Lifeline Redcar Prevention Service

Quality Report

Lifeline Project
Lifeline Redcar Prevention Service
Unit 8
112 High Street
Redcar
TS10 3DD
Website: www.lifeline.org.uk

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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

Ratings

Overall rating for this location

Are services safe?	
Are services effective?	
Are services caring?	
Are services responsive?	
Are services well-led?	

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.

Summary of findings

Overall summary

We do not currently rate independent standalone substance misuse services.

We 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.
- The service provided clients with a range of therapeutic treatments to aid their recovery. Staff were able to support families of clients and provide them with information on other help and support that was available to them.
- Staff treated clients and their families with kindness and respect. We observed positive, caring and empathetic interactions between staff and clients.
- Staff provided flexibility for clients and were able to give clients a choice about where they would like their appointments to be.
- Clients and their families were asked for feedback on the service provided. Complaints regarding the service were dealt with in line with Lifeline Project's complaints policy. Staff provided information on how to make a complaint.
- Staff knew when and how to report incidents. Lessons learned from incidents and complaints were shared in team meetings and staff supervision.
- There were systems in place to monitor the effectiveness of the service. Staff carried out regular audits to ensure staff were working in line with service policies.
- Staff completed consent to share information and confidentiality agreement paperwork with clients at initial assessment. This was present in all ten records we reviewed.

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

- Clinical staff were asked not to access records of clients who attended the Lifeline Redcar Prevention Service. However, there was no system in place that allowed managers to monitor access to these records.
- Not all clients had appropriate risk assessments and related risk management plans in place.

Our judgements about each main service

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services		Inspected but not rated.

Summary of findings

Contents

Location name here

Services we looked at
Substance misuse services

Summary of this inspection

Background to Lifeline Redcar Prevention Service

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. This included prescribing, detoxification, needle exchanges, testing for blood borne viruses and providing group and one to one support work.

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 Prevention Service. A further two reports have been written on the Lifeline Redcar and Cleveland service and the Lifeline Redcar South Bank Hub.

At the time of our inspection, the Lifeline Redcar Prevention Service was working with approximately 300 clients.

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:

- Treatment of disease, disorder or injury.

This is the first time CQC has inspected the service.

Our inspection team

The lead inspector for this service was Carole Charman. 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.

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 one appointment with a client
- spoke with two clients

Summary of this inspection

- spoke with the regional manager and service manager
- spoke with two prevention workers
- collected feedback using comment cards from seven clients
- looked at ten 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, kind, friendly and understanding. They said the service that was offered was invaluable and that staff were supportive and always gave good advice.

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:

The toilet in the service was cramped and was being used to store leaflets and new sharps bins.

Not all client records had an appropriate risk assessment and related risk management plan in place.

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

Lifeline Redcar Prevention Service had arrangements in place for the safe management and disposal of clinical waste.

Staff worked closely with other services and agencies and were able to make referrals to these where it was felt clients may need further support.

Staff knew when and how to report incidents. Lessons learned from incidents and complaints were shared in team meetings and staff supervision.

Are services effective?

We do not currently rate standalone substance misuse services.

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

Clinical staff were asked not to access records of clients who attended the Lifeline Redcar Prevention Service however, there was no system in place to monitor access to these records.

Not all clients had a risk assessment and related risk management plan in place.

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

Staff demonstrated a good working knowledge of guidance and treatment options for drug and alcohol users.

Staff had a good understanding of mental capacity and were aware that clients' capacity could fluctuate. Staff were aware of how to get support with assessing mental capacity, if they had concerns.

Staff were able to offer clients a range of evidence based therapeutic interventions to support them in their recovery.

Summary of this inspection

Staff working in the service had regular supervisions and appraisals. 100% of staff working in the service had received regular supervision in the 12 months prior to our inspection.

Staff had disclosure and barring checks in place.

Are services caring?

We do not currently rate standalone substance misuse services.

