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

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

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

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

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

Overall summary

We do not currently rate independent standalone substance misuse services.

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

- Staff did not always reflect client risks in a risk assessment or review them at the frequency required by Lifeline Project's policy. Staff did not complete individualised risk management plans to identify actions required to mitigate client risks.
- Lifeline Redcar and Cleveland had some staffing shortages and a lack of consistent management in recent months. Some staff had not received regular supervision and performance issues had not been consistently managed. Staff morale varied with some reporting high caseloads and levels of stress.
- The environment posed problems for staff in promoting clients privacy and dignity. Rooms were not soundproofed and there
- Staff did not always review assessment information and recovery plans in line with Lifeline Project's policy.
- Staff did not document void prescriptions on the void prescription log in a timely manner. Staff did not sign and date sharps boxes when they were assembled in line with good practice.

Summary of findings

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

- Staff worked collaboratively as a team and with other organisations to support the care and treatment needs of the client group. All staff we spoke with felt positive about the appointment of the new service manager and felt staff morale was improving.
- Clinical staff undertook detailed assessments of clients' needs and provided clear rationale for their prescribing regimes. Staff monitored clients' physical health in line with national guidance. Staff had access to a range of physical health equipment that was clean and calibrated in line with manufacturer's recommendations.
- Lifeline Redcar and Cleveland provided clients with access to a range of treatments and activities to aid their recovery. Families and carers had access to support and provided positive feedback about the care they received.
- Staff treated clients and their families with kindness and respect. We observed positive interactions between staff and clients in one to one and group sessions. Staff understood the needs of their clients and used this to build positive relationships with them.
- Staff provided access to flexible appointment times and gave clients a choice about where they would like to be seen. Staff actively sought feedback from clients and their families to improve and develop service provision.
- Staff knew when and how to report incidents. Staff provided clients and families with information on how to complain. Staff shared lessons learned from incidents and complaints in team meetings and supervision sessions.
- Lifeline Redcar and Cleveland had governance systems in place and the service produced local and national reports on its clinical effectiveness. Managers conducted regular audits on documentation and treatment offered to clients.

Summary of findings

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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 originally provided a harm reduction service in Redcar and Cleveland until 2013 when they were awarded the clinical contract. In 2014. Lifeline were awarded the whole treatment system contract for drug and alcohol.

Lifeline provides services in the Redcar and Cleveland area that are delivered from five locations, three of which are registered separately with the CQC. The inspection team jointly inspected all three locations, however this report relates only to the Lifeline Redcar and Cleveland service. A further two reports have been written on the Lifeline Redcar Prevention Service and the Lifeline Redcar South Bank Hub. The service also operates out of two hubs, one in Loftus and one in Skelton. These two hubs are not registered as separate locations. Information about the environments and clinical provision at both hubs are included in this report. At the time of inspection, the Lifeline Redcar and Cleveland service was working with approximately 400 clients, the hub in Skelton approximately 100 clients and the hub in Loftus approximately 40 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. Lifeline Redcar and Cleveland 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 registered manager in place and is registered with the CQC to provide the following regulated activities:

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

We previously inspected the service on 2 August 2012 and 11 October 2013. The service was found to be meeting all of the essential standards at that time. This is the first inspection using the current methodology.

Our inspection team

The lead inspector for this service was Jayne Lightfoot. The team comprised a further three inspectors, a pharmacy inspector and a recovery practitioner currently working in the substance misuse field. The team inspected three locations, however this report only applies to one location.

Summary of this inspection

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?

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

During the inspection visit, the inspection team:

- visited the service and looked at the quality of the physical environment
- observed two clinic appointments with clients and observed two group sessions, one focussing on relapse prevention and one on next steps
- spoke with eight clients and chatted briefly to a further 10 in a group session
- spoke with five carers who also accessed support from the service
- spoke with the regional manager and service manager
- spoke with 19 other staff members employed by the service, including nurses, care co-coordinators and volunteers
- spoke with one staff member who worked alongside the service but was employed by a different organisation
- collected feedback using comment cards from 16 clients
- looked at 14 care and treatment records for clients
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

Clients stated that staff were helpful, understanding, polite and treated people with respect. They reported that staff were accessible and provided enough one to one time to meet their needs. Clients in group sessions spoke of supportive staff who made them feel comfortable and confident to discuss their personal circumstances. We spoke to five carers who were accessing support from the service. They felt staff genuinely cared, listened to them and understood their needs. Some clients and carers did report that the environment required updating, that the facilities were poor and that the group room was not big enough to meet their needs.

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:

Risk assessments were not detailed and staff did not always update them as required. Staff did not develop personalised risk management plans to effectively manage clients who presented as medium or high risk.

Lifeline Redcar and Cleveland had some staffing shortages. Some staff felt caseloads were high and reported increased stress and pressure because of this.

Staff did not document void prescriptions on the void prescription log in a timely manner. Some prescriptions had been marked void in January 2016 but staff had still not documented this in the log six months later. Lifeline Project's policy did not give clear timeframes within which staff were required to document void prescriptions.

Lifeline Redcar and Cleveland had arrangements in place for the safe management and disposal of clinical waste. However, staff had not signed and dated sharps boxes when assembling them in line with good practice.

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

All areas were visibly clean and tidy. Staff had access to facilities and equipment to ensure they adhered to infection control principles.

Staff stored prescriptions and medication securely. Staff assessed all clients for safe storage of medicines.

Staff had access to a range of equipment used for monitoring physical health. The equipment was clean, in date and calibrated in line with manufacturers recommendations.

Lifeline Redcar and Cleveland had a safeguarding lead who maintained effective links with local safeguarding structures. Staff appropriately identified and reported safeguarding concerns, which they documented in clients' care records.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

Summary of this inspection

Clinical staff demonstrated a good working knowledge of guidance and treatment options for drug and alcohol users. Staff completed detailed notes of client's physical health assessment and needs and the rationale for their prescribing regimes. Staff carried out physical health checks on clients in line with national guidance.

Lifeline Redcar and Cleveland provided a range of treatment interventions for clients. Staff supported clients to engage in activities that aimed to integrate people into their communities and aid their journey to recovery.

Staff completed personalised and holistic recovery plans with the involvement of clients. These involved close working with other statutory and voluntary sector organisations in the local area. Lifeline Redcar and Cleveland had allocated staff leads whose role was to engage with hard to reach and diverse client groups.

Staff used validated tools to assess dependency and to monitor outcomes. Staff offered evidence based therapeutic interventions to support clients in their recovery.

All staff had a current disclosure and barring check in place. Lifeline Redcar and Cleveland also monitored when the professional registration of clinical staff was due for renewal.

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

Staff did not always fully complete detailed comprehensive assessments of client's needs, or update these as required. Staff did not always review recovery plans at the frequency required.

