Compass Harrow

Quality Report

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Date of inspection visit: 6 September 2016
Date of publication: 03/11/2016

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:

- Young people using the service were very positive regarding staff approachability and support. Some young people linked their reduction in substance misuse directly to the help staff had provided.
- The service was proactive in providing positive outreach to the local community including schools, colleges, and youth clubs, to meet the needs of the local population.
- We received very positive feedback from the school leads, and a service commissioner about the service's reliability, flexibility and responsive and proactive approach.
- Staff from the service worked effectively and productively with a range of other agencies and attended relevant boards including the local safeguarding children board, multi agency safeguarding hub, and multi-agency risk assessment conference.
- Staff provided training and workshops in the local community and attended school and fresher fairs, and parents evenings, to promote the service.
- We saw evidence that further engagement was sought with local primary health care services and minority communities.
- Feedback was sought from young people to look at ways in which the service might improve.

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

- Staff did not have sufficient training in their work with young people with challenging behaviour and in the Mental Capacity Act 2005.
- There was some variation in the quality of recording of risk assessments, management plans, interventions, and re-engagement support provided to young people.
- Not all young people were offered a copy of their care plan, including a plan for unexpected treatment exit to ensure their safety as far as possible.
- Not all young people's records were dated. Mental capacity assessments were not sufficiently detailed and not reviewed on a regular basis.

Summary of findings

Contents

Summary of this inspection

Page

Background to Compass Harrow 4

Our inspection team 4

Why we carried out this inspection 4

How we carried out this inspection 4

What people who use the service say 5

The five questions we ask about services and what we found 6

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards 9

Outstanding practice 20

Areas for improvement 20

Compass Harrow

Services we looked at
Substance misuse services

Summary of this inspection

Background to Compass Harrow

Compass Harrow is provided by Compass – Services to Tackle Problem Drug Use and is registered to provide the following regulated activities:

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

There was a newly registered manager in place for the service at the time of the inspection who had been in post since October 2015.

Compass Young Peoples Service Harrow provides targeted and specialist interventions for young people aged up to 18, who are affected by their own or another's substance misuse. The service operates on an outreach basis from an administrative base located in central Harrow.

The service had 85 young people at the time of the inspection, commissioned by Public Health England.

We last inspected Compass Harrow in September 2014 (when an adult service was also provided) and the outcomes inspected were found to be compliant. Since then the service was re-commissioned in October 2015 following which a service to young people only was provided.

Our inspection team

The team that inspected the service comprised three CQC inspectors, a specialist advisor who was a senior nurse with a background working in substance misuse, and an expert by experience. An expert by experience has personal experience of using or caring for someone who uses a relevant service.

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.

During the inspection visit, the inspection team:

- visited the service, looked at the quality of the physical environment and observed how staff were caring for young people
- spoke with two young people by telephone
- spoke with the registered manager, the medical director, the clinical lead and the assistant director

Summary of this inspection

- spoke with four other staff members working at the service, including three substance misuse workers, and an administrator
- looked at feedback from 18 survey forms completed by young people
- looked at nine care and treatment records
- looked at five staff recruitment, training and supervision records (including a recent student)
- looked at policies, procedures and other documents relating to the running of the service.
- following the inspection we spoke with a further four young people by telephone regarding their experience of the service, and received feedback about the service from a commissioner of the service, and five school leads.

What people who use the service say

Young people using the service told us that they had developed a good rapport with individual staff supporting them. They told us that they felt safe and comfortable, were properly listened to, and did not feel judged. They said that staff supported them with their particular needs and enabled them to make their own choices. Two young people linked their reduction in substance misuse directly to the support staff had provided.

Young people particularly valued the continued contact they had with their key worker, and told us that they were treated with respect and offered excellent support. They indicated that individual staff were easy to talk to, informative and did not use jargon. Young people described support with physical, mental and emotional health needs. One young person indicated that they would prefer to have longer one to one meetings.

Young people said that staff were flexible about seeing them at times that suited them best, such as outside of lesson times. Some young people told us that they had valued drop in sessions provided at the service's office over the summer (outside of the school year).

Young people approaching the end of their engagement with the service, described it as a good experience, and felt that they had received enough support, and could reengage with the service if needed.