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

Clients who were using the needle exchange did so in the reception area. This did not allow for privacy, as there were often other clients in this area.

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

Staff treated clients with kindness and respect. Staff understood the needs of their clients and supported them in a way that was appropriate to their needs. Clients told us that staff treated them well and were very supportive.

Clients we spoke with felt involved in their treatment. Clients told us they understood the different treatments that were available to them.

If clients agreed, staff were able to support the friends and family of clients and were able to provide information on other local services they could access for advice and support.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

Staff working at the service carried out visits at client homes or in an area which was safe and suitable for client needs.

Staff and clients worked together to put plans in place which would help staff to contact clients if they left treatment in an unplanned way.

Staff in the service displayed posters and leaflets which gave clients information on how to make a complaint. There was a clear process in place for managing complaints.

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

Summary of this inspection

Rooms were not soundproofed which could compromise client confidentiality.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

Staff were encouraged to find ways to engage clients and develop the service provision.

Staff were aware of Lifeline Project's visions and values and demonstrated these in their interactions with clients.

Staff took part in regular supervisions and appraisals. All the staff employed at the service had received an annual appraisal in the 12 months prior to our inspection.

Staff worked as part of the wider Lifeline Redcar and Cleveland team, allowing them to easily access support and treatment for clients.

Staff took part in development days, which were used to share information and experiences, as well as encouraging staff to identify new ways of working.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Lifeline Redcar Prevention Service provided staff with training in the Mental Capacity Act.

Staff working at the service told us they did not routinely carry out capacity assessments. They told us, if they thought someone did not appear to have capacity, they would carry out an assessment to establish this. If clients presented at the service and appeared to be under the influence of alcohol or drugs, staff told us they would not carry out any assessments. Staff would explain to clients the reason they could not see them and would make a new appointment.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

The service operated out of small premises just of the High Street in Redcar. The waiting area and room where clients were seen was visibly clean and tidy. However, the toilet was cramped and was being used to store leaflets and new sharps bins for clients. At the time of our inspection, there was no plan to move these items.

There were two fire wardens who worked in the service and they were responsible for ensuring fire alarms were tested and tests were recorded. Regular safety checks were carried out on equipment which was used in the service. This included portable appliance testing and fire safety equipment. We saw the local fire brigade had carried out a safety inspection of the service. There were no actions required as a result of this inspection.

Clients were seen in a small room off the reception area. There was no alarm system fitted and staff did not carry personal alarms. Staff told us that if an incident occurred they would be able to hear and would be able to respond quickly. This had not been tested by staff and there was nothing in place to mitigate this risk.

The service did not have a clinic room, however the room that was used for consulting with clients had appropriate furnishings. The room had handwashing facilities with liquid soap and paper towels, a pedal operated bin and an examination couch with paper roll to cover it. There was a notice close to the sink reminding staff to wash their hands and showing the most effective way of doing so. There was also a spills kit in place. A spills kit is used to clean up bodily fluids like blood and urine, without risking staff safety.

Safe staffing

Lifeline Redcar prevention service was part of the main Lifeline Redcar and Cleveland location at Redcar. At the time of our inspection, the prevention service was working with approximately 300 clients and was seeing approximately 175 clients per week.

Four staff were employed to work at the service. This was alternated, with two prevention workers present at the service each day. If needed, staff were able to ring the main Lifeline Redcar and Cleveland location, which was approximately five minutes walk from the prevention service. During our inspection we saw staff contacting the main office to ask for a nurse to attend the service. There were no concerns regarding staffing levels in the prevention service.

Staff working in the prevention service did not hold caseloads as clients were seen by staff at the time of their attendance.

Lifeline Project did not have a list of mandatory training. Each job role had a list of competencies and this was used to determine which training courses staff needed to attend. For example, staff at the prevention service had completed training in safeguarding adults and children, psychosocial interventions and blood borne viruses. All staff at the service had completed the required role specific training. Some staff had also carried out training in acupuncture, and conflict resolution.

