Lifeline Tameside

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 issues that the service provider needs to improve:

- The written plans of care were not up-to-date and had not been reviewed. Written plans of care lacked detail and did not sufficiently direct staff and support clients. There were gaps in the running records and missing entries, as staff were not always recording interventions. When clients received subcontracted clinical services, this was not reflected fully in service user's current written plans of care
- Although complaints investigations were taking place, with proportionate action taken and informal meetings with clients, clients who had complained did not always receive a written response to formal complaints they made. Complaint outcomes were not properly categorised so higher managers and commissioners may receive false assurance.
- The risk management plans for some patients had not been updated for some time. Local accountability and integrated risk management planning structures were not fully robust between Lifeline Tameside as the lead agency and subcontracted parties. The reporting and recording of escalating risk was not fully supported by clear guidance on accountability and responsibility.
- Managers had identified shortfalls in care plan recording and delays in responding to individual complaints but had not ensured that these issues were fully addressed.
- The soft furnishings throughout the non-clinical areas were stained and in need of a deeper clean. Some furnishings were in need of repair.

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

- The locations were well maintained and clinical areas were clean. There were arrangements in place to ensure subcontracted clinical services had well-equipped clinic rooms. There were appropriate staffing levels. There were arrangements in place to report incidents. The provider offered on site Hepatitis C testing and monitoring in partnership with a nearby NHS trust.
- Staff at Lifeline Tameside offered a wide range of groups and interventions to support treatment and recovery. Staff delivered recovery-focused care that took into account clients' holistic needs. Staff used a

Summary of findings

range of tools to support the delivery of care and to monitor outcomes, which followed evidence-based practice and national guidance. Lifeline staff worked closely with medical and nursing staff who provided the subcontracted clinical services and staff in external agencies. Staff received regular supervision sessions and many had received a recent annual appraisal. Staff understood how impaired capacity might affect decisions on care and treatment.

- Clients described receiving a good quality service, which helped promote their recovery, met their needs and provided the help they needed. Clients found the new service much improved and more responsive. We observed staff providing person-centred care. There was a 'you said, we did' noticeboard showing how managers had taken action following client feedback.
- Clients were seen quickly and there were no significant waiting lists for the services. The service routinely offered in the evenings. The buildings were accessible and had facilities for disabled people.
- Staff were complimentary about current team leaders and managers and felt supported. Managers carried out regular checks to help monitor service delivery, team performance, incidents and risks. Staff were committed to working in partnership; there were regular partnership meetings to discuss and address the challenges of working in a partnership. The provider had plans to improve quality and develop services including plans to introduce a 'take home' naloxone service in the near future.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services		We do not currently rate standalone substance misuse services.

Summary of findings

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Location name here

Services we looked at

Substance misuse services

Summary of this inspection

Background to Lifeline Tameside

Lifeline Tameside is the lead agency for My Recovery Tameside, which provides community drug, and alcohol services to the population of Tameside. The service supports clients who have a dependency on either or both alcohol and drugs. The service can offer a range of time bound interventions following medical, psychosocial and harm reduction models these can be tailored to specifically meet the needs of the client.

Tameside's drug service consists of:

- Lifeline Tameside who oversees the service and also provides the referral service, the psychosocial and harm reduction services and case manager service
- St Martins Healthcare (Services) community interest company who provide the clinical input, clinical and substitute prescribing and community detoxification service;
- 'Anew' who provide recovery housing and recovery and relapse support.

The service can be accessed by self-referral, referral by GP, referral from the hospital team or stakeholders and partners including criminal justice organisations.

Lifeline Tameside is registered to provide the following regulated activities: treatment of disease, disorder or injury and diagnostic and screening procedures. Services that came under treatment of disease, disorder or injury included clinical services subcontracted to St Martins Healthcare community interest company.

All clients go through a single referral process where their care plan and the intervention that is most likely to meet their needs is discussed with them. They are then referred on to detoxification and clinical services, community psychosocial, harm reduction workers or relapse support.

At the time of the inspection, there was a registered manager in place who oversaw the running of the service and made sure that the service complied with the regulations we inspect against. The service did not store or manage controlled drugs and did not have an accountable controlled drugs officer.

Lifeline Tameside has been not been inspected since they registered in August 2015.

Our inspection team

The team that inspected the service comprised of two CQC inspectors and one CQC assistant 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. The inspection was announced.

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?

Summary of this inspection

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

Before the inspection visit, we reviewed information that we held about the location and asked other organisations for information including the commissioners of the service and the local Healthwatch organisation.

During the inspection visit, the inspection team:

- saw where clients received community substance misuse services and looked at the quality of the physical environment
- observed how staff were supporting clients individually
- spoke with nine clients
- spoke with the registered manager and a senior Lifeline contracts manager
- spoke with 14 other staff members employed by the service provider, including team leaders and support workers
- spoke with one peer support volunteer
- spoke with staff who were employed in the clinical service who were employed by a different provider,
- received feedback about the service from Healthwatch and local commissioners
- attended and observed three individual meetings with clients
- looked at six care and treatment records, including medicines records, for clients
- looked at policies, procedures and other documents relating to the running of the service.

We also carried out a routine inspection of the organisation that were subcontracted by Lifeline Tameside to provide clinical services across Tameside on 12 and 13 December 2016. We have written a separate report on this service.

What people who use the service say

We spoke with nine clients who were using the service and they were very positive about the support they had received from Lifeline Tameside. Clients told us that staff were respectful and the services offered from Lifeline staff were better that the previous provider of substance misuse services in the area. Individual and group sessions usually ran to time and were structured to promote recovery with only one client experiencing a cancelled appointment but this was quickly rearranged.

