being as effective due to the number of clients attending. Individual psychology treatment was also available for clients who used opiates. Some clients had individual cognitive behavioural therapy (CBT) twice per week. The service was also planning to provide a range of psychosocial interventions. These included low intensity CBT, solution focussed brief therapy, and mindfulness-based relapse prevention. The service was intending to start behavioural couples counselling for clients and their partners. All of the psychological interventions and approaches offered or planned were in accordance with national guidance.
- Staff supported clients with a range of social needs. Staff referred clients to benefits advisors and assisted clients with housing difficulties. Staff also supported clients with managing debts and legal issues.
- A small number of clients were prescribed high doses of methadone. These clients had an electrocardiograph (ECG) at the service. The ECG was to monitor potential heart abnormalities due to their dose of medicine. This was in accordance with national guidance (DH, 2007). One client had an abnormal ECG and had been referred to a specialist. Clients also had blood samples taken at the service to be sent for a blood test. Blood tests were taken to monitor potential physical health problems related to prescribed medicines. Doctors in the service regularly communicated with clients' GPs regarding their physical health. This included recommendations for GPs to make referrals to specialists. For instance, when clients had seizures which were not related to their substance misuse.
- Client outcomes were recorded using the Treatment Outcome Profile (TOP). Outcomes were measured when clients entered treatment and at regular intervals. A final outcome measurement was taken when clients were discharged from the service. The service also provided information to the National Drug Treatment Monitoring Service (NDTMS). The service used NDTMS information to benchmark the service against similar services. The service also used the drug and alcohol outcomes star to monitor and measure client outcomes.
- Clinical audit was conducted in the service. Care plan and medical review audits had taken place. However, these audits were for the presence, rather than the quality, of care plans and medical reviews. The service intended to conduct audits regarding the quality of care plans and medical reviews in the future. An infection control audit had taken place and actions were identified. An audit of clients on the safeguarding children tracker had been undertaken. A doctor in the service had undertaken an audit of 30 'high risk' clients. This audit identified client's characteristics and the care and treatment provided to them. Three quarters of these clients had a letter sent to their GP after their medical review. However, only 30% of clients who used heroin or opiates had been issued with naloxone to take home. The audit was due to be repeated regarding clients' care and treatment.

Skilled staff to deliver care

- The service had input from psychiatrists, psychologists, specialist doctors and nurses. There was also a counselling co-ordinator, a family support worker, a hidden harm worker and a cognitive behaviour therapist (CBT therapist).
- All of the doctors and psychologists in the service were specialists in substance misuse. Two mental health nurses had undertaken further training and were non-medical prescribers. This meant they could assess, treat, and prescribe certain medicines to clients. The nurse specialised in community alcohol detoxification. The consultant psychologist was the lead for mental health in the service. A nurse was the lead for physical health and clients who were pregnant. The CBT therapist was a nurse with additional qualifications. A staff member had qualified as a couples counsellor. Some of the staff had previously been social workers or nurses. Staff had extensive experience of working in substance misuse services and had a range of knowledge and skills.

Substance misuse/detoxification

- When the provider started operating the service, the new staff team had a group induction. The induction included the aims of the provider and various aspects of how the service worked. Staff starting employment at a later date also had an induction. However, not all agency staff had received an induction.
- Regular staff supervision had just started in the service. Dates of supervision were planned in advance and staff received supervision every three to six weeks. When the provider initially started the service supervision had not occurred regularly. The non-medical prescribers provided weekly support to each other and were supervised by the consultant psychiatrist once per month. The staff team had group supervision with the consultant psychologist once per month. Staff had not received an appraisal as the service had been operating for less than one year. All staff attended the weekly multidisciplinary meeting. When staff were unable to attend, minutes of the meeting were given to them.
- The provider had undertaken a training needs analysis for the service. A training needs analysis for each staff member was planned. Staff had undertaken a range of skills based training. Thirty four staff (68%) had undertaken training regarding clinical prescribing and 32% had undertaken training regarding the medicine naloxone. These staff could train clients to use naloxone. Other training undertaken by staff included groupwork, understanding addiction and engagement and resistance. However, only one member of staff had undertaken these types of training. Two staff members had undertaken training regarding learning disabilities and autism in the criminal justice setting. This training was specific to their role. The provider planned to identify training staff had undertaken when working at previous substance misuse services. The consultant psychologist was starting to provide staff with monthly training in psychosocial interventions. Local learning sessions had taken place for staff focussing on risk assessment and risk management. Training for non-medical prescribers was in the early stages of planning for two nurses in the service.
- The majority of staff had worked for the four previous providers of the service. The management team were investing time to ensure standards of care and staff performance were consistent across the service. The management team indicated that they were aware of some staff performance issues which were going to be addressed.