Lifeline Redcar and Cleveland had lacked consistent management between October 2015 and May 2016. Not all staff had received regular monthly supervision during this period and performance issues had not been consistently managed.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

Staff treated clients with kindness and respect. Staff understood the needs of the client group and supported them to feel confident in sharing their own experiences.

Clients we spoke with felt involved in their recovery plan. They understood their treatment and were happy with it.

Summary of this inspection

Lifeline Redcar and Cleveland provided a specially trained family and carer engagement worker. Families and carers reported that staff cared and listened to them, stating that they could not have coped without their support.

Lifeline Redcar and Cleveland provided clients with the opportunity to give feedback and inform service development. Staff could identify changes that had been made as result of this feedback.

Lifeline Redcar and Cleveland accessed volunteers who had used the service previously, so they could demonstrate to current clients that recovery was achievable.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

Lifeline Redcar and Cleveland met timescales for assessment to treatment in line with national guidance. Staff provided flexible appointment times and locations to try to meet the needs of all clients.

Staff used re-engagement plans to try to work with clients who left treatment in an unplanned way. Managers reviewed all case closures to ensure staff had taken all possible steps to re-engage clients in treatment.

Lifeline Project had clear processes in place for managing complaints. Staff informed clients of the complaints process at initial assessment and displayed posters on how to complain around the building.

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

Some clients reported that the environment was run down and facilities were poor. Rooms were not soundproofed and the waiting area was small.

The toilet used for urine screening was in the waiting area. There was no mechanism for clients to discreetly pass staff a urine sample if there were others in that waiting area.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

Summary of this inspection

Lifeline Redcar and Cleveland had governance systems in place and the service produced local and national reports on its clinical effectiveness.

Managers conducted regular audits on documentation and treatment offered to clients. Staff received feedback on these during supervision sessions.

Lifeline Redcar and Cleveland participated in innovative practice and staff were encouraged to take part in developing the service provision.

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

There was a vacancy in the administrative team, which was affecting staff's ability to carry out their functions effectively.

Staff morale varied and some staff reported increased stress levels. All staff felt positive about the appointment of the new service manager and felt morale was improving.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Lifeline Redcar and Cleveland provided staff with training in the Mental Capacity Act.

Staff completed consent to share information and confidentiality agreement paperwork with clients at initial assessment. This was present in all 14 care records we reviewed.

Staff understood that capacity could be impaired if clients were under the influence of substances. Staff knew what action they needed to take in this situation to ensure clients could consent to their treatment. Staff could identify where they would seek additional advice and guidance if they were concerned about a client's capacity.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

The environments were visibly clean and tidy. Cleaning staff adhered to cleaning schedules and documented each day the areas that had been cleaned. A buildings file held on site showed evidence of annual portable appliance testing completed in March 2016. Electrical equipment was clean and stickers were in place to show equipment had been tested. The service manager had identified two health and safety leads, which were responsible for monitoring all health and safety matters within the building.

An external health and safety audit had been conducted in 2015 and Lifeline had conducted an internal health and safety audit in 2016. The service had external contracts in place for confidential waste collection. A fire warden conducted regular alarm and evacuation tests with the most recent carried out in July 2016. The buildings file also contained an emergency lighting periodic inspection and testing certificate completed in May 2016 and a gas safety certificate completed in January 2016.

The rooms did not have an alarm system and staff did not carry personal alarms. Staff reported that if a client posed a potential risk they would be seen by two staff members. Staff based themselves across both floors and felt confident they would be aware if an incident was occurring and would respond accordingly. Staff that we spoke with told us that they felt safe working at the service.

Lifeline Redcar and Cleveland had five clinic rooms at the Redcar location, one at Loftus and one at Skelton. All three locations had access to an examination couch with paper rolls to cover them. Clinic rooms had hard floors, alcohol wipes and hand washing facilities with notices in place reminding staff of the importance of infection control. Staff had access to disposable mouthpieces for use with breathalysers.

Staff had recently introduced a clinic team cleaning rota in June 2016 and we saw evidence of these at all locations. All blood bottles, blood taking equipment and dressings were within date with the exception of two dressings in one clinic room. All three locations had urine testing kits and mouth swabs, which were in date. Staff had access to blood pressure machines, electro-cardiogram equipment, scales and height charts. One of the clinical team was responsible for ensuring equipment was calibrated in line with manufacturer's recommendations and we saw evidence that this had been done. The equipment was due to be re-calibrated in August 2016.

Safe staffing

Staffing levels were determined by the contracts laid out by commissioners. Lifeline Redcar and Cleveland was commissioned to treat approximately 850 clients. At the time of inspection, they were working with around 700 clients. Lifeline Redcar and Cleveland employed a range of staff who worked with clients across the three sites.

The staff reported some staffing shortages in recent months. Lifeline Redcar and Cleveland reported a total permanent staff sickness of 2.5% overall, a 3% vacancy rate and a substantive staff turnover of 17%, as at 29 April 2016. At the time of inspection, one care co-ordinator and one nurse were on long-term sickness absence. Lifeline Redcar and Cleveland had experienced issues with frequent short-term sickness, but the manager reported this had reduced. Lifeline Project used a tool to manage short term absences. The frequency of absences was squared by the number of episodes and produced a score for each staff member. Each score indicated a management procedure to be followed and we saw this being used in staff

personnel files. The service manager undertook welfare visits when staff were absent for a longer period and offered a phased return to work. Staff could access occupational health assessments to identify additional support required for improving their physical and mental health.

The service had a vacancy for a non-medical prescriber, which they had been trying to recruit to since April 2016. The service manager intended to request agency staff to cover this and one part time member of the clinical team was working full time in the short term to provide additional cover. One prescription manager was due to leave and the service had already recruited to the role. One care co-ordinator was due to leave and the post had been advertised. The team leader post was vacant and had been advertised.

The service manager used two local agencies to recruit staff although there were no agency staff employed in Redcar at the time of inspection. Agency staff underwent a local induction and had to work to a competency framework. The team lead or clinical lead would provide agency staff with monthly supervision as per Lifeline Project's policy. Managers approved annual leave ensuring there were sufficient clinical and non-clinical staff to deliver the service.

Caseload levels were high, ranging from 45-60 per staff member. The service manager reported that caseloads were regularly reviewed as part of the supervision process. Managers did not use a caseload weighting tool, but took into account the complexities of each client and could re-allocate them amongst the team if needed. Staff reported that although caseloads were high they were being reviewed and some cases were being transferred to other staff members where appropriate.

Lifeline Redcar and Cleveland had no clients awaiting allocation of a care co-ordinator at the time of inspection.