Clients confirmed that they had received a holistic assessment of their needs, which included their addiction history, physical health, mental health and social issues. Clients confirmed that staff worked with them to formulate a care plan that was developed in partnership with them to identify their own goals to promote their recovery. Clients said there were enough staff in the service and that they rarely had to wait to speak to someone.

One client told us that they had recommended a particular group was set up to meet the needs of clients who had been on substitute prescribing and were not fully engaging in psychosocial support. The client had been invited on to a group to help design the group programme so felt very involved in running the service.

Where clients raised concerns, they were themed around two issues: longer waiting times in reception to be seen and changes to the key worker staff with one client having seen seven workers in six months.

We spoke with three clients as part of a group session who told us that the service was tailored around them.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The building was well maintained.
- The clinical areas were clean.
- There were arrangements in place to ensure subcontracted clinical services had well-equipped clinic rooms.
- Interview rooms had panic alarms fitted and staff knew how to respond to them.
- There were appropriate staffing levels with low levels of sickness and minimal use of agency and bank staff to cover vacancies, sickness and maternity leave.
- Staff received mandatory training to equip them to work appropriately with clients
- The provider had developed information-sharing protocols and good joint working arrangements.
- Staff understood their responsibilities to report safeguarding issues and knew how to report incidents and concerns.
- There were arrangements in place to report incidents.
- Managers ensured that lessons were learnt from incidents.

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

- The risk management plans for some patients had not been updated for some time.
- The soft furnishings throughout the non-clinical areas were stained and in need of a deeper clean. Some furnishings were in need of repair.
- The emergency drugs were not stored appropriately but staff from the subcontracted clinical provider addressed this during the inspection.

Are services effective?

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

- The written plans of care were not up-to-date and had not been reviewed.
- When clients received clinical services, this was not reflected fully in their current written plans of care.
- Written plans of care did not sufficiently direct staff and support clients.

Summary of this inspection

- There were gaps in the running records and missing entries, as staff were not recording all interventions.

However, we found the following areas of good practice:

- Staff delivered recovery-focused care that took into account clients' social, psychological and physical needs.
- Staff used a range of tools to support the delivery of care and to monitor outcomes. These included assessment tools and treatment outcomes profiles.
- Staff followed evidence-based practice and the relevant National Institute for Health and Care Excellence guidance.
- Staff at Lifeline Tameside offered a wide range of groups and interventions to support treatment and recovery.
- Lifeline Tameside staff worked closely with medical and nursing staff who provided the subcontracted clinical services and staff in external agencies to meet the full range of clients' needs.
- Staff received regular supervision sessions and most had received a recent annual appraisal.
- Staff received training on the Mental Capacity Act.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- We observed staff providing person-centred care underpinned by an ethos of not judging clients for their current or past substance misuse.
- Clients described receiving a good quality service, which helped promote their recovery, met their needs and provided the help they needed.
- Staff involved clients in assessment, care planning and care delivery.
- The service was recovery-focused.
- The service asked clients and their carers for their suggestions for improving the service on an ongoing basis and formally on an annual basis.
- Following client feedback, actions taken were displayed on a 'you said, we did' noticeboard.

Are services responsive?

We do not currently rate standalone substance misuse services.

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

Summary of this inspection

- Although complaints investigations were taking place, with proportionate action taken and informal meetings with clients; clients who had complained did not receive a written response to formal complaints they made.
- Complaint outcomes were not properly categorised so higher managers and commissioners may receive false assurance.

However, we found the following areas of good practice:

- Lifeline Tameside accepted self-referrals and referrals from other agencies and professionals.
- Clients were seen quickly and there no significant waiting lists the services provided by Tameside drug and alcohol service.
- Clients told us that appointments usually ran on time.
- The service routinely offered services some evenings and had developed clinics and satellite services across Tameside.
- The buildings used to provide care and treatment were welcoming with a reception area and a range of interview rooms, clinic rooms, and group rooms.
- Reception areas held a wide range of information such as leaflets about specific treatments, harm reduction, mutual aid groups, physical health issues and community services.

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:

- Local accountability and integrated risk management planning structures were not fully robust between Lifeline Tameside as the lead agency and subcontracted parties. The reporting and recording of escalating risk was not fully supported by clear guidance on accountability and responsibility.
- Managers had identified shortfalls in care plan recording and delays in responding to individual complaints but had not ensured that these issues were fully addressed.

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

- Managers carried out regular checks to help monitor service delivery, team performance, incidents and risks.
- Staff knew about the visions and values of the service. Staff were committed to working in partnership and ensuring clients received a recovery-focused service.
- There were regular meetings to discuss working in a partnership.

Summary of this inspection

- Staff reported morale being much improved following an unsettling period when Lifeline took over the running of the service.
- Staff were complimentary about team leaders and managers and felt supported by the wider organisation.
- Since starting in August 2015, the service had begun to transform service provision to become much more recovery focused and there had been a significant increase in uptake especially amongst young people.
- The provider had plans to improve quality and develop services including plans to introduce a 'take home' naloxone service in the near future.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff received training on the Mental Capacity Act and knew about the principles that underpinned the Mental Capacity Act.
- Staff assumed clients had capacity to make decisions.
- Staff checked if client's understood the information given to them and asked for consent to share information.
- Staff described how intoxication would give rise to uncertainty about the degree of capacity to make informed decisions about treatment.
- Where there was doubt, staff would ask clients to return later and recorded their decision in the client's notes.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

Lifeline Tameside mainly operated out of two buildings – the main service was based in the centre of Tameside and there was a satellite service in Hyde. The buildings were leased and Lifeline staff had responsibility for ensuring cleanliness, fire checks, security and maintenance. The property owner maintained the building's facilities such as the boiler, gas and electricity services. During the inspection, we saw that the main services buildings were well maintained and clean. Staff carried out regular health and safety checks of the building. We did not look at the satellite building in Hyde on this inspection.

