

# Lifeline Bradford Alcohol Service (Piccadilly Project)

## Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

## Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- The service had addressed all but one action identified in the last inspection in relation to regulation 12 and 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014 and regulation 18 of the Health and Social Care Act (Registration) Regulation 2008.
- Bradford Piccadilly Project were assured of the safety of their building in relation to fire and gas safety. The service had an up to date gas safety check, and commissioned a new fire risk assessment. All actions had been undertaken within the correct time frames including the implementation of a Personal Emergency Evacuation Plan (PEEPs) policy.
- The service had implemented a new risk management tool to be aligned with the already existing risk assessment tool. We found staff were now completing

risk management plans and scoring risk assessments according to guidance. Staff told us they felt the new risk management plans enabled them to identify and mitigate risk effectively.

- All staff had received appraisals in the last 12 months.
- The service had notified the Care Quality Commission of two notifiable incidents in the last six months.
- The service implemented a risk register and regular annual audit cycle. The provider were now able to document how they assessed, monitored and mitigated risks relating to health, safety and welfare within the service.

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

- The service did not meet all the actions as a result of their last inspection. The service did not have systems in place to monitor compliance with supervision. The service implemented a system in place to monitor training; however, we found the data inputted onto the training matrix was not always correct. This meant management were not able to monitor compliance with training accurately.

# Summary of findings

## Contents

### Summary of this inspection

	Page
Background to Lifeline Bradford Alcohol Service (Piccadilly Project)	3
Our inspection team	3
Why we carried out this inspection	3
How we carried out this inspection	4
What people who use the service say	4
The five questions we ask about services and what we found	5

### Detailed findings from this inspection

Outstanding practice	10
Areas for improvement	10

# Summary of this inspection

## Background to Lifeline Bradford Alcohol Service (Piccadilly Project)

Piccadilly Project is a Community Alcohol service for people suffering from alcohol addiction who are 18 years of age and older. This service offers psychosocial interventions and is one of 10 services in the Bradford district commissioned to deliver alcohol recovery services.

The service is registered to carry out the following regulated activity:

- Treatment of disease, disorder or injury

Bradford Piccadilly Project work closely with other specialist substance misuse providers, GP's, Hospitals, and probation services to provide a holistic service. They offer psychosocial interventions including, solution focused approaches, motivational interviewing and low level cognitive behavioural therapy. The service has set programmes which include group work and one to one work. The service aims to develop clients' recovery capital by offering support around housing, benefits and

employment. Bradford Piccadilly Project does not provide any clinical intervention such as prescribing; however, they have care pathways in place to support referrals into appropriate services.

When the Care Quality Commission inspected the service in October 2016, we found Bradford Piccadilly Project had breached regulations. We issued the service with two requirement notices and two warning notices. These related to the following regulations under the Health and Social Care Act (Registration) Regulations 2009 and Health and Social Care Act (Regulated Activities) Regulations 2014:

- Regulation 12 HSCA (Regulated Activities) Regulations 2014 Safe care and Treatment
- Regulation 17 HSCA (Regulated Activities) Regulations 2014 Good governance
- Regulation 18 HSCA (Registration) Regulations 2009 Notification of other incidents

## Our inspection team

**Team Leader:** Hamza Aslam (Mental Health) Care Quality Commission

The team that inspected the service comprised three CQC inspectors which included the team leader.

## Why we carried out this inspection

We undertook this inspection to find out whether Bradford Piccadilly Project had made improvements to their community based alcohol service since our last comprehensive inspection in October 2016

We do not rate substance misuse services, therefore there was no rating provided for this service. Following the October 2016 inspection, we told the provider it must take the following actions to improve its service:

- The service must implement a personal emergency evacuation policy so staff are provided with clear guidance on how to support persons with disabilities or mobility issues so they can be evacuated from the building safely.

- The service must be assured they have taken appropriate actions and have systems in place to address concerns or risks identified within the service.
- The service must complete risk assessments in line with the guidance provided and ensure that all clients have appropriate risk management plans aligned to the risks identified in the risk assessments.
- The service must ensure that they have systems in place to provide themselves with assurance that the treatment and care delivered is safe, including the completion of the required documentation.
- The service must have systems in place which provide oversight to monitor mandatory training, appraisals and supervisions.

# Summary of this inspection

- The service must ensure it reports all notifiable incidents to the Care Quality Commission.
- The service must ensure all staff receive annual appraisals.

These related to the following regulations:

- Regulation 12 HSCA (Regulated Activities) Regulations 2014 Safe care and treatment
- Regulation 17 HSCA (Regulated Activities) Regulations 2014 Good governance
- Regulation 18 HSCA (Registration) Regulations 2009 Notification of other incidents

## 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?

On this inspection, we assessed whether the service had made improvements to the specific concerns we identified during our last inspection. These related to the key questions of is the service safe, effective and well-led. We did not receive any information which caused us to re-inspect the caring and responsive domains. We returned to inspect Bradford Piccadilly Project within six months of publication of our last report.

This inspection was announced 72 hours prior to the inspection, this was due to the service being a community substance misuse team, and to ensure staff would be available to help us complete the inspection.

