

# Lifeline Middlesbrough (Park Road North)

## 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:

- Staff did not always act on risks highlighted in care records. Reviews of risk were not always clearly evidenced in the care records.
- The care records system contained both paper and electronic records. We found that information in the paper records was not always in the electronic record. The clinical aspect of the service was subcontracted to the Fulcrum Medical Practice. The Fulcrum Medical Practice used a different care records system and we saw that up to date prescribing information was not always in the Lifeline care record.
- Mandatory training for staff was limited. The service had identified core training and had an action plan in place to ensure all staff attend their identified core training.

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

- The service had enough staff to ensure clients were seen promptly.
- Procedures for safeguarding clients from abuse were robust and staff demonstrated a clear understanding of them.
- Clients received timely assessments of their needs. There were no waiting lists for access to the service.
- The model meant that the service had effective links with other providers which ensured clients had access to a range of services to support their recovery from substance misuse.
- The service had recently introduced measures to ensure reporting of incidents and learning from incidents was robust. This meant that there were chances to learn from incidents and prevent them re-occurring.
- Staff received an annual appraisal and regular supervision.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services		See overall summary.

# Summary of findings

## Contents

### Summary of this inspection

	Page
Background to Lifeline Middlesbrough (Park Road North)	5
Our inspection team	5
Why we carried out this inspection	5
How we carried out this inspection	5
Information about Lifeline Middlesbrough (Park Road North)	6
What people who use the service say	6
The five questions we ask about services and what we found	7

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### Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards	9
Outstanding practice	17
Areas for improvement	17
Action we have told the provider to take	18

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# Lifeline Middlesbrough

**Services we looked at**

Substance misuse services

# Summary of this inspection

## Background to Lifeline Middlesbrough (Park Road North)

Lifeline is a national provider of drug and alcohol services established in 1971. The organisation currently employs 850 members of staff, 230 volunteers and has over 80 services across England.

Each Lifeline service is based on local need as identified by commissioners. Lifeline Middlesbrough provides community care for people with substance misuse problems. The services provided are:

- Harm minimisation and needle exchange
- Psychosocial interventions
- Care co-ordination
- Assessment

Prescribing services, enhanced psychosocial interventions and recovery support for clients are provided through a sub contract and partner agencies.

The service is funded by Middlesbrough Borough Council. It is registered with the CQC to provide the following regulated activities:

- Treatment of disease, disorder or injury.

The service has a CQC registered manager in place.

CQC had previously inspected the service in 2012 and 2014. There were no compliance actions following these inspections. This is the first inspection using the new methodology.

Other providers operate in the Lifeline premises as part of the recovery model and the wider recovery community including mutual aid groups. Mutual aid groups are where people come together with their peers to build a network of support.

## Our inspection team

The team that inspected the service comprised of CQC inspector Alma O'Rourke (inspection lead), one other CQC inspector and one specialist advisor with a nurse background.

## Why we carried out this inspection

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

## How we carried out this inspection

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

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

# Summary of this inspection

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

During the inspection visit, the inspection team:

- visited the service, looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with three clients
- collected feedback using comment cards from 15 clients
- spoke with the manager and registered manager
- spoke with 11 other staff members employed by the service provider, including a nurse, care co-coordinators, key workers and receptionist staff
- spoke with one staff member who worked in the service but was employed by a different service provider
- received feedback about the service from the commissioner and Public Health England
- attended and observed a behaviour change workshop
- looked at 11 care and treatment records for clients
- looked at policies, procedures and other documents relating to the running of the service.

## Information about Lifeline Middlesbrough (Park Road North)

The clinical service for Lifeline Middlesbrough is sub contracted to the Fulcrum Medical Practice based in Middlesbrough. The Fulcrum Medical Practice provides a specialist prescribing service and an enhanced psychosocial service.

Along with other local partner agencies Lifeline Middlesbrough operates under the umbrella of the 'Middlesbrough Recovering Together' model to provide a range of clinical and therapeutic interventions to support people with substance misuse issues.