There was antibacterial gel situated around the buildings so that staff and clients could clean their hands easily. Clinical waste bins were provided for the safe disposal of clinical waste. The fridge used to store medication was locked and had regular temperature checks to ensure medication was stored at the correct temperature.

There were panic alarms within all interview rooms so staff could call for assistance. Lifeline staff received assurances from the subcontracted clinical staff that checks occurred of the clinical areas to ensure that they were suitable environments for providing treatment and clinical services. Managers in Lifeline Tameside ensured the overall safety of the premises that staff operated from. This included carrying out checks directly themselves or, receiving assurance that these checks had been carried out by the property owner. There were regular fire safety checks, electrical testing of equipment, checks on the cleaning to a clinical standard and panic alarm checks as well as safety walk arounds to ensure that health and safety issues were checked and appropriate remedial action taken.

The soft furnishings throughout the reception and clinical areas were clean and well maintained. The soft furnishings in non-clinical areas were stained and in need of a deeper clean. Some furnishings were in need of repair. Managers accepted the need to deep clean, maintain, repair or replace these. There were plans in place to replace some of the furniture.

Safe staffing

The service employed a registered manager who oversaw this service and two other services, and 52 other staff, which included team leaders, senior practitioners, recovery co-ordinators, receptionists and other specialist staff such as staff within the young people's project. There was a staff vacancy rate of 5.5% at September 2016. Substantive staff were providing cover arrangements for these vacancies through covering individual sessions and group work. There were no vacancies in the subcontracted clinical services.

There were seven shifts covered by bank or agency staff in the three months prior to 15 September 2016. This was to cover shifts of non-clinical recovery co-ordinators.

Lifeline Tameside had a total permanent staff sickness of 14% overall Lifeline Tameside had nine staff leaving over the 12 months prior to the inspection giving a substantive staff turnover of 17% at September 2016. The service was operational from August 2015 having transferred staff from another provider. Turnover rates were expected to be higher during this period of change as staff transferred between the organisations.

All staff, including agency volunteers, received mandatory training. As of July 2016, the compliance rates with mandatory training for substantive staff were as follows:

- Lifeline induction and introduction to policies 69%
- Understanding of Lifeline's mission and philosophy 80%
- safeguarding 100% with all staff attending
- working with individuals and groups 85%
- fire marshall 72%
- reporting requirements 72%

- health and safety 72%

All staff had recently undertaken Tameside Metropolitan Borough Council Local Safeguarding Children's Board level 1 safeguarding training, in addition to safeguarding training provided by Lifeline.

The service had guidance in place to ensure that staff were recruited appropriately with the correct checks to ensure that the right staff worked with vulnerable patients. Most staff had been transferred from the previous provider so managers of Lifeline Tameside were reliant on the information they received from the outgoing provider when staff transferred over.

Assessing and managing risk to clients and staff

We reviewed care records including risk assessments for six clients. Staff completed a risk assessment for each client and developed risk management plans. Staff reviewed risk management plans quarterly or when risks changed and we saw that risks had been reviewed recently on four out of six files. Risk assessments were completed with a comprehensive checklist of risks, which included risks in relation to substance misuse, risk to children, risk to self and risk to others. Staff took a full history of historical and current drug use and carried out assessments to check current risks in relation to drug and alcohol use. In two out of six records, risk management plans had not been formulated to describe how these risks would be managed. Staff from the clinical services made separate clinical entries, which included a separate formulation of ongoing risks.

Clients were offered routine blood borne virus testing where this was indicated. During the observations of clinical care, we saw staff checking whether clients were due for retesting. Clients were offered flexible appointments to ensure the tests were carried out.

There were appropriate staff safety practices in place. Staff signed in and out as they entered and left the office. Staff had mobile phones to enable them to ring into the office and confirm their location and safety. Staff used the office bases or health centres for their appointments, and all meeting rooms had panic alarms. Where it was indicated staff would see clients in pairs.

Harm reduction information was provided to all clients at assessment, and then according to need during their treatment/recovery. Clients had access to clean injecting equipment to ensure their safety with regards to injecting drug use. Local pharmacies that provided needle exchange services were contacted regularly to ensure they had correct equipment and up to date information.

The provider had effective information-sharing protocols with other agencies within the partnership that promoted safety.

There were systems in place to keep clients safe and safeguarded from abuse. The partnership had a shared safeguarding policy. All Lifeline staff had read the policy and were aware of the local safeguarding processes. The policy contained protocols for escalation.

Managers of Lifeline Tameside received assurances from the subcontracted clinical services that staff were meeting their obligations for the safe prescribing and management of medicines and oversight of clinical areas and services. We looked at these arrangements in-depth when we inspected the clinical services. The only shortfall we found was the storage of emergency medicines did not meet best practice guidelines, as they were stored on a desk in the clinical area in a transparent box that was not tamper proof. The provider ensured that there was improved storage of emergency medication on the second day of our inspection. Most clients received regular medication reviews either with a psychiatrist or with a non-medical prescriber.

There were robust business contingency plans, as well as plans to manage key continuity threats such as a pandemic infection at an organisational level. There were links with key local partners and stakeholders to manage serious disruption to services. For example, there were reciprocal agreements to work temporarily from partner buildings in the event of serious building maintenance issues or interruptions.

Track record on safety

Lifeline Tameside experienced low numbers of incidents. There were no incidents at this service which resulted in clients experiencing significant harm.

Managers were required to ensure we were notified of any incidents relating to significant incidents. We received two direct notifications in the 12 months up to 3 October 2016. One notification related to incidents involving the police being called to assist with a client who was being aggressive and threatening whilst on the premises. One notification related to the unexpected death of a client.

