

Young Addaction Halton

Quality Report

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

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

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

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

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

Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- Young Addaction Halton had good systems in place to enable the service to be provided safely and effectively. These included effective management of referral to initial contact targets, good quality documentation, care plans and risk assessments, effective safe visiting processes, and good quality accommodation, in age appropriate settings where young people were being seen.
- There were clear information sharing arrangements in place which were understood by the young people. Capacity, confidentiality, and how and when staff may breach confidentiality were clearly recorded in each clinical record. The service provided clear written information regarding capacity and confidentiality in a range of formats that were age appropriate.
- Interventions to address substance misuse were evidence based and followed national treatment agency recommendations. The service focused significant resources upon engaging with young people. Many of these young people had not actually

Summary of findings

misused substances. The ethos of the service was to provide support and activities to young people focused upon increasing self-esteem, self-confidence and building resilience by addressing issues such as bullying and anti-social behaviours. This targeted the young people most vulnerable to future substance misuse. Young Addaction Halton was able to provide targeted, good quality preventative education, discussion, and referral.

- We saw evidence of effective close working with other appropriate young people's services, safeguarding teams, police, housing providers, and commissioners. There was good communication with GPs, other primary care services and schools and colleges.
- Service user involvement and feedback was a central feature of Young Addaction Halton. Young people's views and contributions were clearly valued and encouraged, there was evidence that these shaped service developments.
- Young Addaction Halton used information and data to support ongoing development of services. There was access to detailed demographic information, local intelligence to target areas of greatest need within the locality. This demonstrated they made best use of their resources.

Summary of findings

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Summary of this inspection

Background to Young Addaction Halton

Halton borough council commissioned Young Addaction Halton. It provided a service for young people aged between 10 and 18 years old. It provided a service to young adults aged up to 25 years who had additional needs. Some groups and individual work took place within the team base. Tier two and tier three specialist substance misuse interventions were mainly undertaken in local schools, colleges and other young people services in the area. At weekends staff travelled to other areas of Halton in a specially designed bus. This enabled staff to concentrate on community engagement and assertive outreach and young people were encouraged to find out more about the work of Young Addaction Halton.

There were two elements to the service. Much of the work provided by the service was not specifically relating to substance misuse. However, the focus was upon engaging with young people and children to be in a position to intervene early where possible. Once young people were engaged with any element of the service they had rapid access to a range of resources and interventions aimed at increasing knowledge and awareness of substance misuse issues. This was part of the service' long-term harm reduction strategy. Interventions focused upon alcohol, drug and solvent issues as well as sexual health and relationships.

Local service providers could directly refer young people to the service for specialist substance misuse support. The majority of these interventions were offered on an individual basis through clinics run within the local schools, colleges and other young person services.

Groups were also provided. A number of the groups did not specifically provide alcohol or other substance misuse intervention. However, the engagement with increased numbers of young people enabled a larger audience to target for longer-term harm reduction.

Young Addaction Halton provided education about substances and specialist psychological interventions, which were evidence, based and followed recommendations from the national treatment agency. The service also focused upon the development of self-esteem, self-confidence, and life skills and provided information about maintaining safety and developing effective relationships.

Other young people's services also provided interventions within the building where Young Addaction Halton was based. This included the local sixth form. Young Addaction Halton was part of an integrated care pathway for young people. The service provided tier two and three specialist substance misuse interventions. Staff worked closely with both tier one services, such as GPs, teachers and health visitors and tier four child and adolescent mental health services. Young people could pass along tiers one to four dependent upon their needs. A local acute trust was responsible for provision of sexual health screenings and information and for the clinic room and the equipment required to do this.

Young Addaction Halton service had been registered since May 2015. This was the first inspection undertaken by the care quality commission.

Our inspection team

The team that inspected the service comprised two care quality commission inspectors and was led by Paula Cunningham.

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Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme to make sure health and care services in England meet the Health and Social Care Act 2008 (regulated activities) regulations 2014.

How we carried out this inspection

To understand the experience of people who use services, we ask the following five questions about every service:

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

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

During the inspection visit, the inspection team:

- Visited the team base, looked at the quality of the physical environment, and observed how staff were caring for the young people

- Visited clinics run in two local schools
- spoke with nine clients
- reviewed six care records which included risk management and care plans
- spoke with the registered manager
- spoke with eight staff members employed by the service plus a volunteer
- received feedback about the service from commissioners
- looked at six care and treatment records
- looked at policies, procedures and other documents relating to the running of the service.