We viewed 18 comment cards (provided by the service) completed by young people. These included many positive remarks about staff being caring and young people feeling listened to, with the only areas for improvement being some requests to have community activities provided.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Young people's assessments included assessment of potential risks of abuse to young people, or others, with safeguarding alerts made when needed.
- Incidents in the service were reported so that learning could be shared with the staff team to prevent further risk to staff or young people.
- One staff member was the child sexual exploitation prevention lead, and attended the local safeguarding children board and child sexual exploitation subcommittee.There were also leads for domestic violence, and preventing radicalisation.
- Staff worked with safeguarding leads at local schools and colleges, and also attended the multi-agency risk assessment committee, and a range of other engagement meetings relevant to young people.
- Staff completion of mandatory training was being monitored, to ensure that all staff were appropriately trained.
- Recruitment procedures were in place to ensure that staff were fit to work with young people, and caseloads were monitored, to ensure that they were achievable.

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

- Although we were told that they were not used at the time of the inspection, equipment kept in the service's clinical room were not in date or calibrated regularly. This included first aid equipment, urine testing strips, an alcometer and blood pressure machine. The presence of this equipment meant there was a risk that they might be used.
- There was some variation in the quality of recording of risk assessments, management plans, interventions, and reengagement support provided to young people.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Young people's assessments were detailed and included a goal based approach which they found helpful.

Summary of this inspection

- An appropriate prescribing policy was in place for the service in accordance with national guidance. All young people were advised to have testing for blood borne viruses and vaccines where appropriate.
- The service worked effectively and productively with a range of other agencies, and provided substance misuse training as part of the local safeguarding children board.
- Young people and other stakeholders were positive about the impact of the service on reducing substance misuse, including support provided at parents evenings, fresher and school fairs, and in student workshops.
- Staff advised that they felt supported, and had access to a range of training and had regular supervision and appraisal. They also attended regular team meetings.

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

- Two staff did not have current training in addressing challenging behaviour, and no breakaway training was provided for staff protection.
- Young people's records were not always dated. Mental capacity assessments for young people over 16, and consideration of Gillick competency was not always recorded in detail and reviewed regularly.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Young people were very positive about staff. They said that staff supported them with all of their needs and listened to them. Young people felt safe, and found staff helpful. Some young people linked their reduction in substance misuse directly to the support staff provided.
- Young people valued the flexibility and confidentiality of the service and having a choice of where to be seen. They appreciated the continuity provided by their individual key worker seeing them each time.
- Young people were involved with planning their care, and identifying goals.
- A new forum was being set up for young people to be more involved in the running of the service, and a new social media project was being piloted to provide support to young people.
- Feedback had been obtained from young people via consultation forms, with plans in place to address issues raised.

Summary of this inspection

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

- Not all young people were offered a copy of their care plan, including a plan for unexpected treatment exit, to ensure their safety as far as possible.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The service operated at flexible times to see young people outside of school hours, and provided clinics over the school summer holidays.
- Young people could be seen quickly when needed, and all young people were contacted within 48 hours and seen within five working days.
- School leads and other stakeholders found that the service was responsive, producing action plans following engagement meetings, to ensure that all areas were covered.
- The service was developing links with other partner agencies, and attempting to engage minority cultural groups within the local community.

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

- Young people's information leaflets were not yet available in the main local community languages.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- An experienced registered manager was in place for the service, supported by senior managers. Staff and stakeholders found management to be proactive, responsive and approachable.
- The service was monitoring completion of risk assessments, and care plans, with staff involvement in this auditing.
- Key performance indicators were monitored quarterly with action plans in place to address any shortfalls.
- There was appropriate delegation of responsibilities to staff, with staff members assigned particular areas on which to lead and share good practice with the team.
- Incidents within the service were monitored and analysed to ensure that themes and learning could be shared with the staff team to improve the service.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Mental Capacity Act (MCA) training had been undertaken by only one of five staff, but all had an understanding of the MCA and how it applied to their work for young people aged over 16. They also understood how to assess Gillick competency of young people.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- Reception staff controlled access to the building. Alarms were available in both consultation rooms for staff to summon assistance, and these were tested regularly.
- All areas of the building were visibly clean. Contract cleaners attended the service on a weekly basis.
- There was a clinical room in the service but this was not in use and included urine dip sticks and some first aid plasters that were past their expiry date. There was also a blood pressure machine, alcometer and weighing scales, which we were told were not in use, and did not have records of recent calibration. The presence of this out of date or un-calibrated equipment presented a risk that they might be used. No medicines were stored at the service.
- Staff were able to dispose of needles and other sharp objects in the sharps bins provided, and although seldom used, a contract remained in place for their collection. The service stored and disposed of clinical waste appropriately.
- A first aid kit was available in reception and there were two trained first aiders for the service. Records of fire safety and health and safety checks showed these were taking place regularly as appropriate. However, we found a small number of portable appliances which did not have a recent safety test, and brought these to the attention of the registered manager. He advised that they would be placed out of use until tested. Fire drills were undertaken twice a year, and there had been two minor incidents involving fires at the service within the last year, following which appropriate action had been taken to avoid a reoccurrence, including taking equipment out of use, and monitoring litter in the car park.