Substance misuse services

Managers were required to ensure we were notified of any incidents relating to allegations of abuse and safeguarding incidents whilst staff were working with clients. There had been no safeguarding concerns or safeguarding alerts raised by the service in the 12 months up to 3 October 2016.

As well as a corporate risk register, staff had identified local operational risks which identified key risks at local level, which was updated and discussed through governance arrangements. The risks identified included consistency in recording on the electronic system, the need for more bespoke young people's risk assessments, the need for improved risk management plans and case recording and not capturing discharge episodes.

Reporting incidents and learning from when things go wrong

There were appropriate reporting systems to ensure incidents were identified and reported including near misses and no-harm incidents. Lifeline had a central process for reporting incidents, including serious untoward and critical incidents. Staff sent reports to a dedicated email address, using a standard form, containing all the information required to monitor and manage incidents. Serious incidents were reported immediately by telephone, followed by an incident report form within 24 hours. Reports were then reviewed by Lifeline's clinical governance lead and forwarded to the relevant director.

Staff had access to a reporting policy that included underpinning procedures and guidance on managing serious untoward incidents and incidents. The policy aimed to ensure that incidents were managed and reported appropriately and quickly and ensure that lessons were learned to prevent incidents happening again.

A governance group met to consider all matters related to incidents, protocols, guidance and any reported issues. This was attended by staff from across My Recovery Tameside including staff from Lifeline as the lead agency, and commissioners. The responsibility for the dissemination of learning was taken by each individual organisation. Where learning was identified across the partnership, joint training sessions had been delivered. Learning and implementation of remedial measures was overseen through line managers. Results of investigations, case reviews, drug-related death processes were reported to the provider's board.

Lifeline sub-contract medical interventions services to St Martin's Healthcare Service who took responsibility for safety alert systems in relation to clinical services. Staff from St Martin's Healthcare Service ensured that safety alerts were sent to relevant services and to local and national forums, for example Local Intelligence Networks for controlled drugs and 'yellow card' reports for adverse drug reactions.

Duty of candour

The duty of candour regulation relates to providers being open and honest with clients (and other people acting lawfully on behalf of clients) when things go wrong with care and treatment. This included giving those affected reasonable support, full and correct information and a written apology. The provider's incident reporting policy detailed staff responsibilities under duty of candour. Staff were aware of their need to apologise and would refer matters to managers to ensure the requirements of the duty of candour were met. There had been no incidents that met the threshold for duty of candour.

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

Assessment of needs and planning of care

We reviewed care records for six clients. We found completed assessments and up-to-date care plans in only two of these records. Staff completed initial assessments and then allocated them to the appropriate teams - the psychosocial teams, recovery or clinical teams. Where they were well completed, assessments took into account client's individual physical, psychological and social needs and history and current substance misuse. Staff undertook a pre-commitment assessment to assess whether clients were psychologically, physically and mentally ready for treatment, and medically fit.

There was some variability in the care plans formulated; with some being comprehensive and others having basic levels of details. None of the care plans we saw provided a holistic record of the client's needs and recovery goals and there was no clear sense where people were in their recovery journey from reading the care plans on file. A number of care plans were more than 18 months old and

had been formulated by the previous organisation prior to the transition. There had been no review or refresh of the care plan to ensure that it was still relevant and to ensure that there was a revised focus on recovery.

The care plans did not contain sufficient detail to inform clients or others of their current needs or future goals. For example on one care plan, the client was advised by their recovery co-ordinator to cut down their alcohol consumption to one and half bottles of a type of alcohol. There were no clear details of the timeframe for this consumption (for example whether it was per night or per week) or any indication that the number of units would depend on the recommended percentage proof of the alcohol. This meant that the care plan records did not support the recovery ethos of the organisations, support clients to move towards their goals or inform staff to provide tailored individualised care.

We also saw that there were a number of missing entries on the daily running records. When a client was seen or an appointment made, a blank entry would be created on their electronic record with staff completing the entry once the client had attended (or to provide an explanation that the client did not attend). On some files there were several blank entries with no details of the interventions provided or an explanation that the client did not attend. This meant that there were no records of the interactions between clients and workers at Lifeline Tameside for sustained periods of time. In one case, there were several blank entries and no completed records since June 2016.

Managers were aware that there were a number of care plans that had not been reviewed and the gaps in the running records. For example, a records audit in November 2016 identified that 26 files had no current care plan in place. Discussions were held with individual workers in supervision sessions to consider and address these shortfalls. However, workers often identified caseload size as the reason for not being able to keep records and care plans up-to-date; often these discussions were repeated at each supervision. There was no specific, measurable and achievable support plan for individual workers, or action plan for the organisation, to improve the recording and care planning shortfalls. For example, giving workers reduced duties for a limited period to enable them to update their records. This meant that managers had identified shortfalls in recording but had not ensured that these issues were fully addressed.

Staff told us, clients confirmed and our observations showed that that clients received recovery-focused care that took into account clients' social, psychological and physical needs. Staff provided ongoing support with social issues and referred clients to other services such as housing and debt advice, where appropriate.

The subcontracted clinical staff made their own entries and these were well completed, comprehensive and clinical entries did not contain gaps. There was a good formulation of clinical needs and goals within clinical daily running records. However, the client's clinical needs were not integrated or formulated into the client's care plan.

The service used electronic files. Staff across the partnership had easy access to the same client records and there were standards, which explained which pieces of data should be stored. This helped each team knew where to locate clients' records and data. Access to the system was via secure password to help maintain client confidentiality.

