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 issues that the service provider needs to improve:

- Risk assessments were not always completed, up to date, or contained risk management plans. This meant that vital risk information was not always available to staff who may need it.
- Recovery plans were not always completed, up to date, or contained holistic and personalised information. This meant that information was not always available regarding plans for clients care. Clear and relevant goals had not been set and plans did not contain vital information.
- Client information was not stored securely prior to being added to the electronic record system. This meant that sensitive client information was at risk of breaching confidentiality. This was not in line with the provider's data protection guidance.
- The auditing system was not effective in ensuring all client information was recorded, updated and

Summary of findings

available to relevant staff. Despite regular audits and reminders to staff and managers, essential client information needed to deliver safe care and treatment was not available.

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

- The doctor employed by the service was receiving supervision and had a support structure in place. This meant that the doctor had the opportunity to reflect on their practice and have guidance and support.
- The service had amended the recovery plan template in order to capture client's signatures and record if clients had accepted a copy of the plan. This had yet to be fully embedded in practice but had been completed for recently referred clients.
- The service had amended the competency to consent to treatment form to reflect the Gillick competency guidance which has no lower age limit. Clients are now assessed on their competency and the need for parental consent has been removed. This meant that all clients with competency to consent to treatment are offered a full service regardless of age or parental consent.
- Improvements to the interview room in Burnley have been carried out to minimise noise disturbance. This meant that client's privacy and confidentiality was maintained.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services		See overall summary

Summary of findings

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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 eastern area of the county.

At the time of the inspection, the service was registered to provide the regulated activity of treatment for disease, disorder or injury. 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 November 2016. We issued the service with two requirement notices that related to the following regulations under the Health and Social Care Act (Regulated Activities) Regulations 2014:

- Regulation 9 HSCA (RA) Regulations 2014 Person-centred care
- Regulation 18 HSCA (RA) Regulations 2014 Staffing

Our inspection team

The team that inspected the service comprised of CQC inspector Clare Fell (inspection lead) and a CQC assistant inspector.

Why we carried out this inspection

We undertook this inspection to find out whether the service had made improvements since our last comprehensive inspection on 7 November 2016.

Following the last inspection we told the service that it must take the following actions 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.

These related to the following regulations under the Health and Social Care Act (Regulated Activities) Regulations 2014:

- Regulation 9 HSCA (RA) Regulations 2014 Person-centred care
- Regulation 18 HSCA (RA) Regulations 2014 Staffing

We also reported that the provider should take the following actions:

- 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.

Summary of this inspection

The provider submitted an action plan to address the above issues to be completed by June 2017. This inspection was planned following the end of the action plan date.

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. The information suggested that the findings from our last inspection were still valid. Therefore, during this inspection, we focussed on those issues that had caused us to issue requirement notices. We also made a few recommendations at the inspection in November 2016 that the service should take that we followed up at this inspection.

The inspection was announced three working days prior to the visit.

During the inspection visit, the inspection team:

- visited the Preston location
- spoke with the registered manager
- spoke with two other staff members employed by the service provider
- looked at 15 care and treatment record for clients
- looked at policies, procedures and other documents relating to the running of the service.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We do not currently rate standalone substance misuse services.

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

- Risk assessments were not always completed, up to date or contained risk management plans. One risk assessment had not been completed for one client who had been with the service for a number of months. Three risk assessments had not been updated in line with the organisations policy of every six weeks and two risk assessments did not have risk management plans. This was a breach of a regulation. You can read more about it at the end of this report.

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 not always completed, updated or contained holistic and personalised information. Information was missing from the electronic system. This was a breach of a regulation. You can read more about it at the end of this report.
- Confidential client information was not stored securely prior to being added to the electronic record system. This meant that personal client information was at risk of being lost or seen by other people. This was a breach of a regulation. You can read more about it at the end of this report.
- Regular audits of client records were not effective in ensuring client information was recorded correctly. Information needed to deliver safe care and treatment was not available on the electronic recording system. Issues identified within audits were flagged to staff and managers and many remained missing from the system. This was a breach of a regulation. You can read more about it at the end of this report.

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

- The doctor was now receiving supervision and had access to support. A supervision agreement had been completed and two supervision sessions had occurred. The service manager had oversight and could access supervision records. This meant that the doctor was getting advice and guidance to support best practice.

Summary of this inspection

- The competency to consent to treatment form had been adapted to reflect the Gillick competency guidelines. Clients were now able to receive a full service regardless of age or parental consent.

Are services caring?

We do not currently rate standalone substance misuse services.

At the last inspection in November 2016, we did not issue any compliance action in relation to the caring domain. Since that inspection we have received no information that would cause us to re-inspect this key question.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Soundproofing improvements had been made to the interview room in Burnley. A new door and fittings had been installed to reduce the volume of any noise from inside and outside of the room. This meant the clients privacy and confidentiality was being protected.

Are services well-led?

We do not currently rate standalone substance misuse services.

At the last inspection in November 2016, we did not issue any compliance action in relation to the well-led domain. Since that inspection we have received no information that would cause us to re-inspect this key question.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

At the last inspection in November 2016, we found that 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. 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. This was not in line with Gillick competency guidelines which has no lower age limit.

During this focussed inspection in July 2017, we found that a new competency to consent assessment procedure had been implemented. We found that age restrictions had been removed and new assessment criteria adopted. This meant that all clients were assessed against the same criteria regardless of age and the need for parental consent before treatment had been removed. Treatment was now offered as a result of the competency of the individual to consent.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Assessing and managing risk to clients and staff

At the last inspection in November 2016, we found that one risk assessment document was not recorded on the electronic system. This meant that vital risk information was not available to all staff. 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.

