

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

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:

- Case records did not contain risk management plans. Detailed risk assessments identified risks presented by and towards young people however, records did not show how risks were mitigated or managed.
- Staff did not assess risks of lone workers visiting home or community locations. This meant staff may not have adequate control measures in place to protect them from risks that may be present in these environments. Documentation to record contact between lone workers and their buddies was not always completed.
- Recovery plans were not holistic and contained basic limited information. Most recovery plans focused on a goal of reduction or cessation of substance use only.

Summary of findings

- The provider did not have a clear system to identify mandatory training requirements for staff.
- Clinical audits were not completed regularly to assess performance of the service.

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

- The service provided dedicated parent and carer support and group sessions around awareness of substance misuse.
- Waiting lists and caseloads were managed well. The average caseload of staff was 15 and this meant that referrals were seen quickly. There was no waiting list for the service and staff saw young people in the same week.

Summary of findings

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Branching Out (Young People's Service)

Services we looked at

Substance misuse services

Summary of this inspection

Background to Branching Out (Young People's Service)

Branching Out (Young People's Service) is a substance misuse service provided by Lifeline Project. Lifeline Project has 33 services nationally registered with the Care Quality Commission.

The service is registered to provide the following regulated activities:

- Treatment of disease, disorder or injury

Branching Out is commissioned by Calderdale Council to provide a confidential drug, alcohol and tobacco services. Services provided include prevention, treatment and harm reduction. The service works with young people aged up to 21 years old who use alcohol, tobacco, drugs or solvents at any level and those who at risk of using

substances. Clinical interventions were sub-contracted to a provider who held a half day clinic per week at Branching Out. At the time of our inspection, the service worked with 66 young people.

The service has a registered manager who has overall area operational management responsibility for other Lifeline Project services. At the time of our inspection, Branching Out was in the process of recruiting a team leader who will apply to become the registered manager for the service.

Branching Out has been inspected three times previously. The previous inspections were completed in: January 2014, February 2013 and November 2011. At the last inspection, the service was inspected under our old inspection methodology where it met all standards.

Our inspection team

The team that inspected Branching Out (Young People's Service) comprised three 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.

During the inspection visit, the inspection team:

- visited the premises and observed how staff were caring for young people
- spoke with eight young people who were using the service
- interviewed with the registered manager

Summary of this inspection

- spoke with six other staff members employed by the service provider, including: substance misuse workers, an administrator and an apprentice receptionist/administrator
- received feedback about the service from the commissioner
- attended and observed a group activity session
- collected feedback using comment cards from four young people who were using the service
- reviewed at 10 care and treatment records for young people
- looked at four care records of parents and carers receiving support from the service
- spoke with one parent of a young person that uses the service
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

During our inspection we spoke with eight young people that were using the service, one parent of a young person using the service and collected feedback from four comments cards completed by young people that were using the service.

Young people who used the service told us that they felt safe and welcomed when they visited Branching Out.

They told us that the service was quiet and calm. Young people thought that staff were respectful, supportive and polite towards them and helped them with other things for example, housing. One young person told us about their treatment plan and objectives.

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 found the following areas where the provider needs to improve:

- Case records did not contain risk management plans for young people who used the service. All young people who used the service had a comprehensive risk assessment in place. These identified risks to and from young people however, there was no information recorded to show how risks were being managed and mitigated.
- Lone worker protocols were not embedded into the team's practice. We found that staff did not complete risk assessments when visiting young people in their homes or in the community. The provider had systems in place to record communication between lone working staff and their buddies at the service. Staff did not complete these consistently.
- Clinical waste had built up at the service. We saw that a new sharps box had been placed on top of a full sharps box of used equipment. The service did not dispose of clinical waste regularly.
- Out of date equipment used for administering injections was present in the clinic room.
- Training in care planning and co-ordination and drugs, alcohol and current trends was not up to date.

However, we found the following areas of good practice:

- Staff knew how to report incidents and could describe what types of occurrences they would report. Managers shared feedback from incidents in team meetings and in communication by email with staff.
- The service had a secure entry system to the service which was staffed by administrative staff. This protected the safety of staff and young people using the service as access to the service could be prevented when necessary.

Are services effective?

We currently do not rate substance misuse service.

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

- Young people's recovery plans were not holistic, contained basic information and limited goals were identified to for the young person to work towards.

Summary of this inspection

- The provider did not complete clinical audits routinely which meant the provider did not review performance of the service for effectiveness and quality.
- Four out of seven staff had not received a performance appraisal.

