

Compass – REACH

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

Ratings

Overall rating for this location

Are services safe?

Are services effective?

Are services caring?

Are services responsive?

Are services well-led?

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.

Summary of findings

Overall summary

Since July 2018, CQC has had the powers to rate substance misuse services provided by the independent sector. Planning for this inspection started before that date.

- We saw that risks had been identified in client files but the follow up management plan had not always been completed.
- We did not find an audit tool to ensure the electronic client files contained relevant documentation and that they had been fully completed

However, we found the following areas of good practice:

- Staff treated clients with compassion, dignity and respect, were non-judgemental in their approach and protected their privacy and dignity. Care plans identified the needs of the client and staff worked with them to develop their own recovery plans
- Clients either self-referred or were referred through a partner agency, their family, a carer or their school and were usually seen within five days of a referral, where a comprehensive assessment was completed.
- Staff followed up cancelled appointments and unexpected discharges to ensure that vulnerable people were not left without support. Staff were responsive to the needs of all their clients.
- Staff were aware of the diversity of their clients and provided appropriate support.
- Staff understood their responsibility for reporting incidents of harm or risk of harm and concerns related to safeguarding people from abuse. Clients were seen at school or in a safe and comfortable alternative place to the office.

- Staff followed guidance in line with the National Institute for Health and Care Excellence and Drug misuse and prevention: UK clinical guidelines on clinical management 2017.
- The service had enough staff with the appropriate skills, experience and training to provide safe care. Staff received specialist training that enabled them to carry out their role safely.
- Staff received mandatory training, regular supervision and other professional training identified in their supervision. A wellbeing day had been organised for staff to explore some alternative therapies to manage their stress
- The service had a formal complaints procedure but had not received any complaints in the 12 months leading to our inspection. They had received three compliments during the same period
- Staff could articulate the vision and values of the organisation clearly and how this impacted on their role. There were clear lines of management through the organisation and strong leadership at local level.
- The service had a risk register that meant everyone in the organisation was aware of any risks and what action had been taken to reduce them.
- The organisation was committed to improving services for the clients, and sought client views through questionnaires.

Summary of findings

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Location name here

Services we looked at

Substance misuse services

Summary of this inspection

Background to Compass – REACH

- Compass Reach works with young people in North Yorkshire who are aged between nine and 19 years old (the service works with young people up to 25 years that have special educational needs and/or disabilities) and are commissioned to provide support to those identified as being at risk of:
- Substance misuse, including alcohol and legal highs.
- Poor sexual health, including preventing early pregnancies and sexually transmitted infections.
- Issues with emotional wellbeing or mental health.

They employ a nursing team who can prescribe medicines, screen for infectious diseases and provide vaccinations. The nurses in their professional capacity also support the young people to complete work around ceasing the use of addictive substances.

The service is registered with the Care Quality Commission to provide diagnostic and screening procedures and treatment of disease, disorder or injury regulated activities. There is a registered manager in place.

Compass REACH staff are based in Prevention offices throughout North Yorkshire and deliver the service in a wide variety of young people friendly community sites. These are in:

- Craven
- Harrogate
- Selby
- Hambleton and Richmondshire
- Scarborough, Whitby, Ryedale

The staff team work flexibly across North Yorkshire to best meet the needs of identified vulnerable young people. At this inspection we visited the Northallerton Office.

Compass REACH is part of the Healthy Child Service in North Yorkshire and as such works closely with Healthy Child Practitioners who deliver universal services and with Family Outreach Workers.

We last inspected Compass Reach in 2016 and the service was found to be compliant in all the outcome areas.

Our inspection team

The team that inspected the service comprised of two CQC inspectors one of whom had a background in substance misuse services.

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?

Summary of this inspection

- Is it caring?
- Is it responsive to people's needs?
- Is it well led?

Before the inspection visit, we reviewed information that we held about the location, asked other organisations for information.