Assessing and managing risk to clients and staff

We reviewed the records for 10 clients. We found only four of these had a risk assessment completed. Staff told us this was because the risk assessment would only be completed if a risk had been identified. If clients were identified as being high risk, due to self-harm or suicidal thoughts were able to be referred to the care co-ordination team which was part of the Lifeline Redcar and Cleveland main service.

However, if they were felt to be at higher risk staff would make an immediate referral to the local mental health crisis team. We saw staff making a referral of this sort during our inspection.

Staff at the service worked with other agencies to assist clients and manage risks. Staff were able to refer clients to community mental health teams, women's projects and domestic violence services as well as signposting clients to other organisations like abstinence services, veterans services and the local authority.

Staff at the service did not prescribe for clients and no controlled drugs were held on site.

Lifeline Project had policies in place relating to infection control. Staff told us they were aware of the policies and told us they were aware of the processes they should follow. Clients were provided with individual sharps bins, which were for the disposal of used syringes. When these were returned to the service staff asked clients to put them in a disposal box, which was transferred to the main Lifeline Redcar and Cleveland office. Staff did not touch used sharps bins and this helped to reduce the risk of needle stick injuries.

Track record on safety

Lifeline Project had a central process in place for reporting incidents, including serious untoward and critical incidents. Incident reports were completed by staff and sent to a dedicated email address using a standard form. Staff reported serious incidents both by telephone and via the incident report form. Staff were required to forward the incident report form within 24 hours of the event. This was done to ensure that the incident was reported at the earliest possible opportunity and that a record was held. There had been no serious incidents requiring investigation in the 12 months prior to our inspection.

Lifeline Project's clinical governance lead reviewed all incident reports and these were forwarded to the director. As at 28 April 2016, the service had not notified the CQC of any safeguarding or whistleblowing concerns.

Reporting incidents and learning from when things go wrong

Staff completed incident reports as part of Lifeline Project's clinical governance database. The database was used for analysing and reporting incidents as well as tracking high-risk incidents. Staff we spoke with were able to tell us the sorts of things which should be reported. Lifeline Redcar Prevention Service had not reported any incidents in the 12 months prior to our inspection.

Staff were able to tell us the system which was in place with regards to learning from incidents. We were told this would be discussed with staff at team meetings and supervisions. If an incident occurred the organisation looked at changes which may need to be implemented as a result. This included, changes to policies, staff training and feedback to external stakeholders. Staff told us that if an incident occurred they were confident they would receive a debrief and would be supported by managers.

Staff were aware of the procedures to follow in relation to serious incidents. If a serious incident were to occur staff were aware they may need to contribute to external investigations. This included serious case reviews, domestic homicide reviews and coroner's inquests. There had been no serious incidents requiring investigation in the 12 months prior to our inspection.

Duty of candour

Lifeline Project had a duty of candour policy dated July 2016. Staff we spoke with were not aware of the policy but were able to tell us about the duty of candour. Staff told us about how the duty of candour related to the treatment and support they gave to clients. There had been no incidents which should be reported under the duty of candour in the 12 months prior to our inspection.

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 registration and assessment for clients the first time they attended the service. The initial assessment covered areas like drug and alcohol use, steroid use, blood borne virus awareness and physical and mental health. Staff also looked at areas like housing, debt and benefits as well as identifying anyone the client may have responsibility for, like children or other dependents. An intervention form was completed during the assessment and reviewed each time clients attended for appointments.

Substance misuse services

We reviewed the records of 10 clients who used the service. Of those, four contained the registration and assessment forms. We asked the senior practitioner at the service the reason six records did not contain these. We were told that this was because the clients had been using the service for a long time and their attendance pre-dated the introduction of these.

The prevention service used both paper and electronic records. Staff completed paper records and the information was uploaded onto the electronic system. The electronic record was accessible to clinical staff. However, due to the confidential nature of the service these staff were asked not to access the records. This was to ensure that clients were not treated differently by clinical staff who were treating them.