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

- Staff completed comprehensive assessments in exploring all aspects of young people's lives including substance misuse.
- The service used overdose checklists to identify the risk and awareness of overdose in young people.
- Staff used International Treatment Effectiveness Project mapping with young people. International Treatment Effectiveness Project mapping provides a visual tool for clarifying information shared between a worker and a young person who used the service. When used this provides a model to consider cause and effects and aids with problem solving. Mapping is aimed at enhancing communication with those whose cognitive awareness is reduced and has been recognised as effective with people who are experiencing problems with using substances.
- We saw evidence of effective multi-agency involvement in the work with young people.

Are services caring?

We do not currently rate standalone substance misuse services.

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

- It was not always clear whether young people had been offered a copy of their care plan. Staff had not recorded this in 7 out of 11 records that we reviewed.

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

- Staff were non-judgemental and respectful when speaking about and interacting with young people who used the service.
- Feedback from young people who used the service was that they felt welcomed and comfortable visiting the service and thought that staff were supportive and kind.
- Staff knew young people who used the service well and engaged at an appropriate level in activities.
- A dedicated parent and carer support worker was integrated into the team to support families. Group sessions were held for parents and carers around substance misuse and support.

Summary of this inspection

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Young people that were referred to the service were seen within one week and sometimes the same day by staff for their initial appointment and assessment.
- When young people contacted the service they told us that they could speak to someone quickly.
- Staff took active steps to engage with young people by working in different community locations such as school, colleges and youth centres.
- The service planned sessions to take place in the school holidays with an external provider promoting positive activities.
- Sessions were completed in the community if young people needed disabled access.
- Managers managed waiting lists and staff caseloads well. There was no waiting list for young people to access the service. The average caseload of staff was 15. This meant that staff were able to see young people quickly when needed.

Are services well-led?

We do not currently rate standalone substance misuse services.

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

- The provider did not have a clear system to identify mandatory training requirements for staff. Not all staff training was up to date.
- Clinical audits did not take place regularly. However, spots check were carried out. Staff told us that they were usually completed in response to an identified issue.
- Staff morale was variable. Many staff reported the role could be difficult and stressful due to changes in their management and high staff turnover. However, all staff enjoyed their role working directly with young people.

However, we also found areas of good practice, including that:

- Staff felt that they could raise any issues with their manager, and felt confident in using the whistleblowing procedure if needed.
- Staff felt that the team worked together to support each other and offer advice.

Summary of this inspection

- The team contributed information towards the development of the service at team meetings and in supervision. We saw examples of changes that had been made as a result of feedback from staff in the team.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

The Mental Capacity Act is a piece of legislation which enables people to make their own decisions wherever possible and provides a process and guidance for decision making where people are unable to make decisions for themselves. The Mental Capacity Act applies to individuals aged 16 and over in relation to young people making decisions for themselves. For individuals under 16 the competency for young people to consent in the absence of parental consent is recommended to be assessed using Gillick competence or by following Fraser Guidelines.

We saw that the service assessed young people's competency in line with Fraser guidelines. Where a young person was accompanied by a parent or carer agreement was obtained from them regarding current and future involvement.

The service had a Mental Capacity Act policy in place. However, staff had not received training in the Mental Capacity Act. Information provided on staff training showed a matrix and a breakdown of training courses completed by all staff. These did not include training on the Mental Capacity Act.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

During our inspection we visited the premises where the service was based. Administrative staff allowed access to the building through an intercom system that was used to identify visitors before entry was allowed. Staff mainly saw young people, parents and carers who used the service in the community and at their own homes. Rooms used at the service were not fitted with alarms. Staff told us that they would not meet with young people upstairs at the service where there was an identified risk, where a young person's presentation posed a potential risk or where a young person was not known to the service. Visitors to the service were permitted entry when there was two staff or more present in the building.

The service had a clinic room equipped to deliver clinical interventions and physical health checks. The clinical interventions provided by Branching Out were delivered by staff employed by another provider that was sub-contracted into the service. This provider delivered clinical interventions at Branching Out for half a day per week at the time of our inspection. Clinical waste and sharps boxes were present. During our inspection we saw that there was a full sharps box container with used equipment and a new sharps box had placed on the top ready for use. We asked staff about the arrangements for clinical waste disposal. Staff told us that a clinical waste contract was in place and this was collected as and when required. This was not at a set regular interval by the contractor. We raised this with the registered manager during our inspection and we were assured that the clinical waste would be disposed promptly.

