Addaction - Preston YA

Quality Report

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

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

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

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

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

Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- Staffing levels and skill mix were appropriate to meet the needs of the service. Staff turnover and sickness was particularly low. This meant that clients had consistent access to staff support.
- Compliance with mandatory training was good. Staff also had access to specialist training both within and outside the organisation and could develop specialist roles.
- Clients gave very positive feedback on the service they received and the quality and professionalism of staff members. Clients felt staff were kind and caring and we observed positive staff and client interactions.
- Access to the service was quick and staff had manageable caseloads.
- Staff stated they felt well supported by the senior management team. Staff described an open and honest culture with good morale.

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

Summary of findings

- A risk assessment was not stored on the electronic recording system. This meant that other staff would not be aware of any risks regarding this client.
- Recovery plans were incomplete and not holistic. This meant that the clients' goals were not clearly documented.
- The doctor employed by the service was not receiving any formal supervision. This meant that the doctor was not receiving any advice or guidance regarding best practice.
- There was a lack of sound proofing in the premises in Burnley. This meant that clients' privacy and confidentiality was compromised due to the lack of sound proofing in the interview rooms.
- Gillick competency guidelines were not followed for all clients. Parental consent was sought for all clients aged under 14 regardless of their level of competency.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services		Not yet rated

Summary of findings

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Summary of this inspection

Background to Addaction - Preston YA

Addaction Preston YA provides community drug and alcohol services to young people up to the age of 25 within the Lancashire County Council district.

The service is government funded and commissioned by the local authority. The service recently obtained a seven year contract which included increasing the age range to 25 from 21 and expanding the geographical area to include the East area.

At the time of the inspection, the service was registered to provide the following regulated activities: treatment for disease, disorder or injury and diagnostic and screening procedures. However, the service had not provided any diagnostic or screening procedures for some time and was in the process of de-registering this regulated activity. There was a registered manager.

The main office was based in Preston and there were other offices in Lancaster and Burnley. Due to the large geographical area and client need, most clients were seen within community settings such as schools, youth groups and community centres.

Addaction Preston YA was last inspected in February 2015. They were found to be compliant with the regulatory requirements. However, we had made the following recommendations on how the service should improve,

- Addaction Preston YA should ensure that interventions to mitigate risks and people's changing circumstances are clearly reflected in risk management plans and care plans in individual case records.

Our inspection team

The team that inspected the service comprised one CQC inspector (Clare Fell, inspection lead), and two other CQC inspectors.

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, asked other organisations for information.

During the inspection visit, the inspection team:

- visited the sites in Preston and Burnley, looked at the quality of the physical environment, and observed how staff were caring for clients

Summary of this inspection

- spoke with four clients and one carer
- spoke with the registered manager and the Burnley team leader
- spoke with six other staff members employed by the service provider, including keyworkers and a doctor
- attended and observed one home visit and one school resilience session
- looked at six care and treatment records, including medicines 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 and carers told us that the service was excellent. They described staff as genuinely kind and caring. Clients felt that they could trust their project worker and that they were responsive to their needs. Clients and carers explained that staff exceeded their expectations and remained professional at all times.

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:

- Staffing levels were good with low staff sickness and turnover rates. There had been no bank or agency usage. This meant that the stable workforce were able to give clients a consistent service.
- Mandatory training rates were high for all training modules. This meant that staff were appropriately trained in the basic elements of care delivery.
- There was an effective system for reporting incidents which all staff had access to. The system was electronic and information was shared with managers and a central team who used it to inform practice. This meant that all incidents were reported and action taken where appropriate.

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

- Risk assessment documentation was not accessible to all staff for a client who had been with the service for several months. This meant that vital risk information was not available to all staff.

Are services effective?

We do not currently rate standalone substance misuse services.

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

- Recovery plans were incomplete and not holistic. Clients' goals were not clearly documented or reviewed. We found no evidence of clients being offered a copy of their recovery plan.
- There was no supervision structure for the doctor. The doctor had not received any supervision for over six months. This meant that the doctor did not have the opportunity to reflect on their practice or have guidance or support.
- Gillick competency guidelines were not followed for all clients. Parental consent was sought for all clients aged under 14 regardless of their level of competency.