Lifeline Project did not have a list of mandatory training for all staff. Each job role had a list of competencies that determined which training courses staff needed to attend. For example, clinical staff were required to complete basic life support and naloxone training in an emergency, vaccination training, safeguarding training and revalidation training. The service manager reported all clinical staff in Redcar had done so with the exception of one nurse who was absent at the time of inspection. In the personnel files we reviewed, line managers checked training against the role competencies. All staff had access to training in conflict resolution, coping skills, taking mouth swabs, motivational interviewing and acupuncture amongst others. Staff also delivered basic drug and alcohol awareness teams to other organisations in the local area.

Assessing and managing risk to clients and staff

Staff completed a risk assessment with clients at their initial assessment. The risk assessment was developed by Lifeline Project and contained standard headings, such as poly drug use and domestic violence. It did not contain space for detailed information such as historical risk or dates when issues had arisen. The assessment contained a small box for a risk management plan.

We reviewed the risk assessments in 14 case records. Of these, 11 had been completed within the previous six months and the remaining three were over two years old. Lifeline Project's policy recommended that staff reviewed clients' risk every six months or earlier if changes in their circumstances or risk level occurred. Staff did not regularly complete a risk management plan when medium or high levels of risk were identified. Staff were unclear on which document they should use to formulate a plan. One document that had been used in three of the 14 records provided a list of standard strategies for managing risk. The manager reported that staff should use those strategies as a guide and remove the ones that did not apply to that client. Where staff had used this document, the standard strategies remained; it was not individual to the client and therefore did not effectively manage that individual's risk.

In one record, staff identified a client as being vulnerable, however, had not detailed this in any form in the risk assessment or standard risk management plan. The client had since disengaged from the service. In another record, staff had scored the client's mental health as high risk but provided no detail as to why. Staff had not developed a risk management plan and had not reviewed the risk since January 2016. The manager stated that the service would be developing the risk management plan document going forward and it would be a requirement for staff to complete for every client where medium or high risk was identified.

Lifeline Redcar and Cleveland had identified a lead worker who attended the local multi-agency risk assessment conference and two lead workers for safeguarding. These staff provided a link between the service and other

organisations involved in safeguarding people from abuse. Staff completed an information exchange with the local safeguarding team at the initial assessment stage if the client had children. This ensured both services knew the other was working with the family and allowed for the sharing of information and joint working in the best interests of the family. The safeguarding lead attended liaison meetings with other organisations such as school nurses, health visitors and the acute hospital staff. They had recently developed a safeguarding register, which identified each client whose children were involved with the local safeguarding team and whether they were child in need cases or child protection cases.

Lifeline Project had a lone working policy in place. Lifeline Redcar and Cleveland were not commissioned to deliver an outreach service; however, staff would see clients at home if the need arose. Staff sought approval from the team leader if a home visit was required. Staff used a signing in and out folder to identify where they were going and an expected time of return. They took a shared mobile phone with them. The service manager reported staff did not frequently undertake home visits. The signing in and out register had some gaps, such as car registration number, telephone contact and expected time of return.

Staff prescribed medication for clients using NHS prescriptions. Lifeline Redcar and Cleveland did not have controlled drugs on site. Prescription pads were stored in a locked cupboard when they arrived and until they were allocated to clinical staff. Staff kept an electronic record of serial numbers and were responsible for logging the prescription pads. Once allocated, they were kept in a folder in a locked filing cabinet in office areas. When staff had pre-printed prescriptions, they kept them in an alphabetically filed box which was locked away and the key was kept by a member of staff. Staff discussed any instances where clients reported lost prescriptions with the wider clinical team before reprinting them. These processes were in place to prevent fraudulent use of prescriptions and prescribed medicines.

Staff kept a log of prescriptions that needed to be destroyed; for example, when treatment changed. These prescriptions were entered onto a 'void prescription log sheet' and the destruction was witnessed by a second person. However, some prescription forms were noted as 'void' in January 2016 but staff had still not entered them onto the log at the time of inspection. Lifeline Project's policy did not clearly outline the timeframe within which staff should document void prescriptions. The clinical lead in Redcar was going to amend this following inspection.

Staff assessed all clients for safe storage of medicines. When necessary, clients were advised to obtain a lockable box in which to store their medication as a safety measure. Medication such as methadone can cause accidental poisoning if taken by other people, especially children. If staff were concerned about the potential harm of clients taking medication home, they used supervised consumption and daily collection from the pharmacy to mitigate this risk. Supervised consumption requires the pharmacist to supervise the consumption of prescribed medicines at the point of dispensing in the pharmacy.

Lifeline Redcar and Cleveland had arrangements in place for the safe management and disposal of clinical waste. However, staff had not signed and dated sharps boxes when assembling them in line with good practice. Staff stored medication securely in clinic rooms and kept vaccines for the treatment of blood borne viruses in a fridge. Staff reported they checked the fridge temperature daily. Staff had undertaken cold chain training the week prior to our inspection. This was in response to an incident at another site where fridge temperatures had not been accurately monitored which had affected the safety of the vaccines stored within them. Staff had identified areas for improvements, such as an internal thermometer in fridges and only clinical staff to monitor the fridge temperatures. The clinical lead had ordered internal thermometers for all locations.

Staff regularly checked the expiry dates of vaccines and prefilled syringes of adrenaline and naloxone ensuring that they were safe to use. Nurses administered vaccines using patient group directives that had been produced line with national guidance. A patient group directive is an agreement signed by a doctor that can enable clinicians to supply or administer prescription only medicines to clients. Clinicians can do this using their own assessment of need and without necessarily referring back to the doctor for an individual prescription.

Track record on safety

Lifeline Project had a central process for reporting incidents, including serious untoward and critical incidents. Staff sent reports to the dedicated email address

using a standard form, which contained all the information required to monitor and manage incidents. Staff reported serious incidents immediately by telephone, followed by an incident report form within 24 hours. There had been no serious incidents requiring investigation in the twelve months prior to the inspection.

Incident reports were reviewed by Lifeline Project's clinical governance lead and forwarded to the relevant director. CQC registered managers were responsible for ensuring that incidents were notified to CQC where required, supported by Lifeline project's clinical governance lead. As at 28 April 2016, the service had not notified the CQC of any safeguarding concerns or whistleblowing concerns.

Reporting incidents and learning from when things go wrong

Staff uploaded incident reports onto Lifeline Project's clinical governance database, which was used for analysis, reporting and to track high-risk incidents. Lifeline Redcar and Cleveland reported 33 incidents in the 12 months prior to inspection. These included client deaths, altercations between clients and issues with equipment. A review of two incidents that had occurred in June 2016 showed staff had followed these procedures. The manager had reported the incident and checked staff wellbeing, reminding them of the process to access counselling support if required. The manager then undertook a clinical audit of the file to ensure any lessons to be learned could be shared with staff.