Safe staffing

- The service was open 9-5 pm on week days, with no on call service when the centre was closed.
- The medical director could be contacted when needed, but the service had not yet been involved in prescribing medicines directly to any young people. At the time of the inspection an interim arrangement was in place with another provider, when this was necessary.
- The staff team also included a registered manager, four substance misuse workers, an administrator and a recently appointed volunteer worker. The manager advised that no agency staff were used, and there were no vacancies. However, occasional social work students joined the team providing assistance.
- We reviewed staff recruitment records for all staff and found that appropriate checks had been made to ensure their fitness to work with young people at the service including interviews, criminal disclosure and barring checks, and written references.
- The registered manager advised that three case workers was not always sufficient to cover the workload (including two staff working four days only). However, he would step in and take a caseload should staff caseloads exceed 30 each, and the team worked effectively including support from students and volunteers assisting with outreach work. Staff leave was managed to ensure that there were sufficient staff in the service.
- A risk based system was used to ensure adequate staffing for the service, with staff reviewing young people's risk levels during each consultation.

- Managers and staff were required to undertake mandatory training. Training records indicated that staff training was monitored to ensure that all staff were trained in mandatory areas. We noted that all staff had completed Level 1 and 2 safeguarding training for children and adults, and preventing sexual exploitation, preventing radicalisation, and domestic violence training. Four of five staff had completed training in infection control, and two had current life support training. The manager had completed training in managing allegations and safer recruitment.

Assessing and managing risk to young people and staff

- Staff assessed areas of potential risk at the first meeting with a young person. This included risk areas regarding substance misuse, family support, mental health, physical health and blood borne viruses, housing, and risks to self and others. A risk management plan was then produced to indicate how they would be addressed. However, we found that some initial assessments were not dated, due to becoming separated from other records completed at the time. The level of detail, and follow up information also varied in terms of plans in place to address risks, which might leave young people at risk, and the service open to questions in the event of an incident occurring.
- Staff told us that risk management plans for young people were checked at each consultation, or following any risk incidents, and also discussed at staff meetings. Staff advised that most young people using the service were seen on a weekly basis, and the frequency of contact was discussed and agreed from the outset.
- All staff we spoke with had a good understanding of safeguarding children and how to raise an alert, and some described appropriate referrals made. They worked closely with the safeguarding leads at each school visited. One staff member was the child sexual exploitation prevention lead, and attended the local safeguarding children board and child sexual exploitation subcommittee. There were also leads for domestic violence, and preventing radicalisation.
- The provider had a lone working policy for staff dated September 2014. When staff undertook home visits or outreach work they visited young people in pairs or with a staff member from another agency. However, staff did not have personal safety alarms, instead staff informed their manager of any appointments outside the location. They called afterwards to confirm that appointments had been completed safely or this would be followed up by the manager.
- There was an appropriate protocol in place should a young person require a prescribing service, in line with the Orange Guidelines 2007 (Drug misuse and dependence: UK guidelines on clinical management). It made reference to mental capacity, consent and confidentiality, and a comprehensive risk and safeguarding assessment prior to prescribing. The procedure was to inform the service manager, who would contact the medical director and lead nurse medical prescriber for the organisation to arrange to see the young person. An unplanned exit plan would be put in place before prescribing. Close communication with the young person's GP and local pharmacist was also required, and supervised consumption would be assumed unless the prescriber advised otherwise. The policy did not mention what would happen in absence of the medical director or lead nurse. The medical director advised that there were a further three doctors within the organisation that could be called upon if needed.

Track record on safety

- The young people's service reported no serious incidents requiring investigation in the previous year. Three minor incidents were reported, and included details of appropriate learning taken forward in each case. These were also discussed at staff team meetings.