During the inspection visit, the inspection team:

- visited the main office, looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with five clients
- spoke with the registered manager and the lead nurse

- spoke with 13 other staff members employed by the service provider at a focus group and on an individual basis
- spoke with two staff members who worked with partner agencies and worked alongside the service and a commissioner of the service
- collected feedback using comment cards from 45 clients and five from partner agencies
- looked at 11 care and treatment records, including medicines records, for clients
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

We received 45 feedback forms from clients and we spoke to five clients about the service. Clients told us that the service helped them to feel safe and secure. Several clients told us that the staff listened to them and gave them clear useful information that helped inform their choices. They also said that staff always treated them

with dignity and respect. They said that staff respected their confidentiality and only shared information when they needed to. All the clients said that they worked on their own recovery plan for support and then worked with staff to ensure they completed their planned recovery.

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. However we found the following areas for improvement:

- We saw that risks had been identified but the follow up management plan was not completed.

However we found the following areas of good practice:

- There was a clear organisational structure and the service had enough staff with the appropriate skills, experience and training to provide safe care.
- Staff understood their responsibility for reporting incidents and safeguarding concerns and worked closely with partner agencies to ensure clients remained safe
- Staff received training that enabled them to carry out their role safely.
- Learning from investigations and incidents within the organisation was shared with staff every month at the team meeting.
- Staff used a variety of community resources to accommodate meetings with clients

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff assessed the needs of clients, and worked with them to develop their own recovery plans.
- Staff understood the issues around the capacity of the clients to make their own decisions
- Staff followed guidance in line with the National Institute for Health and Care Excellence guidance and Drug misuse and prevention: UK clinical guidelines on clinical management 2017
- Staff received regular clinical and managerial supervision and had good support from the manager and the clinical lead.
- Staff accessed training that helped them develop their role.
- Staff were aware of the diversity of their clients and provided appropriate support.
- Staff from partner agencies told us that Compass REACH were responsive and worked with them to ensure a client's safety.

However:

Summary of this inspection

- We did not find an audit tool to ensure the electronic client files contained relevant documentation and that they had been completed fully

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients managed their own recovery plans; clients and family members felt involved in recovery planning.
- Clients told us that staff listened to them and they felt safe discussing their issues with them
- Staff treated clients with compassion and protected their privacy and dignity.
- Staff treated clients with dignity and respect, and were non-judgemental in their approach.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients could access the service directly and referrals came from parents and/or carers, other health workers, the police, GPs, and teachers
- Clients were seen at school or in a safe and comfortable alternative place.
- Staff followed up cancelled appointments and unexpected discharges to ensure vulnerable people were not left without support
- Staff have worked with young people to develop a booklet that contains softer language and pictures to allow all children to access it
- A formal complaints procedure was in place, the service had not received any complaints in the last 12 months. The service had received three compliments in the same period

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff could articulate the vision and values of the organisation clearly and how this impacted on their role.
- There was strong governance throughout the organisation, including at local level.
- Staff received mandatory training and other professional training identified in their supervision.

Summary of this inspection

- A risk register was in place this meant that everyone in the organisation was aware of any risks and what action had been taken to mitigate the risks.
- The organisation was committed to improving services for the clients
- The management of the service had instigated a staff wellbeing day allowing staff to explore alternative therapies to help with their stress management

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Mental Capacity Act training was mandatory and a policy was available to staff on the intranet. Staff were aware that this legislation applied to clients at 16 years of age and a client's capacity to make decisions about their care could change depending on where they were in their

treatment. Staff assessed capacity at each visit. knew how to apply the Gillick competency and with younger clients, staff knew to apply the Fraser competency test when dealing with sexual health issues.

Substance misuse services

Safe

Effective

Caring

Responsive

Well-led

Are substance misuse services safe?

Safe and clean environment

The main staff base at Northallerton was found to be clean and tidy. Clients were seen in five premises in the community, which were:

- Harrogate
- Northallerton
- Scarborough
- Selby
- Skipton

We visited the main office at Northallerton and found these to be clean, tidy, and well maintained. All the premises used were owned and managed by a property owner, who was responsible for ensuring maintenance, fire checks, security and cleanliness. Annual checks were carried out at all the locations to ensure that the essential checks had been carried out.