Multidisciplinary and inter-agency team work

- Each week the service had a multidisciplinary meeting which all staff attended. At this meeting, the team discussed clients and any incidents that had occurred. Each member of the team was able to openly express their view or opinion. Clients' care and treatment benefited from the range of different professionals who attended the meeting. There were plans to also have regular meetings for each of the individual teams within the service.
- Each weekday morning there was a staff handover. Any incidents or safeguarding issues were discussed. Where staff were sick or absent, their work was identified and allocated.
- The service had a number of links with other organisations. Some staff provided clinics in GP surgeries for clients receiving GP shared care. The service had regular communication with clients' GPs. For instance, when a client was having a community alcohol detoxification, the GP was informed at the start of the detoxification. The GP also received a letter from the service in the middle and at the end of the alcohol detoxification. The final letter provided advice and guidance for the continuing care of the client. A non-medical prescriber was the lead for, and engaged with, community pharmacies. They planned to train all community pharmacists to be able to undertake alcohol breath testing of clients. The safeguarding leads for the service regularly attended local authority safeguarding meetings. A chemsex service was provided to a local sexual health clinic. Chemsex is the term for when people take drugs before sexual intercourse. The service provided substance misuse advice and support to staff in general hospitals. When clients were in hospital for physical health reasons, there was regular contact between the service and the hospital and clients GP. The lead nurse for pregnant clients worked closely with general hospital maternity services. The consultant psychologist attended local community mental health services to provide advice and support. The service maintained an effective relationship with the probation service and the family drug and alcohol court. The service also had established links with the substance misuse service for young people operated by a different provider. However, the service had not established links

with groups who supported young adults to leave gangs. There were a number of street gangs in the borough and the service treated some clients who were teenagers.

Good practice in applying the MCA

- Staff had a good understanding of the Mental Capacity Act. They could describe the five principles. Staff provided examples of clients being intoxicated. Clients would not be asked to sign any consent forms until they could understand what they were signing. Clients' capacity was discussed regularly at multidisciplinary meetings. The consultant psychiatrist in the service would conduct capacity assessments when this was considered necessary. Four staff in the service, including both operations managers, had undertaken Mental Capacity Act training.

Are substance misuse/detoxification services caring?

Kindness, dignity, respect and support

- We observed staff treating clients with respect and dignity.
- Clients were very positive regarding the staff in the service. They reported that staff were caring and provided them with emotional and practical support. Staff had supported clients with benefits and referrals to other services such as bereavement counselling. Clients said staff listened to them, and they were treated with courtesy and respect.
- Staff showed an in-depth understanding of clients' individual needs. Staff spent time with clients to understand their needs. They referred clients to other agencies appropriately and supported them with a range of difficulties.
- Clients signed consent forms for the service to share information. Some clients became involved with a range of agencies. They signed consent forms on each occasion the service wanted to share information with a new agency. In some cases, clients signed consent forms to share information with some agencies and not others. Staff in the service respected their clients' wishes.

The involvement of clients in the care they receive

- Clients were involved in developing their care plans. They felt care plans reflected their needs. One of the care plans we reviewed was written by the client. However, clients were not consistently provided with a copy of their care plan.
- Information for families and carers was displayed. The service also had a dedicated family support worker. Their role was to provide support and practical assistance to clients' families.
- A service user representative attended the service clinical governance meeting. Clients were on interview panels when staff were recruited to the service. Peer mentors and volunteers were provided by a different service provider.
- The Camberwell Road site had a 'you said, we did' board. This showed client feedback regarding the service and improvements which had then been made.
- Clients were able to provide feedback in a number of ways. A service user council operated from the service at the weekend. Any issues or ideas for improvement from the service users council were fed back to the service every month. The management team welcomed this feedback. Suggestion boxes were in the reception of each site for clients to make suggestions for the service to improve. The commissioners of the service undertook formal client feedback surveys.