Reporting incidents and learning from when things go wrong

- Staff described how they had, or would, report a range of incidents. These included challenging behaviour from young people, and concerns about a young person's safety. All incidents were emailed to the provider's governance team, who made the decision as to whether it was a serious incident or not and whether further investigation was required.
- The provider's policy indicated that in the event of medical errors, these would be sent to the medicines committee group and clinical governance group, to ensure that learning was shared across all similar services.

Substance misuse services

- Staff reported that they received feedback from incidents, and gave examples of learning from recent incidents, including a particular form being decommissioned, as it was insufficiently robust in gaining young people's consent to share information.
- There was no formal procedure in place, but staff told us that they received debriefing following incidents at team meetings, and were also offered access to a telephone counselling service if needed.

Duty of candour

- The management team were aware of their responsibilities to apologise to young people when the service had made a mistake, and the provider had produced a draft policy about this. There had not yet been an occasion where the provider had contacted a young person or representative under this duty.

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

Assessment of needs and planning of care

- Staff completed an assessment, risk management and care plan with each person. Assessments covered past and current health, alcohol and drug use, family and social history, social needs and housing. This enabled personalised treatment and care to be offered.
- Staff advised that young people could be seen within 24 hours if urgent. They also carried out home visits, or saw young people at their school, college or youth centre.
- Records of sessions indicated that young people were supported to build on their strengths and work towards goals. They received focussed, motivational support, reinforcing changes they made.

Best practice in treatment and care

- At the time of the inspection no young people were prescribed medicines by the service. The clinical lead attended working groups run by the National Institute for Health and Care Excellence (NICE) and the prescribing policy was in accordance with national guidance including NICE, 2007; Department of Health, 2007; NICE, 2011.
- Young people using the service were offered information about blood borne virus testing for hepatitis and HIV. This was in accordance with best practice (Department of Health, 2007).
- Young people signed a contract with their key worker, indicating the changes they wanted to make and agreeing the frequency of sessions. Young people's outcomes were recorded using a young person's substance misuse outcome record (Public Health England). This was updated every four weeks, and an outcome measurement was undertaken when young people were discharged from the service. These results were shared with the commissioner, to monitor the service's effectiveness.
- Staff had been involved in undertaking a recent care record audit. This was used to monitor that care plans and risk assessments were updated at regular intervals, and look at the quality of care plans and risk assessments.
- The proactive approach of the service meant that vulnerable young people were identified quickly and offered support. The registered manager quoted the National Treatment Association statistic (2012) that £1 spent on young people's services saved £5 in adult services. There had been a significant increase in gang issues locally. The team was committed to outreach work, covering 90% of local high schools, with individual consultations, training and workshops, and attending local community events. The service also provided training as part of the local safeguarding children board.
- The service had a commissioning team who monitored their performance and effectiveness on a quarterly basis. This included a contract review meeting and data reporting where the effectiveness of their service was assessed by the commissioners. The service also provided data to the National Drug Treatment Monitoring System.
- School and college leads described regular meetings with the registered manager to evaluate the support provided, and were overwhelmingly satisfied with the service.

Skilled staff to deliver care

- The registered manager and staff had significant experience of working in substance misuse services.

Staff had supervision every one to two months and signed their supervision records to confirm that they accepted the contents. All staff also had a recent appraisal with goals identified for further development. Staff told us that they found supervision supportive, and could express any concerns to their line manager, including caseload management if necessary. They also said that the team provided a supportive atmosphere and morale was good.

- There was a volunteers policy and procedure available, and we were told that the new volunteer would primarily be supporting the team with outreach work.
- There were procedures in place if staff were not performing to expected standards, including a range of informal and formal measures.
- Staff completed a local and corporate induction on commencing work with the service and also shadowed other staff for a two week period, which they said was helpful.
- Staff training in working with young people who challenged the service (including de-escalation) was not mandatory. Two of five staff had completed it, and this did not include two staff who were working directly with young people in the community. No staff were provided with training in breakaway techniques as recommended to avoid serious injury (NICE, CG10 RCPsychiatrists). However support to manage challenging behaviours was provided in team meetings, supervision sessions and learning from incidents. There were also risk assessments in place to keep staff safe at the service and when meeting young people at other locations.
- Training records for five staff indicated that four staff had completed training in data protection, three completed training in dual diagnosis (mental health and drug/alcohol issues), and the cognitive behavioural therapy (CBT) framework, and two staff completed training on motivational intervention. Individual staff had undertaken a variety of other related training in drug misuse, including family and drug work, safer injecting, gang activity, self harm and sexual health.
- The provider was in the process of restructuring their training provision, and had identified that there was some training required that was more specific to the nature of the work undertaken by the service. This training was to be part of a bespoke learning and development framework, linked to the supervision and appraisal system, according to each staff member's learning needs.