Lifeline had recently not been successful in renewing its contract with Middlesbrough Borough Council. This meant that the service would be transferring to a new provider later in the year.

## What people who use the service say

We spoke with two people who used the service. Another person did not want to give any feedback on the service. We did not receive any negative comments about the service.

We received 15 comment cards from clients. The comments were mostly positive. Many clients said staff treated them with dignity and respect. Staff were described as friendly and helpful. The service was

described as very good and essential. Only one negative comment was received which related to a client telephoning for advice and help. The feedback was that the staff member was unhelpful and unpleasant.

A recent client satisfaction survey conducted by a partner agency had 45 respondents. The overall satisfaction was rated as 4.6 out of 5 which was a positive result. Forty one out of the 45 respondents felt they were treated with dignity and respect.

# 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:

- Staff did not always act on risks highlighted in care records. This was a breach of a regulation. You can read more about it at the end of this report
- Reviews of risk were not always clearly evidenced in the care records. Clients with identified risks did not always have a risk management or a care plan to manage those risks.

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

- The premises were clean and well maintained.
- There were sufficient staff to ensure that clients were seen promptly.
- Procedures for safeguarding clients from abuse were robust and staff demonstrated a clear understanding of them.
- Staff knew how to report incidents. The manager had introduced new measures to ensure reporting and learning from incidents took place

### Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff completed appropriate assessments of clients' needs in
- The service had identified core training for staff and was in the process of ensuring all staff received the appropriate level of training for their role. Staff were knowledgeable and skilled to deliver safe care.
- The service had effective links with other professionals and services including health, social care and housing. There was good evidence of partnership working.

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

- The care records system contained both paper and electronic records with the electronic record being the main record. We found that information in the paper record was not always in the electronic record.

# Summary of this inspection

- The service had sub-contracted its clinical aspect to the Fulcrum Medical Practice. The Fulcrum Medical Practice used a different electronic care record to Lifeline. This meant that prescribing information was not up to date for staff using the Lifeline care record.
- Administration staff told us they had not received training.

## Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- We observed staff being respectful and non-judgemental towards clients.
- Staff took every opportunity to support clients to reduce harm associated with injecting drug use.
- Clients had opportunities to provide feedback about the service.

## Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The service operated Monday to Saturday with a late night on Thursday to 7pm. Community hubs were located across the Middlesbrough area which gave clients choice and helped them access services which were more convenient for them.
- There were no waiting lists for access to the service. This meant that new referrals to the service were seen in a timely manner.

## Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Morale was high in the service. Teams worked well together and supported each other.
- Staff felt supported by their managers.
- Staff received regular supervision and had access to regular team meetings.
- A training plan was in place to ensure all staff received the appropriate level of training for their role.



# Detailed findings from this inspection

## Mental Capacity Act and Deprivation of Liberty Safeguards

Staff had not had formal training in the Mental Capacity Act however most staff were able to tell us what they would do if they suspected a client lacked capacity. They often encountered fluctuating capacity such as clients presenting under the influence of alcohol or drugs. Staff were able to tell us how they would support clients when

this happened. Care records did not capture assessment of capacity at initial assessment. The assessment document was defined by service commissioners. The service had asked commissioners to add mental capacity to the assessment form prior to the inspection.

# Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

## Are substance misuse services safe?

### Safe and clean environment

The premises were clean, tidy and pleasantly decorated. We saw a cleaning schedule for cleaning staff who attended twice weekly. All staff were responsible for basic cleaning activities such as emptying bins on a daily basis. The reception and all rooms used by clients were located on the ground floor. Interview rooms were fitted with alarms. There was a dedicated room for families which included colouring books for children.

There was an up to date health and safety assessment and fire risk assessment. The service had two identified fire wardens.

There were two clinic rooms where tests and physical examinations were carried out. The rooms were equipped with basic examination equipment including an examination couch, blood pressure monitor and scales. No resuscitation equipment was on site. We were told that if there was an emergency, staff would call the emergency services.