Staff participated in identifying and implementing learning from incidents at service level reviews and discussions. Staff contributed to external investigations into serious incidents by attending serious case review and coroner's inquests where required. There had been no serious case reviews involving Lifeline Redcar and Cleveland in the 12 months prior to our inspection. Staff discussed incidents in team meetings, daily flash meetings and in supervision to identify lessons to be learned.

Duty of candour

Lifeline Project had written a duty of candour policy in July 2016. This was a new policy and the manager was not aware of it. Staff were aware that serious incidents had to be reported immediately. There had been no incidents that had triggered the duty of candour policy. Team meeting minutes included discussion on the duty of candour and advice on which incidents might trigger the 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)

Staff completed an initial comprehensive assessment with clients and reported they were expected to undertake an assessment review every six months. This was not happening in all records that we reviewed. Staff had left sections in some assessments blank. For example, in one assessment the section about children was blank. This was not clear whether the client did not have children or the staff member had not completed the document in full. The quality of information contained in the assessment varied depending on the skills of the staff member. In 12 of the 14 records, staff had completed a detailed assessment of the client's substance use.

All 14 records contained a recovery plan although this had not been recently updated in two records. Staff reported that recovery plans should be reviewed every three months. Two had last been reviewed in November 2015. The Lifeline Project recovery plan covered the four domains as recommended in the department of health UKCG07 drug misuse and dependence UK guidelines on clinical management. These were drug and alcohol use, physical and psychological health, criminal involvement and offending behaviour and social factors. These recovery plans were holistic, personalised and considered recovery capital. Recovery capital is a term used to predict the likelihood of achieving sustained recovery. It is 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.

Staff completed both paper and electronic records. Staff completed paperwork with clients and then uploaded it onto the electronic system. All paper care records were stored securely in filing cabinets on the first floor or in staff offices.

Best practice in treatment and care

The Lifeline treatment model followed evidenced based interventions recommended by the National Institute of Health and Clinical Excellence. Lifeline Project's clinical

lead ensured staff were kept updated with national guidance and best practice. Because of updated guidance, Lifeline Project had recently reviewed the prescribing policy. The clinical lead in the Redcar service had undertaken a gap analysis to identify actions required to ensure they were compliant with the new policy. Lifeline Project's clinical lead also kept patient group directives up to date and reviewed more complex clients in fortnightly clinic appointments. Staff reported that they received sufficient support from Lifeline Project's clinical lead and could contact them when they were not at the Redcar service for advice and guidance.

Clinical staff demonstrated a good working knowledge of guidance and treatment options for drug and alcohol users. Staff's assessment of client's physical health varied depending on the client's needs. Staff ensured all clients who were prescribed 100ml or more of methadone had an annual electro-cardiogram as recommended in best practice guidance. In client's notes, clinical staff provided detailed reviews of physical health and prescribing needs. In all cases, they detailed clear rationale behind prescribing regimes, provided a detailed plan for managing the client's physical health, and associated needs. Lifeline Redcar and Cleveland's clinical lead would review all electro-cardiograms and blood results to ensure they identified any concerns and made recommendations for treatment in a timely manner.

Staff gave clients information on the treatments available and obtained consent when medicines were used off label. Off-label medicines are medicines that have a product licence and a UK marketing authorisation, but are prescribed or supplied for a different use to those detailed in the summary of product characteristics. The clinical team did not provide a dispensing service onsite. Staff arranged for their clients to collect their medication from their preferred pharmacy. Staff added a reminder to their prescriptions, requesting pharmacy staff to contact the service when a client missed collecting their medication for three days. This was because of the increased risk of overdose due to reduced tolerance levels after this period.

If staff had concerns about diversion, they would discuss this with the client and use screening tests to identify if the client was not consuming their prescribed medication, such as methadone. Diversion is the term used when a client transfers any legally prescribed controlled substance to another person for illicit use. Nurses reduced the risk of diversion by prescribing supervised consumption, when appropriate, for those clients on opioid substitute treatment.

The Lifeline Redcar prevention service was located across the high street and delivered a harm reduction service to clients. However, staff across all three locations in Redcar, Loftus and Skelton felt confident in giving harm reduction advice to clients and knew what action to take in the event of a needle stick injury. Care records showed evidence of staff providing information on harm reduction. Staff were trained to undertake blood borne virus testing including the delivery of the pre and post-test counselling. Clinical staff were trained to vaccinate clients against Hepatitis B and Hepatitis C. Between 1 April 2015 and 31 March 2016, staff had conducted 664 blood borne virus tests.

Lifeline Redcar and Cleveland had recently been awarded the contract to deliver a smoking cessation service. The service had also taken part in national health campaigns promoting information on men's health, links between cancer and alcohol and breast cancer awareness.

The manager planned to develop work with clients on sexual health and information on this was displayed in the waiting area at the time of inspection.

When staff prescribed a community detoxification, they had a clear process to follow. Staff wrote to the general practitioner to confirm current medications the client was taking, developed a detailed aftercare plan and involved the throughcare and aftercare staff at every stage. Staff generally prescribed planned detoxifications and if the need arose to support someone in withdrawal, they would provide symptom management as opposed to detoxification. Staff ensured clients attended the service daily with the person supporting their detoxification and would not prescribe another detoxification within three months. Staff also offered group work sessions to provide additional support to clients before and after detoxification. The clinical lead in Redcar managed the budget for inpatient detoxification and reported that this had been sufficient to meet the needs of the client group. Staff reported little demand for residential rehabilitation and had only made two applications for this in the previous 18 months.

Staff used motivational interviewing techniques and engaged clients in cognitive behavioural therapy in both

one to one and group work sessions. Staff delivered the international treatment effectiveness programme as recommended by the National Treatment Agency. This approach uses structured psychosocial interventions to engage clients more effectively in care planning and maximise their potential for recovery. Two care records contained international treatment effectiveness programme maps which staff used to record decisions and progress and assist clients in problem solving. The throughcare and aftercare staff also offered acupuncture to clients.

Lifeline Redcar and Cleveland provided access to a range of holistic activities to engage clients in treatment and promote recovery. Clients we spoke to were aware of the range of services and activities available. The throughcare and aftercare workers supported clients to access additional support with housing, employment, and education. Their role was to assist clients to integrate into the community and maintain their goals. Staff delivered a smart recovery group at a local library in Redcar. They worked with clients to produce a service newsletter, which promoted the range of activities available and helped clients to develop skills that could assist in seeking employment.

Staff and clients had access to an allotment and clients learned about growing their own produce. They used the produce to provide food to clients, such as soup and a roll in the winter months. The staff and clients had engaged in an initiative called bike to recovery, which supported clients to gain their cycling proficiency. The staff had negotiated with the local leisure centre and enabled clients to access the facilities for six months free of charge to improve their physical health and wellbeing.

