

# Branching Out (Young People's Service)

## Quality Report

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

## Overall summary

We do not currently rate independent standalone substance misuse services.

- Following our last inspection in August 2016, we did not require or recommend any areas for improvement for caring, responsive or well led. Since that inspection, we have received no information that would cause us to re-inspect these key questions.
- During this most recent inspection, we found that the service had not fully addressed the issues that had previously resulted in regulatory breaches or recommendations following the August 2016 inspection.
- Staff did not regularly assess or review the possible risks for young people or ensure that identified risks were included in plans to effectively manage or mitigate them.
- Staff did not explore all areas in the young person's life for the purpose of goal setting and achieving improved lifestyles. Recovery plans were not holistic and contained basic and limited goals.
- The manager was unable to provide information relating to the numbers of staff who had received a recent appraisal.

However,

- The provider had appointed a new manager two months prior to our inspection. The manager had carried out an audit on both risk management and recovery plans. The audit had clearly identified all the issues found during this inspection May 2017. The service had also improved their paperwork relating to both recovery plans and risk management since our previous inspection in August 2016. In response to the audit findings, all staff had training booked for the week following our inspection to improve the quality and effectiveness of both risk management and recovery planning.
- The service had implemented a system to identify and monitor mandatory training compliance. Overall staff mandatory training compliance was 96%.
- The previous inspection recommended that improvements were made relating to regular audits. This inspection evidenced that staff had undertaken regular audits to ensure clinical equipment was in date. The new manager had also completed an audit on the quality of records.

# Summary of findings

- Lone working practices had improved since the previous inspection. The service had systems in place, which staff followed to help ensure their safety.

# Summary of findings

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# Location name here

## Services we looked at

Substance misuse services

# Summary of this inspection

## Background to Branching Out (Young People's Service)

Lifeline is a registered charity and a national provider of drug and alcohol services. Branching Out (Young People's Service) is a substance misuse community based drug and alcohol service for young people up to the age of 21 years of age. The service is provided by Lifeline and funded by Public Health England.

The service is registered to provide the following regulated activity:

- Treatment of disease, disorder and injury.

Calderdale Council commissioned Branching Out to provide prevention, treatment and harm reduction interventions to young people who use alcohol, tobacco, drugs or solvents at any level and to those who are at risk of misusing substances. This includes both clinical and psychosocial interventions. At the time of our inspection, the service was working with 68 young people. The service also provides support for the families of young people experiencing difficulties with substance misuse.

The service has a registered manager who also has overall area management responsibilities for other Lifeline services. The operational manager for Branching Out was in the process of applying as registered manager for the service at the time of inspection.

When the Care Quality Commission last inspected the service in August 2016, we found that the service had breached regulations. We issued the provider with two requirement notices. 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 12 HSCA (RA) Regulations 2014 Safe Care and Treatment

## Our inspection team

Our inspection team was led by Helen Gibbon, Inspector for the Care Quality Commission. The team comprised one other inspector from the Care Quality Commission.

## Why we carried out this inspection

We undertook this inspection to find out whether Branching Out had made improvements to their service since our last inspection in August 2016.

We do not rate standalone substance misuse services. After our last inspection, we told the provider that they must take the following actions to improve:

- The provider must ensure that all young people who use the service have a risk management plan in place to show how identified risks are mitigated and managed.
- The provider must ensure that all recovery plans are holistic and contain detailed information about recovery goals.

We issued the provider with two requirement notices. These related to the following regulations under the Health and Social Care Act (Regulated Activities) Regulations 2014:

- Regulation 9, Person centred care
- Regulation 12, Safe care and treatment

Following our last inspection in August 2016, we also told the service that they should take the following actions to improve:

- The provider should ensure staff complete regular clinical audits to ensure that the quality of records is monitored and assessed and staff check equipment regularly to ensure that it is in date.

# Summary of this inspection

- The provider should ensure that all staff receive appraisals.
- The provider should ensure that there is a system in place to identify mandatory training requirements for all staff.
- The provider should ensure that the lone worker policies and procedures are followed by staff.

## 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 service. We received no information that would cause us to re-inspect the caring, responsive or well led key questions. Therefore, during this inspection, we focussed on those issues where we had previously told the provider that actions must or should be taken for improvement.

During the inspection visit, the inspection team:

- spoke with the operational manager who was applying to become the registered manager for the service at the time of the inspection
- spoke with four other staff members employed by the service
- observed the clinical area
- looked at five staff personnel records
- looked at nine care and treatment records
- looked at policies, procedures and other documents relating to the running of the service.

This inspection was announced with two days notice.