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

Access and discharge

- Clients were referred from a wide range of agencies, including the probation service, prisons and general hospitals. Some clients attended the service as part of a court order or requirement. Clients could also refer themselves. The engagement team operated a walk-in assessment clinic for four mornings a week. This meant people could attend for an assessment without an appointment.
- The waiting time for individual psychology or CBT treatment was two months.
- Since the provider started the service there had been difficulties with the telephone system. The high volume of telephone calls to the service could not all be

responded to quickly. The service had started a GP telephone line so that GP calls would be prioritised. Clients in the service did not report that they had difficulties contacting the service.

- The service did not operate an inclusion or exclusion criteria for clients. Clients with various health problems, criminal histories and social difficulties were accepted at the service. Occasionally clients who were abstinent from drugs and alcohol and wanted psychological support attended the service.
- When clients did not attend appointments staff contacted them. This would happen each time the client did not attend an appointment. After the client had not attended three appointments they were discharged from the service. A new re-engagement standard operating procedure was being developed to ensure that clients who did not attend appointments were consistently contacted. The procedure would also standardise the discharge of clients in those circumstances.
- There was some limited flexibility for clients in choosing the time of their appointments. This was due to the high demand for the service. A small number of clients consistently attended late for their appointments. These clients were seen the same day. However, this affected other clients appointment times. The service planned to adopt a system used in another of the provider's services. This would mean that there would be an open clinic without appointment times for a small group of clients. A small staff group would provide consistent care for these clients.
- Client appointments were not cancelled. When a staff member was unexpectedly absent another staff member would attend the appointment with the client. There were some isolated reports that a client's keyworker would not always inform the client when they were taking leave. Clients were unprepared that they would be seeing a different worker.
- Clients reported that appointments in the service did not always run on time. In some cases clients were waiting longer than 30 minutes after their appointment time. Clients also reported that there were often long waits for them to receive their prescription. In a small number of cases the waits were more than one hour.

The facilities promote recovery, comfort, dignity and confidentiality

- Cambridge House was a modern multi-purpose building accommodating a law centre and a nursery. However, the service had a separate entrance for clients. Cambridge House had four interview rooms and three clinic rooms. There were not enough rooms for the number of people using the service. Some clients said that staff spoke to them about personal issues in the waiting area of Cambridge House. A specific room was used for drug testing clients' urine specimens.
- Camberwell Road site was an older building. The reception was spacious and refreshments were available for clients. There was also a microwave oven for clients to use. A shower room was available and staff could provide towels if clients did not have one. There were also laundry facilities for clients. The site also had a room for urine drug testing. A specific area on the ground floor accommodated the needle exchange. There were a number of interview rooms in the building. One of the interview rooms had a window so people could look into the room. The service was planning to buy plastic film to cover the window. The site also had a well maintained, secluded garden area.
- On the Camberwell Road site there was a group room. There was no group room on the Cambridge House site. Having one group room for the service restricted the number of groups the service could operate. The service was seeking more space to hold some groups.
- The interview rooms in both services were not soundproofed. This meant that appointments with clients could be overheard outside of the rooms. The management team identified that this was due to a gap at the bottom of the interview room doors. The service was in the process of buying door excluders which would provide soundproofing.
- Both sites had a wide range of information leaflets in the reception areas. Information was available regarding domestic violence, safeguarding and maternity services. Complaints leaflets were displayed as was information concerning benefits, chemsex, Healthwatch, yoga and black history month.

Meeting the needs of all clients

- The local population was diverse; 48% were from black, minority and ethnic communities. The service celebrated cultural events such as black history month.
- In the nine months since the service had been operating, 2098 clients were treated by the service. Almost 75% of clients were male, and almost 80% of

clients were aged 25 to 54. However, over 7% of clients were aged over 60 years of age, and 18 clients were over 70 years of age. The service had also treated seven clients aged between 18 and 19. The service did not record the ethnic background of clients. However, clients from 65 nationalities had been treated by the service. Just over 80% of the clients were United Kingdom nationals. Eight per cent of clients were gay, lesbian or bisexual.