In all records, staff had completed an alcohol use disorders identification test to determine the level of support required for clients with their alcohol consumption. Staff also completed the severity of alcohol dependence questionnaire to determine if a community detoxification programme would best meet the needs of that client. Both tools are recommended for use in assessing alcohol dependence by the National Institute for Health and Care Excellence guidance PH24 Alcohol use disorders: prevention.

Lifeline Redcar and Cleveland reported outcome information to the national drug monitoring treatment system on a monthly basis. The national drug monitoring treatment system is managed by Public Health England and is a national performance management tool for drug and alcohol services. Staff reviewed treatment outcome profiles every 12 weeks with clients and this information was used to reflect on progress with clients and to monitor the effectiveness of the service. As at 31 March 2016, staff were achieving 100% completion of treatment outcome profiles at clients start, review, and exit from treatment.

Skilled staff to deliver care

In Redcar, there were six care co-ordinators, with a further two in Skelton and one at the Loftus hub. A clinical lead, two non-medical prescribers, and two nurses formed the clinical team. This was supported one day per fortnight by Lifeline Project's clinical lead who also worked as a general practitioner in the area and had responsibility for all Lifeline Project services in the region. The lead held fortnightly meetings at Redcar with the clinical team and provided clinical supervision to the clinical lead based within the Redcar service. The clinical lead in Redcar provided clinical supervision for the nursing staff.

A senior practitioner and two prescription managers supported the clinical team. Their role was to care co-ordinate some clients, issue prescriptions, and request changes to medication in line with treatment plans. The service employed two part time counsellors, four throughcare and aftercare workers, and one family and carer engagement worker. They were responsible for the psychosocial intervention part of the service and delivered one to one sessions and group work. The manager identified group work as an area to develop as it was not well attended by clients or was often attended by the same group of clients.

Lifeline Redcar and Cleveland ensured all staff had a current disclosure and barring service check in place. Managers placed copies of this in personnel files and the senior administrator monitored a spread sheet that identified when these checks were due to expire. The same process was followed to ensure professional staff had a current registration with the nursing and midwifery council.

Staff felt the induction they received to their role was adequate. New staff spent time with different members of the team and visited all the locations. All staff were recruited against role-specific job descriptions, which set out the required competencies for each role. Competency was assessed before completion of probationary periods.

Staff then put personalised plans in place for continuing professional development, which were monitored through annual appraisals. Lifeline Redcar and Cleveland monitored attendance at training through supervision and the annual appraisal. Staff took responsibility for finding specialist training in their area of expertise and Lifeline Project supported staff to access this where possible.

Lifeline Redcar and Cleveland had lacked a consistent service manager between October 2015 and May 2016. During this time, a temporary manager had been in place for three months, but the impact of this period could be seen in staff supervision files. The service manager had identified some issues with a staff member and begun to address them in October 2015. With the change in management, these issues remained but were not addressed again in supervision until February 2016. Lifeline Project recommended that staff received monthly supervision with their line manager. We reviewed five personnel files, three of which showed staff had received regular supervision. In two files, supervision had been intermittent with gaps of four to six months between supervision sessions. The regional manager and service manager were aware of these issues. The team leader role was vacant at the time of inspection, so the manager organised for a team leader from another location to ensure all staff had received a recent supervision. An external supervisor provided regular clinical supervision for counselling staff.

Staff undertook an annual appraisal with their line manager and 90% of non-medical staff in the Redcar and Cleveland service had received an appraisal in the 12 months prior to inspection.

Lifeline Redcar and Cleveland aimed to undertake more observations of staff practice with clients and were in the process of developing a template to record this.

Staff met each morning for a flash meeting to discuss any issues that had arisen over the last 24 hours and plan for the coming day. Staff had felt the meeting required more structure and were subsequently happy with the changes the service manager had made to this. The meeting focussed on staffing, risk issues and identified key tasks for the day.

The team leads held a monthly team meeting with all staff which was regularly attended by the service manager and guest speakers from other organisations. Staff in the Loftus and Skelton hubs attended the meeting at the Redcar service. Agenda items included health and safety, safeguarding and training. Clinical staff had an additional separate meeting every month. Staff did not follow a standing agenda and items that had recently been discussed included caseloads, staffing rotas, audits and documentation. The clinical lead in the Redcar service planned to commence fortnightly clinical meetings, one of which would be a case discussion about clients.

Multidisciplinary and inter-agency team work

Staff reviewed client's needs on a regular basis and care co-ordinators would often hold joint review meetings with clinical and psychosocial staff. Staff used the daily flash meeting to handover any key issues or concerns about clients from the previous 24 hours.

Lifeline Redcar and Cleveland were involved in the development of a community hub. This was in its early stages and was being led by the local authority with the involvement of a number of local statutory and voluntary sector organisations. The aim was for services to work together, to provide early intervention work with clients preventing further ill health and potentially hospital admissions.

Lifeline Redcar and Cleveland worked closely with hospital liaison service staff in a local acute hospital. They met regularly to discuss how best to jointly care for clients who frequently attended hospital for treatment related to drug and alcohol dependence. Staff also linked closely with acute hospital staff on the blood borne virus agenda. Staff established a referral pathway to a named staff member within the hospital. Staff referred any clients whose test results indicated a virus and provided transport to ensure clients could access this clinic. The acute nurse had also begun to deliver a clinic from the Lifeline Redcar and Cleveland South Bank location for all clients.

Lifeline Redcar and Cleveland had an allocated dual diagnosis lead for clients with both substance misuse and mental health problems. The lead had provided an update to staff at a recent team meeting about the work that was being undertaken with mental health services. This involved the development of more robust pathways and ensuring staff knew what services were available and how to access them. Lifeline Redcar and Cleveland had recently received accreditation by a local university to take on student nurses. This would be managed by the clinical lead

and would add additional provision to the team. The staff had also undertaken a project to develop improved links with general practitioner surgeries across the rural geographical area they covered. This had resulted in staff offering clinics out of three doctor's surgeries, which enabled easier access to appointments for clients.

The family and carer engagement worker referred carers to other organisations, such as carers together and MIND for additional support. Staff supported clients to access mutual aid organisations such as alcoholics anonymous and narcotics anonymous and recognised the benefits of this collaborative approach to care for their clients.

During the inspection we spoke with a member of staff employed by a stakeholder organisation. They conducted joint appointments with Lifeline staff for clients who were involved with the criminal justice system. They felt Lifeline Redcar and Cleveland offered a whole wrap around package that did not just focus on prescribing but aimed to assist clients towards recovery. They also reported that Lifeline staff enabled clients to have a seamless transfer from prison back into the community.

Staff worked with the local safeguarding team, submitting reports for conferences and attending strategy meetings. The service manager attended the local safeguarding board which included staff from the probation service, mental health services and the local authority. The board met quarterly to discuss strategic needs and monitor the multi-agency working across services. The board monitored how many reports staff in Lifeline Redcar and Cleveland had submitted to the local authority as expected and how may strategy meetings and conferences staff had attended.