# 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 substance misuse services.

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

- The service had not fully addressed the issues to make the required improvements following our last inspection in August 2016.
- In August 2016, we found that care records did not contain risk management plans to show how staff managed and mitigated identified risks. During this inspection in May 2017, most records contained risk management plans. However, staff did not reflect all identified risks in these risk management plans. The service did not have an effective system in place to ensure staff regularly reviewed and assessed risks.

However,

- The service had introduced new risk management plan documentation. A newly appointed manager had carried out a care record audit two months prior to this inspection. The audit identified the shortfalls in staff completion of this document. In response, all staff had training booked for the week following inspection to improve risk management.
- Since our last inspection, the service had made improvements to promote the safety of staff lone working. Staff risk assessed environments prior to visits and completed the required steps to ensure their safety as detailed in the lone working policy.
- In August 2016, we found that the service did not have an effective system in place to identify mandatory training requirements for all staff and that some staff were not compliant with mandatory training. During this inspection, the manager was easily able to provide mandatory training compliance and had a system in place to identify training requirements. The overall rate for compliance was 96%; all areas of required training were above 89% compliant.

### Are services effective?

We do not currently rate substance misuse services.

We found the following areas that the provider needed to improve:

- The service had not addressed the issues to make the required improvements following our last inspection in August 2016.
- In August 2016, we found that care records contained recovery plans, which were not holistic and contained only basic

# Summary of this inspection

information focussed solely on reduction or cessation of substance use. During this inspection, we found that although the service had made improvements to the recovery plan documentation, goals in recovery plans remained focussed mainly on substance use and were not holistic.

- In August 2016, we found that some staff had not received a performance appraisal. The manager was unable to provide us with this information during this inspection.

However,

- The service had a newly appointed manager who clearly recognised the issues relating to recovery plans. The manager arranged training for staff to increase competency to explore wider needs with the young people and therefore complete the new style plans more effectively.
- At our last inspection in August 2016, staff did not complete clinical audits regularly to ensure clinical equipment was in date or to monitor care records. During this inspection, we found the service was now completing these audits as needed.

## Are services caring?

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

## Are services responsive?

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

## Are services well-led?

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



# Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

## Are substance misuse services safe?

### Safe and clean environment

The service had a clinic room, which staff used to deliver clinical interventions and physical health checks. When we visited in August 2016, we found that staff did not appropriately dispose the full clinical waste boxes. During this inspection, the clinic room was clean and tidy. The service had arrangements in place for the collection of clinical waste and this was occurring as required. The service provided a needle exchange programme. A needle exchange programme is a service which allows people who inject drugs to obtain clean injecting equipment free of charge and enables the safe disposal of used equipment. During our last inspection, in August 2016, some of this equipment was out of date. During this inspection, we checked equipment in the clinic room including drug-testing kits, needle exchange equipment, condoms and pregnancy kits and found that all equipment was within the expiry date.

### Safe staffing

At the time of the inspection in August 2016, staff were not up to date in their training. Staff were 67% compliant in the training course on drugs, alcohol and current trends and 60% compliant in care co-ordination.

During this inspection, the manager and staff explained clearly what mandatory training was required. The manager monitored compliance at a service level and sent out reminders when staff were due to attend training. The manager and team leader also discussed training requirements during supervisions and in team meetings. At the time of this inspection, the overall compliance for staff

was 96%. All individual mandatory units had a compliance rate at 89% or above. There was a 100% compliance rate for drugs, alcohol and current trends and for care co-ordination.

### Assessing and managing risk to clients and staff

During the August 2016 inspection, we found that although staff had clearly assessed risks as part of the young person's initial assessment, they did not evidence plans to manage or mitigate those risks identified. On this inspection, we found the service had introduced risk management plan documentation. However, these did not include all the risks that staff had identified during the initial assessment. Staff completed an initial assessment of young people entering into treatment with the service. This assessment process clearly identified potential risks. These risks included substance use, risks at home, exploitation, housing, education, health and offending. Risks could then be included on the risk management plan documentation where staff and the young people could detail interventions to manage or mitigate these risks. We looked at nine care records. Eight of these records contained recent risk management plan documentation. However, five of these management plans did not include information about the risks, which had been identified in assessments or through keyworker sessions. This meant that it was unclear how or if these risks were managed or reviewed. For example, we found identified risks in case notes or the initial assessments such as shoplifting, dangerous sexual behaviours, increasing drug use, violence towards family members and sharing injecting equipment. Staff had not included these in risk management plans. Staff told us they reviewed risks every six to eight weeks. The service had no effective methods to assess any new risks or changes in current risks. Staff used the previous risk

# Substance misuse services

management plans for reviews. The risk management plan documentation did not include any prompts to enable staff to explore new potential risks. This meant staff only reviewed risks previously included in the plan.