Multidisciplinary and inter-agency team work

- The service had a monthly team meeting, and three 'flash' meetings each month. All staff attended these meetings and indicated that they were a good opportunity for team working. Minutes indicated that flash meetings were used to discuss each staff member's recent contacts, the care and treatment of specific young people, safeguarding issues, psychosocial interventions and social issues, such as housing difficulties. Team meetings had a longer agenda, including more team performance monitoring and future planning.
- The service had thematic leads for child sexual exploitation prevention and safeguarding, domestic violence, and preventing radicalisation. Lead staff liaised with other key stakeholders working with young people and shared good practice updates with the staff team.
- The service was attempting to form stronger links with the local children and adolescent mental health services (CAMHS). But had not yet been successful in setting up an engagement meeting.
- Young people were signposted to their GP for physical and mental health issues, in addition to other community services for example a sexual health clinic. Staff from the clinic attended the centre on a regular basis.

Good practice in applying the Mental Capacity Act

- Mental Capacity Act 2005 (MCA) training had only been undertaken by one of the five staff. Staff we spoke with had an understanding of the MCA for young people over 16 years old, and Gillick competence guidelines, applicable to working with young people.
- Young people were tested for competency using the Gillick guidelines, and where competency was confirmed, they were given choices over their treatment and information sharing as appropriate. We did not see any cases where Gillick competency was not found. However the competency assessment was not always dated to ensure that it remained current.

Substance misuse services

- We found that young people had chosen who they wished to share information with, including their family members, friends or school. They signed consent to information sharing forms, and provided their GP details. However GPs were not routinely contacted, as a prescribing service was not being offered.

Equality and human rights

- There were no restrictions on any young people accessing the service. Young people in the service had different ethnic backgrounds and were of different sexual orientation and ages. Young people aged 18 to 24 were offered support to attend adult services. Young people with a disability were able to access treatment at the service or at home. Young people in the service reported that they had not experienced discrimination based on their race or sexual orientation.
- A new volunteer had recently been employed who was able to communicate in four languages which might be helpful in engaging local groups. However, the registered manager advised that he was still in the process of developing language and interpretation links for the service.

Management of transition arrangements, referral and discharge

- Prior to a young person's 18th birthday, in view of their potential transfer, a transitional care plan was put in place, with joint working sessions arranged with the adult service provider, and a referral form completed. If the young person then disengaged, the adult provider might contact the young person's worker to facilitate reengagement.
- The service sought relevant information about new referrals and would provide the same information to other services, with the young person's permission, if young people moved out of the borough. Discharge plans were completed before ending contact with young people.

Are substance misuse services caring?

Kindness, dignity, respect and support

- Young people spoke positively about staff supporting them. They told us that they felt safe and comfortable, were properly listened to, and did not feel judged. They said that staff supported them with their particular needs and enabled them to make their own choices. Two young people linked their reduction in substance misuse directly to the support staff had provided.
- Young people valued the continued contact they had with their particular key worker, and told us that they were welcomed, treated with respect and offered excellent support. They indicated that individual staff were easy to talk to, informative and did not use jargon. Young people described support with physical, mental and emotional health needs. One young person told us that they provided "someone to speak to when growing up." One young person indicated that they would prefer to have longer one to one meetings.
- Young people approaching the end of their engagement with the service, described it as a good experience, and felt that they had received enough support, and could reengage with the service without difficulty if needed.
- Young people said that staff were flexible about seeing them at times that suited them best, such as outside of lesson times. Some young people indicated that they had valued drop in sessions provided at the service's office over the summer (outside of the school year). They described support provided with education, sexual health, physical health, family support, life skills, crime issues, self-esteem, housing and finances.
- Staff were caring and thoughtful in their description of their work with young people. Staff understood the needs of individuals, and were empathic in supporting young people with a range of difficulties.
- Young people were asked to provide consent for the service to share information with other agencies, and had signed a consent form.
- The registered manager advised that young people seen at the service, were not kept waiting in the waiting room and were seen straight away, as their sessions were booked as an appointment, and they operated a 'no waiting list' practice.
- The service also attended some school parent evenings, with generic information provided to parents, to ensure that young people' confidentiality was preserved.