Best practice in treatment and care

Lifeline Project's treatment model followed evidence based interventions as recommended by the National Institute of Health and Care Excellence.

Staff working at the service had a good working knowledge of the national guidance and providers policies in relation to the service. Staff ensured that new clients had a physical health assessment. Clients were offered further physical health assessments annually.

Clients who used the service were provided with information on support they could access and treatment options if they wanted to stop using substances. Staff also saw clients who wished to reduce the number of substances they were using and gave support and advice on how this could be achieved.

Staff provided clients with information relating to harm reduction. Harm reductionis a set of practical strategies and ideas aimed atreducing the negative consequences associated with drug and alcohol use.This includes reducing the sharing of injecting equipment, treatment by substitution of substances and support to abstain from use as well as practical support with blood borne virus testing and vaccinating against these.

Staff were trained to carry out tests for blood borne viruses like hepatitis B and C. The service used incentives to encourage clients to attend the service for testing. Clients who were tested were given a raffle ticket and this was put into a draw for a hamper.

We spent time observing staff interact with clients. Staff engaged with clients effectively and spent time talking with them about how they were and if they needed any support. Staff in the service were trained in acupuncture and we saw clients making use of this facility during our inspection.

Skilled staff to deliver care

Four staff worked at the Lifeline Redcar Prevention Service This included three prevention workers and a senior practitioner. Two members of staff were on duty each day.

All staff working at the service were required to have a disclosure and barring service check carried out prior to starting work. Details of these were recorded and the provider told us they were kept in staff personnel files. We were not able to review any staff files while at the service, as these were not kept on site. However, information provided prior to the inspection showed that all staff had a disclosure and barring service check in place.

Lifeline Project used role specific job descriptions when recruiting staff. These detailed the required competencies for each role and were used in the selection process. All staff were subject to a probationary period in their role. Competencies were assessed during this time and staff were required to prove their abilities prior to the end of their probation.

New staff received an induction which included spending time shadowing other staff in their roles. Specialist training was available to staff and training requests were reviewed through supervision and appraisal. Lifeline Project supported staff to access specialist training and staff we spoke with confirmed. For example, staff at the service had received training which allowed them to carry out testing for blood borne viruses and some of the staff were trained to practice acupuncture.

Staff had been identified to specialise in areas where additional support may be required. The prevention service had a recovery champion who was responsible for offering new clients enhanced psychosocial interventions.

Staff employed in the prevention service received supervision every four to six weeks. This was carried out by their line manager. At the time of our inspection, 100% of non-medical staff had received regular supervision. In addition, senior practitioners were required to carry out observations to support staff in their work.

Substance misuse services

All staff were required to participate in an annual appraisal with their line manager. During the 12 months prior to our inspection, 100% of non-medical staff had an annual appraisal.

Staff at the service attended monthly meetings with staff from the main Redcar service. The service manager attended meetings and guest speakers from other organisations were invited. There were no standing agenda items for team meetings. Items discussed included safeguarding, caseloads, training and health and safety.

Multidisciplinary and inter-agency team work

Staff reviewed client's needs on a regular basis. When clients came into the service for appointments staff spent time speaking with them, in order to assess their needs. Aims and objectives were reviewed and fed into recovery plans.

Staff at the service had recently undergone training to allow them to carry out blood borne virus testing. There was close working with hospital staff in a local acute hospital and regular meetings were carried out to ensure clients experienced effective joint care. There was a referral pathway in place for clients whose test results indicated a virus might be present. This included providing transport for clients to attend the hospital, in order to ensure they were able to access the clinic.

Staff were able to make referrals for carers of people who misused substances. The service had a family and carer engagement worker attached to it. This person was able to support clients and carers to access other agencies like alcoholics anonymous, Resolve and MIND.