Information about Young Addaction Halton

Young Addaction Halton was one of 47 registered locations under the Addaction service portfolio in the North West. The North West services were part of a national network. Governance arrangements were overseen from a hub within the organisation. A regional team coordinated governance within the North West area and Young Addaction Halton team manager regularly attended those meetings.

Halton Borough Council commissioned Young Addaction Halton. There was a registered manager and the service is registered by the CQC to provide:

- Diagnostic and screening procedures
- Substance misuse problems
- Caring for children (0 – 18 years)
- Caring for adults under 65 years.

It had been registered with the care quality commission since May 2015. This was the first inspection that had been undertaken by the care quality commission.

Summary of this inspection

What people who use the service say

We were told that the service is very responsive. Young people told us they just need to pick up the phone to have someone who would be there for them. One young person told us that the culture within the service is that you do not say 'I cant.' and that, regardless of who they spoke to, the staff always reaffirmed the positive. We were told that not only were staff there when things were difficult but they actively celebrated when things got better. We were told that meant a lot to the young people involved. Staff were described as 'intuitive' and that they understand young people's needs.

Young people said they were actively encouraged to continue their recovery by becoming volunteers and undertaking additional training. We heard examples of young people undertaking first aid training, becoming volunteers for some of the groups or becoming part of the young person's cabinet.

Young people told us that even when they had been discharged from a group or individual work, the service

could still be open to them to get involved in social activities and Duke of Edinburgh awards scheme. Young people were given information about how to access services should their circumstances change. Interventions could be accessed quickly should this be needed.

There was a service user suggestions board in the reception area of the team base. Any feedback received from the young people was written in a 'feedback log' and discussed in team meetings and supervision. Any changes or improvements made in response to the feedback were placed on the suggestions board to provide feedback to the young people. Young Addaction Halton undertook a service user satisfaction survey every two years and we saw the positive feedback received and how issues that were raised were shared directly with the team.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Young people were seen in environments that were suitable for young people such as the team base, local schools and colleges and young people's services. A team bus that drove to areas across Halton provided outreach support. This made it easier for young people to meet with staff and find out about the service.
- The service was provided in accommodation that was clean, well maintained and decorated to a high standard. Appropriate health and safety, fire and infection prevention checks and systems were in place. These were being appropriately monitored.
- There were effective lone working systems in place and manager on call support, for the staff working out of hours. These systems were understood by all staff and were being followed.
- All clinical records contained a comprehensive and detailed risk assessment and risk management plan and there was evident these were being regularly reviewed.
- There were systems in place for reviewing incidents and near misses. We saw how incidents were escalated to the team manager and then followed a clear governance processes within the Addaction organisation.
- Staff had good knowledge of safeguarding and what to do regarding concerns. We saw evidence that Young Addaction Halton staff regularly attended child in need meetings and worked closely with other organisations to safeguard young people.
- Appropriate recruitment checks were in place to anyone working within the service as either staff or a volunteer.

Are services effective?

We found the following areas of good practice:

- The service was holistic. It aimed to provide support to children and young people with the aim of successfully engaging them by raising awareness of substance misuse alongside harm reduction techniques.

Summary of this inspection

- All staff understood what the service outcomes were and ensured they completed the required documentation and information to ensure accurate data returns.
- A comprehensive assessment was undertaken, which included a detailed review of the young person's substance misuse and a physical health assessment. This included screening for blood borne virus.
- Care plans were personalised, detailed, and easy to understand. A range of psychosocial interventions were identified in care plans in order to meet needs identified. Young people were involved in the development of their care plans. There was focus upon relapse prevention prior to a young person completing their treatment.
- Interventions provided by the service were evidence based and followed recommendations from the National Institute of Health and Clinical Excellence and National Treatment Agency. Not only did interventions focus upon substance misuse issues but also self-confidence, self-esteem, developing positive relationships, staying safe, education and employment options.
- There were close and effective working relationships with a range of other young person services within the local area that young people could be signposted toward. We saw how collaborative meetings with agencies such as fire, police, and housing helped Young Addaction Halton prioritise the type of engagement work they thought would best serve the young people in the local area.
- Staff received regular line management supervision. There were arrangements in place for clinical supervision that included group peer support. All staff received a regular annual appraisal and we saw bespoke training packages were developed following these.
- All staff had received training in capacity and consent. Staff had a good knowledge of the Mental Capacity Act and there were easy to understand, signed consent form and contracts within each clinical record.
- Young Addaction Halton was committed to addressing equality and diversity issues. They facilitated a weekly group for young adults with additional needs called 'make it happen' and a group called 'GLOW' supporting gay, bisexual and transgender identified young people. There was close partnership working with other organisations and there was representation from Young Addaction Halton at a Halton wide equality and diversity meetings.