The involvement of young people in the care they receive

Substance misuse services

- Young people took an active role in planning their care and goals. Two of the six young people spoken with, advised that they had received a copy of their support plan to refer to when away from the service. Although care records were signed by young people to confirm their involvement, there was no record available as to whether people were offered a copy of the plan. Two of the six young people we spoke with told us they were given a copy of their care plan.
- Where young people had capacity, they were given choices over their treatment and information sharing as appropriate. This allowed them to take ownership over their treatment and make informed decisions about what they wanted out of their engagement and how to achieve it.
- Each young person undertook a comprehensive assessment which was map-based (to provide a visual aid to increase participation) and asked about their substance use, physical, mental and sexual health, family and friend relationships, hobbies and aspirations. This allowed the service to jointly agree a holistic care plan.
- The service collected young people's feedback in the form of service user questionnaires that asked young people about their experiences with the service, including response times, venues, and key working sessions. This information was analysed on a quarterly basis allowing the service to make changes to service delivery where appropriate and necessary.
- Feedback was overwhelmingly positive about the service with young people generally indicating that they were happy to attend, involved in setting goals and had experienced an improvement in their lives. Several young people indicated that they would like to have more activities available to them. The registered manager advised that they were considering links with other provider organisations for activities such as boxing, healthy living and gym sessions, and life skills workshops.
- A service user forum was due to be set up, but had been delayed due to staff sickness. The registered manager advised that the protocols had not yet been agreed, but the aim was for young people to have a voice about the running of their service potentially including recruitment decisions.
- There were no formal groups for working with young people's relatives or friends, although staff told us about individual support they provided to people with the young people's consent or without breaking confidentiality.
- Another provider offering employment opportunities and skills development for young people was co-located at the service. The registered manager advised that they had been careful to find a service relevant to young people to share the office space. They were looking for another suitable agency relevant to the young people using the service, to share the office space.
- Within the office there were information leaflets available about the service, drugs and alcohol, HIV and Aids, children's services, blood borne viruses, female genital mutilation, special needs services, cancer, consent and rape, in addition to the complaints procedure.

Are substance misuse services responsive to people's needs?

(for example, to feedback?)

Access and discharge

- There were no exclusion criteria for the service, and current young people were aged between 11-18. Support was available for over 18 year olds to access adult services until they were 24.Young people living in or attending school within the area were able to access the service.
- An outreach service was provided including appointments in venues that best suited young people taking into account confidentiality, physical disability, special educational need or postcode area (gangs).
- The most recent quarterly performance report indicated that waiting times were always met, with young people contacted within 48 hours of referral, and initial appointments held within five working days. There were approximately three new referrals each week, and young people stayed with the service for an average of three to six months.
- The service was open from 9am to 5pm on weekdays, with staff available for outreach work at other times,

including attending youth groups on some evenings, and some weekend events. Over the school summer holidays, a weekly summer drop in surgery was held at the service office, to provide support to young people.

- Young people could refer themselves to the service, as could family and friends. In the past year referrals were also received from children and family services, universal and alternative education, targeted youth support and outreach, school nurses, child and adolescent mental health services, the youth offending team, children's homes, housing support, and the local adult provider. At the time of the inspection 85 young people were accessing the service, with 37 referrals received in the last quarter. School leads told us that the referral process to the service was simple and effective.
- At the first appointment with Compass, a risk management plan and assessment was undertaken. This included a re-engagement plan identifying how the young person could be contacted if they did not attend for appointments.
- When young people telephoned the service they received a prompt response. The service was able to offer flexible appointment times to young people, for example outside of school hours, and appointments were not cancelled by the service.
- Discharge was discussed at appointments. Following unplanned discharge, staff attempted telephone contact, sent letters, and text messages in line with the person's recorded information on how best to re-engage them, liaising with other professionals when consent was provided to do so. Staff advised that they might undertake a home visit as part of a welfare check or make a safeguarding referral if required.
- We were told that if young people did not attend scheduled appointments, staff attempted to contact them 15 minutes after the appointment time, and carried out welfare checks with partner agencies or family members when the service had reason to believe they may be vulnerable. However in one case there was a lack of recording of what steps were taken when a young person repeatedly did not attend. The appointment was rescheduled for the next week each time in line with the person's contract. However, there was no record of any attempt to contact the young person, until a month later when there was a plan to visit the young person at home.

