

Lifeline Redcar and Cleveland

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.

Following our last inspection in July 2016, the provider was required to make improvements in relation to one regulatory breach. The breach related to concerns about risk assessment and risk management plans. The report about this inspection was published in September 2016. We carried out a focused inspection within six months of the published report and found the provider had made improvements to the service.

- All clients had received an individualised risk assessment.
- Risk assessments were up to date as required by the Lifeline Projects policy.

- Staff had completed individualised risk management strategies where risk was assessed as medium or high.
- A regular audit programme was in place to monitor risk assessment records.
- Staff supervisions and team meetings were used to ensure compliance with policy.

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

- Quality of the risk assessments and risk management strategies varied and some actions required to mitigate client risks were not clear.

Summary of findings

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Summary of this inspection

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Lifeline Redcar and Cleveland

Services we looked at

Substance misuse services

Summary of this inspection

Background to Lifeline Redcar and Cleveland

Lifeline is a registered charity and a national provider of drug and alcohol services since 1971. The organisation has 35 services across England that are registered with the CQC.

Each Lifeline service is based on local need as identified by commissioners. Lifeline Redcar and Cleveland was awarded the whole treatment system contract for drug and alcohol in 2014. The services in the Redcar and Cleveland area are delivered from five locations, three of which are registered separately with the CQC. This report relates only to the Lifeline Redcar and Cleveland service. The service operates out of a main building in Redcar and two hubs, one in Loftus and one in Skelton. These two hubs are not registered as separate locations. The service currently works with approximately 400 clients.

The service operates under four separate contracts;

clinical;

harm minimisation;

care co-ordination;

throughcare and aftercare.

The Lifeline Redcar and Cleveland service delivers on all four contracts through one integrated treatment model. The service provides community care for people with substance misuse problems. The services provided are:

- Harm minimisation.
- Specialist prescribing including community detoxification.
- Care co-ordination.
- Psycho-social interventions including counselling.
- Throughcare and aftercare.
- Family and carer work.
- Criminal justice interventions.

The service is funded by Redcar and Cleveland Council. It has a service manager in place who has applied to be the registered manager. It is registered with the CQC to provide the following regulated activities:

- Diagnostic and screening procedures.
- Treatment of disease, disorder or injury.

We last inspected the service on 13 and 14 July 2016. The service was found to be in breach of Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment.

Our inspection team

The team that inspected the service comprised CQC inspector Alma O'Rourke (inspection lead), and one other CQC inspector.

Why we carried out this inspection

We undertook this inspection to find out whether Lifeline Redcar and Cleveland had made improvements since our last comprehensive inspection

When we last inspected Lifeline Redcar and Cleveland in July 2016 we did not rate the service. However, we told the provider that it must take the following actions to improve services:

- The provider must ensure that staff fully assess and identify client risks.
- Staff must review client risk regularly.
- Where risk is identified, staff must complete a risk management plan.

We issued the following requirement notice:

Summary of this inspection

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

How we carried out this inspection

On this inspection, we assessed whether Lifeline Redcar and Cleveland had made improvements to the specific concern we identified during our last inspection.

During the inspection visit, the inspection team:

- Spoke with the service manager and one other member of staff.

- Looked at the risk assessment and management plans in 16 care records.
- Reviewed the findings from two care records audits.
- Reviewed actions taken from audit results.

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:

- All clients had received an individualised risk assessment. Risk assessments were up to date and reviewed as required by the Lifeline Project's policy.
- Staff had completed individualised risk management strategies where risk was assessed as medium or high.
- A regular audit programme was in place to monitor risk assessment records. Staff supervisions and team meetings were used to ensure compliance with policy.

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

- Quality of the risk management assessments and strategies varied. Some actions required to mitigate client risks were not clear.

Are services effective?

We did not inspect effective.

Are services caring?

We did not inspect caring.

Are services responsive?

We did not inspect responsive.

Are services well-led?

We did not inspect well-led.

Substance misuse services

Safe

Are substance misuse services safe?

Assessing and managing risk to clients and staff

Staff told us that since July 2016, the risk assessment template and process had improved. Staff completed a risk assessment with clients at their initial assessment. The risk assessment tool used was comprehensive and included offending behaviour, safeguarding children, physical

health, poly-drug use - which is when two drugs are used together, injecting history, relationships and domestic violence. Risk was assessed as low, medium or high. A personalised risk management strategy was then developed for clients presenting with a medium or high risk.

Lifeline Project's policy required that staff reviewed clients' risk every six months or earlier if changes in their circumstances or risk level occurred. We reviewed the risk assessments in 16 case records. Of these, 15 had been completed within the previous six months as required. The remaining record had been picked up during an audit by the manager and although the risk assessment was not on the electronic system, we were assured that the case records were currently in one of the hubs and a review of the client's risk had taken place.

When we visited in July 2016, we found that risk assessments were not always fully completed. During our visit in February 2017, we found that risk assessments were completed in full; however, they varied in quality. The majority were very detailed and provided clear reasons for the risk rating. Some risk assessments which were classed as low risk were brief in detail and did not provide an explanation as to why risk was classed as low.

When we last visited in July 2016 we found that staff did not regularly complete a risk management strategy when medium or high levels of risk were identified. At our visit in February 2017 all records contained a risk management strategy when medium or high levels of risk had been identified. The majority of the risk management strategies were personalised and individual to the client which enabled the risk to be effectively managed. Five risk management strategies contained generic statements which lacked detail, for example who to contact if risk increased. This potentially meant that other colleagues working with these clients might not understand what plans were to be followed to manage the client's risk.

All staff and managers met for daily 'flash' meetings. These were well-structured meetings with a standing agenda. We reviewed records from these meetings and saw that staff discussed client's risks and any significant events.

An audit programme to monitor the completion and quality of risk assessment and management had been put in place by the manager following our visit in July 2016. We reviewed audit findings over the past six months and saw that actions had been followed up. These included discussions with individuals in supervisions and re-audit to check that risk had been reviewed. Re-audits demonstrated that improvements had been made.

We were told that a development day had taken place and risk management was part of this day. Staff worked together in teams at this event to consider case studies and share learning.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure it continues its monitoring of risk assessment and management to support ongoing improvement in quality.
- The provider should ensure that staff provide sufficient detail of interventions to be used in all risk management strategies to ensure other colleagues are clear on what actions are to be taken.