Details in case notes evidenced some risk management intervention, for example, staff liaising with youth offending teams and schools. However, this was difficult to find without reading all previous case notes. The service had a newly appointed operational manager who had been in post for two months prior to our inspection. During this period, the new manager carried out an audit looking at care records. The audit clearly identified all the concerns with risk management that we evidenced in this inspection. In response, the manager had all staff booked onto training for the week following our inspection to address the shortfalls in effectively managing and mitigating risks.

Staff took steps to ensure young people were aware of overdose risks as a separate exercise to the risk management plans. Staff completed an overdose awareness exercise with the young person on their entry to treatment. This included awareness around overdose risk factors, avoiding overdose, recognising overdose and actions to take or not to take.

During the young person's initial assessment, staff asked young people for their preferences on how to be contacted, including if they disengaged from the service. This included contact details for people, organisations, and social media applications where staff could leave messages privately.

When we inspected the service in August 2016, we found that staff had not embedded lone working protocols into their practice. The service had a lone working policy. However, staff did not always complete the log sheets to record visits made to young people in the community. During this inspection, we spoke with staff and looked at the documentation relating to the lone working policy. Staff were able to clearly explain what steps they were required to take to ensure their safety and the safety of others. They had completed the required logs for their visits in detail.

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

## Assessment of needs and planning of care

During our last inspection in August 2016, we found that recovery plans were not holistic and contained basic and limited goals mainly around reduction in their substance use.

The Department of Health's guidance Drug Misuse and Dependence: UK guidelines on clinical management recommend that recovery plans consider four domains. These domains are:

- drug and alcohol use
- physical and psychological health
- criminal involvement and offending
- social functioning

The incorporation of holistic goals in recovery plans increase the young person's recovery capital. Recovery capital refers to the resources that are needed for an individual to achieve and maintain recovery from substances and to make behavioural changes. For example, family help and for young people to maintain their education.

Since our inspection in August 2016, the service had changed their recovery plan documentation to reflect the four recommended domains. However, staff had not explored these areas with the young person for the purpose of goal setting to improve recovery capital.

We looked at nine records. Eight contained a recovery plan; however, three of these were over three months old. Of the eight recovery plans, five focussed only on the young person's drug use and did not include interventions in the other areas. For example, one recovery plan did not include interventions to address increasing criminal activity and one recovery plan did not include interventions to address increasing absence from education. Staff mainly left these sections blank on the templates with no evidence to suggest that staff explored all areas in the young person's life.

In some of the records, case notes included details that staff liaised with other agencies to consider the young person's wider needs. For example, regular contact with schools or child and adolescent mental health services. However, staff had not reflected this in the recovery plans.

The care record audit carried out by the newly appointed manager in the two months prior to this inspection, had also identified all our concerns relating to recovery plans. The manager had recognised that although improvements

# Substance misuse services

had been made in terms of documentation, staff were not completing this as needed to ensure the treatment needs were holistic. Staff had training planned for the week following our inspection to address this.

## Best practice in treatment and care

When we last inspected the service in August 2016, we found that staff did not regularly complete audits. This particularly related to audit of the care records and the clinic room. On this inspection, the service had made improvements in this area. Staff checked the clinic room regularly and that the new manager had a system in place to audit records. This included a full case file audit and audits in supervisions.

## Skilled staff to deliver care

At the time of our last inspection in August 2016, four out of seven staff had not received a performance appraisal. We were told this was due to the team leader leaving their post. On this inspection, the manager was unable to provide us with figures relating to the number of staff receiving appraisals. We also requested this information following our visit but this was not received.

## Are substance misuse services caring?

Since the last inspection in August 2016, 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?)

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

## Are substance misuse services well-led?

Since the last inspection in August 2016, 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 plans are in place to manage or mitigate all identified risks effectively and that staff regularly review and assess new potential risks.
- The provider must ensure that staff explore the wider aspects of a young person's life and reflect this in holistic recovery plans which are regularly reviewed.

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

- The provider should ensure that all staff receive an appraisal and that there is a system to monitor appraisals.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA (Regulated Activities) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>Plans to manage or mitigate risk did not include all identified risks. There was no system in place to ensure staff regularly assessed new risks.</p> <p>This was a breach of regulation 12 (2)(b)</p>

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>Regulation 9 HSCA (Regulated Activities) Regulations 2014 Person-centred care</p> <p><b>How the regulation was not being met:</b></p> <p>Recovery plans were not holistic and focussed mainly on one goal relating to the young person's substance use.</p> <p>This was a breach of regulation 9 (3)(b)</p>