- Twenty per cent of clients in the service also had a mental health problem, and 12% of clients were disabled. Almost 18% of clients were in regular employment and 7% had retired.
- Cambridge House was accessible for people with disabilities. The service also had a toilet suitable for disabled people.
- Almost all leaflets for clients were in English. The only leaflets in other languages were about the service. Harm reduction leaflets in the needle exchange were only in English.
- Staff in the service were fluent in a small number of languages. Staff in the service knew how to book interpreters for meetings with clients. We saw that interpreters were booked when they were required.
- The service used mapping care plans for some clients. Mapping care plans contain few words and are drawn similar to flow charts. They show steps people can take to achieve their aims. Mapping care plans are particularly useful when working with clients who have learning disabilities or who have limited reading ability.
- The provider had identified specific groups in the local community to target for priority service programmes. The groups included people from black and minority ethnic communities and older people, particularly those drinking alcohol excessively. Priority programmes were also developing for women, pregnant women, and people who were gay, lesbian, bisexual and transgender.
- A consultant physician in sexual health attended the service weekly to provide a sexual health service to men and women. A nurse provided care and treatment to pregnant women and liaised with maternity services. A specialist worker provided a chemsex service to men who had sex with men. They were also working with a nightclub developing a service. This was to reduce overdoses amongst gay, lesbian, bisexual and transgender people who attended nightclubs. The service was working with an older adults mental health service. This work was to develop a care pathway for older adults who became abstinent from alcohol.
- The service operated until seven pm three nights per week. The service was considering providing medical input into one of the evening sessions. The service also provided accommodation for a substance misuse fellowship meeting during the week. A Sunday service was also operated by another provider. This involved a Sunday brunch, service users council and mentoring programme. A staff member attended the Sunday service.

Listening to and learning from concerns and complaints

- All of the clients in the service knew how to make a complaint. Some clients had been given a complaints leaflet when they first attended the service.
- Since the service had started operating, it had received six complaints. Following investigation, three of these complaints had been upheld. This demonstrated that complaints were investigated thoroughly and that the service was open and transparent. The provider's policy set out how clients could appeal against the outcome of a complaint. The final stage in the provider's complaint process involved telling the client how they could appeal outside of the provider.
- Complaints were discussed at the weekly multidisciplinary meeting and the monthly clinical governance meeting. Learning from complaints was shared with the staff team. However, there was no systematic monitoring of themes and trends of complaints over a period of time.

Are substance misuse/detoxification services well-led?

Vision and values

- The provider had a clear vision and set of values. When the provider started the service all of the staff had a session explaining these. New clients also attended a group which explained how the service wanted to follow its vision and values.

- The service development plan and objectives reflected the provider's vision and values. Improving services and engaging with the community and other services were clearly identified in the service development plan. These objectives reflected the provider's values.
- Senior managers had been based part time in the service since the provider started operating the service. More recently, a senior manager had become the registered manager until a new registered manager was recruited.

Good governance

- The governance system in the service was in development. Integration of services operated by the previous providers had taken place. Some specific monitoring systems were in place, such as the incident tracker and safeguarding tracker. The service had regular clinical governance meetings. Some specific audits had taken place.
- The service had a development plan. The plan was detailed and comprehensive. The action required and the person responsible were documented. Each action was rated red, amber or green (RAG rated) indicating how near the action was to being completed. A number of actions on the development plan had been completed. The management team intended to have an ongoing system of management and clinical audits to assure themselves of the quality and safety of the service but these still needed to be put in place.
- Staff reported a range of incidents in the service. An incident tracker recorded all of the incidents in the service. However, there was no systematic review of incident themes and trends over time.
- There was a robust system for staff to learn from incidents, complaints and client feedback. Incidents, complaints and client feedback were discussed at the multidisciplinary and team meeting and the clinical governance meetings.Learning from such events was embedded in team and clinical governance meetings.
- The service had a service risk register. This described the operational risks in the service. However, the risk register did not cover all areas of risk. For example it did not include the risk related to staff responding to alarms and not knowing where to respond to.
- The registered manager had sufficient authority to authorise additional resources in the service.
- All services registered with the Care Quality Commission are required to notify the Commission of certain incidents, without delay. In the previous nine months, the Commission received five notifications from the service. All of these concerned clients who had died in the community or a general hospital. The service had made eleven referrals of clients to safeguarding adults services. The service had not notified the Commission of the circumstances leading to these referrals, as it should have done.

