Lifeline Stockton Alcohol Service

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 substance misuse services.

We found the following areas of good practice :

- there were enough staff to meet the needs of clients
- staff had the necessary skills and had access to appropriate training
- procedures for safeguarding clients from abuse were robust and staff demonstrated a clear understanding of them
- staff reported incidents or harm or risk of harm and recorded them appropriately and the service had a good system to review and learn from incidents
- staff carried out comprehensive assessments of clients' needs in a timely manner
- staff followed appropriate best practice guidelines
- the service worked effectively with a range of other organisations to provide an holistic approach to meet the needs of clients
- clients had opportunities to feed back about their care and be involved in decisions about the service.

However, we also found areas that the provider could improve:

Summary of findings

- the fire doors in the first floor kitchen did not meet British standard requirements
- safeguarding alerts were not being recorded on the incident reporting system, in line with the provider's policy
- ongoing assessment of risk to clients was not fully documented in recovery plans, some of which were not comprehensive and did not show evidence of the involvement of clients
- recovery capital was not being discussed with people who used the service to inform treatment planning
- clinical audits were not being undertaken
- staff had not received formal training on the Mental Capacity Act.

Summary of findings

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Background to Lifeline Stockton Alcohol Service

The Lifeline Stockton Alcohol Service is commissioned by Stockton-on-Tees Borough Council to provide treatment and support for residents of the Stockton area with alcohol issues.

The service provides community-based psychosocial interventions (PSI), prescribing and recovery support interventions. Prescribing services are delivered through a sub-contracting arrangement with Fulcrum Medical Practice. Fulcrum employs two nurse prescribers, who are located with the Lifeline team at Skinner Street. Clinical interventions provided by the two nurses include clinically supported alcohol reductions, relapse prevention prescribing, community detoxification, hospital to home detox continuation, inpatient assessment and referral and clinical aftercare support.

Clients have access to a range of service-based and community-based psychosocial interventions, provided by Lifeline as part of a holistic package of care. Fulcrum staff were supported by a GP.

The service is registered to provide the following regulated activities:

- treatment of disease, disorder or injury.

Clients are supported through a combination of one-to-one and group work. A weekly programme of activities and structured group sessions are available for clients.

Group sessions include:

- art therapy
- music group
- alcohol awareness
- SMART recovery (Self-management and recovery training).

Regular 'drop-in' sessions are provided for clients, which require no booking or appointment.

The service is made up of a number of small teams based in different places:

- Alcohol Treatment Requirement (ATR) team. An ATR is a community sentence imposed by the court as an alternative to custody and requires the offender to engage in treatment to reduce alcohol-related offending.
- Team around the practice (TAP) team. These workers are based in GP practices in the area and support clients to reduce harmful drinking to prevent alcohol-related hospital admission.
- Drug and alcohol referral team (DART). This had two workers based in the local hospital. DART workers provide support to people who have been admitted to A&E due to alcohol-related issues. The aim is to reduce readmission to hospital.
- Children and young people team. This has two members of staff and a senior practitioner who work into a multidisciplinary service to support young people with substance misuse issues. These staff were based in the Youth Direction centre in Stockton.

The Care Quality Commission has not previously inspected the service.

Our inspection team

Our inspection team was led by CQC Inspector Sharon Baines. The team that inspected Lifeline Stockton Alcohol Service included two CQC inspectors, a substance misuse nurse specialist and an expert by experience (someone with experience of similar services – for example, as a client or carer).

Summary of this inspection

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive substance misuse inspection programme.

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- 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 service.

During the inspection visit, the inspection team:

- visited the premises and observed how staff were caring for clients
- spoke with four clients
- reviewed feedback on comments cards from 45 clients
- spoke with the registered manager
- spoke with six other staff members, including nurse prescribers, recovery support workers, a client engagement worker and a volunteer support worker
- attended and observed two one-to-one sessions between staff and clients
- attended and observed a female only group
- looked at 15 care records
- looked at minutes from team meetings
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with four clients while we were carrying out the inspection. All gave very positive comments about the treatment and care they had received. Clients told us they felt safe in the service and thought that staff provided good support.

Forty-five people completed comments cards to give feedback on their experience of using the service. Only two negative comments were received. One related to problems they had experienced due to the lift in the service being broken. The other said more activities could be provided. Forty-four positive comments were about staff within the service, including clients saying that staff were caring and dedicated.