Good practice in applying the Mental Capacity Act

Lifeline Project had a policy relating to the Mental Capacity Act and a training package in place which taught staff about the Act. This was an electronic learning module, which included information on the five statutory principles of the Act, the two-stage test of assessment, best interest decisions, and advocacy services. Staff we spoke with confirmed they had been trained in the Mental Capacity Act and were aware of the need for capacity assessments. Information from the provider showed that all staff working in the service had received training in the Mental Capacity Act.

Staff understood that it was possible for people's capacity to fluctuate when using alcohol and other substances.

Staff working at the service told us they did not routinely carry out capacity assessments. They told us, if they thought someone did not appear to have capacity they would carry out an assessment to establish this. If clients presented at the service and appeared to be under the influence of alcohol or drugs, staff told us they would not carry out any assessments. Staff would explain to clients the reason they could not see them and would make a new appointment.

Equality and Human Rights

Lifeline Project's equality and human rights responsibilities were documented in policies and procedures. This included their equal opportunities policy, employee handbook and training and development policy.

Staff in the service worked with other agencies to support the needs of vulnerable client and those from ethnic minority backgrounds. Staff were able to support victims of domestic abuse, ex-service personnel and minority ethnic clients to access services that may be able to provide advice and support on matters that were not related to substances.

Staff were able to offer sessions at general practitioners surgeries and carry out home visits to ensure that people who needed help and support were able to access it in an environment that was safe.

Management of transition arrangements, referral and discharge

Referrals to the service were from a variety of sources. This included hospital intervention and liaison teams, domestic violence agencies, probation service and general practitioners. In addition the service accepted people who self-referred and those who walked in off the street.

Staff were able to work with referring agencies to ensure that they received all relevant information about potential clients. This included any offending history which may relate to substance misuse, relevant family history and personal circumstances. This helped to ensure that clients received the right level of support and referrals were made to other services when needed.

Are substance misuse services caring?

Kindness, dignity, respect and support

Substance misuse services

We observed the interaction between staff and clients. With the client's permission, we sat in on an appointment, and observed staff and clients in the reception area of the service. We saw staff speaking with the client, asking about difficulties they had experienced since their last appointment. The client was distressed and disclosed concerning information to staff. Staff showed an appropriate level of concern and empathy and asked the client's permission to speak with someone from another part of the Lifeline service. We saw staff obtain advice and assistance whilst continuing to support the client. Staff were also able to contact local mental health services and arrange for the client to speak with them the same day.

Staff members demonstrated that they were able to communicate with clients as well as listening to their needs. However, we were concerned that some clients, who came into the service, did not have an appropriate level of privacy. When clients came to exchange needles, this was done in the reception area, meaning clients who were waiting to be seen were able to observe this exchange. Attendance at the service aimed to reduce the potential harm from the use of dirty needles and their inappropriate disposal.

Best practice indicates that this service should be confidential in order to encourage attendance. Details of support clients were receiving was recorded on both paper and electronic records. However, due to the confidentiality of the service, information was not available to care co-ordinators or clinical staff. This meant if clients were accessing support from other Lifeline services, staff may not be able to access all relevant information.

The involvement of clients in the care they receive

Clients we spoke with told us that staff had spent time carrying out assessments when they started using the service. This included time to discuss treatment alternatives and negative effects of treatment.

Staff were able to support family members and carers of clients. If clients agreed, staff were able to make referrals to the family and carers worker where they were able to learn how to support family members who misused substances.

Lifeline Redcar Prevention Service had a comment box in the reception area. This allowed clients to make comments about the service they received. The data and performance officer for Lifeline Redcar and Cleveland collated the feedback received in the comments box and this was shared with staff at team meetings.

Are substance misuse services responsive to people's needs?

(for example, to feedback?)

Access and discharge

Lifeline Project was commissioned to provide services in response to local need. Services were reviewed by Lifeline Project staff and amended to ensure they remained relevant to developing local needs.