Good practice in applying the Mental Capacity Act

Lifeline Project had developed training in the Mental Capacity Act for staff. This was an internal electronic learning module. The training package included information on the five statutory principles of the Act, the two-stage test of assessment, best interest decisions, and advocacy services.

The clinical lead at Redcar had a good understanding of capacity and described the need to ensure clients could make an informed decision and consent to the treatment being provided. Staff understanding of the Mental Capacity Act varied, although all staff understood that capacity could be fluid in clients who used substances and alcohol.

Staff reported that if a client's capacity was impaired as they were too intoxicated to understand decisions being made or treatment being given, they would ask the client to return at another time. Lifeline Project reported that most clients did not have cognitive impairments that would mean they could not consent to care or treatment. Staff were aware of the need to consult specialist support in these circumstances. They would speak with their managers and clinical team, or would use their local mental health services and local authority for additional guidance if required.

The consent to share information and confidentiality agreement paperwork was complete and present in all 14 care records. It included sharing information with other organisations and the national drug treatment monitoring system. It also included advice on the requirements of staff to notify the driver and vehicle licensing authority under the governments assessing fitness to drive guidance.

Equality and Diversity

Lifeline Project set out their equality and human rights responsibilities in a number of policies, including their equal opportunities policy, employee handbook and training and development policy. Lifeline Project is an equal opportunities employer and has undertaken equality impact assessments in services where issues of equality have been identified.

Lifeline Redcar and Cleveland made adjustments for staff who had mobility issues or physical health problems. An example of this was a staff member who suffered back problems. The manager relocated them to a ground floor office and provided an external ergonomic workstation assessment, which resulted in the purchase of a specialist chair to support that staff member. The assessment referred to the responsibilities of Lifeline Project as set out in the Equality Act.

The service manager had identified staff to act as leads in specific areas, attending meetings with other agencies and supporting staff to meet the needs of particularly vulnerable and diverse clients. This included ex-servicemen and black and minority ethnic clients, those at risk of domestic abuse or safeguarding and an overall equality and diversity lead. Staff delivered drop in sessions at domestic abuse services to ensure access to services for those clients who may not feel safe attending the service.

Substance misuse services

Management of transition arrangements, referral and discharge

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

Lifeline Redcar and Cleveland also worked with clients who transferred from other substance misuse services in other areas. Staff assessed these clients for priority and gave an initial appointment as soon as possible. Staff would liaise with the referring service to gather assessment and prescribing information. The same process would be followed if a Lifeline Project client transferred to another service. Lifeline Redcar and Cleveland had access to a secure fax machine and secure email address to support this transition of client care and treatment.

The probation officer we spoke with reported that Lifeline staff enabled clients to have a seamless transfer from prison back into the community. The clinical lead within Redcar advised that staff spoke with substance misuse staff in the prison to plan appointments for the day of release. They would send the clients assessment documents and a copy of the last prescription. If a prisoner was going to court and there was a possibility they may be released, staff would again plan an appointment and fax a copy of their last prescription. In some cases, clients may unexpectedly be released from custody. Clinical staff had protected time in the morning and at the end of the day where they could see emergency appointments, such as unplanned prison releases.

Are substance misuse services caring?

Kindness, dignity, respect and support

We observed the interaction between staff and clients in two clinic appointments. We saw that staff carried out a thorough assessment of the client's needs whilst explaining their treatment options in detail. Staff were clear about the rules of confidentiality, when they would share information and made the client feel comfortable. The staff members communicated well with the clients, demonstrating good listening skills.

We also observed two group sessions during the inspection. The atmosphere was relaxed and comfortable. Staff made the content individual to each client and supported clients to share their own thoughts and feelings. Staff knew the clients and used this information to develop positive working relationships with the group. All group members across both sessions spoke positively of the staff and the benefits of attending the group.

Redcar prevention service based across the high street provided a harm reduction and needle exchange provision to clients. Best practice indicates that this should be a confidential service to encourage attendance. Attendance at this service aimed to reduce the potential harm to the client and wider public from the use of dirty needles and the inappropriate disposal of injecting equipment. Both services recorded their work with clients on the same electronic system. This meant that care co-ordinators and clinical staff could see that their clients were using the harm reduction service. They could not see the details of the support, advice, or equipment that the clients had received. In order not to discourage clients from attending the harm reduction service, staff in the Redcar service were encouraged not to use this information in their work with clients. Staff aimed to build an open and honest relationship in which clients could tell them if they were still using illicit substances.

Lifeline Redcar and Cleveland also provided clients with access to counselling. Counselling staff kept separate paper records on clients to preserve client confidentiality. They also made session notes in a separate section on the electronic system that had protected access rights for counselling staff. Counsellors made clients aware of circumstances under which they would break this confidentiality, such as if they had safeguarding concerns.

Staff were aware of the importance of maintaining client's confidentiality. Staff shared information with the client's family providing the client had given consent. However, the reception window was in a small waiting area meaning clients could be overheard. Staff made adjustments where they could, such as taking clients to quieter areas of the building if they wished to speak in confidence.

The involvement of clients in the care they receive

Clients we spoke with felt involved in their care and reported staff had offered them a copy of their care plan. They reported that staff involved their families in their treatment with their consent.

The family and carer worker had received community reinforcement and family training, which provided a tool

used to help carers learn how to support family members and increase the clients motivation for change. We spoke with five carers who were receiving support from the family and carers engagement worker. They all spoke positively of the care they had received stating staff were very caring and listened to them. One carer reported they could not have done without the support of Lifeline Redcar and Cleveland staff, referring to the staff member as brilliant, and feeling that staff understood what they were going through.

Lifeline Redcar and Cleveland had postcards and comment boxes available in the reception area of the main building and of the two hubs. The data and performance officer collated feedback from these cards and it was shared with staff at the team meeting. The majority of feedback cards collected over the previous three quarters averaged scores of three out of four. Comments included supportive staff, a great service and that the staff and groups had been amazing. Staff also sought feedback in the form of evaluation sheets from clients who attended group sessions. We reviewed 28 forms completed between June and July 2016. Clients stated that staff presented the sessions well and that staff did not judge them.

Lifeline Redcar and Cleveland undertook an annual service user consultation. In 2015 they received responses from 173 alcohol and drug clients, 151 of who responded they were happy with the service provided. The consultation asked clients if they were aware of the services offered by staff, what parts of the service they were happy with and what they would like to see in addition to this. Staff reported that in response to client feedback they placed a television in the waiting area and opened the hub in Loftus. Lifeline Redcar and Cleveland had received 16 compliments between April 2015 and March 2016. One client reported how group sessions had increased their confidence and others felt that staff were non-judgemental, supportive and genuinely cared.