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 found the following areas of good practice:

- the premises were clean and well maintained
- there was sufficient staffing to ensure clients were seen in a timely manner
- there were robust partnership arrangements in place for the nurse prescribers in the team who were employed by a GP practice
- staff showed a clear understanding of safeguarding procedures
- there was a good system in place for reporting and learning from incidents.

However, we also found areas the provider could improve:

- the fire doors in the first floor kitchen did not meet British standard requirements.However the service manager did take immediate action to address this.
- safeguarding alerts were not being recorded on the incident reporting system, which was not in accordance with the provider's own policy
- ongoing assessment of risk for clients was not documented in detail in recovery plans.

Are services effective?

We found the following areas of good practice:

- staff completed a comprehensive assessment of the needs of clients in a timely manner
- clients had recovery plans
- staff followed appropriate best practice guidance
- nurse prescribers followed clear pathways for alcohol detoxification in line with national guidelines
- staff had the necessary skills and training
- staff received regular supervision and had regular team meetings
- the service worked effectively with a range of other organisations to provide a holistic approach to meet the needs of clients.

However, we also found areas the provider could improve:

- there was no evidence of recovery capital being discussed with clients
- not all recovery plans had been reviewed
- no clinical audit had been undertaken within the service

Summary of this inspection

- staff had not received any formal training on the Mental Capacity Act.

Are services caring?

We found the following areas of good practice:

- staff were non-judgemental and respectful towards clients
- clients had opportunities to feedback about their care and be involved in decisions about the service.

However, we also found areas where the provider could improve:

- not all recovery plans were comprehensive and some did not show evidence of the involvement of clients.

Are services responsive?

We found the following areas of good practice:

- there was no waiting list for access to the service. This meant that new referrals to the service were seen in a timely manner
- clients received their first treatment intervention within three weeks of initial assessment
- the premises were accessible to people with reduced mobility
- clients could be seen in a range of locations
- clients told us they knew how to make a complaint.

Are services well-led?

We found the following areas of good practice:

- the service had a clear organisational structure
- robust governance arrangements were in place
- staff felt supported by their colleagues, the manager and the organisation
- service and organisational level risk registers were in place to manage and monitor risk.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

A senior practitioner within the team had provided some informal training on Mental Capacity Act (MCA) during a team meeting. The nurses had recently attended MCA training provided through their employers, Fulcrum.

We saw a copy of Lifeline's consent policy, which included information on the MCA. Staff we spoke to could not think of a time when they had reason to believe a person in the service might lack capacity. Occasionally, a client may attend the service under the influence of alcohol. If a person was too intoxicated to consent to treatment and care, appointments would be rescheduled.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

The premises at Skinner Street were clean and well maintained. We saw copies of the daily cleaning schedule. Staff in the service undertook basic cleaning activities. A cleaner came into the service twice weekly.

Clients and other visitors accessed the premises via an intercom system. CCTV cameras covered the entrance to the service.

An independent assessor had completed a health and safety audit of the premises in July 2015. There were a number of recommendations identified from the audit. Three actions from audit were outstanding. These related to:

- completion of fixed wiring test for the premises
- obtaining a copy of the asbestos survey from the landlord
- assessing whether the first floor windows could be limited to prevent them being fully opened

The manager told us that the fixed wiring test was booked for January 2016. The asbestos survey had been received from the landlord into Lifeline's central office. The assessment of the first floor windows had not been scheduled.

We saw a copy of the fire risk assessment for the service, which had been completed in February 2015. There was one outstanding action relating to the inspection and repair of internal fire doors. Specific concerns had been identified around two doors in the kitchen on the first floor of the premises. These did not meet British standard requirements. This action had been overlooked. The manager took immediate steps to rectify this issue and installation of new doors into the kitchen was scheduled for January 2016. The manager contacted us in January 2016 and confirmed that fire doors had been installed.

There was a clinic room used by the nurse prescribers. This room was clean, tidy and well equipped. Vaccines for hepatitis A and B were securely stored in a refrigerator in the clinic room. Fridge temperatures had been recorded daily.

The service had appropriate arrangements in place for the safe management and disposal of clinical waste.

Safe staffing

The staff team in the service comprised of;

- service manager (interim)
- four senior practitioners (two interim)
- counselling coordinator
- client engagement worker
- senior administrator
- receptionist
- eight support workers.

There were also three volunteer counsellors and four volunteer client engagement workers. One of the senior practitioner posts was vacant at the time of the inspection.