There was a clinic room and space for workers to provide confidential and individual support. Toilets were accessible to all clients in the building visited. There were adequate hand washing facilities, personal protective equipment including disposable aprons and disposable gloves available if required. Staff followed infection control policies and procedures. The service had an agreement with another service provider to allow staff to use their clinical waste provisions if they needed to.

There was clear signage locating the first aid box, fire exits and fire extinguishers. The names of fire marshals and first aiders were also displayed.

Staff told us that because the services had been moved in to new accommodation the availability of space meant

they had to carry out some meetings with clients in their local community. Staff ensured that when they met with clients the space they used was appropriate and safe for the client. Staff had access to panic alarms when seeing clients in private and these were regularly serviced to ensure they worked. Staff made clients aware of what constituted acceptable behaviour at their initial assessment and throughout their treatment. Care plans identified where two staff were required for a visit. There had been no incidents where staff had to restrain clients. There was a signing in and signing out procedure for everyone who came to any of the buildings.

The service was able to provide child and adult vaccinations for hepatitis A and B and administer the morning after pill. However, due to administrative delays the Patient Group Directive giving staff permission along with guidelines they must follow, needed to allow them to administer medication were not in place. Because of this the service was not currently administering medication and had no medication on site. Staff liaised with the clients GP surgery to ensure vaccines could be administered when necessary until they had the authority to carry out immunisation as part of their role. The registered manager told us that in future they would not hold any medication, they would order what they needed as staff needed it once the patient group directive had been updated. They told us this system worked well as appointments were planned. There was a clear procedure in place for the transportation of vaccines. All staff carried condoms, equipment required for emergency treatment of clients in case of an anaphylactic shock episode or heart failure was available in each office and staff had received training to use them. There was also a lack of evidence that staff were checking for blood bourn viruses such as hepatitis. Hepatitis is a virus that can be shared through bodily fluids and people who are sexually active without taking proper precautions are at risk of infection.

Substance misuse services

Safe staffing

There was a clear organisational structure in place:

- A manager who was supported by a clinical lead
- nine nurses who had a variety of expertise, including learning disability, mental health, paediatric and general nursing
- one administration manager
- a psychologist who provided clinical support for the team.

The main office was in Northallerton with the nurses providing support in five other hub offices and in alternative community premises. These included schools, community centres and youth centres.

Staff were up to date with the following mandatory training:

- Data protection
- Information Governance
- Safeguarding Adults and Children – Compass single agency training
- Basic life support and anaphylaxis updates
- Safeguarding children online learning basic awareness
- Manual handling
- Infection control
- Mental Capacity Act

Compliance with mandatory training was monitored through supervision.

There were currently 188 people registered with the service, the majority were accessing the service for emotional wellbeing and mental health. Staff were based at the hub offices and saw clients as their diary allowed. They worked mainly in the area nearest to their hub office but they worked anywhere in the county dependent on the needs of the clients.

Assessing and managing risk to clients and staff

Referrals to the service were made by anyone with a concern about a young person, including a young person themselves. A duty worker reviewed and screened all referrals and if the information did not provide a full

picture, they would contact the referrer for further information. The assessment included a scoring tool for emotional wellbeing and mental health, drugs and alcohol. This tool had been developed by the service and was in line with adult services. Potential risks were identified on the electronic recording system, including how best to communicate with the client in line with the Accessible Information Standard; a mandatory standard that all NHS and publicly funded services must follow.

We reviewed 11 records and found 10 of them to contain a risk assessment, the one record without a risk assessment had identified the client used cannabis but this had not been identified against the substance misuse concerns. Out of the 11 records we looked at with regards to risks, five had management plans in place to show how risks would be minimised or mitigated. Six of the records had no clear management plans in place. The service was trialling out a new way of managing risks through risk formulation which recognised triggers and protective factors. Of the six records without management plans, two of these were using a new tool. However, these did not clearly show all risks or what interventions were required and by who. The plans did not contain any plans for the unexpected exit from treatment or agreed plans for missed appointments.