The service provided a needle exchange programme for young people aged under 21 years old. A needle exchange programme is service which allows people who inject drugs

to obtain injecting equipment free of charge. Used injecting equipment can be exchanged and disposed of safely. Staff told us that this had not been used in the last year as many community pharmacies in the local area provided needle exchanges programmes. However, all equipment was available for a needle exchange service if requested. During our inspection, we completed a check of the equipment and we found injecting equipment which was out of date. We informed the registered manager during our inspection and this was addressed immediately.

All areas were clean and well maintained. Cleaning records were up to date and demonstrated the cleaning tasks undertaken. Cleaning was completed three times per week. Risk assessments relating to health and safety, legionella and fire were in place and up to date. There was a dedicated fire marshal on site.

Safe staffing

Permanent staff comprised of:

- One area manager
- One team leader
- Five young people's substance misuse key workers
- One parent and family support worker
- One education and training co-ordinator
- One administrator
- One receptionist/administrator apprentice

At the time of our inspection the service had one vacancy. This was for the team leader position. The provider reported as a 31 March 2016 that there was a total overall permanent staff sickness rate of 10% and a high substantive staff turnover at 25%. There was no use of bank or agency staff. Information provided showed that the average caseload per worker at the service was 15.

Substance misuse services

The service restricted the amount of staff on annual leave at the same time to ensure that there was enough staff to provide the service. Staff told us that they covered annual leave and staff sickness across the service to ensure that planned appointments and groups took place.

Information provided by the organisation showed that there were two training courses that were not up to date. These were training courses were: drugs, alcohol and current trends at 67% and care planning and care co-ordination at 60%.

Assessing and managing risk to clients and staff

Following the identification of potential risks, plans to manage or mitigate them had not been completed. At the first appointment staff assessed the risk for each new young person referred. The risk assessment tool used was part of the comprehensive assessment which considered young people's personal details, frequency, route and degree of substance misuse, blood born viruses, accommodation, family background, risk of sexual harm and abuse, risk of child sexual exploitation, social functioning, employment, education and offending behaviour. During our inspection we reviewed 10 young people's records. We found that all identified risks were clearly detailed. For example, where young people had disclosed to carrying a weapon. We did not see any documentation to show how this risk lowered or monitored.

Staff had an average caseload of 15 which meant that caseloads were manageable and enabled staff to see young people referred to the service when needed. Staff told us that they saw new young people referred to the service promptly usually in the same week or sometimes the same day when needed. We reviewed 10 young people's records and saw that all young people had received first contact within the same week and one young person was seen the same day they were referred to the service.

Seventy five percent of staff had received up to date safeguarding training at the time of our inspection. Safeguarding training was a requirement for all staff. Staff knew what constituted a safeguarding alert and what action to take in response to having a concern around safeguarding. Information supplied by the provider showed that as of 9 June 2016 there had been no safeguarding alerts raised by the provider in the last 12 months.

Staff said that many of the young people that they work with have involvement from other agencies such as, school, local authority social work teams and youth offending teams who act as a lead agency for the young person. Staff told us that they would initially raise the safeguarding concern with the lead agency involved and where other agencies were not involved they would refer directly to the local authority safeguarding team. The service attended many different multi-agency meetings aimed at safeguarding young people from abuse such as, weekly child sexual exploitation panel and vulnerable young person panel.

Personal safety protocols were not embedded into every day practice. There was a lone working/home visit pathway in place which detailed a flowchart for staff to follow when lone working and completing home visits. The flow chart detailed that on the first visit to young people that appointments must be completed by two staff and a home risk assessment must be completed. During our inspection we reviewed records. We did not see any risk assessments relating to home visits completed or where staff met young people at other locations in the community as lone workers. We asked the service to show us some completed risk assessments. The registered manager was unable to show us completed home or lone worker risk assessments. We discussed this with the registered manager and they assured us that they would address this with staff to ensure that they followed the provider's policy.

All staff had mobile phones for lone working. A buddy system was in place for workers working in the community as lone workers. Staff had a sheet to log the location of their visit and the time they expected to leave the visit. This was held by reception at the service. Staff contacted their buddy to inform them that they had arrived at the location of their visit and after they had left their visit. There was an escalation process where staff had not contacted the service to say their visit had ended. We reviewed examples of the sheets used to log lone working visits and saw that these were not always fully completed. We saw gaps in the recording of contact between staff and their buddies. It was not clear whether this was due to buddies not recording contact from staff lone working or whether staff lone working were contacting their buddies at the service before and after their appointments.