Before the inspection visit, we reviewed information that we held about the location.

During the inspection visit, the inspection team:

- looked at the quality of the physical environment where care and treatment was delivered
- spoke with three clients
- spoke with the registered manager
- spoke with 4 other staff members employed by the service provider including the team leader
- observed a morning team briefing
- looked at five care and treatment records
- looked at four staff files
- looked at policies, procedures and other documents relating to the running of the service
- reviewed fire and safety documentation in relation to the building.

## What people who use the service say

We spoke with three clients who used the service on the day of the inspection. Clients told us how they felt staff genuinely cared for them and staff were always there in their time of need. They felt staff were knowledgeable and empathetic. Clients told us the service was able to cater to their needs and work with them according to what suited them.

Clients also told us they liked the environment, the building was discreet and they could access hot drinks in the reception/lounge area. This made them feel welcome and more relaxed.

# 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 good areas of practice:

- All clients had an up to date risk assessment and risk management plan. Staff completed documentation according to the guidance provided.
- The service had commissioned a new fire risk assessment and completed actions within the timeframes provided.
- The service completed the gas safety check which was previously out of date.
- The service had implemented a personal emergency evacuation policy (PEEPs), and had personal evacuation plans for two people who use the service.
- The service had ensured notifiable incidents were reported to the Care Quality Commission.

### Are services effective?

We do not currently rate standalone substance misuse services.

We found the following good areas of practice:

- Staff files showed that staff were having regular supervision. All staff had received appraisals within the last 12 months.

### Are services caring?

At the last inspection there were no regulatory breaches in this domain, Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

### Are services responsive?

At the last inspection there were no regulatory breaches in this domain, Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

### Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The service had implemented a risk register which was regularly reviewed. Management were more assured with the risks relating to running and safety of the service.
- Audit cycles for care documentation had been implemented to monitor and improve the quality of the service.

# Summary of this inspection

- The service had implemented team meetings which were comprehensive and covered key areas of the service within the agenda.

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

- The service was not routinely monitoring compliance around supervision.
- The system for monitoring compliance with mandatory training did not always include accurate data. This meant training compliance data was unreliable.

# Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

## Are substance misuse services safe?

### Safe and clean environment

Piccadilly Project was situated on the first floor within a building located in Bradford town centre. The building had several businesses' occupying it. The entrance was discreet with no obvious signage to display that it was a substance misuse service.

People entering the service were greeted by a reception area which led onto a corridor. The staff offices and therapy rooms were based on the outer edges with a comfortable lounge in the centre. All staff areas were locked with a key pad entry system.

During our last inspection of October 2016 we found issues in relation to building safety as follows

- The service was overdue a gas safety check by a month, the last check was done in September 2015.
- The service had not responded to the actions outlined in an independent fire risk assessment conducted in March 2015 which highlighted some concerns. This meant the service was not assured of the safety of their premises.

At this inspection the service had completed the appropriate gas safety checks. This meant management were now assured the building was safe in relation to any issues pertaining to gas.

At our last inspection the service was not assured of the risks in relation to fire safety. As a result, the local fire service inspected the premises within a month of our inspection. The findings concluded the service met the basic regulations for fire safety. To assure themselves for the future, Bradford Piccadilly Project commissioned a new independent fire risk assessment of the building. We reviewed this and saw they had actioned everything

appropriately according to the time scale provided. The service had also implemented a personal emergency evacuation plan (PEEP) policy. This meant that any persons with mobility issues or requiring additional support would be assessed and have a personal evacuation plan in place in the event of a fire. We saw two personal evacuation plans for people within the service.

### Assessing and managing risk to clients and staff

Our inspection in October 2016 identified there were gaps in the way the staff assessed and mitigated clients risks. We found,

- Staff did not always assess risk in accordance with the guidance provided.
- Staff did not complete risk management plans for the risks they had identified in the clients risk assessments. This meant staff would not always know how to manage risks associated with clients.

The service had introduced a new risk management tool. This was aligned to the risk assessment tool staff were already using. The new risk management tool used a traffic light system (Red, Amber and Green) to rate client risk. The document provided a space for staff to mitigate risk and any actions that had been already completed. We reviewed five client care and treatment records, we found staff had completed the risk assessments, and risk management plans in a timely manner, including regular reviews. Staff were mitigating the risks within the new risk management plans. The risk management plans required staff to document and mitigate risks scored above '2' on the risk assessment. Where risks did not meet the threshold to be documented onto the risk management plans staff still included them. Staff also included details of partner agencies and onward referrals to other services that had been made, for example to mental health services and GP's. This meant the risk management plans were comprehensive.

# Substance misuse services

All staff completed full days training around risk assessments and risk management. Four staff members told us they felt the new addition of the risk management plans were beneficial to them. They told us they had an increased awareness of risk and were able to better mitigate it. Staff told us the new risk management plans enabled staff to access patient records at a glance and understand how to manage any risks pertaining to a particular client.

The records demonstrated staff had a more acute awareness of how to mitigate risk.