Lifeline Redcar Prevention Service was open 9am to 5pm Monday to Friday. The service accepted referrals from places like general practitioners, other abstinence services and social workers, as well as accepting clients who self-referred or walked in. Home visits were also available where needed and staff would meet clients in other safe places if requested. This meant people were able to access the care and support they needed in a place that was suitable for them.

A duty worker was located at the service and was available to carry out assessments and saw clients who attended the service without an appointment. There was no waiting list for people who wished to access the service.

Lifeline Project had a policy in place which gave staff clear details of the action they needed to take if a client did not attend an appointment. Staff were required to make three attempts to contact clients before discharging them from the service. If a client was discharged from the service staff notified other agencies working with the client as part of the information sharing agreement which was in place. During the period 1 April 2015 and 31 March 2016 the percentage of clients who had not attended appointments was 24%.

During the same period, Lifeline Redcar Prevention Service had discharged 206 clients. Of these, 199 had completed their treatment, two had transferred to other services and five had unexpectedly left treatment. Where clients had unexpectedly left treatment, staff carried out a follow up in an attempt to try to re-engage them with services.

Substance misuse services

For the period 1 April 2015 to 31 March 2016, the service was meeting the annual target for the number of clients successfully exiting treatment.

Case closures were audited by the service manager and team leader to ensure that staff had made efforts to engage clients and had followed the correct procedure. Staff and clients made an agreement on the methods they should use to make contact during the initial assessment. For example, leaving a message with a friend, visiting them at home or leaving a note through their door. This helped to ensure client privacy was maintained and allowed staff to use methods which would be most effective. Checks were carried out to ensure staff had made contact in a way which was agreed and the required three attempts had been made.

The facilities promote recovery, comfort, dignity and confidentiality

The service was delivered from a ground floor unit just off the high street in Redcar. The service consisted of a waiting/reception area, a treatment room which was used to see clients and a further room which was used to house paperwork and a kitchen area. There was also a toilet which was used by both staff and clients. Client access was restricted to the reception area, treatment room and the toilet.

Staff prepared a jug of squash every morning and this was refilled throughout the day. There was also a water dispenser if clients preferred to use it.

Staff told us there was no difficulty accessing the treatment room, although there could be a short wait on occasion. The treatment room in the service was not soundproof and we found this could be a concern if there was someone in the reception area. We found we were able to hear sounds from the treatment room and this would compromise patient confidentiality.

Staff displayed posters and information on the walls which promoted recovery and support groups like Alcoholics Anonymous. There were also a range of leaflets which provided information on a range of treatments and service available locally. We also saw notices giving clients information on new types of substances that had been found in the area and included warnings regarding strength or severe adverse effects.

Meeting the needs of all clients

Staff were able to access interpreters and information in other formats and languages. Staff were able to access and print leaflets in other languages and formats. Although if clients required information in other formats like braille these would need to be requested. Staff at the service were able to see clients at other locations including general practitioner surgeries. This allowed clients to be seen in a location which met their needs. For example some clients chose to attend a service which was near to their place of employment rather than where they lived.

Information posters were on display in the reception area and leaflets were available for clients to take away. This included information on local services clients could access, support groups and available treatments.

The service location was not ideal for clients who had a physical disability. Although a wheelchair could fit through the door, there was not enough room to allow for a wheelchair user to comfortably move around in the service. If clients had a physical disability, staff would usually arrange to see them at an alternative location, which would meet their needs.

Listening to and learning from concerns and complaints

Between 1 April 2015 and 31 March 2016, the service received no formal complaints.

We looked at the complaints procedure for Lifeline Project. Investigations into informal complaints were carried out by operational managers who were also responsible for sharing lessons learned. Where formal complaints were received an investigating officer would be nominated by the chief executive. Investigating officers were people who did not have line management responsibility for the service. Lifeline Project had standard templates which staff used to document investigations. Outcomes were reported to the board through a clinical governance report. Staff we spoke with were aware of the procedure to be followed in reporting complaints.