Substance misuse services

A sub-contracted provider that delivered clinical interventions for the service managed all medicines. The service did not hold medications on site. The doctor transported medicines and vaccines on the day of the clinic and took these away at the end of clinic.

Track record on safety

There were no serious incidents requiring investigations reported in the last twelve months by the provider to CQC.

Reporting incidents and learning from when things go wrong

During our inspection we spoke to six staff members. The staff knew what types of occurrences should be reported as incidents. Staff reported that they informed their line manager about all incidents. Staff told us that they report incidents using an incident form which is reviewed by their manager.

Staff received feedback from incidents during team meetings. The registered manager told us that emails were regularly sent out to staff to inform them of the outcome of investigations where lessons had been learned and led to a change in practice. An example of this was provided where an incident occurred at the service. After the incident it was decided that there would be two staff downstairs when young people are in the building on the ground floor. This was discussed in the team meeting with all staff.

Duty of candour

The provider had an incident reporting policy which detailed the responsibilities of the duty of candour. The duty of candour is a requirement under the regulations of the Health and Social Care Act 2008 for registered persons to act in an open and transparent way in relation to care and treatment provided which is part of a regulated activity. The duty outlines that where a safety incident has occurred or a near miss that relevant people should be informed, provided with reasonable support, provided with an account of what occurred and with an apology where appropriate. The registered manager told us that at the time of our inspection that the service had not needed to use the duty of candour. Staff told us that they are always open and honest with young people who use the service.

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

Assessment of needs and planning of care

During our inspection we reviewed 10 young people's records and found that assessments contained detailed information about young people. Staff completed an assessment of needs with young people at their initial appointment. The assessment was comprehensive and explored all areas in detail including: substance misuse, physical health, family, accommodation, mental health, sexual health, social impact, education, offending and personal details. Assessments were completed promptly from young people being introduced to the service. We found that the assessment explored all substance use, the frequency and the route taken. Assessments also included potential exposure to blood borne viruses. Information was also collected about whether young people using the service had siblings. An alcohol use disorder identification test was used to identify hazardous alcohol consumption. This involved a scoring system for questions. Scores corresponded to three different categories of recommended interventions. These interventions ranged from alcohol awareness raising sessions, to further assessment and identification of high treatment needs.

Staff completed overdose checklists with young people. These checklists were completed to document drugs used and awareness of young people about the risk factors involved in a drug overdose, how to reduce the risk of an overdose, how to recognise an overdose and what to do and not do in the event of an overdose. Any previous history of overdose was also recorded.

During our inspection we reviewed records and found that all care records contained recovery plans. However, the recovery plans were not holistic and contained basic and limited objectives. The recovery plan document in place outlined that all objectives should be SMART – specific, measurable, achievable, realistic and time bound. We reviewed 11 records during our inspection. We found that nine out of 11 records contained one goal which was to reduce or stop using substances. One recovery plan contained two goals which were around engagement and exercise and one recovery plan contained three goals that were around reducing the consumption of alcohol. However, we found more detail in the notes about the care

Substance misuse services

and treatment that was provided and we saw some use of other techniques that were used by staff with young people such as, International Treatment Effectiveness Project mapping.

Case records were paper based and stored in individual young people's files. They were stored securely in lockable cabinets. All information needed to deliver care was accessible and available to staff when they needed it. Files were neatly organised and information was presented well in young people's files.

Best practice in treatment and care

The National Institute for Health and Care Excellence recommends that treatment for drug misuse should include psychosocial interventions. Staff provided the following psychosocial intervention skills to young people who used the service, such as, motivational interviewing, counselling and cognitive behavioural therapy skills. Staff that we spoke to were aware of psychosocial interventions but did not recognise that these related to recognised therapies recommended by National Institute of Health and Care Excellence.

The service worked closely with external agencies to provide a multi-agency approach to supporting young people and their families. This involved working with organisations to support with education, housing and benefits.

Physical health care was an integrated part of the service provided. At assessment physical health was considered. Through subcontracted clinical interventions blood borne virus screening and vaccinations were available for young people using the service. Records showed evidence that the service checked the integrity of urine screens and addressed suspicions of non-adherence to treatment programmes with young people as recommended by Drug Misuse and Dependence: UK guidelines on clinical risk. This meant that screening was completed to identify whether young people had used substances where they were prescribed substitute prescriptions. Where these had identified that this was the case the appropriate action was then taken in the young person's care and treatment. Sexual health information was available and the service was a part of the c-card scheme. The c-card scheme is aimed at young people aged between 13 to 24 years old and aims at providing safe sexual health information and

advice and a free condom distribution service. Young people were able to gain information and advice about sexual health and access the condom distribution service from Branching Out.