The service had a medicine fridge which was lockable and in good working order, temperatures were recorded. There was also a secure medicine cupboard although at the time of our visit no medicines were kept on-site.

We saw appropriate handwashing facilities and signage. Appropriate arrangements were in place for the safe management and disposal of clinical waste and sharps.

### Safe staffing

The service consisted of 27 members of staff. This included one qualified nurse, six care co-ordinators, four psychosocial intervention workers and six volunteers. Information provided by the service prior to our visit showed the average caseload size per worker was 55.

During our visit this had increased and the average caseload per member of staff was now approximately 70 for the psychosocial intervention team and 60 for the care co-ordination team. The manager highlighted the size of caseloads to us and informed us that they had slowly crept up and the service was looking into this issue. Staff we talked with felt the staffing levels were adequate but did feel the case load sizes were now too high.

The service had two harm minimisation and needle exchange workers. These workers were responsible for the needle exchange program and did not hold a caseload. The average number of clients seen by the needle exchange workers was 186 per week, although this number varied daily.

Caseloads were discussed in supervision and no clients were waiting for allocation to a care co-coordinator or key worker.

Information provided prior to our visit showed staff turnover was 19%. Staff sickness was 6% and this had improved by the time of our visit. There were no vacancies. The service occasionally used agency staff or other Lifeline services were available to support the service in the event of any staffing shortfalls.

The service's only mandatory training requirement was Safeguarding. Staff had attended training. Core training which was role specific had been introduced which included blood born virus training and psychosocial interventions training.

### Assessing and managing risk to clients and staff

We reviewed 11 client care records. All clients had a completed assessment and a risk assessment. Ten out of the 11 risk assessments were up to date. The service used both paper and electronic care records. We saw that some

# Substance misuse services

risk information captured in the paper records had not been entered into the electronic risk assessment. This meant there was a potential that key information would not be seen by staff when they need it.

Only two records had a risk management plan in place to manage identified risks. We were told that the risk management plan had only recently been developed. It was not yet fully embedded in practice. Some risk assessments lacked detail and were judged to be low risk where information contained in the assessment potentially could indicate medium or high risk, for example, clients in vulnerable circumstances. When we brought this to the manager's attention she took immediate action on one case and assured us she would put a process in place for full case load audits to be undertaken.

Reviews of risk were often contained within the daily notes rather than on the risk assessment document. This had the potential for staff to miss key risk information.

Staff told us that risk was reviewed at a minimum of every three months, earlier if a client's personal circumstances changed. We found that three risk assessments had not been reviewed in this timescale. High risk cases were discussed in the 'complex cases review meeting' with partner agencies. This monthly multi-agency meeting ensured agencies worked together to support clients in vulnerable circumstances. We saw evidence of this for a client who was not attending appointments. The service had alerted the 'complex cases review meeting' and other agencies were attempting to engage with the client. This was reflected in the care record.

Staff described how to make a safeguarding referral and demonstrated good links with the local safeguarding team. We reviewed six safeguarding referrals between January 2016 and June 2016. All had also been reported via the incident reporting system.

Harm minimisation staff told us they would discuss safeguarding with the team manager if a client was attending the needle exchange service and was pregnant.

The service had lone working processes in place to keep staff safe. This included signing in and out boards, two staff attending high risk appointments and use of work mobile phones.

## Track record on safety

There had been no serious incidents in the twelve months prior to the inspection.

## Reporting incidents and learning from when things go wrong

Staff told us how they would report an incident. This involved completing an electronic form and emailing it to the manager and governance team. There had been 11 incidents reported between January 2016 and June 2016. Examples of incidents reported included aggressive episodes by clients and self-harm by clients. Immediate actions taken were recorded but we noticed the incident record had not always been updated with subsequent actions taken. The manager had recently put in place a process to store completed forms and ensure they were updated with outcomes and actions.

Staff told us that incidents were shared in team meetings, daily flash meetings and discussed in supervisions. We saw evidence of this in team meeting minutes.