The facilities promote recovery, comfort, dignity and confidentiality

- The reception area in the service was shared with another provider of services for young people and was decorated and furnished appropriately. We were told that young people did not have to wait to be seen, and were seen by appointment. No confidential information was discussed in the reception area.
- The service had two individual consultation rooms which were well maintained. There was also a clinic room, which was not in use. There was adequate sound proofing between the rooms so that young people could speak with staff in these rooms and would not be overheard.
- The registered manager advised that they were producing an information pack to be provided to new young people on referral. However, this was not yet complete.
- A mobile sexual health clinic visited the service on a weekly basis, and young people were encouraged to use this service if appropriate.
- Young people's records were stored in locked cabinets, and computers were password protected to maintain young people's confidentiality.
- Equipment was available for staff at the service to use during training sessions, with realistic representations of common drugs that young people might use, and information about their effects.

Meeting the needs of all young people

- The service aimed to provide harm minimisation support on contact with young people (within 48 hours of referral) and an appointment within five working days. This could be on the same day if necessary. Staff advised that the majority of young people in their area presented with alcohol or cannabis use.

Substance misuse services

- Data collected at assessment was used to respond quickly and effectively to the young person's needs and to identify trends and emerging needs within the area. Delivery was adjusted accordingly with information fed back to relevant stakeholders.
- The local population was diverse. However, information leaflets were not yet available in a range of languages, and there was no interpreter service available. The registered manager advised that this had not been required so far, but that such services would be accessed if needed. A newly appointed volunteer was to assist in producing some translated leaflets. The service had attempted outreach work with local catholic schools and the Somali community and acknowledged that further work was needed with other ethnic groups in the area.
- Young people with restricted mobility or wheelchairs could access the service, and toilets suitable for disabled young people were available. If young people were unable to attend the service due to their disability, staff conducted home visits. Young people could also be seen at school, local youth clubs, and the local council offices.
- The service had developed important links with the youth offending team, and children and adolescent mental health services, looked after children, and children and adolescent mental health services, and were in the process of developing further joint working protocols. Staff attended a youth centre for people with a learning disability. They planned to connect with more primary services such as accident and emergency services, and to form links with the black and minority ethnic community. Contact with a local carers group, indicated that there were no young carers with drug or alcohol issues. However, staff aimed to keep this link open to ensure that young people were not missed.
- Harrow had a high incidence of gang related activity and the service attended a youth club weekly hosted by a partner agency for young people at risk of, or trying to leave gang membership.
- Staff worked closely with pastoral leads and school nurses in the local educational establishments, and the local pupil referral unit, reviewing progress every six to eight weeks. School and college leads were very positive about the service provided by Compass Harrow. They described staff as reliable, responsive and flexible, providing continuity, and most importantly, young people responding well to them. In addition to providing individual consultations, workers provided sessions at school assemblies, support with personal and social education lessons, training to staff, student workshops, and attending freshers, health, and staying safe fairs.
- No group work sessions were undertaken by staff at the time of the inspection. However, the registered manager advised that a cannabis group was being planned in conjunction with the youth offending team. They were also planning to become involved in supporting people in police custody suites.

Listening to and learning from concerns and complaints

- The service had received no formal complaints and six compliments in the 12 months before the inspection. Young people told us that they knew how to complain about the service. Complaints leaflets were available and young people felt confident to make a complaint.

Are substance misuse services well-led?

Vision and values

- The provider's vision was to be the best provider of substance misuse services by having the maximum impact on the lives of the people they helped. They had a mission to help people solve the problems of drug and alcohol use, creating healthier lives and safer communities.
- Staff we spoke with were clear about and demonstrated the service's values of integrity, valuing individuals, being solutions focussed, consistent and reliable.
- The service aimed to provide services with equitable access and break down barriers to engagement, by being visible and inclusive.

Good governance

- The clinical working group chaired by the provider's operational leads, met monthly to look at the policies and procedures across services. Most recently these focussed on prescribing guidelines, and the clinical review and audit framework.