At the time of inspection, the service had three active volunteers. Lifeline Redcar and Cleveland recruited volunteers who had their own experiences of using services. They recognised that people who have used the service previously added value to the service and demonstrated to clients that recovery was achievable. Volunteers were required to undergo disclosure and barring service checks and received supervision from a permanent member of staff within the service.

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

Access and discharge

Lifeline Project provided services in response to local need as expressed by commissioners, informed by their community knowledge. Lifeline Redcar and Cleveland reviewed and amended delivery with commissioners to remain relevant to developing local needs. This included monitoring clients accessing the service by population group and taking action to address under-representation.

Opening times for Lifeline Redcar and Cleveland were 9am to 5pm Monday to Friday, late night Thursday until 7:30pm and Saturday from 10am until 2pm. This was to ensure they could offer flexibility to those clients who worked and had childcare needs. Lifeline Redcar and Cleveland operated a duty system that ensured clients could be seen for an initial assessment if they decided to walk in and self-refer. The duty system consisted of two staff members on a rota system each day to ensure if one was in an appointment; the other duty worker could still see clients. Staff also booked initial assessment appointments for clients if a referral was received from another organisation. Clients that we spoke with said that appointments ran on time and we were not made aware of any occasions where client's appointments had been cancelled.

Lifeline Redcar and Cleveland worked towards the national target of clients receiving first treatment interventions with a waiting time of three weeks or less. During the period 1 January 2016 to 14 July 2016, staff assessed 239 new clients. Of these, 70% were assessed on the day of referral, with the majority seen within 21 days. Only three clients were not seen within target and the manager provided reasons for this such as clients not attending appointments or being referred whilst still in custody. Lifeline Redcar and Cleveland also monitored the waiting times between clients being assessed and being offered clinical treatment. Of 147 new clients in the same time period who were offered clinical treatment, 82% received their prescription on the day of assessment.

Lifeline Project had a policy outlining action staff needed to take if a client did not attend appointments. Staff would make three attempts to contact a client before discharging

them. This could include arranging a joint appointment with the clinical team for those clients who were not attending care co-ordination appointments but were still attending to collect their prescription. Staff would also liaise with other services in an attempt to re-engage clients. If the client was discharged from the service due to non-attendance, staff would inform the other agencies working with the client as outlined in the information sharing agreement. The percentage of clients who had not attended offered appointments between April 2015 and March 2016 at Lifeline Redcar and Cleveland was 25%. At Loftus this was 19% and at Skelton this was 26%.

In the same period, Lifeline Redcar had discharged 584 clients. Of these, 58% had completed treatment, 25% had transferred to other services, 16% had unexpectedly left treatment, and the remaining 4% had either withdrawn from treatment or were deceased. Staff followed up within seven days all clients who had left treatment in an unplanned way in an attempt to re-engage them. Lifeline Redcar and Cleveland were meeting their annual targets for the number of alcohol and non-crack and opiate users successfully exiting treatment as at 31 March 2016.

The service manager and team leader would audit all case closures to ensure staff had made every effort to engage the client and had followed the correct procedures. Staff were expected to complete a re-engagement plan with clients identifying actions they would be happy for staff to take if they unexpectedly left treatment, such as call a carer or visit them at home. The manager and team leader checked whether a re-engagement strategy had been identified as part of the case file audit.

The facilities promote recovery, comfort, dignity and confidentiality

The service at Lifeline Redcar and Cleveland was delivered from a terraced three storey building on the high street in Redcar. Client's accessed the ground and first floor with the supervision of staff. On the ground floor, there were two small waiting areas, one that was separated by a locked door and used for clients who presented with children. This waiting room also contained a toilet and a separate interview room. This toilet was used for urine screening. There was no mechanism for clients to discreetly pass staff a urine sample if there were others in that waiting area.

A notice on the wall informed clients that they could request drinking water from reception. A further interview room and two clinic rooms were located along a corridor next to the staff kitchen area. Staff would escort clients to these rooms and they would not be left unattended in these areas. The first floor had a staff office and three clinic rooms. The second floor was accessed via a narrow staircase. It contained two staff offices, one of which incorporated a small kitchen area and a staff toilet.

Some staff reported it could be difficult to access rooms to see clients during busy parts of the day. Client rooms were not soundproofed and had signs on the doors to indicate this to clients. The manager reported they had sought additional insulation in an attempt to soundproof the rooms but it had not worked effectively.

A rear fire door on the ground floor led to the exterior of the building and provided access to a separate building known as the annex. The annex had a music room with a range of equipment available to use, including guitars and a keyboard. Staff delivered group work from a separate room in the annex. The annex could also be accessed from the main road to the rear of the premises. This building remained locked and was only accessed by clients when staff were present.

We reviewed the evaluation forms completed by clients who had attended group sessions in June and July 2016. In five of 28 completed forms, clients raised the environment as an issue stating the building required updating, facilities were poor and the group room was not big enough. One carer also commented that the building was run down and didn't seem welcoming. They preferred to be seen at their GP surgery. Lifeline Redcar and Cleveland staff worked across five locations and held clinics in a further three GP surgeries. They offered clients a choice of where they would like to be seen to mitigate some of the issues with the environment

Staff displayed posters on the wall promoting recovery and support groups such as alcoholic's anonymous meetings and the local smart recovery group. Clients could pick up leaflets in the waiting areas providing information of a range of treatments and services available in the local area. Notices were available in reception informing clients of local drugs warnings. This included notifications of new types of substances in use in the area or an increase in their strength.

Meeting the needs of all clients

Staff could access interpreters if required and make leaflets available in other languages. The service manager reported that clients could choose which location to attend to ensure it met their needs, rather than being allocated to a location depending on where they lived. Some clients found it easier to attend the building in Redcar, although they lived in a rural location, because they visited the town centre daily anyway.

The environment was not ideal for clients with a physical disability, although staff reported a wheelchair could fit through the doors. Staff would arrange to see clients with a disability at other locations if this best met their needs.

Listening to and learning from concerns and complaints

Between April 2015 and March 2016, Lifeline Redcar and Cleveland had received four formal complaints. Of these, none were upheld and none were referred to the parliamentary and health service ombudsman. Two involved complaints about flexibility of appointment times when a client had reported early for an appointment and had to wait to be seen. Two complaints were from clients who were not happy about the particular treatment and advice they had been offered.

Operational managers had responsibility for investigating informal complaints and sharing lessons learned. The relevant operational director or the chief executive nominated an investigating officer for formal complaints, which would be someone who did not have line managerial responsibility for the service. Staff documented investigations on a standard template and were aware of the complaints policy. The outcomes of investigations were reported to the board through a clinical governance report. This included trends in numbers and categories of complaints, along with summaries of investigations into complaints with significant organisational impacts. Lifeline Project also undertook an annual complaints review including demographic analysis of complainants, to determine whether certain groups of clients were raising more complaints than others.