However, we found the following areas of good practice:

Summary of this inspection

- There was good access to specialist training which was specific to the role of each staff member. Managers promoted and encouraged further training and extra training was available from the organisation. This meant that staff were able to improve their knowledge and provide better care to clients.
- There were plans for the service to deliver psychological therapies normally provided by the child and adolescent mental health service. This meant that clients could have quick access to psychological interventions within a service they are already engaged.
- Inreach support was provided to supported housing projects to deliver drug and alcohol interventions to vulnerable young people. This meant that staff targeted support to the most appropriate clients.
- All staff were assigned a specialist topic to champion. This meant that staff gained experience and knowledge in particular areas and shared these skills with the wider team.
- There were close working relationships with outside organisations such as schools, health services and the third sector. This meant that staff had a broad knowledge or services available and were able to signpost and refer on where appropriate.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients and carers gave positive feedback about the service and we observed caring staff and client interactions. Clients and carers said that staff had good attitudes and were professional and trustworthy.
- A family worker was employed to work specifically with families and carers of clients. This meant that families were well supported and were provided with information required to support the client.
- Staff sought clients' views regarding future service design and important decisions about the service. Clients were included on staff interview panels. This meant that there was appropriate input from clients to improve the service to meet their needs.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

Summary of this inspection

- There was timely access from referral to first contact with a project worker. This meant that clients were contacted quickly to avoid disengagement with the service.
- The service had changed communication methods to reflect the needs of young people. This included the use of social media sites and a freephone telephone line. These changes were made as a result of client feedback. This meant that the service responded to client needs and adapted the service to improve client communication.
- There were extended opening hours which included evenings and weekends. This allowed clients who were in education or employment to attend the service. This meant that staff were flexible in their approach to engage clients.
- There were proactive attempts to reach clients who were difficult to engage. This meant that the service was able to target vulnerable groups identified by the service.

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

- There was an interview room in Burnley that was not sound proof. Conversations could easily be overheard from inside and outside of the room. This meant that client confidentiality could not be maintained.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff felt they were well supported by the senior management team. Managers were described as approachable and fair and staff felt confident of their skills and professionalism. This meant that staff were well supported and managers were aware of any issues.
- Staff had good morale and there was an open and honest culture. This meant that there was a positive work environment and that staff were open and honest with clients if things went wrong.
- Senior managers regularly visited the service and were a visible presence. Staff knew who the senior managers were and had opportunities to discuss the service.
- Gaps within local service provision were identified by the service and options to rectify gaps had been agreed and acted upon. This meant that clients received an improved and streamlined service.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Mental Capacity Act training was covered within the mandatory safeguarding adults training, which 100% of staff had completed within the last 12 months. Staff were aware of the five statutory principles of assessing mental capacity and knew how to refer to the safeguarding adults policy for guidance.

The service sought to gain parental consent for all clients aged under 14 which is not in line with the principles of Gillick competency. Gillick competency refers to whether children under the age of 16 have the mental capacity to understand and consent to decisions. The service restricted interventions to only include national curriculum information for clients aged under 14 who did not have parental consent.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

The Preston and Burnley locations had a suitable number of interview rooms for staff to see clients. There were alarms fitted in the interview rooms in Preston but not in other locations. Staff explained that clients would normally be seen in community settings and not usually in Addaction premises. However, staff would see clients in pairs if clients were a risk to staff.

The doctor had access to a clinic room that was shared with another service within the Preston location. The clinic room was well equipped to carry out physical examinations. The doctor also saw clients at other locations which did not have access to clinic rooms. If a client in Burnley or Lancaster needed a physical examination, clinic rooms could be accessed within adult substance misuse services or referred to their GP.

Both Preston and Burnley locations were clean and well maintained. All areas were tidy and the cleaning rota confirmed regular cleaning took place.

Safe staffing

The service employed the following number of staff:

- one manager
- three team leaders
- one community engagement officer
- two administration staff
- one doctor
- twenty two project workers with various roles and specialities
- twelve volunteers

At the time of inspection, there were no vacancies and turnover for the last 12 months was 4%. There had been no sickness over the last 12 months prior to inspection.

The staffing requirement was determined by the overall service budget and adjusted to meet the needs of the service.