There were clear processes for reporting safeguarding concerns. The Care Quality Commission had received notification of four safeguarding referrals in the period June 2017 to July 2018. Staff knew and understood how to make a safeguarding referral. Compass Reach worked closely with the local authority and had a dedicated safeguarding lead within the clinical team. The safeguarding lead had oversight of all safeguarding cases. They maintained a risk register of safeguarding concerns and these were checked at each team meeting. At the time of our inspection, there were no safeguarding cases open to the service. Staff attended a Vulnerable Missing Exploited Trafficked meetings every month and were aware of the initiative County Lines monitoring young people who are used to traffic drugs across county lines. All staff have had training in Modern Slavery and how to recognise it.

Staff visited their clients according to the individual plan. Clients told us that they had found that they could contact workers for support when needed.

Staff followed the organisations lone worker policy and notified the office when they had arrived at an appointment and again when they left. They also had

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access to personal alarms when working in the community or in the clinic room. The manager had also implemented an 'end of day call'; this meant staff had to contact them at the end of each day to ensure they were safe and to discuss any issues causing the staff member concern.

Track record on safety

There were no reportable incidents for this service; because the reporting rate is so low the manager has agreed to provide the CQC with a quarterly report outlining what has occurred within the service. The manager does report safeguarding incidents to the Care Quality Commission.

Reporting incidents and learning from when things go wrong

Staff knew how to report incidents. The manager investigated any incidents and were included on the risk log. This was a log used by the service to monitor the number and type of incidents that were reported. Staff also discussed incidents at team meetings. There had been no serious incidents in the twelve months prior to this inspection.

Duty of candour

Compass – Services to Tackle Problem Drug Use had a policy on the Duty of Candour. Staff had discussed the duty of candour at their team meetings and understood their responsibility.

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

Assessment of needs and planning of care

A basic assessment was completed as part of the referral and once allocated a comprehensive assessment was completed by the member of staff working with the client, sometimes at the first appointment and for more complex issues over two or three sessions. Staff had been using a 'My Star' care-planning tool but had recently changed to asking 'Five Quality of Life Questions' this allowed staff and clients to focus on solutions and how the journey is for each client. Staff and clients were able to look at and recognise how much progress they had made. Compass Reach also carried out a Young Peoples Outcome record every 12 weeks to collate information on how effective a

client feels their care was. Care plans were completed with every client to address their needs. We reviewed 11 care plans and found these to cover all aspects of the client's situation.

Compass REACH had recently moved from having both paper and electronic records to only having electronic records. Staff had been issued with laptops to allow them to work remotely and complete their records more efficiently. In one record we could not find the care plan and we were told it was with the care worker and had not yet been scanned in to the case file. The switch from paper to electronic records was a recent improvement and staff still had paper records to scan into the system. We did not see how the electronic files were audited to ensure all necessary information was in the file.

Best practice in treatment and care

Staff provided treatment in line with the National Institute for Health and Care Excellence guidance and Drug misuse and prevention: UK clinical guidelines on clinical management 2017. A member of the Compass organisation circulated information to staff about updated guidance from the National Institute for Health and Care Excellence.

Staff had areas of special interest and this had included attending training in cannabis and psychosis, coke to MHAT (commonly known legal highs), volatile substance misuse, brief solution focussed therapy and cognitive behavioural therapy. Staff identified training and conferences in their specialist areas during their supervision and they told us and we saw evidence that they were supported to attend these events.

A safeguarding audit was completed annually. Staff worked with other agencies involved in the wellbeing of children and they attended multi agency meetings to ensure everyone was aware of the issues raised.

Clients who used the service told us staff had supported them with very specific issues, around bereavement, domestic violence and gender identity. Staff recognised that these issues affected the recovery of their clients and accessed specialist services to help provide appropriate support.

Skilled staff to deliver care

Staff had the skills and experience necessary to carry out their work. Training was available to staff who had a specific interest such as new mothers risk assessment,

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domestic abuse and child exploitation. Staff were encouraged to develop areas of special interest. As a result, they had lead roles in learning disabilities, safeguarding, psychosis, anxiety and eating disorders. Staff were expected to keep up to date with their lead role and feed back to the team new information or developments in that area.