## Duty of candour

The organisations incident reporting policy included information on the duty of candour requirements. Staff were aware that serious incidents had to be reported immediately. There had been no incidents that had triggered the duty of candour policy.

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

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

Clients received an assessment of their needs by the services single point of access and referral team. This team was responsible for assessing all clients accessing the structured treatment system and identifying and responding to immediate risks. Assessment included physical and mental health, medication, general health needs and wound care for injecting sites. Assessments measured a client's complexity and determined the most appropriate pathway for the individual.

We reviewed 11 care records and found most assessments were comprehensive and detailed. Two records did not contain a full assessment of previous access to treatment.

# Substance misuse services

Records were both electronic and paper and we found that staff tended to use both types of records. Paper records were used by staff to initially document the assessment and ongoing treatment. This would then be entered onto the electronic system. All paper care records were stored securely in staff offices. In some cases not all of the information in the paper record had been entered onto the electronic record. This meant that all information may not have been readily available for staff.

The single point of access and referral team provided harm reduction advice during assessment. The team also made appropriate referrals to other agencies such as housing and domestic violence services at the point of assessment.

Following assessment clients were referred to the psychosocial intervention team or the care co-ordination team where individual care plans were developed with clients based on their recovery capital.

Recovery capital was a term used which predicted the likelihood of achieving sustained recovery. It was dependent on a person's external and internal strengths and capabilities. The recovery capital factors that contributed to recovery following treatment included social, physical, human and cultural factors.

The care co-ordination service was for clients with low recovery capital and with high complex needs. The team worked across sectors to ensure clients received all the support that was available to them. This included support from other organisations and agencies such as mental health services, safeguarding teams and pregnancy services. The approach enhanced the recovery process and improved clients' overall health and social well-being.

The psychosocial interventions service was for clients with moderate recovery capital and moderate complexity. The team provided clients with psychosocial interventions including brief and short-term interventions. They provided specialist key workers to work with people on a one to one basis or through a programme of group work. Groups and workshops included motivation to change, relapse prevention, alcohol support, solution focused approaches and low level cognitive behaviour therapy.

We reviewed 11 care plans for clients receiving support from the two teams. Where clients had engaged with services we saw that they were personalised and recovery orientated.

The harm minimisation and needle exchange team supported people with addictions to minimise the risks associated with using harmful substances. All new clients into this service completed a registration and received an assessment at their initial appointment. This assessment included physical and mental health, current drug usage, injection history, blood born virus awareness, medication, criminal justice history and previous substance misuse service treatment. A separate assessment form was used specifically for clients who used steroids.

The service carried out blood borne virus screening and assisted people to deal with physical health needs related to their substance use. Clients could access a range of injecting and other harm reduction equipment. This was an open access service which operated five days a week.

We observed a needle exchange clinic. Staff discussed with clients their recent usage, the equipment taken and returned, circumstances at home and storage of equipment at home. Staff were very knowledgeable about the substances clients used. We saw that staff attempted to engage with clients and used open questions about health and wellbeing.

Staff checked what needles clients had returned and reinforced risks. We observed a new client receive an initial assessment. Advice was given about safe injecting techniques and equipment. Risks and side effects were discussed and blood born virus testing was encouraged.

## Best practice in treatment and care

The Lifeline model followed evidenced based interventions recommended by the national institute of health and clinical excellence. Very few staff could identify what the guidance was. We saw that the service had a resource file which contained national institute of health and clinical excellence guidelines. The resource file contained national guidance on treatments for alcohol and drug misuse. We noticed the guidance on alcohol intake was out of date and had not been replaced.

Interventions included support with employment, housing and benefits. Physical healthcare was assessed and monitored. Staff told us they would encourage and support clients to see their GP if they were concerned about a client's physical health.

# Substance misuse services

The service reported outcome information to the national drug monitoring treatment system on a monthly basis. The national drug monitoring treatment system was managed by Public Health England and was a national performance management tool for drug and alcohol services.