The average caseload per project worker was 25 clients to one staff member. Staff described this as manageable. The service manager was able to match staff skills with client needs where possible. However, there were challenges regarding the large geographical area covered by the service. Some staff travelled large distances to see clients.

There was a system in place to allow clients to be quickly allocated to a project worker from referral. There were timescales for staff to contact clients following initial referral and first appointment. This meant that there were no waiting lists for clients to be allocated to a worker.

The service had not used bank or agency staff due to the low sickness and turnover rates. However, if necessary, the service had access to bank staff from other services run by the provider in other areas. Cover arrangements for annual leave and vacancies were met within the service provision.

Clients had access to a specialist doctor on a weekly basis. The doctor was employed for two hours a week and was predominantly based within the Preston location. However, the doctor did also attend Burnley and Lancaster on request from staff. The doctor and service manager explained that if required the doctor could be available for clients at the service more frequently.

Mandatory training figures were good. The average overall training compliance was 93%.

Assessing and managing risk to clients and staff

Substance misuse services

During the last inspection in February 2015, we noted that the service should review risk assessments and care plans when clients' needs changed and include this information in risk management plans and recovery plans.

We reviewed six care records and found that one client did not have a completed risk assessment despite being with the service for several months. We spoke to the team leader and found that the risk assessment had been completed and recently updated but had not been uploaded onto the electronic system. The information had been stored within an electronic folder which was only accessible to one staff member. Therefore the information was not accessible to other staff that may require it. Other records showed completed and comprehensive risk assessments that were regularly updated. The service completed an audit of risk assessments in May 2016 and found that ten out of 116 risk assessments needed to be reviewed and that one was missing from the system.

There was a system to ensure staff and clients understood the correct process to follow if clients exited the service unexpectedly. This was a "closure agreement" document which clients signed to consent to other agencies being contacted. Staff were aware to ensure that clients understood that tolerance to substances would be reduced following abstinence and that a relapse into drug use could lead to overdose.

Staff were trained in safeguarding and knew how to make a safeguarding referral. Safeguarding adults training was 100% compliant and safeguarding children and young people was 96%. Staff we spoke with demonstrated good knowledge and understanding of the safeguarding processes and how to escalate safeguarding concerns. The service also accessed face to face safeguarding training provided by the local authority. Five staff had attended the safeguarding training and eight staff had attended the common assessment framework training over the last three years. There was a safeguarding policy available on the intranet and a paper copy kept in the office which staff were aware of. The service manager chaired the Lancashire substance misuse safeguarding meetings and provided staff with seven minute briefings on current themes and risks during staff meetings.

We reviewed the lone working policy and found that staff were following the correct procedures. Staff were aware that they should meet clients in public spaces and visit in pairs if there were particular risks evident. When visiting a client's home, staff knew to telephone other staff both before and after the home visit. There was code word to use if in danger and staff understood who to contact in this instance.

The service did not store, transport or dispense any medication. There was no medication stored on the premises and clients would access the local chemist if the doctor prescribed any medication.

Track record on safety

The service had no serious incidents requiring investigation over the last 12 months.

Reporting incidents and learning from when things go wrong

Staff we spoke to demonstrated a good understanding of how to report an incident. Staff had access to policies and procedures for reference and could speak to managers for support. Staff were aware of what to report and could give examples of doing this.

There was an electronic incident reporting system, that all staff could access and input information. There had been 23 incidents reported in the seven months prior to inspection. Information was broken down into categories and assessed for themes by the service manager. Staff had access to regular meetings to discuss lessons learnt. Other information was shared with staff by the critical incident review team via email bulletins and minutes.

Duty of candour

Managers and staff demonstrated an open and transparent culture within the service. Staff were aware that they should apologise if something went wrong and offer clients an explanation. The service had an up to date duty of candour policy which was available to all staff for reference.

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)

Substance misuse services

During the last inspection in February 2015, we noted that the service should review risk assessments when clients' needs change and include this information in risk management plans and recovery plans.

We examined six care records and found that comprehensive assessments had been completed in a timely manner and were stored appropriately within the electronic system. The assessments gave detailed information about clients drug use and social circumstances.