Staff had access to regular management and clinical supervision.

Staff were receiving:

- One to one supervision - delivered every four weeks and records showed discussions around caseloads, child/adult protection, risk management and any operation issues such as information technology or lone working.
- Non-clinical supervision – delivered every six weeks and discussions included review of work, training and development needs, annual leave, and any other relevant topics.
- Group supervision – every month the team had a day of meetings. During this time a managerial meeting around their workload and then a clinical meeting where training could be provided. Staff also had a monthly supervision meeting with a psychologist who provided training in specific areas.

Each member of staff had a named supervisor. They used a supervision calendar to monitor compliance. Staff were receiving supervision in line with the supervision policy.

New staff had a three week induction period where they completed all their mandatory training, learnt about the systems used and worked with other staff so they understood how the organisation worked.

A disciplinary policy and process was in place but had not been used for this service.

Multidisciplinary and inter-agency team work

The local authority commissioned Compass REACH to provide support to clients who were struggling with substance misuse, their emotional wellbeing and/or their mental health. They worked in a network of other providers and are co-located to ensure families can access a range of support to help children. Staff liaised with pastoral staff in schools, where necessary the police, social services and the local mental health trust to ensure a coordinated approach could be provided for the welfare of the client.

Adherence to the Mental Health Act

The service did not work with anyone detained under the Mental Health Act.

Good practice in applying the Mental Capacity Act

Mental Capacity Act training was mandatory and a policy was available to staff on the intranet. The local authority as well as in house online learning had provided training to staff.

If the client was aged nine to 13 years old then their parent or carer accompanied them to their first appointment. This ensured both parties understood what was going to happen and what the process was.

For children under the age of 16 years old, their decision-making ability is governed by the Gillick competency test and Fraser guidelines. Fraser Competent is a term used to describe a child under 16 years old who was considered to be of sufficient age and understanding to be competent to receive contraceptive advice without parental knowledge or consent. The test is that the practitioner must be satisfied that:

- The child will understand the advice
- The child cannot be persuaded to tell his or her parents or allow the doctor to tell them that they are seeking contraceptive advice
- The child is likely to begin or continue having unprotected sex with or without contraceptive treatment
- The child's physical or mental health is likely to suffer unless he or she receives contraceptive advice or treatment.

Clients aged 16 or over were assumed to have capacity to make their own decisions and staff assessed their understanding of what was being discussed. Staff were aware that a client's capacity could change depending on where they were in their treatment and assessed capacity at each visit.

Equality and human rights

Staff had received training in equality and diversity and incorporated this in to their assessments and work with clients. We saw in case files that issues around sexuality and gender identity were examined. Staff worked with one of the oldest and largest sexual health organisations in the country. They offer services to various communities

Substance misuse services

including men who have sex with men, black and minority ethnic people, people misusing drugs, sex workers and lesbian, gay, bisexual and transgender young people and adults. They also worked with a national organisations that supports young people and their families affected by transgender issues. Where gender issues were identified, we saw that the language in the case files changed to recognise the change in gender for the client. Information about services could be provided in different formats, this was done once a client had been identified as having specific communication needs.

Management of transition arrangements, referral and discharge

Referrals to Compass REACH can be made by another professional, a family member or anyone who was concerned about their emotional wellbeing or mental health. Referrals were assessed as they came in by a duty worker and the referrer was contacted to discuss the information further. Once a referral was allocated the worker and client determined what support was necessary, and the course of support could be up to eight weeks. Staff liaised with the referrers and let them know when the interaction with the client had finished. We spoke with staff from partner agencies and they told us that Compass REACH were responsive and worked with them to ensure a client's safety.

Compass REACH had a working agreement of a 12 month cross over with the adult service about how clients who were 18 would transfer to them. Compass REACH is registered to accept clients up to the age of 19 (25 if they have a learning disability) and the adult substance misuse service was registered to take clients from 18. When a client is handed over to another service there is a two or a three way handover dependent on the number of agencies involved.

Are substance misuse services caring?