Progress and changes were measured using young people's outcome records. Young people's outcome record is a monitoring instrument developed by the National Treatment Agency for staff to use throughout treatment and reported through the National Drug Treatment Monitoring System. Public Health England gathers these statistics and provides local and national data. The service used other outcome measures with young people. These included outcome measures that recorded self-reported improvements in well-being, reduction in drug use and reduction of alcohol consumption. Discharge outcomes were also recorded by the service.

During our inspection staff told us that clinical audits are not completed regularly. Staff completed occasional checks completed to assess performance of the service. At the time of our inspection, the registered manager informed us that they had completed a check prior to our inspection and had identified that records were not at the standard that they expected for the service and they were working on addressing this. The registered manager had set a target for the service to complete a full audit of their records within three months.

Skilled staff to deliver care

When staff commenced their employment at Branching Out (Young People's Service) they received an induction checklist. The induction checklist covered tasks to be completed in order to ensure that information had been received from and provided to the staff member. The tasks on the checklist included: ensuring personal staff details were provided, terms and conditions of employment, performance management information, details about the organisation, details about the role and place of work, health and safety, governance and a place for training requirements to be recorded.

We reviewed information at the service about mandatory staff training. It was unclear in the information provided what minimum training was required by staff for the different roles at the service. The registered manager told

Substance misuse services

us that Lifeline Project was in the process of developing a central workforce and continual professional development department to improve mandatory training monitoring and recording systems.

Staff received specialist training in psychosocial intervention skills including cognitive behavioural therapy type interventions such as, guided self help and behavioural activation and International Treatment Effectiveness Project mapping. Staff told us that training was a one day internal training course. Information provided showed us that at the time of our inspection. Branching Out also had access to training provided by the local authority. We were informed on our inspection that the provider took into account any previous training that staff have when joining the organisation when looking at training and learning needs.

Staff were supervised regularly and staff confirmed this. All staff told us that they received regular supervision. Staff told us that during supervision there was a discussion of caseloads however, care records were not reviewed. Staff told us that they did not receive psychosocial supervision. However, staff appraisal was not up to date. We were informed by the registered manager that there were four overdue staff appraisals. It was explained that this was due to the team leader recently leaving the service. The registered manager informed us that there was a plan for these to be completed by identified Lifeline Project staff covering the vacancy.

Team meetings took place every four weeks. We reviewed the minutes of the last three months team meetings and saw that safeguarding was a regular item discussed, feedback was shared from meetings and training attended by staff and information about local intelligence around substance misuse was shared.

We saw that poor performance was addressed appropriately.

Multidisciplinary and inter-agency team work

The service worked in partnership with other a range of agencies to support young people and their families. These included local authority social work teams, youth offending teams, local police service, schools, colleges, child and adolescent mental health services, residential homes for young people, youth services and sexual health clinics. The

inter-agency work ranged from joint working cases with other agencies to providing information and advice sessions on substance misuse to professionals and young people.

Branching Out also provided a family support service which was facilitated by a family support worker as part of a Concerned Others pathway. The family support worker provided support to parents and carers of young people who accessed the service and had a substance misuse keyworker.

Good practice in applying the Mental Capacity Act

The Mental Capacity Act is a piece of legislation which enables people to make their own decisions wherever possible and provides a process and guidance for decision making where people are unable to make decisions for themselves. The Mental Capacity Act applies to individuals aged 16 and over in relation to young people making decisions for themselves. For individuals under 16 the competency for young people to consent in the absence of parental consent is recommended to be assessed using Gillick competence or by following Fraser Guidelines.

We saw that the service assessed young people's competency in line with Fraser guidelines. Where a young person was accompanied by a parent or carer agreement was obtained from them regarding current and future involvement.

The service had a Mental Capacity Act policy in place however; staff had not received training in the Mental Capacity Act. Mental Capacity Act training was not featured on any of the records relating to staff training.

Equality and human rights

Branching Out had an equality and diversity policy. The service worked with young people from a range of different backgrounds. During our inspection we observed that staff worked in a way to ensure that all young people received equal treatment and access to services.