We found five out of six recovery plans were of poor quality. One had not been reviewed for over 12 months and was incomplete, two were not holistic and two were missing from the system. The recovery plans did not capture the detailed information described in the assessments and risk assessments. The service completed an audit in March 2016 and found that four out of nine recovery plans were missing from the electronic system but were available in paper files. There was a plan in place to complete three audits per project worker during supervision to improve the quality and availability of recovery plans. An audit completed in May 2016 found that six out of 116 recovery plans had not been reviewed as per policy. The service had recently appointed a data officer to input client information into the electronic system.

The service had an electronic records system to store all client information which was safe and secure. All staff had access to the system and staff had been issued with individual electronic tablet devices. However, not all information was available or accessible to staff when needed.

Best practice in treatment and care

The service did not routinely prescribe medication to clients. We saw evidence that the doctor prescribed thiamine vitamins for clients who drank high levels of alcohol and had a poor diet. This was consistent with national institute of health and care excellence guidance. The doctor had also prescribed penicillin to a client with tonsillitis who could not access their GP. The service encouraged clients to seek medical support from their GP and liaised with GPs regarding interventions. The service manager was aware of the Department of Health drug misuse and dependence guidelines for specific guidance regarding drug and alcohol treatment options.

As part of the new contract arrangements, the service had devised a strategy to allow clients quicker and easier access to psychological support usually delivered by the child and adolescent mental health service. Three members of staff were to be trained via the improving access to psychological therapy service to deliver formal cognitive behavioural therapy to young people with drug or alcohol problems. This was a joint venture by Addaction and the local health service to lessen the number of referrals to the child and adolescent mental health team and to improve access for young people. Funding for this had been secured for two years and training was due to start in January 2017.

Other staff were able to offer brief psychological based interventions on a one to one basis. These included brief cognitive behavioural therapy based interventions and motivational interviewing based techniques.

Staff had developed strong links with local organisations that delivered support to young people requiring housing support. The service worked in conjunction with a third sector organisation which ran a supported accommodation scheme for young homeless people living in Morecambe. The service provided in-reach support to the project, which included drug and alcohol awareness, cook and eat sessions and sexual health advice. Project workers were aware of how to signpost young people for housing advice and could support a young person with this process. Staff were also aware of local organisations that provided benefits advice and support in the local area. We saw evidence of close working relationships with local schools, colleges and universities to help support young people to stay involved in education or training. Staff also worked closely with volunteer organisations to promote employment opportunities.

The service promoted physical health checks that were appropriate for young people. This included sexual health, smoking cessation, blood born viruses and hepatitis screening. These were provided via young people's sexual health services and GP surgeries. Addaction staff had received training and were able to offer smoking cessation advice and prescriptions.

Areas within North Lancashire had access to a mind and body programme which focussed on mental health and emotional well-being in young people. This covered topics

such as low self-esteem, anxiety, body image and low mood. The programme was run in secondary schools and targeted vulnerable clients who were deemed at risk of developing poor coping strategies.

We reviewed the services' policy for monitoring clients who were prescribed medications that required monitoring. The service was not currently prescribing these medications and staff were not trained to use monitoring tools such as the clinical institute withdrawal assessment for alcohol monitoring tool. However, the doctor explained they would work extra hours in the event a client required this treatment and monitoring. This was confirmed by the manager. However, due to vulnerabilities regarding age, at present all clients requiring detoxification were referred to inpatient facilities in accordance with national institute for health and care excellence guidelines.

The teen star monitoring tool was used to monitor clients' progress and outcomes. This was based on the recovery star model which had been adapted to meet the needs of young people who misuse substances. The tool measured drugs and alcohol wellbeing, structure/education, behaviour (citizenship) and family/other people. This information was used to rate clients' progress.

Clients also completed young people's outcome records during treatment and on exit from treatment. This data was used to identify clients' outcomes when discharged from the service.

Staff participated in monthly peer led audits of care records. This included examining the quality of client care records and highlighting any areas of concern to senior managers.

Skilled staff to deliver care

The team included the following disciplines, a doctor, a service manager, three team leaders, a community engagement officer, two administrators and 22 project workers. The project workers worked within three streams/ pathways, which were early intervention, therapeutic and medical provision, and participation and community engagement. Each worker also took responsibility for championing particular skills and areas of work. These included links workers for hospitals, child and adolescent mental health services, schools, youth offending teams, police, child sexual exploitation link worker, domestic abuse workers, safeguarding champion, family worker, resilience worker and mind and body workers. Three members of staff were being trained to deliver cognitive behaviour therapy. The service had recently appointed 12 volunteers who were undergoing training prior to roles being allocated.