We observed a behaviour change workshop delivered by the psychosocial intervention team. The workshop was a first session for a new alcohol workshop for new clients. We saw the facilitator draw up a group contract with members, including confidentiality within the group. We observed a relaxed environment. The facilitator was very knowledgeable and welcoming. We spoke with clients before and during the group session. They were positive about their experience of the service and the group.

A quality visit audit by the governance lead took place in May 2016. The audit looked at the environment and all standards were compliant. Infection control, safeguarding and a supervision audit had all taken place recently. Regular case file audits took place and findings were discussed with staff in supervision.

## **Skilled staff to deliver care**

Staff working at the service had the skills necessary to carry out their duties and deliver effective care and support. For example psychosocial interventions staff were trained in motivational interviewing, cognitive behaviour therapy and motivational enhancement therapy. We saw that a recent training needs analysis had been completed and the manager and team leaders had identified which staff needed to complete core training which was specific to their role. Target training levels had not yet been reached but we saw an action plan in place and progress had been made.

Senior practitioners observed staff in their practice in order to ensure the service was delivering quality care.

The nurse role in the team was introduced in February 2016. Training needs had been identified, for example, hepatitis B counselling, prior to the nurse taking on full responsibilities of the role.

We saw that the induction process was individualised for staff depending on their role. New staff entered a probationary period where competency would be

developed and assessed. Administration staff we talked to could not recall receiving any training or induction although business administration training was available to administration staff.

We looked at six staff files and found supervision contracts and records. Staff told us they were receiving regular supervision and we saw this in staff files. Monthly group supervision with an external counsellor also took place for team members. Clinical supervision for the nurse member of staff was being provided by staff at another Lifeline service. One hundred percent of staff eligible had received an annual appraisal.

The service had team meetings weekly or fortnightly. Meetings discussed training, health and safety and other staff issues.

## **Multidisciplinary and inter-agency team work**

Staff working at the service had formed effective working relationships with external agencies to support clients both whilst they attended Lifeline and when they moved on to other services. These included housing services, employment and benefits services. We received positive feedback from Public Health England on Lifeline's work with its partner agencies and the wider community to raise awareness of substance misuse.

The service had a subcontract in place with the Fulcrum Medical Practice. The practice delivered enhanced psychosocial interventions, alcohol detoxification and relapse prevention medication prescribing. Staff described a positive working relationship and the Fulcrum Medical Practice staff who attended the Lifeline premises daily.

The Fulcrum Medical Practice staff recorded client care on the GP records system which was different from the records system that Lifeline used. The Fulcrum staff provided an update for the Lifeline record every six months. This meant that staff did not have up to date access to clients prescribing and clinical intervention details. Staff told us this was an issue and that they would contact the Fulcrum Medical Practice staff for updates.

The service had developed good working relationships with other agencies to support and signpost clients.

## **Good practice in applying the MCA**

# Substance misuse services

There was no formal training on the Mental Capacity Act for staff. Senior staff who had attended training in the past had arranged to provide in house training. Some staff told us they were booked to attend this training.

Most staff were able to tell us what they would do if they suspected a client lacked capacity. They often encountered fluctuating capacity such as clients presenting under the influence of drugs or alcohol. Staff were able to tell us how they would support clients when this happened. Care records did not capture assessment of capacity at initial assessment.

## Equality and human rights

The service aimed to cater to the needs of clients deemed to have protected characteristics under the Equality Act 2010. A community development worker was employed who engaged with several community agencies and services. This included minority groups such as black or minority ethnic and the travelling community. Links with the local university, church organisations and soup kitchens had been established to provide awareness raising and promote safety.

The service had disability access and was able to have information translated into different formats and languages.

## Management of transition arrangements, referral and discharge

Clients transitioned to and from other services within the 'Middlesbrough Recovery Together' model. This meant that the service worked with others to meet people's extra health and support needs, before and after treatment.

The service took referrals from various sources including self referrals, social services, local authorities, health services, probation, domestic violence agencies and GPs.

The team leader told us that the clients lead the discharge process. A member of staff from the recovery team, one of Lifelines' partner agencies, attended the clients last relapse prevention workshop to meet them and explain what would be available next. Staff felt this model worked well and the relationship with the partner agency was good.