Kindness, dignity, respect and support

We were unable to observe interactions between staff and clients. However, we spoke with five clients and received feedback from 45 clients. They spoke highly of the service

and said that staff were supportive. Staff understood the needs of clients and delivered clinical treatment to meet this need. We saw evidence that clients were involved in their recovery planning and evaluation of their progress.

Clients signed a primary care agreement, which explained consent to treatment and their rights to make a complaint. Staff discussed how confidentiality was maintained with their clients at every appointment. Information received through the feedback forms indicated clients felt that when they spoke the worker listened to them and they felt safe talking about their concerns. One client confirmed that if they missed an appointment then the organisation contacted them or their relative to ensure they were alright. All of the feedback indicated they were treated with dignity and respect at each visit.

The involvement of people in the care they receive

Compass REACH is part of the Healthy Child Service in North Yorkshire; as such, they work closely with Healthy Child Practitioners who deliver universal services with the Prevention Service and Family Outreach Workers.

We spoke to clients and carers who said the service was supportive and helpful. Clients and family members felt involved in recovery plans and had good access to doctors.

Feedback received from clients told us:

“They were caring and respectful and listened to me, they helped by suggesting ways of coping and they showed they cared”

“Felt very comfortable and safe. I felt like I was being listened to and understood”

“I think the environment was good, I got to choose a place I was most comfortable with and I think I was listened to and I was shown respect”

Feedback received from other professionals included comments such as:

“I have found the service to be effective and efficient. The screening test is user friendly and referrals are dealt with in a timely manner. Although colleagues within the organisation work in a confidential environment I have found appropriate and contextual information sharing beneficial to any mutual clients”

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“Staff are always polite, friendly and approachable. They are always respectful of our work and confidentiality. Information sharing is excellent and clients comment that they feel supported and always leave appointments satisfied. They appear pleased to see the staff”

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

Access and discharge

Clients could access the service directly and referrals came from parents and/or carers, other health workers, the police, GPs, and teachers. A duty worker screened new referrals and made an initial assessment. They were then allocated to the appropriate worker. Information provided to the Commission before the inspection showed that there had been a 14% increase in referrals in the last 12 months. The commissioners had set the service a target of five days to make the first appointment. Appointments usually took place whilst the client was at school although other community settings could be used. There was no waiting list for services. Currently the provider is providing the first appointments at 84%, this falls below the Commissioners contract requirements of 90%. However the commissioner told us there is a flexible tolerance up to 82%. They told us the manager discusses the targets and why they are not achieving the 90% at their engagement meetings. The manager and clinical lead told us to counter the fall in compliance with the contract they were looking to facilitate a static clinic clients could access. This issue is on the service risk register.

Staff managed unexpected discharges from the service through telephone calls and assertive outreach to try to re-engage the client. The nurses who were assigned to the referral followed up their own client. The manager also followed up with other agencies to ensure the client would have support from another agency if not Compass REACH before they would discharge from the service.

Compass REACH had a current case load of 188 with 78 clients being seen each week. Appointments included wellbeing assessments, vaccinations, dry spot blood tests, and therapy sessions. Information requested prior to the inspection about discharge and did not attend appointments was held by the lead provider.

In the 12 months up to the 30 May 2018 there had been 540 did not attend appointments and 114 clients had been discharged from the service.

The facilities promote recovery, comfort, dignity and confidentiality

Space for private appointments was variable dependent on the location of the community office. Staff made appointments in schools and used other community spaces such as library’s, a doctor’s surgery, they could also access any building owned by North Yorkshire County Council and on occasion a local café. Staff were mindful of the issues around confidentiality and so if it was a public space the work they could do with a client was limited but it did allow them to meet and build up a working relationship. Compass REACH were aware where this is an issue and this was recorded on their risk register.

Staff carried out visits in the community for clients and could not always be sure where they were working. To counter this staff had a wipe clean cover for the floor, if they needed to carry out any clinical interventions, they used personal protective equipment. This meant they could follow infection control methods as much as their environment would allow. Each member of staff had a clinical bag that contained equipment they needed to carry out their role safely.

Compass REACH worked with children and families’ teams and the police to ensure children were safe. Consent to treatment policy was in place.