Due to the low staff turnover, the staff team was well established with most staff being long serving and experienced. Staff had the appropriate qualifications to fulfil the role.

All staff received an induction into the service which included elements of safeguarding training. The service had recently appointed 12 volunteer workers who were currently receiving an induction and safeguarding training.

All staff, with the exception of the doctor, received regular supervision. This was delivered monthly on a one to one basis and in group sessions. Supervision rates for the service were 100% for project workers. The doctor had not received supervision for over six months. The impact of this was low due to the low levels of prescribing the doctor undertook. The service manager arranged for the doctor to receive face to face supervision beginning in January with the associate medical director and clinical lead. We examined the quality of the supervision records and found these to be of a good standard. All staff had access to a variety of team meetings. These included monthly strand/ pathway meetings, team meetings, peer supervision and sub group meetings (in relation to specialist areas).

All staff had received and were up to date with their annual appraisal.

Specialist training was available for staff. This included ten staff who had received various levels of cognitive behavioural therapy and motivational interviewing training, two staff who had completed training in solution focussed therapy and five staff who had completed or were working towards a diploma in counselling. There were seven members of staff who had not received any specialist training in the modules described above. However, five of these were staff from the East team who until recently had no access to Addaction training as they were employed by another service prior to April 2016. Staff spoke about the training being of good quality and easily accessible. Staff were supported and encouraged to attend all relevant training.

Staff performance was addressed through the supervision and appraisal process. There were formal procedures to address any issues of poor performance. Staff would be

offered a personal improvement plan to support them to improve and their capability assessed if the plan failed. Staff were in a probationary period for the initial six months of their employment. Staff would be offered an extension of this if their performance was poor and dismissed if they did not improve to a satisfactory standard.

Multidisciplinary and inter-agency team work

All staff had access to a number of team meetings. These included monthly strand/pathway meetings, team meetings, peer supervision and sub group meetings (in relation to specialist areas). This enabled staff to discuss issues relating to particular pathways, general issues and specific issues relating to areas of specialism. The meetings were attended by all relevant staff who were available such as project workers, team leaders and administrative staff. This allowed staff to share information effectively and seek support of guidance from others. The doctor did not usually attend due to her working hours of only two hours per week but did attend to deliver specific medical training on occasion. The doctor also engaged with case discussions between project workers and team leaders prior to clinic sessions.

The service had good links with outside organisations. There were link workers attached to organisations such as the police, children's services, youth offending teams, child and adolescent services and schools. This allowed a closer working relationship to share information, discuss referrals and joint work if necessary. The service had developed joint working protocols with local accident and emergency departments to encourage appropriate referrals. The service also delivered a resilience project in partnership with the Amy Winehouse Project in schools to educate and prevent harmful drug or alcohol misuse. The service was able to deliver training to outside organisations on drug and alcohol misuse and domestic abuse issues. In return, Addaction staff had access to training provided by the local authority and others.

Good practice in applying the MCA

Mental Capacity Act training was covered within the mandatory safeguarding adults training, which 100% of staff had completed within the last 12 months. Staff were aware of the five statutory principles of assessing mental capacity and knew how to refer to the safeguarding adults policy for guidance.

Gillick competency procedures were used for clients aged 14 – 16. Gillick competency is an assessment to ascertain whether children have capacity to make decisions and consent to treatment with no lower age limit.

For children under the age of 14, parental consent was sought. If this was not obtained staff could only deliver interventions that matched the national school curriculum. The service had a template to use to seek parental consent. This was not in line with Gillick competency guidelines which has no lower age limit.

We looked at six patient records and found that capacity had been considered for all clients. Staff we spoke with explained that it was rare that clients lacked capacity.

Staff were able to advocate on behalf of clients and knew of other local advocacy services that could support clients independently if needed. Staff accompanied clients to appointments with other agencies and supported clients to express their opinions. Staff also had links with other young people's services who could offer more specialist independent advocacy if needed.