## Are substance misuse services caring?

### Kindness, dignity, respect and support

We observed interactions between staff and clients and found these were respectful. Staff were non-judgemental and friendly. Staff discussed ways to manage risks around injecting drug use and provided an appropriate range of harm reduction information. Clients told us there were no problems with the service and one client told us the service was "spot on".

We reviewed a client satisfaction survey which had been conducted by a partner agency. Feedback was positive and staff had identified areas where they could improve such as ensuring clients had access to tea and coffee.

We saw clients being offered tea and coffee in the waiting area when their appointment was delayed. Reception staff apologised to the person who was waiting.

We received 15 comment cards which had been completed by current clients. All, with the exception of one, were positive about the service and the staff. Clients told us staff were friendly, polite and treated them with respect and dignity. Clients said staff "go above and beyond to try and help you" are "non-judgemental" and "supportive and reassuring". Services were described as "valuable", "great" and "essential". One negative comment was regarding an unhelpful member of staff when a client had telephoned the service seeking guidance.

The Lifeline premises hosted a number of other roles from the wider recovery providers. This helped clients to receive the support they needed. Services using the premises included housing and employment organisations. We observed a worker from another provider discussing personal information with a client in the waiting area. Although the client had been asked if they would like to move to one of the interview rooms and had declined, we felt this compromised the client's dignity and informed the manager for Lifeline.

### The involvement of clients in the care they receive

Most care plans were written from the client's perspective and showed the views of the client. Clients were able to provide feedback on the service through comments cards in the reception area.

The procedure for how to make a complaint was displayed on information boards in the reception area and provided to clients at assessment. Feedback forms for clients were also in the waiting and reception areas.



# Substance misuse services

The service had links with the Tees Advocacy Hub to support client's access to advocacy. The service also supported clients to seek advice and support from the local Citizens Advice Bureau.

## Are substance misuse services responsive to people's needs?

(for example, to feedback?)

### Access and discharge

The average number of referrals per month was 246. Thirty six percent of referrals were seen for assessment by the single point of access and referral team.

During the period October 2015 to May 2016, the service had an unplanned exit rate of 31%. Information provided by the service prior to our visit showed that 6000 clients failed to attend their appointments over the previous 12 months. This was an approximate figure out of 11500 appointment offered.

The service had a process in place to follow up clients who did not attend appointments. This included agreeing with the client at assessment that they would contact the client by telephone or letter. If clients did not respond, then staff would arrange a home visit. If no contact or response was received from the client, the service referred the client to the outreach team which was a member of 'Middlesbrough recovery together' but not part of Lifeline.

Clients were usually offered an appointment within a couple of days of the referral being received. Urgent referrals were seen earlier. Drop in assessment clinics were held two days a week on a Monday and Thursday. This helped ensure clients were seen quickly.

We observed a client receiving an assessment. The staff member explained confidentiality and discussed consent to share information. Humour was used by the staff member to put the client at ease.

We reviewed national drug treatment monitoring system data and diagnostic outcomes monitoring executive summary data.

A total of 960 clients had been discharged from the service in the 12 months prior to our visit. These included modality closures. Follow up of clients was undertaken by a partner agency who received a recovery referral from Lifeline Middlesbrough.

### The facilities promote recovery, comfort, dignity and confidentiality

The reception area was light, airy and welcoming. Staff ensured that notice boards had a wide range of information about the service and partner agencies. This information included sexual health information, harm reduction, smoking cessation and local training courses. The information on display was not accessible but staff told us they would arrange for any information to be made available in easy read material if it was needed.

### Meeting the needs of all clients

The service was open 9am – 5pm Monday, Tuesday, Wednesday and Friday. On Thursday it was open 9am – 7pm and Saturday 10am – 2pm. The building had adjustments for clients requiring disabled access including a ramp to the main entrance and a disabled toilet.