## Reporting incidents and learning from when things go wrong

At our previous inspection in October 2016 we found,

- Notifiable incidents had occurred in the last 12 months that had not been communicated to the Care Quality Commission.

At this inspection we found that the service had introduced an electronic log of all incidents. The service now used one incident form to report all incidents. Incidents were reviewed by the service manager. In the period 1 January 2017 to 30 April 2017 the service had two incidents. Both incidents were classed as notifiable incidents. In both cases the service manager had made the appropriate notification to the Care Quality Commission.

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

### Skilled staff to deliver care

Our last inspection in October 2016 found,

- Staff did not receive regular appraisals, at the time of the inspection only 11% of staff had had their annual appraisal.

At this inspection we were told all staff had had their annual appraisals. We reviewed four staff files which confirmed all four staff had been appraised. The team leader had a date of all the staff that had been appraised and when their next appraisal was due. In addition, all the staff we spoke with told us they had received their appraisals.

## Are substance misuse services caring?

We do not currently rate standalone substance misuse services.

Since the last inspection in October 2016 we have received no new information that would cause us to re-inspect this key question.

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

We do not currently rate standalone substance misuse services.

Since the last inspection in October 2016 we have received no new information that would cause us to re-inspect this key question.

## Are substance misuse services well-led?

### Good governance

The provider made changes to the service which meant they improved aspects within their governance structures, it provided management with a better oversight and assurance. The service demonstrated that it met most of the requirements pertaining to good governance from the last inspection.

Our inspection in October 2016 found,

- The provider did not have systems in place which ensured compliance with mandatory training, appraisals and supervisions.

At this inspection we saw the service had introduced a database to record mandatory training compliance for all staff within the service. However, we found there were some gaps presented in the database. For example, where a piece of mandatory training had been ticked as complete, a completion date had not been provided. We found some training modules did not have review dates whereas others did. The overall figures for mandatory training according to the database demonstrated staff had a compliance rate of over 80%. Although we found gaps around accuracy within the new database, we were assured of overall compliance. We reviewed four staff files



# Substance misuse services

and found the staff members had all completed their mandatory training on their individual training logs. The manager had an individual log of training completion dates which showed staff had high compliance levels. Staff told us during interviews that training was widely available and they had completed all their mandatory training. The team leader told us staff were prompted to complete any mandatory training that was out of date during their supervision.

At this inspection the service had a database which recorded the dates where staff undertook supervision sessions and their annual appraisal. The service did not routinely produce compliance data related to supervision and appraisal and this was not routinely monitored in governance meetings. However, staff files provided evidence that staff had received regular supervision and appraisal in the twelve months prior to inspection. We asked three staff if they had received an appraisal and all three staff told us that they had received an appraisal in the last twelve months.

The service improved its process for identifying notifiable incidents to the Care Quality Commission. Our inspection in October 2016 found,

- The provider did not report all notifiable incidents to the Care Quality Commission.

During this inspection we reviewed incident data for the period January 2017 to April 2017. The service had two incidents within this period which should have been reported to the Care Quality Commission. We found the service did notify the Care Quality Commission and had processes in place to identify incidents and submit notifications where appropriate.

Management were now assured of the risks pertaining to the running of the service. They had completed actions from fire risk assessment and implemented annual audits to monitor quality and safety within the service. Our inspection in October 2016 found,

- The provider did not have an annual audit cycle to assess and monitor quality and safety within the service.

- The service had not completed all the actions recommended from a fire risk assessment, which included introducing a personal emergency evacuation plan (PEEPs) policy.
- The provider did not have a risk register or alternative method of documenting how they assessed, monitored and mitigated risks relating to health, safety and welfare within the service

At this inspection the service had a risk register which captured ongoing risk relating to the running of the service. The risk register was separated into financial risks, operational risks, governance and management risks, clinical risks and risks posed by the services' buildings. Two of the main risks identified were around finances and safe staffing levels. The team leader was able to tell us about the risks relating to the service and how this impacted on the daily running of the service.

The service implemented audit cycles which looked to monitor and improve quality within the service. We reviewed the quality audits for risk assessments and risk management plans. These were completed on a quarterly basis. There were two cycles of audits that had been completed since their introduction in January 2017. We found the audits to be suitable and fit for purpose.

The service met as a full team once a week. We reviewed the minutes and saw the meetings were well attended and comprehensive. We saw evidence of discussions taking place around risk, audits, supervisions and training. The service also had hand over meetings in the morning and at the end of the day. These brief meetings identified any immediate issues, staffing and important information which needed to be shared with staff.

The service had commissioned a new fire risk assessment and had actioned all the recommended requirements within the timeframes provided. There were two actions outstanding; however, these were not due for completion until November 2017. The service had implemented a personal emergency evacuation policy (PEEPs), which meant they had a system to evacuate persons with mobility issues in an emergency. There were two people within the service who had personal emergency evacuation plans.

# Outstanding practice and areas for improvement

## Areas for improvement

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

- The provider should maintain an accurate record of the training matrix to give management a clear oversight of compliance rates.
- The provider should ensure that the system for recording supervisions and appraisals also allows managers to accurately monitor compliance rates.