Best practice in treatment and care

Lifeline Tameside used evidence-based interventions recommended by National Institute for Health and Care Excellence and Public Health England clinical guidelines. Where clients were in receipt of clinical services with a corresponding prescription, they were expected to be involved in psychosocial individual and group work in line with national guidance. The service was working to move from a maintenance based service to a recovery based service that aimed to have improved outcomes and move clients to recover from their addictions. In line with National Institute for Health and Care Excellence's guidance and recommendations on substance misuse interventions for vulnerable people under the age of 25, under the umbrella of Lifeline Tameside, there was a specialist young people's service called Lifeline Branching Out. This provided a drug and alcohol service for young people under 25 living in Tameside. The service worked with young people and their families working alongside schools, youth offending services and youth services. Branching Out had its own identity to appeal to younger people.

Staff at Lifeline Tameside offered a wide range of groups and interventions to support treatment and recovery. This included social groups to enhance recovery capital such as fitness, football, choir, and walking groups as well as regular sessions on a local allotment. Care plans did not

always identify the client's recovery capital or provide contingency arrangements such as planning for unexpected exits from the service. Recovery capital refers to social, physical, human and cultural resources a client needs to develop to in order to help them to achieve and sustain their personal recovery.

The service was monitored through processes including service audit and observations, individual observation of practice, intervention review and the dissemination of learning. The service reported performance information monthly to Public Health England and to commissioners according to the local contract. This information was used to monitor and improve performance, and to identify under-performing and strongly performing services so that lessons could be learned and shared. Diagnostic outcomes monitoring executive summary reports were used to benchmark the service performance against services in 'clusters' serving similar populations.

Performance targets and progress against these were communicated to teams and individual staff, to ensure that staff were aware of their responsibilities and ensure individual performance against targets.

Skilled staff to deliver care

Most of the staff had significant experience of working with clients with a history of substance misuse. The service did not employ professionally qualified staff as the medical and nursing staff that provided clinical services were subcontracted and worked from the same building. Lifeline Tameside staff worked closely with these staff to provide psychosocial interventions alongside treatment.

All staff had role-specific job descriptions, which clearly set out the required competencies. Competency was assessed at interview and again before the completion of a probationary period. Following this probation period staff developed personalised plans for their continuing professional development. Progress against these plans was monitored through supervision and annual appraisals. Data from the provider confirmed that 57% had received an annual appraisal in the year ending September 2016 and 100% of staff had received supervision. The service had been operational since July 2015 and due to changes in managers and management arrangements, not all staff had received a recent appraisal but there were plans to address this.

There were regular team meetings to share information, identify areas for improvement and plan service development.

Staff at Lifeline Tameside had completed additional training to carry out their role. This included cognitive behavioural therapy training, awareness and understanding of tier 2 initial assessment requirements, drug and alcohol awareness for young people and managing relationships with internal and external stakeholders.

Some staff had received training in mental health awareness, which helped ensure that they were aware of signs and symptoms of mental health problems.

Multidisciplinary and inter-agency team work

Staff worked with the local acute hospital to ensure that information was shared when clients were admitted to the hospital. This meant staff had the information they required to be able to provide continuous and consistent care, including safe and effective prescribing.

My Recovery Tameside employed a specific worker who assessed clients with coexisting mental health needs and referred into and liaised with the appropriate mental health team staff for support.

There were longer term plans to introduce shared care arrangements with local GPs across the local area. These arrangements were being developed and the local commissioners were supporting the work.

The service worked in partnership with a local NHS trust to run a Hepatitis C clinic at Lifeline Tameside with a visiting consultant in infectious diseases. Clients could receive fibroscan, which was a technique similar to ultrasound, that measured the stiffness in the liver and checked for liver damage from conditions such as Hepatitis C. Clients attended for blood borne virus testing, reviews, advice, information and for treatment. The clinics were well attended and as a result, the clinic had gone from monthly to fortnightly. Previously clients had to travel out of the borough to neighbouring hospitals, and attendance was poorer.

Earlier in the year, managers carried out a survey and consultation exercise with local stakeholders which included professionals. Feedback was positive with professionals stating they liked the accessibility of the service and the recovery offer. Staff from 'My Recovery

Substance misuse services

Tameside' were using the comments to start a dialogue with these other agencies, to build better relationships with partner agencies and develop pathways to embed the services across Tameside for the future

Adherence to the Mental Health Act

The service did not get involved in decisions relating to detaining people under the Mental Health Act. The care plans and risk assessments included whether clients were known to mental health services and if they currently were being seen by a worker from the community mental health team. If a client's mental health were to deteriorate, staff were aware of who to contact. My Recovery Tameside employed a specific worker who assessed clients with coexisting mental health needs and referred into and liaised with the appropriate mental health team staff for support.

Good practice in applying the Mental Capacity Act

Lifeline had a consent policy, which included information on the Mental Capacity Act and guided staff on seeking consent from clients. Staff received training on the Mental Capacity Act. We saw that mental capacity issues and recording was discussed at team meetings. Staff we spoke with knew about the principles that underpinned the Mental Capacity Act.

Staff assumed clients had capacity to make decisions. Staff checked if client's understood the information given to them. Staff described how intoxication would give rise to uncertainty about the degree of capacity to make informed decisions about treatment. Where there was doubt, staff would ask clients to return later and recorded their decision in the client's notes.

Equality and human rights

Staff within Lifeline Tameside promoted the service to reach out to different groups within the local population. There were no restrictions on using the service. Buildings were accessible to disabled clients including level or ramped access and an accessible toilet with sufficient space for a wheelchair and handrails.

Lifeline was committed to meeting their equality and human rights responsibilities underpinned by a range of policies including an Equal Opportunities Policy, quantitative monitoring of clients using the service in relation to protected characteristics, analysing uptake and outcomes of services in relation to key strands of equality, promotion and through equality impact assessments.