Equality and human rights

All staff were trained in equality and diversity, which included human rights. This training was mandatory and 100% of staff had completed this training within the last 12 months. The service had an equality and diversity policy and an action plan, which were up to date and included protected characteristics as noted in the Equality Act of 2010.

The service had adapted their communication processes to meet the needs of young people. The service had introduced a freephone telephone number to make calling from mobile phones free for clients. The service had set up social media accounts in order to interact with young people in other accessible ways.

Management of transition arrangements, referral and discharge

There were transition arrangements between Addaction and the adult drug and alcohol services. Staff would liaise with the adult drug and alcohol services and prepare the young person for the change.

Substance misuse services

There was a joint working protocol regarding referrals between Addaction and the emergency department within Royal Preston Hospital. There was a process for staff to hold a clinic at the hospital and improve access to service for young people.

There was a process for discharge arrangements if the client failed to engage. Clients gave their consent for various actions to take place should they miss appointments. This included informing other agencies and parents.

Are substance misuse services caring?

Kindness, dignity, respect and support

We observed staff using supportive and enabling language when interacting with clients. Staff were respectful and responsive to client's needs.

Clients described staff as genuine, caring and understanding who were reliable and trustworthy. Clients felt that staff were always there for them when needed and that they were easy to talk to.

Staff we spoke with demonstrated good knowledge and understanding of clients' individual needs. This was also reflected in the assessments in client care records.

Staff had received training regarding the boundaries of confidentiality and the importance of sharing safeguarding information when the client had not consented.

The involvement of clients in the care they receive

We examined six client recovery plans and found that four contained client views and evidence of client participation. Plans were written in the first person and had personalised goals and strengths. However, recovery plans were not always fully completed and there was no evidence of clients being offered a copy of their recovery plan.

The service had recently appointed a family worker to work specifically with families and carers of clients. This role formed part of the new contract agreement which began in April 2016. Since then, 16 families had received direct support from the family worker initiative. Families and carers received one to one support in their own homes or in a mutually agreed venue. Group educational sessions were also provided on topics such as drugs and attention deficit hyperactivity disorder.

Staff were aware of local advocacy services. There were leaflets available about advocacy services in the Preston office and staff knew how to make a referral.

Clients were encouraged to become involved regarding decisions about the service. The service had produced a consultation report in March 2016 that had sought the views of 369 young people. The consultation allowed young people to express their views on various aspects of the service which included, preferred venue and contact method. Focus groups were also held in Preston and Burnley where clients suggested changes to opening times, a freephone telephone number and alternative types of interventions. Clients were also included on the interview panel during staff recruitment sessions. In the last 12 months, clients had been included in four interview panels.

Clients could give feedback on the care they receive via the complaints and compliments leaflet which was given during the first appointment. There were also comment boxes within the offices for clients to make suggestions.

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

Access and discharge

There was a system in place to ensure all clients were contacted by a staff member within 72 hours of referral. The service was aware of the need to provide a quick response to clients at this key stage of the referral process. An initial assessment was completed within seven days and a course of treatment agreed.

Non-urgent referrals were contacted within three days and offered an appointment within seven days. Staff had flexibility within their caseloads to see urgent referrals more quickly if necessary.

The service had adapted their communication processes to meet the needs of young people. Clients could telephone the service and speak to their appointed worker or another member of the team. Clients described staff as being accessible and said they promptly returned telephone calls. The service had introduced a freephone telephone

number to make calling from mobile phones free for clients. These changes were in response to client feedback. The service had set up social media accounts in order to interact with young people in other accessible ways.

The service had clear criteria for accepting referrals. There was a client expectation agreement which outlined behaviour that was not acceptable. There was also an up to date exclusions policy to offer staff guidance.

The service had outreach projects to involve clients who were difficult to engage. This included staff offering support in local gyms, children's homes, supported accommodation, youth clubs, traveller communities and mosques. The service ran free beauty courses in order to engage women from traveller communities. During the sessions, education around domestic abuse issues was discussed and local support options considered.

The service had individual agreements with clients on how to proceed if a client did not attend planned appointments. This was discussed during the initial appointment and explained steps the worker would take if clients did not attend. The document outlined which other services staff would contact and how many telephone calls and letters would be sent.