Meeting the needs of all clients

Staff visited clients at a place that was convenient to them. This could be at a community venue, school or in a hub office and sometimes at the client’s home. This enabled clients to engage positively with their recovery as they could limit who knew what was happening.

Information leaflets were in English but could be made available in other languages if needed. Interpreter services could be accessed where the clients language was not their first language Staff had made visits to a service that works with men who have sex with men, and a service that works with young transgendered people and their families. Visits would be organised at a place that was safe. If clients had a disability then the location to meet would be suitable for them to access.

Substance misuse services

Staff engaged in meetings to ensure clients were getting the best support possible these included but were not exclusive to:

- Vulnerable, exploited, missing and trafficking children - including County Lines a police initiative where they have identified young people being used to traffic drugs across county lines.
- Inclusive education service
- National probation service sharing group; these meetings included trading standards; probation and the local and county councils.

Compass REACH had developed an Integrated Pathway with a provider for adult substance misuse. This meant that at four weeks to clients' 20th birthday a three-way meeting was held to start the transition process. This process was only started if someone needed long term interventions after their 20th birthday otherwise Compass REACH would continue with their interventions until they were finished regardless of the client's age.

Staff have worked with young people to develop a booklet that contains softer language and pictures to allow all children to access it. They have also suggested softer paler colours so that it looks less oppressive. The young people also suggested the booklet should be available as a digital version which they can access on their phones.

Listening to and learning from concerns and complaints

A formal complaints process was in place. The manager acknowledged the initial receipt of a complaint and if possible talked to the client individually. The manager would then look at all the information surrounding the complaint and provide a response. There had been no formal complaints made in the period 1 July 2017 to 30 June 2018. Clients were given a copy of the complaints policy at their first meeting. Staff told us they did not receive formal complaints but they did listen to low level complaints and tried to resolve any issues at a local level. There was no mechanism for recording these complaints. Staff told us that any issues raised were discussed at the team meeting.

The provider had a duty of candour policy in place and staff understood the importance of being open and honest with clients always.

The provider had received three compliments in the period 1 July 2017 to 30 June 2018.

Are substance misuse services well-led?

Vision and Values

The provider had a clear vision and values, which staff understood and embraced. Their vision was to: "be the best in all that they do, by bringing the maximum benefit to the people they work with."

The organisation had the following set of values:

- Integrity
- Valuing each individual
- Being solution focused
- Being consistent and reliable

Recruitment of new staff was based on the values of the organisation as well as their experience and skills. Compass believe that an approach based on appreciative inquiry, motivated staff and support the achievement of priorities, values and excellence in daily practice. This in turn encouraged a positive frame of mind to allow creativity within the teams, this was then replicated throughout the staff team. Staff articulated the vision and values of the organisation clearly and had a clear understanding of how this impacted their role.

Stakeholders talked about them being 'caring', 'professional' 'open discussion and supporting other professionals' and 'respectful'.

There was a clear organisational structure in place. Staff knew who the director of children services was and could contact them if necessary. The manager also received support from the Compass lead nurse clinical lead and the assistant director of universal services who provided regular support and visited the service on a regular basis. It was clear through observing interactions between Compass REACH staff and staff from senior management team there were good working relationships between them and they knew who each other was.

Good governance

There was a clear management structure in place. This allowed staff to understand where they could access support from within the organisation. Staff had monthly meetings to discuss management and clinical issues, as

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well as a monthly training day. Staff were involved in meetings with other organisations to ensure that all services for children could keep up to date with issues around the county that might affect clients they worked with. These meetings included:

A local Prevention Service

A Children and Adolescence mental health service

A Drugs and Alcohol Partnership Group

An inclusive Education Service

The Vulnerable Missing Exploited Trafficked children

Staff received mandatory and specialist training. Robust supervision arrangements were in place. A range of audits took place, incidents were reported, and lessons learnt were shared with staff. There were robust safeguarding procedures in place and there was a dedicated safeguarding lead to provide support to the team.