Leadership, morale and staff engagement

- The provider had not undertaken a staff survey since starting the service. The management team had discussed conducting a staff survey.
- The staff sickness rate was 6%. The staff turnover rate was 6%.
- There were no bullying or harassment allegations in the service.
- Staff considered the management team were approachable. They were comfortable raising concerns and did not feel they would be victimised.
- The provider had engaged an external organisation to work with the management team. This work involved developing a stronger management team to drive the development of the service.
- During the early stages of the new service staff morale was low. Staff were adapting to new ways of working and did not feel well supported. They reported the service was disorganised. More recently, almost all staff considered morale had improved. The service was more structured and there was a stronger management team in place.
- The staff team provided mutual support to each other. The staff worked well as a team, recognising the contributions and views of all staff members.
- There was a staff culture of being open and transparent when mistakes were made. An example was of a prescription issue with a client. Shortly afterwards, the client's worker contacted them to apologise for the mistake. They provided an explanation to the client of why it had occurred. There was a strong culture of using mistakes, incidents and complaints as learning opportunities.
- Staff were encouraged to provide feedback about the service. The new re-engagement standard operating procedure was in draft form. It would not be finalised until staff were consulted and they gave their views. A

new staff member recognised a form did not include a particular item. This item was related to safety. The management team responded to this feedback and made changes to the form quickly.

Commitment to quality improvement and innovation

- The service was not a member of an accreditation scheme. However, the service was aiming to be accredited as a healthy workplace.

Outstanding practice and areas for improvement

Outstanding practice

The service recognised the importance of supporting clients to access facilities so they could look after their own care. Clients could use a microwave and laundry facilities, and could have a shower. A towel was provided to clients who did not have one.

When a client had a community alcohol detoxification, the client's GP was informed at the start of the detoxification. The GP also received a letter from the service in the middle and at the end of the alcohol detoxification. The final letter provided advice and guidance for the continuing care of the client.

Clients were able to provide feedback in a number of ways. A service user council operated from the service at the weekend. Any issues or ideas for improvement from the service users council were fed back to the service every month. The management team welcomed this feedback.

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure that all staff receive training necessary for them to undertake their duties. The provider must identify training which is mandatory and the frequency of such training. Basic life support and safeguarding adults and children training must be mandatory for staff working with clients.
- The provider must ensure that the Care Quality Commission is notified of all incidents requiring notification, without delay.
- The provider must ensure that all staff have recruitment checks in place including criminal record checks which are appropriately documented and written references.

Action the provider SHOULD take to improve

- The provider should review their arrangements for managing an opioid overdose on the premises.
- The provider should ensure that there are effective ongoing infection control audits in place.
- The provider should ensure clients are consistently offered a copy of their care plan. All clients at high risk of relapse should have an early exit care plan.
- The provider should ensure that leaflets are available in common languages reflecting the local population.
- The provider should ensure that rooms used for consultations are sound proofed and there is enough space for group work.
- The provider should develop links with groups who support young adults to leave gangs.
- The provider should further progress their work to ensure there is an integrated governance system in the service to assess, monitor and improve safety and quality.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents The service did not notify the Care Quality Commission of all incidents it was required to. This is a breach of Regulation 18(1)(2)(e)

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing The provider did not ensure that staff received appropriate training which was necessary to enable them to carry out their duties. This is a breach of Regulation 18(1)(2)(a)

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed Information specified in Schedule 3 (information required in respect of persons employed or appointed for the purposes of a regulated activity) was not available in relation to each person employed. The provider did not appropriately record details of staff criminal record checks. The provider did not have references for most staff. This is a breach of Regulation 19(2)(a)(3)(a)