During this focussed inspection in July 2017 we examined 15 risk assessments and found that:

- one risk assessment was not on the electronic system despite the client being referred to the service in April 2017
- three risk assessments had not been updated in line with the organisations policy of every six weeks
- two risk assessments did not have risk management plans

We discussed this with the service manager and data officer who confirmed the risk assessment document should be available. The service had a policy guide which stated that risk assessments should be completed during the second appointment with the client and recorded onto the electronic system within 48 hours. The records showed that the client had received seven face to face appointments since April 2017.

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)

At the last inspection in November 2016, we found that 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. 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. The service had recently appointed a data officer to input client information into the electronic system.

During this focussed inspection in July 2017 we examined 15 recovery plans. We found that:

- three recovery plans were missing from the electronic record
- seven had not been updated in line with the service policy
- three were not holistic or personalised

The content of three fully completed and up to date recovery plans had improved since the last inspection. Staff had received training in March 2017 on how to complete recovery plans to include holistic and personalised information.

The service had amended the recovery plan template to include the client's signature and to record if a copy of the plan had been offered to the client. We saw that this had been completed within six recovery plans.

Recovery plans were completed in paper format. The service process guide states that recovery plans should be completed during the second appointment with the client and uploaded onto the electronic system within 48 hours. Recovery plans should be updated every 12 weeks and a scanned copy should be available on the electronic record. Once uploaded, the original copy should be shredded in line with the providers "paper light" recording system.

There was no secure storage for recovery plans and other paper documents prior to being scanned onto the electronic system. Staff told us that documents were stored with personal belongings and other places that were not accessible to other staff.

Best practice in treatment and care

The service completed audits of client records every two weeks. The findings of which were shared with staff and senior managers. Staff were reminded of the timescales for completing risk assessments and recovery plans and the importance of uploading documents to the system. Particular client records were discussed with staff during supervision sessions to ensure client documents were completed and recorded appropriately.

An internal audit completed in May 2017 showed that 20 per cent of recovery plans had not been uploaded onto the electronic records system. The audit showed that five per cent of risk assessments had not been completed. A review of the audits for the last three months showed that recovery plans and risk assessments were consistently missing from the system.

Overall, during May and June 2017, audits showed that 34 recovery plans out of 105 recovery plans had been completed but not scanned onto the system. Each audit was shared with all staff and staff were prompted to complete any outstanding actions. The system later showed that 24 recovery plans had been scanned onto the system and 10 remained missing. This meant that 9.5% of recovery plans audited were still missing despite audits and reminders.

Audits for May and June 2017 also showed that five out of 105 risk assessments were missing from the system. Four risk assessments were added following the audit and one remained outstanding. This meant that 1% of risk assessments remained missing following audits and reminders.

There were over 500 clients under the care of the provider at the time of inspection.

Skilled staff to deliver care

At the last inspection in November 2016, we found that 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.

During this focussed inspection in July 2017 we found that the doctor had signed a formal supervision agreement in March 2017. We saw evidence that supervision had been taking place in March and June 2017 and that support was available. The doctor has access to a variety of team meetings and we saw evidence that they attended and contributed.

Good practice in applying the MCA (if people currently using the service have capacity, do staff know what to do if the situation changes?)

At the last inspection in November 2016, we found that 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. Gillick competency is an assessment to ascertain whether children have capacity to make decisions and consent to treatment with no lower age limit. If consent was not obtained for clients under 14, 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.

During this focussed inspection in July 2017, we found that a new competency to consent assessment procedure had been implemented. We found that age restrictions had been removed and new assessment criteria adopted. This meant that all clients were assessed against the same criteria regardless of age and the need for parental consent before treatment had been removed. Treatment was now offered as a result of the competency of the individual to consent.

Substance misuse services

Are substance misuse services caring?

At the last inspection in November 2016, we did not issue any compliance action in relation to the caring domain. Since that inspection we have received no information that would cause us to re-inspect this key question.

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

The facilities promote recovery, comfort, dignity and confidentiality

At the last inspection in November 2016, we found that the 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.

During this focussed inspection in July 2017 we saw evidence to confirm that improvements to the room had been made. The door had been replaced with a fire door with draught proofing to reduce noise levels. The work had been carried out in May 2017 and staff were considering other ways to reduce noise levels from answering machines and other devices. This meant that clients' privacy and confidentiality was maintained.

Are substance misuse services well-led?

At the last inspection in November 2016, we did not issue any compliance action in relation to the well led domain. Since that inspection we have received no information that would cause us to re-inspect this key question.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure that risk assessments are completed in a timely manner. They must be updated regularly and contain risk management plans that reflect the risks identified.
- The provider must ensure that recovery plans are completed for all clients in a timely manner. Recovery plans must be available for staff to access when needed. Recovery plans must be up to date and contain holistic and personalised information. Confidential client information must be stored securely prior to being added to the electronic record system.
- The provider must ensure that systems and processes are effective to improve the quality and safety of the service.
- The provider must ensure that where improvements are identified from audits an action plan is developed and implemented without delay.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met** The provider had not ensured that risk assessments were recorded for all service users. They had not all been updated or included all relevant information. **This was a breach of** Regulation 12 (2)(a)

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** Recovery plans were not fully completed for all service users. Recovery plans did not all include clear agreed goals. They were not updated regularly. **This was a breach of** Regulation 9 (3)(b)

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met**

This section is primarily information for the provider

Requirement notices

Systems and processes did not effectively assess, monitor and improve the quality and safety of the service. The results from audits were not responded to without delay.

Records relating to the care and treatment of service users were not stored securely.

This was a breach of

Regulation 17 (2)(a)(c)