The commissioners monitored the service as part of the overall contract. Meetings took place every three months and staff saw these as an opportunity to look at how the service could be improved, whether any safeguarding alerts or complaints had been received these would be discussed.

An organisation risk register was in place and the manager could add items to this register. All risks were reviewed regularly and mitigated where possible

Leadership, morale and staff engagement

The service manager attends the Compass manager's meeting monthly. This supports work that needs to be cascaded down from the CEO and board and enables the sharing of good practice amongst other services within the organisation. The Assistant Director of Universal services acted as a conduit for information to be shared between Compass Senior Management Team, the Compass board, managers and the teams so that information was shared effortlessly and in a timely way between the strategic and operational parts of the organisation.

There was strong leadership at a local level. The registered manager was responsible for the service and a clinical lead was in place to manage operational issues. Key roles were in place to provide leadership on key areas such as safeguarding and equality and diversity.

Communication with staff was good and staff morale was high. We held a focus group with staff and they told us 'although we work as individuals given the range of our patch we keep in touch with each other on a regular basis'. Staff told us that the manager expects a daily phone call especially at the end of the day to ensure they are alright. However, they all told us that they can ring the manager, clinical lead or each other at any time and support was provided. Staff were able to contribute to the development of the service and any changes were discussed as a staff group before being implemented.

Staff recently had a wellbeing day where their own wellbeing was addressed. Staff were encouraged to take part in some laughter yoga, have a shiatsu massage, look at emotional freedom techniques and create their own vision board both personally and professionally. Staff told us they had enjoyed the day and having a full day to concentrate on their needs made them feel valued and appreciated. The manager told us they intended to have an annual wellbeing day for staff.

Commitment to quality improvement and innovation

There was clear commitment to develop the service and staff were offered training to ensure they could offer the services needed. The manager had identified several objectives in their development plan. One was the introduction of a paperless service. As a result, staff had been issued with laptops with intention that they would allow staff to work in a more agile way. All client records were held on the computer system and staff could access any record wherever they are.

Compass REACH use a suite of service user questionnaires that have been specifically designed with young people in mind. The four questionnaires used are categorised as follows; Initial Contacts and Surroundings; Information, Advice and Support; Quality of Service and Our Service. Following return of these questionnaires an action plan was developed and one issue that is being addressed is the development of Service user charter leaflets which are being co-produced with young people.

Staff held a wellness day and as part of the day they highlighted that they did not feel the registered manager was as available to them as they thought they should be. As a result the manager altered the rota of meetings to ensure they could attend the management, clinical and clinical supervision group session.

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The clinical lead worked with the central and directorate clinical working group looking to develop new practice guidance and documents for example, new assessment paperwork or a risk assessment tool that Compass REACH would like to introduce. Similarly further guidance and a

consultation will be sought from the clinical working group on the new outcomes measure 'Young People's Outcome Record' and the 'Five Quality of Life Questions', that the service introduced a trial from 1st July 2018.

Outstanding practice and areas for improvement

Outstanding practice

There is a culture within the organisation of sharing good practice between different services. There is strong leadership at the local level and the relationship between the manager and staff is one of respect. The manager was mindful about the pressures the staff were under with the continuous work flow so they had a staff wellbeing day to take time out from their daily schedule to spend it exploring alternative therapies.

Staff worked with young people who identified as transgender or gay in a positive and supportive way. Accessing specialist services such as Yorkshire MESMAC, Yorkshires largest LGBT and sexual and mental health charity and the Mermaid Trust.

The service had strong working relationships with the other agencies involved in the Healthy Child agenda and this was evidenced in the interviews and feedback we received as part of the inspection.

Areas for improvement

Action the provider MUST take to improve

The provider must ensure that all clients have a risk management plan in place.

Action the provider SHOULD take to improve

The provider should have a regular review of the electronic files to ensure they contain relevant documentation and they have been completed fully to ensure continuity of care when different workers may be involved.

The provider should ensure that staff are checking for blood borne viruses and recording the outcome in the clients file to ensure that staff and clients are not at risk of infection.

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
Accommodation for persons who require treatment for substance misuse Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Staff had identified risk associated with the client but not all clients had a risk management plan in place.