Management of transition arrangements, referral and discharge

There was an open referral system so clients could self refer themselves into the service. There were no waiting times to receive substance misuse support. Each referral was considered by staff who then determined which was the most suitable service for the client. Available options included clinical services for detoxification or substitute prescribing and services that offered psychosocial support and/or harm reduction.

Clients could receive community detoxification under the supervision of the subcontracted clinical services. If inpatient detoxification was indicated, subcontracted clinical staff acted as gatekeepers and assessed the need. Clients attended inpatient detoxification out of the borough as there were no facilities available in Tameside. If complex inpatient detoxification was indicated, referrals were made to a neighbouring mental health NHS trust which had these facilities.

Care and treatment was coordinated with other services and other providers. For example, the service had developed links with local prisons so that treatment could continue when clients with ongoing substance misuse issues were released from prison.

Are substance misuse services caring?

Kindness, dignity, respect and support

We spoke with nine clients using the service and they were very positive about the support they had received from Lifeline Tameside. Clients told us that staff were respectful and the services offered from Lifeline staff were better that the previous provider of substance misuse services in the area. Individual and group sessions usually ran to time and were structured to promote recovery with only one client experiencing a cancelled appointment but this was quickly rearranged.

Clients confirmed that they had received a holistic assessment of their needs that included their addiction history, physical health, mental health and social issues. All the clients confirmed from this assessment, staff worked with them to formulate a care plan that was developed in partnership with clients identifying their own goals to promote their recovery. Clients said there were enough

staff in the service and that they rarely had to wait to speak to someone. We spoke with three clients as part of a group session who told us that the service was tailored around them.

Where clients raised concerns, they were themed around two issues: longer waiting times in reception to be seen and changes to the key worker staff, with one client having seen seven workers in six months.

Our observations confirmed that clients were treated with dignity and respect and staff took genuine interest in their welfare. Staff held difficult conversations with clients about their current or past alcohol and drug use with sensitivity.

The involvement of clients in the care they receive

Clients we spoke with told us that they were actively involved in the design of individual recovery plans, including the setting and review of personal recovery goals.

Lifeline Tameside operated a range of mechanisms to gather and use client feedback including user forums, involvement in recruitment processes, ongoing feedback opportunities such as suggestion boxes and satisfaction questionnaires and volunteering and peer support programmes.

One client told us that they had recommended a particular group was set up to meet the needs of clients who had been on substitute prescribing and were not fully engaging in psychosocial support. The client had been invited on to a group to help design the group programme so felt very involved in running the service.

The service routinely asked people their views on the services they received. There was a 'you said; we did' notice board.

The service carried out an annual survey of clients in receipt of services. The results of the recent survey were published in 2016 and clients were positive about the service they received.

Are substance misuse services responsive to people's needs?

(for example, to feedback?)

Access and discharge

There was an open referral system so clients could self refer themselves into the service. There were no waiting times to receive substance misuse support. Each referral was considered by the duty staff who then determined which was the most suitable service including clinical services for detoxification or substitute prescribing or psychosocial support and/or harm reduction services.

Clients were able to make appointments which were convenient to them. Clients told us that appointments ran on time and waiting times, delays and cancellations were minimal and managed appropriately. When patients were on supervised consumption, clinical staff had good relations with local pharmacists to follow up clients who had failed to pick up their substitute medication. Staff within the service could then check and find out why clients had failed to attend the pharmacist and decide on next steps depending on how many sessions clients had missed.

The service had discharged 672 adult clients and 181young people in the 12 months up to 31 August 2016; 259 clients had been discharged from clinical services, meaning that they stopped receiving a prescription. Those who were discharged were transferred into the aftercare team as appropriate. These clients may continue to be supported around areas such as relapse prevention.

There had been a 91% increase in people accessing the service for treatment amongst adults (from 744 upto 1423 adults) and 363% increase for young people accessing the service for treatment (from 38 upto 176 young people) in the first year of operation at 20 June 2016.

The service had an engagement protocol. If a client failed to attend an appointment, telephone contact was attempted at the nearest convenience to discuss non-attendance reasons and to arrange a further appointment, confirmed in a letter once agreed. If the client failed to attend a second offered appointment, and were not accessing clinical intervention, staff discussed the client with their line manager to decide on next engagement measures on an individual case by case basis. If there was continued non-engagement after further agreed engagement steps, the client would be discharged from the service.

The facilities promote recovery, comfort, dignity and confidentiality

The building had a welcoming reception area with comfortable chairs for client to wait before their individual, group or clinical sessions. Some of the soft furnishings in

the individual and group rooms were stained and in need of repair. Managers accepted the need to deep clean, maintain, repair or replace these. There were plans in place to replace some of the furniture. Furniture in the clinical areas was clean and well maintained.

The service also provided services at Ashton and had started a satellite service at Hyde as well as providing a range of psychosocial sessions across Tameside in a range of other buildings including health centres. This helped to ensure the service was accessible to people across Tameside.

There was a wide range of leaflets in the waiting area, which included details of the services provided by Lifeline Tameside. Lifeline Tameside promoted the groups it had on offer. This included pre- and post-detoxification groups, recovery groups and harm minimisation groups. This helped clients to be fully aware of the services available to them to support their recovery. The reception areas also had details of mutual aid groups in the local area, information on harm reduction including safe injecting and local service user involvement groups.

There were a range of group, individual and clinical rooms in the buildings. These had signs on the door to enable staff to show that the rooms were in use to ensure meetings were private and not interrupted. The rooms were appropriately sound proofed.

Clients were asked to agree to information being collected and shared as part of the agreement to receive treatment with 5 out of 6 records showing informed consent to share information.