Are services caring?

We found the following areas of good practice:

Summary of this inspection

- We saw staff were highly skilled in developing easy and comfortable rapport with young people. In all the interactions we observed, staff were compassionate, professional, and respectful.
- In the sessions that we observed we saw that staff talked openly and honestly about potential risky behaviours and plan for reducing those risks.
- Young people were involved in a range of initiatives and service developments throughout the service. Service user representation was valued within the service and was apparent locally through elected representatives to the Halton youth council. These elected members were allocated to a number of sub groups addressing key issues and service developments.
- There was representation from the Halton youth council to the British youth council and the United Kingdom youth parliament.

Are services responsive?

We found the following areas of good practice:

- Young Addaction Halton consistently achieved its targets from referral to initial assessment. There were no significant waiting lists and young people could access the type of support and interventions required rapidly.
- There was a low threshold for referral acceptance and any young person who presented to the service would be offered an initial appointment regardless of whether they had been formally referred.
- The service provided a range of activities and support in addition to substance misuse specialist interventions. As young people completed one element of support from the service, they could transfer to a different care pathway.
- Where more than one service was supporting the young person, their level of need would indicate which service took the lead in supporting them.

Are services well-led?

We found the following areas of good practice:

- We saw that the organisational values were embedded within the culture of the service.
- Staff were clear about their role and remit, this included volunteers.
- There were policies and procedures in place. There was also guidance and flow charts available for staff to refer to and assist them in following the policies correctly. Staff had a good understanding of these.

Summary of this inspection

- The team manager ensured that quality standards were maintained by undertaking regular audits and spot checks on a range of areas. Outcomes forms were feedback through team meetings. Where remedial action was required, this monitored through individual supervision.
- There were effective governance arrangements within the service. We saw how the local arrangements linked into the national Addaction governance arrangements.
- Staff in the team understood the performance indicators for the team. They were kept up to date and were aware how the team were performing. Staff were encouraged to share ideas or suggestions about how to develop the service to best meet the needs of young people.
- There were good safeguarding arrangements within the team and staff were clear about safeguarding procedures. Young Addaction Halton were involved in proactive work with other partner agencies. We saw that Young Addaction Halton worked closely with partner agencies where there were safeguarding concerns. The service had close links to the Halton safeguarding board.
- Moral within the team was excellent and staff described feeling involved and valued within the organisation. There was clear leadership within the team and the staff spoke highly of the support they received from the team manager.
- All staff received regular supervision, had an annual appraisal, undertook mandatory training, and had access to additional training in order to develop and maintain the right skills set for their role within the team.
- There was emphasis on ongoing service development. We saw evidence of good partnership working between Addaction and other local services such as police, housing, and education. There were examples of innovative work and involvement in national research.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

All staff had received Mental Capacity Act training. Staff told us young people were always encouraged to inform their parents or guardians about any issues relating to their care or treatment. Otherwise, staff sought the young person's permission to do so on their behalf. Clinical records showed capacity was always assessed.

Staff had a good understanding and considered Gillick competency when determining a young person's capacity

to consent to treatment and Fraser guidelines to decide if a child could consent to contraceptive or sexual health advice and treatment. There was guidance for staff to follow to ensure they were following the guidance correctly and what actions should be taken if there were grounds for breaking confidentiality.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

Young Addaction Halton was based within a shared facility. The building was provided through 'my place network', which provided hub centres as part of Liverpool's 'super youth zone'. Myplace network were responsible for the provision of the building and all its facilities and Young Addaction Halton paid rent. There was restricted access into the building and a manned reception area. All visitors reported to the reception area prior to accessing the remainder of the building. Various agencies used bookable rooms within the building. These were all providing services for children and young adults.