In addition to the main building, the services also operated from a number of community hubs in the surrounding area. This helped people access the services in locations which was more convenient to them.

The service told us that Middlesbrough had a multi-cultural population. Staff told us they had easy access to interpreters when needed and arranged for leaflets to be in different languages. There were no leaflets or information on display that was already in a different language. We heard that care plans had been translated into braille in the past when this was needed.

Lifeline worked with GP practices and with the local acute hospital to signpost people who presented with drug or alcohol problems. The service participated in other partnership working including the 'Employment Network Forum' which helped people with employment needs and the 'Reducing Re-offending Strategic Group' which helped clients with a history of offending.

The service provided a breakfast club which staff said was well attended.

# Substance misuse services

The service had lead workers who specialised in certain areas. These included the criminal justice system, mental health, domestic violence and safeguarding. A dedicated lead for clients who misused steroids was also in place.

## **Listening to and learning from concerns and complaints**

The service had not received any formal complaints in the past 12 months. Staff described how a client could make a complaint and what actions the service would take if they received a complaint. Information was given to clients on assessment about how they could make a complaint and was on display in the waiting area. A record of informal complaints was not kept but team leaders gave us examples of how they dealt with issues immediately.

## **Are substance misuse services well-led?**

### **Vision and values**

Staff were aware of who the senior managers within the organisation were and said they visited the service regularly. Lifeline had recently not been successful in renewing its contract with Middlesbrough Borough Council. This meant that the service would be transferring to a new provider later in the year. The manager had in place a transition plan with the emphasis on ensuring minimum disruption to clients and staff.

### **Good governance**

The service used key performance indicators and activity indicators to identify outcomes, gauge team performance and feed back to the service commissioners. These included numbers of referrals, treatment outcomes and discharges. Numbers of client feedback forms received and satisfaction with service was also monitored.

The service manager provided quarterly management reports to the area manager and area director. Quarterly reviews were held with commissioners. We received positive feedback from commissioners who recognised the service's proactive approach when issues had been raised.

Safeguarding, incidents and audit feedback were discussed in team meetings. We reviewed six staff files and found all had disclosure and barring service checks completed.

The service had a business continuity plan and the manager told us that items could be escalated up to the corporate risk register if necessary.

### **Leadership, morale and staff engagement**

Information provided by the service prior to our visit showed there had been no bullying or harassment cases. Staff told us they felt able to raise any issues or concerns. Not all staff were aware of the organisations whistleblowing policy.

Staff attended regular team meetings and daily flash meetings which aided communication of key information. The manager and team leaders met regularly to discuss performance and areas for improvement.

Staff described morale at the service as high and said they enjoyed their role. Staff told us the service was a "lovely place to work" and that the "team is brilliant". Staff were passionate about their job and said they received good support from the team leaders and manager.

### **Commitment to quality improvement and innovation**

The service was actively open to feedback from clients and had arranged an external client satisfaction survey. Areas identified for improvement included client's access to tea and coffee, availability of 1:1 work if preferred to group work, timings of appointments and advertising the service more. We saw that Lifeline Middlesbrough were actively working to make improvements based on this feedback. A 'You said, We did' board was being planned.



# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider **MUST** take to improve

- The provider must ensure that clients with identified risks have a risk management or care plan in place to manage the risks. Staff must ensure that action is taken in response to identified risks.
- The provider must review its process for recording risk to ensure risks are readily identifiable in the care record.
- The provider should review its process for recording by the subcontracted service for prescribing and enhanced psychosocial interventions details in the main Lifeline record so all staff have access to up to date information.
- The provider should ensure that all staff, including administration staff, receive the identified core training which is appropriate for their role.

### Action the provider **SHOULD** take to improve

- The provider should review its processes for recording and maintaining care records to ensure the main client record is accessible to all staff and holds all relevant information.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Staff did not always identify or act on client risks. Reviews of risk were not always clearly evidenced in the care records. Clients with identified risks did not always have a risk management or a care plan to manage those risks.</p> <p>This was a breach of Regulation 12 2 (a), (b)</p>