In addition, there were two nurse prescribers in the service. Fulcrum Medical Practice employed the nurses. A partnership agreement was in place between Lifeline and Fulcrum, who were sub-contracted to provide clinical input into the service. Fulcrum provided a GP to work into the service one afternoon per week to provide support and clinical supervision to the nursing staff.

Staff sickness rates were 18.8% in the twelve months prior to the inspection. Bank staff were never used. Staff covered

periods of sick leave within the remaining members of the team. The manager told us that staff from other Lifeline services in the North East could be used to support sickness. However, this had not been necessary.

All staff were required to complete mandatory training within six months of taking up employment.

Mandatory training consisted of basic adult safeguarding, basic children's safeguarding, equality and diversity, health and safety awareness, alcohol awareness, basic drug and alcohol, mental health awareness, boundary training and information sharing. Staff had all completed, or were about to complete the full range of mandatory training. Annual refresh training was required.

There were 328 people registered with the service. Caseloads between staff varied from 20 to 35. Senior practitioners held a smaller caseload as they carried out other duties including management of support workers.

Assessing and managing risk to clients and staff

Referral forms for the service included information on risk. Staff completed comprehensive assessments at the first appointment. This included information on injecting behaviour and blood borne virus vaccination status, substance misuse history, accommodation and employment status. The assessment also included information on children within the family. An initial recovery plan was complete at initial appointment based on the information from the assessment. This included information on risk.

We reviewed 15 care records and found on-going assessment of risk to be limited. Risk was reviewed as part of the client's recovery plan review. Recovery plans had very limited space to document any discussions around risk. Risk management plans were not stand alone documents and information on risk management were documented within case notes. This made it difficult to identify what actions to manage risk had been discussed and agreed.

The manager and other staff we spoke to acknowledged that risk management processes could be improved. New documentation was under development and we found this to be more robust in relation to the identification and management of risk. There was no defined date when the new documentation would be implemented.

The service had an electronic case management system. Risks and safety information could be 'flagged' on the system to provide alerts to staff and we saw examples of this on the case management system.

All clients had an agreed re-engagement plan, which outlined what approaches the service should use in the event someone dropped out of treatment.

Lifeline had a clear process in place for reporting safeguarding concerns. Staff could clearly describe safeguarding processes and understood how to make a safeguarding referral. All staff had received safeguarding training as part of their initial six-month induction process. Safeguarding training was refreshed annually.

All safeguarding referrals were logged. We found that four safeguarding referrals had been made since January 2015.

The provider had a lone working policy. Staff were aware of this policy but told us it was rare for them to visit the homes of people who used the service. Where this occurred, staff would attend in pairs.

There was an alcohol detoxification procedure, which the nurses explained in detail.

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

The service had an incident reporting policy. Staff we spoke with could clearly explain the processes involved in dealing with and reporting incidents. Nurses reported incidents through both the Lifeline and Fulcrum reporting systems. This meant that nursing staff were using a different incident reporting form. We saw both Lifeline and Fulcrum incident forms and the information contained on the forms was the same. We reviewed incident data from August to October 2015. There had been five incidents during this period. Staff told us feedback and learning from incidents was discussed within team meetings. We saw minutes of team meetings that documented these discussions had taken place.

The provider held a monthly clinical governance meeting at which all incidents were discussed. Following this meeting, a report was sent to all services, which provided information on all incidents and complaints within Lifeline

services across the North East. We saw copies of these reports for September, October and November 2015. The incident data we reviewed within the service was in line with the information contained within the clinical governance report.

- There had been three safeguarding alerts made between April and June 2015. None of these had been reported through the incident reporting system, which was not in line with the provider policy on reporting incidents. The policy stated that all safeguarding alerts should be recorded through incident reporting systems. This issue was raised with the manager who would ensure that all future safeguarding alerts would also be recorded through the incident reporting system.

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

Assessment of needs and planning of care

Staff completed a comprehensive assessment with all clients at their first appointment. Every client completed the alcohol use disorders identification test (AUDIT). This is a recognised tool, used to assess levels of alcohol use and dependence. The service also used the severity of alcohol dependence questionnaire (SADQ), which is a short, self-administered, 20-item questionnaire designed by the World Health Organisation to measure the severity of dependence on alcohol. The SADQ was used for those clients who were being assessed for a community detoxification programme.

Nurses also used the clinical institute alcohol withdrawal assessment (CIWA), which is a validated tool, used to aid clinical decision-making processes during detoxification.