Are substance misuse services caring?

Kindness, dignity, respect and support

Staff showed a caring approach to working with young people and their families. Staff used appropriate and respectful language when speaking to us about the service

Substance misuse services

and people that used the service. Young people were welcomed into the service and were treated in a non-judgemental way by staff. Young people appeared comfortable and confident to ask staff for information or advice.

We spoke with young people that used the service and they told us that they felt welcome when they visited Branching Out and felt supported by all staff from reception to key workers. Young people also told us that staff were kind to them and gave examples of where staff have picked them up and brought them to the service to attend group activity sessions.

Measures were in place to protect young people's confidentiality. Records showed that confidentiality was discussed by staff with all young people that used the service and this involved a signed consent form to show what information young people consented to share with other agencies and understood where information would be shared without their consent. For example, where the service believed that the young person was at risk, any children were at risk or if a court placed an obligation on the service.

The involvement of clients in the care they receive

We reviewed 11 records and found that young people who used the service had mostly signed their recovery plans. We found that one recovery plan was not signed by a young person. Four young people had been offered a copy of their recovery plan and had declined and seven records did not show if a copy of the recovery plan had been provided. We spoke to young people that used the service and they told us that they felt involved in their recovery plan. One young person told us that they knew what their treatment needs were and their recovery goals.

The service provided dedicated support directly to parents and carers. This provision was named the Concerned Others service. A family support worker was part of the team and their role was to provide support to parents and carers of young people experiencing issues with substance misuse. The service provided one to one support sessions and fortnightly group sessions with parents and carers to offer advice, information and support around young people using substances. Parents and carers told us that they could contact their family support worker easily and felt that they were supportive and approachable. Parents

found that the groups were beneficial as they could meet others experiencing similar difficulties and progress for anyone in the group enabled them to feel reassured that there was "a light at the end of the tunnel".

Branching Out worked with an external organisation that provided positive activities for young people. We saw that siblings of young people who used the Branching Out service accessed these group sessions.

The service had contacts at various local advocacy services that could be accessed.

The service had young inspectors. Young inspectors were identified young people who provided their views and opinions about the service. Young inspectors provided feedback when the service needed to consult about any developments.

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

Access and discharge

At the time of our inspection there were 66 young people who were actively using the service. The service received referrals from different agencies such as, GPs, schools, youth offending teams and local authority social work teams. Referral forms provided staff with background information about the young person and the reason for referral before staff made first contact. Referrals could also be made by families and young people could refer themselves.

Information provided by the service showed that between April and June 2016 the service had received 45 referrals. All referrals from youth offending teams had been assessed within 5 working days of referral and all referrals who engaged with the service were seen within fifteen days of referral and had a care plan within two weeks of treatment commencing. Branching Out had a key worker based at the service each day and urgent referrals could be seen the same day when needed. We reviewed records and saw that young people who were referred to the services were sometimes seen the same day and all records that we reviewed showed that young people were seen in the same week.

Substance misuse services

We spoke to young people who used the service and they told us that when they contacted the service they could speak to a member of staff promptly. Where staff were not available they returned contact as soon as possible.

The service opening hours were 9.30am until 5pm Monday to Friday. Other sessions were provided outside of the opening hours such as, the Concerned Other parent and carer group. Staff told us that the service was considering opening an evening in the week so that young people in employment could access the service. Staff told us that sessions and appointments were rarely cancelled unless necessary due to short notice absence. If any sessions were cancelled they were rearranged as soon as possible. Young people were informed if appointments or meetings would be late by staff at the service.

Active steps were taken to monitor and promote engagement such as, staff going to schools, colleges and youth centres to meet with young people who were already in attendance there. Where young people were prescribed pharmacological interventions on supervised consumption staff regularly contacted pharmacies to check that young people had been to pharmacies to receive their treatment.

The service had put on a summer programme of activities in partnership with staff from an external organisation. Staff had discussed in the team meeting that the school holidays can be a time where engagement with young people can be difficult so it was aimed that a summer activity programme would give young people positive activities during the school holidays.

In the 12 months up to 31 March 2016, there were 651 appointments and meetings not attended by young people and 115 young people were discharged from the service as planned discharges. The service had a flow chart process to follow where young people did not attend appointments and there was guidance for staff on what action to take. Where a young person disengaged from the service at any time they could contact the service and re-engage with the service. If a young person disengaged with the service and any risks were identified then this would be followed up with the relevant agencies.