The service had recently agreed extended working hours to enable clients who were in education or employment to access the service in the evenings. The service was available seven days a week from 9am to 9pm. There was a drop in clinic on Saturday mornings for unplanned appointments. Staff and clients confirmed that staff would endeavour to meet with clients at a time and venue that was suitable for them.

Staff and clients confirmed that appointments were rarely cancelled and always ran on time.

The facilities promote recovery, comfort, dignity and confidentiality

We visited two out of three offices. We found that the Preston office had a full range of rooms and equipment to support client care and treatment. There was a sufficient amount of interview rooms and a clinic room that was shared with another service. However, the Burnley office did not have access to a clinic room and the interview rooms did not have sound proofing. This meant that confidential conversations could easily overheard by staff within the service and staff from other agencies. The team leader and the service manager were made aware of this and confirmed that they would quickly resolve this issue. Burnley clients who required physical examinations were offered appointments at the adult substance misuse service which had appropriate clinic rooms, or were referred to their GP.

Information about the service and treatment options were available in the client waiting areas. This included information about local independent advocacy services, complaints and other local services. Staff were knowledgeable about other services in the community and knew how to appropriately signpost clients to other agencies.

Meeting the needs of all clients

All the premises were accessible for people with mobility issues. There were lifts and ground floor adapted bathrooms. Doorways and corridors were wide enough for wheelchairs to access.

Information leaflets were distributed in Punjabi and Bengali languages to improve access to the Pakistani and Bangladeshi populations in Burnley. Posters were produced in Polish help Polish people understand about the service. Information could be produced in other languages on request. However, the service found via feedback from clients that they preferred information to be presented to them in English.

A number of staff within the service could speak other languages and were utilised to engage with clients whose spoke the same language. The service also had access to the language line interpretation service. The service had access to a braille machine located within the local university which could be used to translate leaflets if needed. Staff also had access to hearing loop services, which were located in a local deaf voluntary organisation.

Listening to and learning from concerns and complaints

There were two complaints about the service in the last 12 months. Both complaints were upheld and resolved appropriately within the service. There were no complaints referred to the ombudsman.

Clients were given a complaints leaflet during the first appointment with a project worker. This outlined how to complain and the complaints process. All clients said they knew how to complain and felt confident to do so.

Substance misuse services

The service manager was knowledgeable about the complaints process and was able to demonstrate how both complaints had reached a satisfactory outcome. Staff were aware of how to escalate complaints if clients or carers expressed their dissatisfaction with the service.

Staff received feedback regarding complaints during supervision or within team meetings where appropriate. The service compiled a feedback and complaint tracking log which detailed all complaints and compliments on a monthly basis. This data was shared with a central team who analysed this information. They shared any themes with the service manager and discussed with staff where relevant.

Are substance misuse services well-led?

Vision and values

The service had five core values, which were to be collaborative, inspiring, resilient, self-challenging and ethical. There were three guiding principals which were to be determined, compassionate and professional.These were discussed during staff supervision and appraisals. Posters displaying the core values were visible on noticeboards in the Preston office areas and in interview rooms.

The service had a mission statement, which was,

“We all want to be well and healthy, but the system is not working for everyone. Addaction finds ways for people to thrive, together we change lives!”

This reflected a five year strategy for the service to work towards, which was to; excel and reach goals and targets, embrace digital technology and improve electronic systems, transform the service to meet the changing needs of clients, influence other external agencies in a positive way and have a strong culture of good leadership and engagement.

There were regular visits from a variety of senior managers to the service. This included a monthly visit by the contracts manager and quarterly or annual visits from the associate director, chief executive, chair of the board, governance lead, internal auditors and the organisation’s critical friend who provide a mock inspection of the service. There was also a countrywide roadshow which consisted of a number of the senior management team who regularly tour the country visiting Addaction locations and engaging with staff. Staff were aware of who the senior managers were and had also met with them during conferences.

Good governance

There were effective systems that ensured staff received mandatory training, supervision and appraisals. These figures were collated by the service manager, who had oversight of any fluctuations or anomalies to the data. The manager was able to ensure that staff adhered to the correct levels of training, supervision and appraisal. However, the doctor was not receiving supervision and had not received supervision for approximately six months.