Every client had a recovery plan, which outlined key areas to address and goals to be achieved.

Recovery capital is a term used which predicts the likelihood of achieving sustained recovery. It is dependent on a person's external and internal strengths and capabilities. The recovery capital factors that contribute to recovery following treatment include:

• social capital - family, partners, children, friends and peers

• physical capital - such as money and a safe place to live

• human capital – skills, mental and physical health, a job

• cultural capital –values, beliefs and attitudes held by the individual

We reviewed 15 care records. Recovery plans were present in all of the care records we saw. The quality of the recovery plans varied. Within these plans there was no evidence of recovery capital being discussed with clients.

The service used both paper records and an electronic case management system. Electronic records were accessible to authorised staff using secure passwords. Paper records were securely held in an office only accessible by staff. All information needed to deliver care was accessible and available to staff as required.

Best practice in treatment and care

Staff gave examples of treatment they provided that was in line with those recommended by the National Institute for Health and Care Excellence (NICE) guidance and UK clinical guidelines on clinical management 2007.

Nurse prescribers used validated tools to aid clinical decision making including SADQ and CIWA. Community detoxification was undertaken in line with NICE guidance.

We saw and staff described clear pathways for alcohol detoxification.

The service provided a range of psychosocial interventions including cognitive behavioural therapy, delivered by qualified counsellors. Support staff had been trained in cognitive behavioural therapy approaches and used these alongside motivational interviewing techniques to support client. The service had also used contingency management for some clients, rewarding progress through treatment with the award of prizes.

Staff told us they used cognitive approaches known as 'node-link mapping'. Node link mapping is a technique recommended in Public Health England's "Routes to Recovery" guide. It is a simple way for presenting verbal information in the form of a diagram that has positive benefits for key working. This is a technique for discussing issues and solutions with clients and visualising them in a series of 'maps'. We did not see any evidence of this in the care records we reviewed.

Treatment outcome profiles (TOP) is a validated tool that measures change and progress in key areas of the lives of clients in drug and alcohol services. TOP was completed for all clients at the start of treatment, at each recovery plan

review and at treatment end. The service submitted outcome data to the national drug treatment monitoring system (NDTMS), which is a national performance management tool for drug and alcohol services.

The nurses we spoke to told us they had not been involved in any clinical audit within the service.

The service manager had undertaken a full case file audit in November 2015. 145 records had been reviewed as part of this audit, which showed that 24 records had no risk assessment and 40 had not had the recovery plan reviewed. Staff had been instructed to review risk assessments and recovery plans for those clients identified within the audit process to ensure that all necessary plans were in pace and up to date.

Skilled staff to deliver care

Staff had the skills and experience necessary to carry out their duties and deliver care. Data provided by the service showed that staff received support and professional development through regular supervision every eight weeks as a minimum. We found that some staff had supervision more frequently. Only the interim service manager had not received the expected number of supervision sessions. The service manager told us this was due to changes in senior management roles within the organisation. We reviewed supervision and appraisal records of three members of staff. All had supervision sessions recorded every eight weeks in line with the provider's supervision and appraisal policy.

Data provided by the service prior to the inspection indicated that appraisals had not been carried out for any staff. At the time of the inspection, staff appraisals were being undertaken. We reviewed appraisal records of three members of staff. Two of the records showed that up to date appraisals had been done, the third record was a new member of staff whose appraisal was not due.

In addition to mandatory training requirements, staff had access to additional training including motivational interviewing techniques, ITEP and motivational enhancement therapy. All relevant staff had completed or were about to attend this additional training.

The nurse prescribers received monthly management supervision from a GP at Fulcrum. The GP attended the service one afternoon each week. This provided an opportunity for nurses to have clinical supervision and discuss cases with the GP.

Multi-disciplinary and inter-agency team work

The partnership working arrangements between Lifeline and Fulcrum staff were robust. There were clear guidelines on the roles and remit of the two nurse prescribers. Although employed by a separate organisation, the nurses were located within the service. There was a fortnightly team meeting, which was attended by Lifeline staff and the nurses. We reviewed minutes of these team meetings. Any staff who had not attended the meeting had to sign a log to confirm they had read and understood the content of the minutes of the meeting.

Staff helped and supported clients with their health and social needs, making referrals to outside organisation as required. The service had good working links through their 'Team Around the Practice' team with GP practices in the area.