Lifeline Redcar Prevention Service displayed posters and leaflets advising clients of their right to complain. Staff also provided clients with information on their right to complain during their initial assessment. If clients raised any concerns about the service, staff were able to again give them information and support to raise a complaint. Staff we spoke with told us, if people made a complaint, they would try to solve the problem immediately but would

always pass details to the service manager. Clients we spoke with told us they knew how to make a complaint and said they would feel comfortable talking to staff about any concerns.

Are substance misuse services well-led?

Vision and values

Lifeline Project's 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 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'. There were also four values which were improving lives, effective engagement, exceeding expectations and maintaining integrity.

Staff we spoke with were aware of the organisation's visions and values. Observations during our inspection showed staff demonstrated these in their day to day work.

Good governance

Lifeline Redcar Prevention Service was part of the main Lifeline Redcar and Cleveland service. While there was no administration support at the prevention service, the staff at the Lifeline Redcar and Cleveland office provided this support. There was 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. While there was this vacancy, a contingency plan had been put in place to ensure that data was submitted to the National Drug Treatment Monitoring System at the correct time, in case the data and performance officer was absent from work.

Lifeline Project held a business continuity plan for the service. There was a central risk register in place and the most recent, 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 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 and risk assessments for clients.. Reports also monitored whether staff had offered clients blood borne virus screening and vaccinations. This ensured staff were seeing clients regularly and reviewing care and treatment in line with Lifeline Project's policy and procedures. The information provided in these reports could be reviewed by location as well as by staff member.

A fortnightly meeting was held to discuss presenting issues within the service. This involved the service manager and team leaders. There was no standing agenda to the meeting. The meeting was used to share information and develop actions that would help to improve the service. There was a service delivery plan in place for Lifeline Redcar and Cleveland which included the Lifeline Redcar Prevention Service. The delivery plan included projects to be undertaken, performance, policies and procedures.

Leadership, morale and staff engagement

Lifeline Redcar Prevention Service staff took part in Lifeline Redcar and Cleveland's quarterly staff development day. We were told by the service manager, these days were used to engage staff in developing and improving the service provision. Staff were encouraged to use their initiative and interests to find a way to benefit clients. For example, staff had been given approval to purchase bicycles for clients to use in a charity bike race. This helped to promote physical health and raise money for a good cause, which in turn helped boost client morale.

Staff morale at Lifeline Redcar Prevention Service was good. Staff told us they felt supported in their roles and they felt they were making a positive contribution to the lives of their clients.

Staff told us they knew about the whistleblowing policy and were aware of how to use the whistleblowing process if they wished 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. Staff from different disciplines worked well together with the shared aim of supporting the client.

Commitment to quality improvement and innovation

Quality visits were carried out by senior managers and internal quality auditors not directly located at the service.

Substance misuse services

Over the 12 months prior to April 2016, three quality visits had been carried out at the Lifeline Redcar and Cleveland service and these had incorporated the Lifeline Redcar Prevention Service.

Staff encouraged clients to return used needles and to take part in screening for blood borne viruses. This was helped with the introduction of a raffle. Clients were given a raffle ticket each time they used the needle exchange service or took part in screening. This initiative had resulted in an increased uptake in both of these areas.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure that all clients have an appropriate risk assessment and related risk management plan in place.
- The provider must ensure the environment meets the needs of all clients accessing the service and enables staff to maintain clients' privacy and dignity.

Action the provider SHOULD take to improve

- The provider should ensure that a system is in place, which allows managers to identify who accesses records of clients who attend the Lifeline Redcar Prevention Service.

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 10 HSCA (RA) Regulations 2014 Dignity and respect Clients collected and returned needles in the service reception area. This meant clients were not afforded an appropriate level of privacy and dignity.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Not all clients who used the service had a risk assessment and related risk management plan in place.

This section is primarily information for the provider

Enforcement actions

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.