Staff had an electronic records system that allowed them to maximise their time spent with service users completing direct work. However, many documents were completed in paper format and needed to be scanned and uploaded onto the electronic system. We found that this was not always completed in a timely manner. The service had appointed a data officer to improve this system delay.

There were clear systems and processes for reporting incidents. Staff knew how and what to report and had access to the electronic reporting system. Incident data was analysed by a central team and reported back to team managers. Staff flagged up immediate issues to team managers to address urgently.

Staff completed clinical audits such as the monthly peer led audit of care records. This included auditing the client care records for compliance with risk assessments and initial care plans being in place. This information was available to the service manager and the senior management team. .

Data from incidents, complaints and service user feedback was collected by the service manager and shared with a centrally based health and safety department. Any themes were shared with managers and staff teams. Information from lessons learnt was shared during team meetings. This included local and national lessons learnt.

The services performance was measured by the production of a summary report, which was shared with the local authority. This included a range of data and qualitative information such as source and number of referrals,

number of group work and outreach sessions, incident data and case studies (client's journeys). This data was used by senior and team managers to identify any weak areas within the service.

Team managers told us they were well supported by an effective administration team and that they felt they had enough authority to complete their roles.

There was a national risk register but this was not specific to the service. The service manager could raise relevant issues to be added to the risk register via the senior management team. Other risks were managed at a local level and overseen by the senior management if appropriate.

Leadership, morale and staff engagement

Sickness and absence rates were low across the service. There were no staff absent from work due to work related stress. Team managers explained that bank staff from other Addaction teams could be used to cover absences where necessary.

There were no issues of bullying or harassment reported by staff or managers.

Whistleblowing processes were known to staff who demonstrated knowledge and confidence in doing this if needed. Staff told us that management were open and approachable and that they could raise concerns without fear of victimisation. Staff were encouraged to raise any issues during supervision. Teams had access to "ask Simon", an email service that staff could use to ask questions or raise concerns. There was also an employee forum available on the intranet for support and staff surveys were completed annually.

Morale and job satisfaction was high throughout the service. Staff spoke about feeling empowered in their roles and that all staff were supportive of each other. Staff who were feeling stressed had access to "duvet days" which allowed them a day extra annual leave to rest and return to work. There was also a free telephone counselling service for staff.

There were many opportunities for career progression and leadership development. All staff were encouraged to consider further specialist training and additional courses. These included courses both internally and externally to the service.

We observed good team working and mutual support. Staff described good relationships between each other and the senior management team. This was reflected within the high staff retention rate and low sickness figures. Staff described good team working as reasons why morale was high and staff vacancies were low.

Commitment to quality improvement and innovation

The service was able to produce their own intelligence in relation to drug related deaths of clients. The national service had a Critical Review Board that examined all drug related deaths and produced findings and recommendations. Addaction Preston YA were represented at the local drug related death meetings for Lancashire.

The service manager was a panel member of the child death review panel for the local safeguarding children board. Any relevant information or lessons learnt were used to inform practice and the development of the service.

The service manager was able to identify gaps in local service provision and utilise resources both externally and internally to improve services for clients. This was evident in the six year funding agreement to train three Addaction Preston YA staff to provide psychological therapies to young people with substance misuse problems.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure that recovery plans are fully completed, holistic and reflect collaborative working. Recovery plans must be completed for every client in a timely manner and must be accessible to staff when required.
- The doctor must receive regular supervision from a suitably qualified person. This should be documented and recorded. The senior management team should have oversight to ensure this is taking place.

Action the provider SHOULD take to improve

- The interview room in Burnley should be sound proofed to maintain client confidentiality.
- Risk assessments should be available to all relevant staff when needed.
- The provider should ensure that policies and procedures for obtaining consent to care and treatment reflect current legislation and guidance.

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 9 HSCA (RA) Regulations 2014 Person-centred care How the regulation was not being met: The provider did not ensure that recovery plans were clear, fully completed and completed in a timely manner. Clients' goals were not clearly documented or reviewed. We found no evidence of clients being offered a copy of their recovery plan. This was a breach of Regulation 9 (3) (b)

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing How the regulation was not being met: The provider did not ensure that all staff were receiving appropriate ongoing supervision to maintain competence for their role. The doctor had not received any supervision for over six months. This was a breach of Regulation 18 (2) (a)