The service had developed good working relationships with other agencies to support and signpost clients. We saw evidence of the relationship with Jobcentre Plus, who delivered advice sessions from the premises to improve understanding of benefits and training and job opportunities. A local family/carer support service provided an information and support session once a week.

Adherence to the Mental Health Act 1983 (MHA) and the MHA Code of Practice

The service did not work with anyone detained under the Mental Health Act.

All staff had completed training in mental health awareness.

Good practice in applying the Mental Capacity Act 2005.

There had been no formal training on MCA within the service. A senior practitioner within the team had provided some informal training on MCA during a team meeting. The nurses had recently attended MCA training provided through their employers, Fulcrum.

We saw a copy of Lifeline's consent policy, which included information on MCA. Staff we spoke to could not think of a

time when they had reason to believe a person in the service might lack capacity. Occasionally, a client may attend the service under the influence of alcohol. If a person was too intoxicated to consent to treatment and care, appointments would be rescheduled.

Are substance misuse services caring?

Kindness, dignity, respect and support

Staff showed a caring attitude to clients. We saw staff treat clients with kindness and respect. Staff spoke very passionately about working with people to improve their health and well-being.

We spoke with four clients. They all said that staff were supportive and helpful.

We observed two one-to-one sessions and between staff and clients and a group session which was facilitated by a member of staff. Staff were respectful to clients and showed kindness and compassion.

The involvement of people in the care they receive

We spoke with four clients who told us they were involved in their recovery plans and felt that these met their needs.

We reviewed 15 recovery plans. The quality of the recovery plans varied. Not all plans were comprehensive and some showed no evidence of input by clients.

In October 2015, clients were asked to complete a satisfaction survey. Fifty-one people participated in the survey. Following feedback from clients, operating hours had been changed to provide access to the service between 10:00-12:00 on Saturdays.

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

Access and discharge

Referrals into the service came from a range of professionals including GPs, hospitals, criminal justice agencies and mental health services. People could also self-refer.

Public Health England holds the responsibility for gathering drug and alcohol treatment service data through the national drug treatment monintoring system (NDTMS). We reviewed NDTMS data for the period July-October 2015. The service was meeting the referral to first intervention target, with 98.8% of clients seen within three weeks. This was above the national average of 95.6%.

Staff worked to a duty rota and provided four appointments daily for assessment of new referrals.

The main base for the service was at Skinner Street. Treatment hubs were located in Billingham and Thornaby and clients could also be seen in GP practices in the area. Staff also provided home visits if required, although this was rare.

During the period April to September 2015, the service had an unplanned exit rate of 38.3%. Clients failed to attend 643 appointments between October 2014 and October 2015. The service had a process in place to follow up all missed appointments. This included contacting the client by telephone, text message and letter. If clients did not respond, then staff would arrange a home visit. Staff discussed re-engagement preferences with clients at the initial assessment.

A total of 485 clients had been discharged in the period October 2014 to October 2015. Clients leaving structured treatment could continue to access the service for recovery support. Data from NDTMS indicated that only one client was accessing recovery support following completion of structured treatment during the period April to September 2015.

The facilities promote recovery, comfort, dignity and confidentiality

Interview rooms for one-to-one discussions between staff and clients were not soundproof. Conversations could be heard outside of these rooms. Signs were displayed on all of the interview room doors advising that the rooms were not soundproofed. Music was played in communal areas to reduce the possibility of conversations in rooms being heard outside.

CCTV cameras were located at the service entrance and on the first floor. A camera was also situated in a large group/ meeting room. There was a sign in reception advising that CCTV cameras were in operation on the premises. There was no signage in the group room to inform clients that recordings were being made. Two clients told us that they had not been aware of the camera in the group room until

a member of staff had mentioned seeing a client with an animal in the room. The service manager put up signs in the group room immediately when this was brought to her attention.

The service had a clear policy on confidentiality, which staff discussed with clients at initial appointments. Anonymised client data was shared with NDTMS and specific consent was sought from clients for this. Clients also signed a consent form to agree which other professionals the service could share relevant information with, including probation and social services.

Meeting the needs of all people who use the service

There was a lift in the premises to provide access to first floor rooms for clients with reduced mobility. A disabled toilet was located on the ground floor of the building.

We saw a wide range of information leaflets in the service. These were all in English and with small text. Staff could request leaflets in a range of different languages and format, including easy read. These were ordered through the central Lifeline office.

Advocacy services were promoted. We saw a poster in reception, which gave contact details for the local advocacy service. Recovery 'buddies' were also available within the service. These were clients who were in more advanced stages of treatment and recovery who provided support to other people who used the service.