The facilities promote recovery, comfort, dignity and confidentiality

The ground floor of the service consisted of a reception area and a drop-in computer room. Interview rooms, clinic rooms and offices were located on upper levels of the

building. Entrance to the service was controlled by administrative staff on reception. Some young people who used the service accessed group sessions, clinic appointments and drop in internet facilities at the team base. Group sessions were also provided for parents and carers at the team base. Access to the upper levels of the service was secured by a door which required a code for access. On the first floor, there was a large room used for group activities and a smaller room which could be used for one to one meetings. The clinic room was equipped with hand washing facilities, an examination couch and necessary equipment to carry out examinations.

All rooms available for use had adequate sound proofing to protect young people's confidentiality and privacy. The clinic room and interview room also had curtains and blinds which could be closed for privacy. The meeting room had a solid door so that people outside could not see into the room when passing. Staff told us that they mainly worked in the community such as, youth centres, schools and colleges. Information was displayed at the service about confidentiality.

There were extensive leaflets and posters available about different types of drug use, alcohol consumption, solvent use, steroid use and smoking. These were displayed across the service. The information was designed in an engaging and informative format which would appeal to young people.

During our inspection we observed young people dropping into the service to use computer equipment, young people who were attending appointments and a group mindfulness session.

Meeting the needs of all clients

In the year leading up to our inspection staff told us that the use of opiates and methamphetamines had increased in young people in the local area. The service found that they were in increasing contact with young people that were misusing these substances and needed clinical interventions. Branching Out (Young People's Service) subcontracted another provider to deliver medical interventions and related governance in response. If a substance misused was opiates, treatment could include a pharmacological intervention in the form of substitute prescription. If the substance used was alcohol then the treatment could include alcohol detoxification. As the medical interventions were not provided directly by

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Branching Out (Young People's Service), we did not inspect services provided under the subcontract as part of this inspection. Some treatment included pharmacological interventions such as, supervised consumption of opiate substitution. Supervised consumption is where a prescription is issued for treatment which may only be given to the patient when the administration is witnessed by a pharmacist. Opiate substitution is a medication treatment which is prescribed to assist with the cessation of the use of substance that contains opiates. An example of an opiate substance is the drug heroin.

The building where Branching Out was based was over three floors. Access to the main entrance involved steps and was not equipped for disabled access. We asked staff how reasonable adjustments were made for people requiring disabled access. Staff told us that they mainly worked out in the community so if someone required disabled access they would meet with them at a community location which was accessible. Staff were able to tell us examples of the locations that had good accessibility for people with disabilities.

Interpreters or signers could be accessed using locally sourced services. Staff told us that they had used interpreters when working with young people and their families. They found that young people had a basic level of spoken English however; some parents have had less spoken English so interpreters had been used to support staff in communicating with families.

The service identified that feedback questionnaires for young people were not age appropriate or accessible for young people. Staff shared this information back to Lifeline Project head office. Following this the questionnaires were re-designed to make them more user friendly for young people.

Listening to and learning from concerns and complaints

No complaints were made in the last 12 months prior to our inspection. Information about how to make a complaint was displayed at the service. We saw that young people were informed of their right to make a complaint when they were introduced to the service. Information about complaints processes was printed onto the confidentiality consent forms that all young people were asked to sign.

Staff told us that complaints would be acted upon and responded to by the team leader. The team leader would co-ordinate an investigation into the complaint where appropriate. If an investigation took place staff told us that the outcome would be discussed in a team meeting and an email would be sent out to all staff to communicate necessary information.

Are substance misuse services well-led?

Vision and values

Lifeline Project had a mission statement and a vision statement. The mission statement was:

- We work with individuals, families and communities both to prevent and reduce harm, to promote recovery, and to challenge the inequalities linked to alcohol and drug misuse.

Lifeline Project's vision statement was:

- To provide alcohol and drug services that we are proud of; services that value people and achieve change.

The organisation also had four values. These were: improving lives, effective engagement, exceeding expectation and maintaining integrity. During our inspection we observed that staff worked in a way which promoted the organisations' vision and mission statements and the organisational values.

Staff told us that they did not know who the most senior managers in the organisation were however; they knew who their area manager was. The team leader for the service had recently left the organisation and staff told us that the area manager for the service was spending more time at Branching Out to support staff and the operation of the service until a new team leader was appointed. The area manager was the registered manager and they were also the registered manager for two other Lifeline Project services.

The service had key performance indicators which were set by the service commissioners. The target was for all young people referred to the service to be seen within three weeks.