The service employed peer volunteers who included people who had been through or progressed significantly in their own personal recovery journey. There was also art work displayed throughout the buildings which had been produced by clients. These helped to ensure there was a visible recovery based approach.

Meeting the needs of all clients

The service operated two late night clinics in Ashton and one late night clinic at Hyde. This helped to ensure that the service was accessible to clients who worked full-time.

There was ramped access within the service and a range of interview and group rooms on the ground floor to enable people who used wheelchairs to access the services. There was an accessible toilet in the building used by Lifeline Tameside.

Lifeline staff had identified a need to provide literature on the service in other languages, particularly for minority group and was hoping to have this in place by mid-2017.

Staff carried out outreach and visible community work with different groups within Tameside which has continued to develop. This included the initiative of working with a local centre for the homeless.

Following a similar initiative in another local Lifeline service, Lifeline Tameside staff had begun to establish links with Imams and Imam assistants in the local mosques. This meant that the service was also reaching out to become more accessible and known among people who were Muslim, the majority whom were from south Asian communities.

Listening to and learning from concerns and complaints

There were complaints posters in the buildings used by staff and clients of Lifeline Tameside. Staff and clients were aware of Lifeline's complaints policy. Managers collated and reviewed complaints and compliments monthly at service and provider meetings.

Prior to the inspection, the service told us that they had received four complaints in the last 12 months; none of which had been upheld. We looked at the individual records of these complaints. The records showed that 11 complaints had been received since January 2016 (three of which clearly related to the subcontracted clinical service St Martins) and four of these complaints were upheld.

Complaints were not dated when they were received to identify when the client was dissatisfied with the service and to ensure that the organisational response times for responding to complaints were met. There were delays in providing a response to clients who raised complaints. For example, from looking at the records and speaking to managers we saw a complaint was made in August 2016, an acknowledgement letter was sent but staff were unable to provide details on the progress of the investigation and response to the complainant. Another complaint was raised at the beginning of November 2016 regarding the

clinical services. This had been passed on to the subcontracted clinical service provider to look into, there were delays in looking into this and these delays were not overseen by managers at Lifeline Tameside.

In some cases, appropriate written responses had not been sent but other records showed verbal apologies were given and changes made. For example, one client was allocated a new worker following complaints that the worker cancelled appointments. Records showed that complaints were investigated with staff discussions held in supervision. Whilst changes were made as a result of upheld complaints, clients did not receive a formal response to their complaint. This meant that whilst investigations were taking place, proportionate action was taken and informal meetings with clients occurred, clients did not receive a written response to formal complaints.

The provider had incorrectly stated the number of complaints and had also incorrectly said that complaints had not been upheld when evidence from the complaints folder showed that an apology had been given and changes made in some cases**.** This meant that the registered manager, higher managers and commissioners may receive false assurance as complaint outcomes were not properly categorised. This meant that complaints were not managed appropriately; the systems for recording and responding to complaints needed improvement.

Are substance misuse services well-led?

Vision and values

The Lifeline Project had the following vision:

'To provide alcohol and drug services that we are proud of; services that value people and achieve change'.

The Lifeline Project had the following values:

- Improving lives: we believe in real and sustained change for individuals, families and communities. We build change through responsive local services, where every engagement counts towards a meaningful individual recovery experience.
- Effective engagement: we are connected to our stakeholders. We listen and respond to our beneficiaries, partners, communities and workforce in order to continually improve services, experiences and outcomes.
- Exceeding expectations: we have high expectations of what our beneficiaries and workforce can achieve together. We demonstrate this commitment through our work on customer service, diversity, leadership, and performance.
- Maintaining integrity: we are honest and realistic about the multiple issues that contribute to alcohol and drug misuse. This pragmatic and understanding approach helps us in our work to overcome these challenges and develop practical solutions together.

Locally, Lifeline Tameside's aims were to:

- Encourage individuals to move forward, to set goals and develop relationships that give their life meaning
- Raise individual ambitions through a culture where personal interests and ambition is celebrated
- Support individuals to gain satisfying and sustainable employment, enhance personal growth, secure a positive living environment, develop positive relationships and improved health and wellbeing

Staff and clients confirmed that services worked towards recovery goals and empowered clients to achieve positive outcomes and improve their health and wellbeing through supporting clients to recover from their addiction whilst enhancing their recovery capital.

Good governance

There were three organisations providing Tameside drug and alcohol service; with Lifeline Tameside having lead agency status. The partnership was developed by the organisations coming together of their own volition and sharing the same values and vision. There were good working arrangements between managers across the organisations to reach consensus around ensuring good practice, monitoring the service and addressing any shortfalls.

The contract for the provision of drug and alcohol services across Tameside was a 10 year contract. This enabled managers and staff within the service to develop services and plan ahead over the longer term, with stability in the funding base enabling continuity of service provision.

Managers carried out audits to ensure the safe running of the service. These included health and safety and environment audits. Any shortfalls were discussed at monthly managers and staff meetings. Lifeline contract managers visited the service regularly to oversee the service and receive assurance on work of the registered

manager. The gaps we saw in the governance arrangements in relation to care planning and complaints had been identified by managers. Some work had been undertaken to address the shortfalls such as discussions with individual workers in supervision but these shortfalls had not been fully addressed despite these conversations taking place.

Local accountability and integrated risk management planning structures were not fully robust between Lifeline Tameside as the lead agency and subcontracted parties. Mechanisms for sharing changes in service user's circumstances which may have an impact on risk were not fully clear. The reporting and recording of escalating risk was not fully supported by clear guidance on accountability and responsibility.

There were various governance groups in place to oversee the running of Tameside services. There were regular joint implementation/steering group meetings. They met monthly to establish the service, pathways and areas of joint working.