Following a client survey in October 2015, the service had provided a Saturday morning service between the hours of 10:00 and 12:00.

Clients had access to information leaflets about harm reduction, treatment and care. Information could be accessed in alternative languages, although staff told us this was rarely needed.

Listening to and learning from concerns and complaints

We saw information displayed in the service on how to make a complaint. Staff gave information to clients on how to make a complaint at the assessment stage. There was a clear process for dealing with complaints and staff could explain this. Lifeline had a North East clinical governance group, which met monthly to discuss all incidents and complaints. We saw copies of the report from these meetings for September, October and November 2015.

We spoke to four clients who all said they knew how to make a complaint but had never felt it necessary to complain.

In the twelve months prior to16th October 2015, the service had received one complaint, which was not upheld. During this time, 38 compliments from clients had been received. During the inspection, we saw thank you cards and letters from clients.

Are substance misuse services well-led?

Vision and values

Lifeline's vision statement was 'to provide alcohol and drug services that we are proud of; services that value people and achieve change'. The organisational mission statement was 'we work with individuals, families and communities both to prevent and reduce harm, to promote recovery, and to challenge the inequalities linked to alcohol and drug misuse'. There were four organisational values of improving lives, effective engagement, exceeding expectations and maintaining integrity.

Staff could describe the organisational vision and values in their own words. Staff spoke passionately about working with people to promote recovery and reduce harm.

The interim service manager was held in high regard amongst the staff team. Staff were aware of senior managers and the clinical governance lead for Lifeline had visited the service in November 2015. The area manager for the North East visited the service regularly.

Good governance

There was a clear governance structure in place. This included:

- effective systems to report, investigate and feedback incidents and complaints
- opportunities for organisational shared learning and guidance
- clear organisational policies and procedures

A regional locality manager oversaw all North East services.

Clinical governance meetings took place monthly and we saw copies of reports from these meetings. These meetings reviewed all incidents and complaints for Lifeline services in the north east and reviewed actions taken and any outstanding actions.

There was no local multi-agency process for reviewed drug and alcohol related deaths. The service had an internal process to review incidents of this nature. There had been no deaths of people in service between October 2014 and October 2015.

The service had robust supervision arrangements in place. We saw evidence that supervision was taking place in line with the policy. The only exception to this was supervision rate for the interim service manager, who had only had received 57% of expected supervision sessions. We were told that this had been due to a number of changes in the management team.

Information provided prior to inspection indicated that no staff had received an appraisal in the 12 months prior to October 2015. However, when we visited the service appraisals for staff had commenced.

There were organisational and service level risk registers, which were monitored. The service manager maintained and monitored the service level risk register, and the clinical governance group had oversight of the risk register.

Leadership, morale and staff engagement

There was a clear management structure in place for the service. There were a number of key posts including the North East regional manager, service manager and two senior practitioners which were interim positions. The service was taking steps to appoint into these roles as permanent positions. For example, interviews for the permanent service manager role had been scheduled for January 2016. Staff in the service knew who the members of the senior management team were and told us they occasionally visited the service.

Feedback from staff was positive and morale was good. Staff spoke passionately about their roles and in our observations we saw staff offering encouragement and support to people who used the service. Staff told us they were able to suggest improvements to the service and a service development day was being planned. The interim service manager had reviewed documentation being used within the service and had made some improvements. This new suite of documentation was not yet being used as it had not been received final approval from senior management.

Staff were aware of the whistle blowing policy. There had been no whistleblowing reports in the service. Staff said theyfelt able to raise concerns without fear of victimisation.

At the time of our inspection, there were no grievances or allegations of bullying or harassment within the service.

Commitment to quality improvement and innovation

The service was open to feedback from clients and undertook an annual client satisfaction survey. Feedback from clients had resulted in the service opening on Saturday mornings.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure that on-going assessment of risk for clients is documented comprehensively.
- The provider should ensure that all safeguarding alerts are also recorded on the incident reporting system, in line with the provider's policy.
- The provider should ensure that the recovery capital of all clients is explored and documented.
- The provider should ensure that all recovery plans are comprehensive, regularly reviewed and updated.
- The provider should ensure that clinical audits are carried out and recorded in order to enable staff to learn from the results and make improvements to the service.
- The service should ensure that staff receive formal training on Mental Capacity Act.
- The provider should ensure that all staff receive regular supervision and appraisals.