Substance misuse services

- Individual service data was reported to the board quarterly, so that the effectiveness of delivery was owned throughout the organisation.
- The registered manager was supported by the provider's clinical lead and assistant director for young people's services, and had appointed each substance misuse worker as a themed lead in a particular area.
- The completion of young people' risk assessments, risk management and care plans was monitored on an ongoing basis. Staff had been involved in a recent audit of case records.
- Senior managers were implementing a new learning and development plan for the staff team joined with the supervision and appraisal system.
- Monthly team meetings and approximately weekly 'flash meetings' included the whole staff team, with standing items including urgent cases, safeguarding issues, incidents, new referrals, engagement, feedback, discharge, training, health and safety, and occasional guest speakers.
- Monthly performance dashboards were produced by the provider's head office and were reviewed at supervisions. These dashboards replicated National Drug Treatment Monitoring System (NDTMS) activity reports and provided real time data to check on progress against targets.
- Governance processes were in place to provide assurance that the service operated safely. This included regular review of incidents, systems to monitor staff training, young person satisfaction questionnaires, and reviews of outreach work.
- The service had key performance indicators which the registered manager monitored against each staff members' performance and the service performance. These included delivering six substance misuse training sessions per year, developing more promotional material, providing treatment to 160 young people per year, and attending 90–100% of multi-agency partnership meetings. Where there were shortfalls, plans were in place to address this. For example the service aimed for 100% Hepatitis B and C monitoring (currently at 90%) and this was being addressed through liaison with sexual health colleagues. The target was to have 80-90% planned exits, (currently at 72%) and this was being addressed by planning exits for young people ready to be discharged.
- A risk register was in place for the service which highlighted risks, such as health and safety issues, staffing levels, and staff training, and how they were being mitigated.
- Quarterly data was collected of young people's blood borne viruses screening, vaccinations and safeguarding as appropriate, with data provided to the service commissioner and outcomes discussed at quarterly meetings with the commissioner, and in staff team meetings to ensure that learning was taken forward.
- Feedback forms from young people were very positive about staff helpfulness and support, feeling safe, flexibility of the service and respect.

Leadership, morale and staff engagement

- Staff felt able to raise concerns with management and were aware of the provider's whistleblowing procedure. Despite a significant change to the service, following the provider losing the tender to provide adult substance misuse services in the area, staff morale appeared to be high. Sickness and absence rates in the service were low with the exception of one staff member on long term sickness. No staff survey had been undertaken for the service. Although staff indicated that their caseloads could be high at times, they told us that they were manageable, and they could negotiate support if needed.
- The staff team were supportive of each other and worked together to provide support, care and treatment to young people. They received regular supervision, and appraisal, and felt supported by the service's management. Two staff had transferred to the team from other provider organisations, following consultation and a Compass induction.
- The assistant director visited the service approximately twice monthly, and attended some team meetings. The provider's chief executive also attended two team meetings in the last year, and staff advised that they could email him directly if required.
- Staff advised that the registered manager was proactive, people orientated and had an open door policy. The

registered manager received supervision from the assistant director, and was also supported by the assistant medical director, business director, and young people's director and the provider's quality assurance team. The manager also shared on call duties with other local managers of the provider's services, and attended monthly managers meetings.

- Staff told us that the provider was no longer providing solely a substance misuse service, but also provided a part of the school health and wellbeing service. Challenges included a restricted budget, and reduced targeted youth support, requiring staff to be innovative and flexible.
- The commissioner indicated that they found the service to be proactive at outreach and engagement, and responsive and open to improvement.

Commitment to quality improvement and innovation

- The service was due to pilot a new social networking project being launched in October 2016 called 'Chat Health' providing support to young people by call or text, including impartial advice, and signposting to services. A staff member had been assigned to respond to initial queries and refer to other members of the team as needed.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The provider should review training provided to staff in addressing challenging behaviour to include breakaway training for their protection.
- The provider should further review the quality of recording of risk assessments, management plans, interventions, and reengagement support provided to young people to ensure that these are completed consistently and robust.
- The provider should ensure that all young people are offered a copy of their care plan, including a plan for unexpected treatment exit, and this is recorded, to ensure their safety as far as possible.
- The provider should ensure that all young people's records are dated, including mental capacity assessments and consideration of Gillick competency, and that these are recorded in detail and reviewed regularly.
- The provider should ensure that, although not used at the time of the inspection, equipment kept in the service's clinical room including first aid equipment, urine testing strips, an alcometer and blood pressure machine, are in date and calibrated regularly or removed from possible use.
- The provider should ensure that the service has access to interpretation services and information in relevant languages to meet the needs of the local community.