A governance group met to consider all matters related to incidents, protocols, guidance and any reported issues. This was attended by staff from across My Recovery Tameside including staff from Lifeline as the lead agency, and commissioners. Lifeline staff attended and chaired the strategic drug and alcohol group and also attend multiple other groups and forums to stay abreast of issues in the community such as domestic abuse, housing, police, probation and schools.

The service produced a comprehensive annual report which detailed the achievements of the first year of operation up to 31 July 2016. This report included statistics and analysis on the number of referrals, demographics, addiction categorisation, and type of support offered. Statistics showed an increase in clients being seen by the service including a significant increase in take up from young people. The report also included qualitative information and data on the consultation process, setting up of the service, the local prevalence of drug and alcohol addiction and how the service was beginning to work over the longer term to respond to local need and challenges with a detailed set of actions to plan and deliver existing and new services. The report evidenced that managers had good oversight of the service and future direction.

Commissioners told us that staff and managers were very open and responsive, and the regular commissioner/ provider meetings had been very detailed and constructive at all times.

Leadership, morale and staff engagement

The service was overseen by a competent registered manager who had many years' experience of working in and, then, managing substance misuse services. There were operational team leaders who oversaw the day-to-day operation of the services provided by Lifeline Tameside.

Staff we spoke with were motivated and committed to providing recovery based services that met clients' needs. They were proud of the work that they undertook and spoke positively about working for Lifeline Tameside. Staff spoke positively about working in partnership.

The morale in the Lifeline Tameside team was high. New staff told us that they felt supported when they first started to work at Lifeline Tameside.

Staff felt supported by their immediate managers and the wider organisation. Staff were confident that any issues they raised would be dealt with appropriately and fairly. Staff were less positive about the management of change when the service transitioned in August 2015. Staff who had been transferred between services did not believe that the process had been well managed. Managers who were involved in this process no longer worked for Lifeline Tameside.

There was a whistleblowing policy that staff were aware of, if they needed to report any concerns about the care of clients or the running of the service. There were no bullying and harassment cases at the time of our inspection.

Commitment to quality improvement and innovation

The service had been in operation since 1 August 2015. It had worked to move away from a traditional model rooted in long-term maintenance and medically driven, towards a service whose focus was on sustained recovery and increasing recovery capital for individuals and the community as a whole. Lifeline Tameside had five contractual expectations which were outcome based. These were:-

- To increase the number of people accessing treatment and the number of people who move onto long-term sustained recovery.

Substance misuse services

- To reduce alcohol-related harm and drug-related harm.
- To maximise the opportunities for integration and collaboration in adopting a whole system approach to drug and alcohol treatment.
- To contribute to a whole system approach which reduces the demand for specialist and targeted services through enhanced early intervention and prevention.
- To become a national exemplar of best practice.

There had already been a number of outcomes which were met or mostly met in the first year of operation including the uptake of the service.

Staff and managers were committed to improving the quality of the services it offered. This included providing on site Hepatitis C testing and monitoring in partnership with a nearby NHS trust.

Lifeline Tameside staff were working with local public health commissioners to implement take home Naloxone for clients at risk of opiate overdose. It was hoped that this would be fully implemented in early to mid-2017.

Outstanding practice and areas for improvement

Outstanding practice

- The provider offered on site Hepatitis C testing and monitoring in partnership with a nearby NHS trust.

Areas for improvement

Action the provider MUST take to improve

- The provider must make sure that written plans of care and risk management plans are up-to-date and reviewed. The provider must make sure that when clients receive clinical services, this is reflected fully in their written plans of care. The provider must make sure that written plans of care sufficiently direct staff and support clients. The provider must make sure that there are no gaps in the running records and staff record interventions appropriately.
- The provider must make sure that clients receive a written response to formal complaints. The provider must ensure that complaints are accurately recorded and complaint outcomes are properly categorised in order to provide appropriate assurance to senior managers and commissioners.
- The provider must ensure that where managers identify shortfalls (for example, in care plan recording and delays in responding to complaints), they ensure that these issues are fully addressed. The provider must ensure that the reporting and recording of escalating risk was fully supported by clear guidance on accountability and responsibility between all organisations providing services for My Recovery Tameside.

Action the provider SHOULD take to improve

- The provider should ensure that soft furnishings are clean.

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 17 HSCA (RA) Regulations 2014 Good governance **Good Governance** Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good Governance. The provider was not always maintaining an accurate record of the care and treatment provided to each service user. **How the regulation was not being met** · The written plans of care and risk management plans were not always up-to-date and had not been reviewed. · When service users received clinical services, this was not reflected fully in service user's current written plans of care · Written plans of care did not sufficiently direct staff and support service users. · There were gaps in the running records and missing entries, as staff were not recording interventions. This was a breach of regulation 17 (1) and (2) (d).

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Requirement notices

Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good Governance.

Shared systems and processes were not established or operating effectively to ensure risks were assessed and monitored relating to the safety and welfare of service users and others who may be at risk.

How the regulation was not being met

· Local accountability and integrated risk management planning structures were not fully robust between Lifeline Tameside as the lead agency and subcontracted parties. Mechanisms for sharing changes in service user's circumstances which may have an impact on risk were not fully clear. The reporting and recording of escalating risk was not fully supported by clear guidance on accountability and responsibility.

· Managers had identified shortfalls in care plan recording and delays in responding to individual complaints but had not ensured that these issues were fully addressed.

This was a breach of Regulation 17 (1) and (2) (a) and (b).

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints The provider did not operate an effective system for recording, handling and responding to complaints. **How the regulation was not being met** Service users did not receive a written response to formal complaints not made. Complaint outcomes were not properly categorised so higher managers and commissioners may receive false assurance. This was a breach of regulation 16 (1) and (2).