Lifeline Redcar and Cleveland displayed posters and leaflets advising clients of their rights to complain. Staff also provided a verbal explanation of the complaints procedure at initial assessment and again if a client raised any concerns about the services throughout their treatment journey.

Are substance misuse services well-led?

Vision and values

Lifeline Project had a mission statement which was 'we work with individuals, families and communities both to prevent and reduce harm, to promote recovery, and to challenge the inequalities linked to drug and alcohol misuse.' Their vision was 'to provide alcohol and drug services that we are proud of; services that value people and achieve change'. A list of four values focussed on improving lives, effective engagement, exceeding expectations and maintaining integrity. The service manager reported that Lifeline Project's visions and values were that everyone should lead from every seat, that staff should value each other and clients and staff should focus on building recovery capital in a holistic way.

The regional manager had a strong presence at the Redcar site to support the induction of the new service manager. The regional manager reported access to regular supervision with their director and an open door policy. The chief executive, director, and trustee's had visited the service historically. Lifeline Project's clinical governance lead had also attended the team development day.

Good governance

Lifeline Redcar and Cleveland employed a data and performance officer, a senior administrator, three administrators and an apprentice. One administrator was on a part time short term contract and there was a vacancy advertised for a senior administrator. The manager acknowledged it was a busy waiting area and the vacancy had an impact on staff workload. This had been discussed in the management meeting as errors had been occurring in uploading data and managing mail. The data and performance officer was training one of the administrators to submit data to the national drug treatment monitoring system as a contingency plan in case they were absent or on leave.

Lifeline Project held business continuity plans for each service, as well as plans to manage key continuity threats at an organisational level. The most recent corporate risk register, dated 3 February 2016, highlighted four high risks,

three moderate risks, eight medium risks, one medium/low risk and six low risks. These included contract and financial concerns as well as the possibility for adverse publicity and reputation.

The diagnostic outcome monitoring executive summary report produce by the National Treatment Agency was used to benchmark individual service performance against other services in clusters. The data and performance officer produced reports which allowed the service manager to monitor the performance of the service. These included whether staff had completed consent forms, risk assessments, recovery plans, and treatment outcome profiles on every client as required. These reports also monitored whether staff had offered clients blood borne virus screening and vaccinations and when their last care co-ordination appointment was. This ensured staff were seeing clients regularly and reviewing care and treatment in line with Lifeline Project's policy and procedures. The service manager could view this information for the overall service, for each location and for each staff member.

The service manager and team leaders met fortnightly to discuss presenting issues within the service. There was no standing agenda to this meeting and it was used to share information and identify actions required to improve and develop the service. Lifeline Redcar and Cleveland had a service delivery plan for 2016. This focused on the workforce, projects to be undertaken, performance, policies and procedures. Examples of objectives included a review of training needs, increased observations of staff, increase client numbers in psychosocial interventions and work on the re-testing of clients for Hepatitis C.

Every four to six weeks, the service manager, team leader and clinical lead would sample approximately 40 case files and undertake an audit of each one. The case file audit tool checked whether staff had completed paperwork correctly and offered clients appropriate access to assessment tools and treatment. Managers gave staff feedback during supervision and produced a list of actions that were required to ensure case files and treatment met the desired standard. Staff also undertook regular audits of prescribing and the clinical lead reviewed one case file in detail with each staff member at their monthly supervision and a further six at their annual appraisal. Lifeline Redcar and Cleveland had an audit plan in place for the coming year, which identified planned audits each quarter on safeguarding, note keeping, health and safety and supervision.

Leadership, morale and staff engagement

Lifeline Redcar and Cleveland held a quarterly staff development day which included staff from all five locations. Staff discussed policy, staff development, team building and performance. They were used to engage staff in developing and improving the service provision. Managers encouraged staff to use their initiative and own interests to benefit clients. Some staff with musical ability ran a music group and staff had been given approval to purchase bicycles for clients to use in a charity bike ride.

Staff morale varied and the manager reported there had been some historical issues that impacted on morale but felt this had settled down. Some staff reported the lack of consistent manager had increased stress levels. They felt it made decision making difficult and that the team turned to each other for advice and support. Some staff felt the pressure of high caseloads, deadlines and performance targets in an environment that lacked a full staff team. Other staff felt that they had accessed support from other managers during this time and that although sickness had impacted on caseload numbers, staff had managed to see clients as required. All staff felt the appointment of the new service manager was positive in that they were very supportive, caring and operated an open door policy. They valued the service manager's leadership style and felt staff morale was improving.

Staff knew how to use the whistleblowing process should they wish to raise concerns. At the time of our inspection there were no grievance procedures being pursued within the service, and there were no allegations of bullying or harassment. All staff we spoke with reported good team working and support from peers. Staff from different disciplines worked well together with the shared aim of supporting the client.

We spoke to two volunteers with the service who felt well supported by staff. They were given the opportunity to work across different areas of the service, building up their confidence and skill set.

Commitment to quality improvement and innovation

Substance misuse services

A total of three quality visits to assess the quality of the care provision were undertaken by senior managers and internal quality auditors not directly located at the services in the last 12 months, as at April 2016.

The clinical team had established a codeine clinic aimed at clients who had never used heroin before and were abusing over the counter or prescribed codeine. The clinical lead had informed all local general practitioners of this clinic and staff were offering codeine specific recovery plans and treatment interventions.

Staff in Lifeline Redcar and Cleveland developed a raffle to encourage clients to return used needles and to take part in screening for blood borne viruses, which has resulted in an increase in both of these areas.

In March 2016, Lifeline Redcar and Cleveland received the Better Health Bronze Award. This is a regional award scheme which recognises and endorses workplaces that motivate workers in developing a sustainable culture of health and wellbeing. The award is a partnership between the NHS and local businesses and is open to all organisations. Lifeline Redcar and Cleveland had enrolled four staff on the silver award and were working towards this at the time of inspection.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- 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.

Action the provider SHOULD take to improve

- The provider should ensure that they have sufficient staff to keep caseloads at a manageable level and reduce the stress and pressure felt by some staff.
- The provider should ensure that staff have regular access to supervision and support as per Lifeline Project's policy.
- The provider should ensure that staff fully complete comprehensive assessments of client's needs and review them regularly.
- The provider should ensure that staff review recovery plans with clients at the recommended frequency.
- The provider should ensure the environment meets the needs of all clients accessing the service and enables staff to maintain clients' privacy and dignity.
- The provider should ensure that void prescriptions are documented on the void prescription log in a timely manner and that this is clearly outlined in Lifeline Project's policy.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment Staff did not always fully assess client risks or identify action required to mitigate identified risks. Staff did not always review risk as regularly as required. Staff did not regularly complete a risk management plan when medium or high levels of risk were identified This was a breach of Regulation 12 2 (a) (b)