Good governance

Branching Out did not have a clear system which identified minimum training requirements defined by role.

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Information provided showed that training was provided to staff. The provider sent us information about training compliance rates. There were two training courses that were not up to date these were care planning and coordination which was at 60% completion rate and drugs, alcohol and current trends which was at 67% completion rate.

Staff were supervised however; there was four staff that had not received appraisal. We were informed by the registered manager that there had been plans made to ensure that this was addressed as soon as possible.

There was adequate support from a part time administrator and an apprentice receptionist/administrator to support with service with admin tasks.

The provider did not complete regular audits. Audits that took place were infrequent and were completed as spot checks on areas of practice. Staff told us that they were not involved in the completion of audits. Staff felt that checks completed were reactive to an issue being identified. Clinical audits were not being completed to proactively review the service to make improvements. At the time of our inspection, the registered manager informed us that they had identified that the quality of the records was not at the standard that they would expect. This had been from completing a spot check of some records before our inspection took place. The registered manager had set a target to complete a full audit of records within three months.

The service had not received any complaints in the last 12 months leading to our inspection. Incidents and feedback from young people who used the service were reviewed and investigated where appropriate. Feedback was provided back to staff in team meetings and emails sent out by the manager of the service.

Safeguarding procedures were followed. There was an organisational policy in place in reference to the Mental Capacity Act.

The key performance indicators for the service were set by the service commissioners. Each quarter the provider attended a meeting with commissioners and submitted a report on the service performance against the key performance indicators. At the time of our inspection the service was meeting their key performance indicators.

There was a vacant post for a team leader at the service. The previous manager left before our inspection. We spoke to the registered manager for the service and they told us that they had sufficient authority and administrative support for the service to operate.

All staff told us that they could raise issues and discuss concerns with their managers in team meetings and in supervision. The registered manager told us that there was an escalation process in place where items could be submitted for consideration at clinical governance to decide if they should be put onto the risk register.

Leadership, morale and staff engagement

Absence rates were average at 10%. There were no reported bullying and harassment cases.

Staff felt able to report their concerns if needed without fear of victimisation. All staff were aware of the organisation's whistleblowing policy and told us that they felt confident in using this if needed.

Morale was variable. All staff spoke positively about their role working with young people around substance misuse and reported to enjoy their job. However, some staff reported that they had found working at Branching Out difficult and stressful because there had been a high staff turnover in the twelve months before the inspection and the service's team leader had recently left the organisation. Staff felt that the team members were supportive of each other and all staff provided advice to others when needed.

There was a culture of openness and transparency. Staff told us when something went wrong it would be investigated appropriately and an explanation would be provided to individuals involved. There was a policy in place which detailed responsibilities of the Duty of Candour.

Staff reported that they felt that the team was open to sharing ideas in teams meetings. For example, a summer programme of activities was planned with staff from an external project. Staff said that they found it could be challenging to engage with young people in the school holidays so created the summer programme to improve contact with the service. The service identified that feedback questionnaires for young people were not age

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appropriate or accessible for young people. Staff shared this information back to Lifeline Project head office. Following this the questionnaires were re-designed to make them more user friendly for young people.

Commitment to quality improvement and innovation

On our inspection, we were informed of the development of central departments within Lifeline Project. These were

aimed at standardising systems and processes across the directorate. This was named the Engine for Quality Information Impact and Performance. This would involve having dedicated departments for workforce and continual professional development and a service improvement centre. Information from both these departments would feed into the central data centre.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that all young people who used 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.

Action the provider **SHOULD** take to improve

- The provider should ensure that regularly clinical audits are completed to ensure that the quality of records is monitored and assessed and equipment is checked regularly to ensure that it is in date.
- The provider should ensure that all staff are appraised regularly.
- 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.

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>How the regulation was not being met:</p> <p>The provider did not do all that was necessary to mitigate risks to young people who used the service.</p> <p>Young people's records did not contain risk management plans. Records did not contain information to show how identified risks were mitigated and managed. This meant that risks to young people may not have been reduced or monitored.</p> <p>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>How the regulation was not being met:</p> <p>Recovery plans did not show how care and treatment was designed with a view to achieving young people's preferences and ensuring their needs were met</p> <p>Young people's recovery plans at the service contained only basic information. Recovery plans focused on mainly one goal which was to reduce or stop the use of substances or awareness of substances.</p> <p>Regulation 9 (3)(b)</p>