The buildings were clean, well maintained and decorated to a high standard. There were a range of facilities including group rooms, kitchen area, sound and recording studio, IT suite, sports hall and theatre provision. The local sixth form college predominantly used the space and a number of their facilities were accessible to other groups. There were male and female toilets, as well as adapted bathrooms. Young people with additional needs could access a bath or shower if they did not have these facilities within their own homes.

Young Addaction Halton used a number of group rooms during the day and in the evenings and weekends. There was a large open plan office where the majority of the team operated from over the seven-day service and a number of smaller offices for managers and for small team meetings and supervision. Access within the building was restricted with keypad access and codes.

There was a full time caretaker who over saw provision and upkeep of the building. They were responsible for ensuring environmental and health and risk assessments were in place. We saw a range of completed assessments, which

included health and safety and infection prevention. We saw that there were fire risk assessments in place and these specified specific personal emergency evacuation plans. There were cleaning schedules and effective infection prevention measures in place.

There was restricted access to a clinic room. This room was the responsibility of a local acute trust. All equipment and facilities within it were the property of that trust. It was out of scope for this inspection and we did not review it in detail. Young Addaction Halton staff did access the room on a regular basis as they were trained by the local trust to provide sexual health interventions. Young Addaction Halton staff described in detail what this role required. They showed us how they accessed the required equipment and the systems and processes in place for checking that the equipment was up to date and maintained. There were appropriate handwashing facilities and sanitising gels within the building.

Safe staffing

There were 21 staff employed at Young Addaction Halton and 13 volunteers. There was a registered manager. No staff had left post in the previous 12 months and there were no vacancies. In August 2016, the staff sickness rate was 3.5%, which was average when compared with other similar services.

The service was seven days a week with evening work at weekends and during school holidays. Some groups and one to one sessions were held in the team base but the majority of the work was undertaken within local schools and colleges. The service provided a community bus, which travelled across the city at weekends offering outreach interventions. Staffing rotas were coordinated to ensure appropriate numbers of staff were allocated to each activity and group or clinic. Staff were able to step in to a range of roles within the service and provided cover for each other. This ensured continuity. Groups were provided

Substance misuse services

over a set number of sessions and this meant the service could review demand and adapt what was being provided. This helped the team manager to manage the staffing resource.

The team manager could block book sessional workers from the Addaction service bank of workers. This enabled Young Addaction Halton to provide a specific type of group or intervention for a time-limited period in order to meet service need. These staff had already been fully inducted and undertaken Addaction mandatory training. These staff had an understanding of Addaction policies and procedures.

There was an effective outreach and lone working policy. We saw how this was managed from the office base and was followed by all the staff on the team. Activities occurred up until nine at night and up until eight in the evening at weekends. A senior staff member provided a manager on call cover via a rota.

Mandatory training included first aid, risk assessment, Mental Capacity Act, Safeguarding Children and Adults, Health and Safety, and Information Governance. At the time of inspection, there was 93% compliance with required mandatory training. There were plans in place to support the staff that had not completed the training to do so.

Assessing and managing risk to clients and staff

Young Addaction Halton service used a risk-screening tool for all young people referred to the service. This acted as a prompt for the staff and the young person to consider areas of potential or actual risk. When the tool was completed and risk identified a detailed risk assessment was completed. We saw that this had occurred in each of the six clinical records that we reviewed. We saw that where a specific risk had been identified there were interventions identified in a risk management plan. On initial assessment risk of self-harm or suicide were specifically asked. These were in line with the service clinical risk policy. Risk assessments and risk management plans were being regularly updated. We saw that new risks were added to the risk assessments as disclosures were made in the work with the staff. The most up to date risk assessment and risk management plan was printed out and placed in a plastic

wallet at the front of each young person's file. This ensured ease of access for any staff that may require it. It also assisted in continuity when team members covered for each other in the groups and individual sessions.

We reviewed in detail some of the risk issues raised and what actions the service had taken in response to those risks. We saw that Young Addaction Halton took appropriate action and coordinated multi-agency meetings to ensure appropriate safeguarding or other required actions were being taken where required. Some of the young people were identified as children 'in need' as defined in section 17 Children's Act 1989. These children had existing involvement from Halton local authority, and had a plan already been in place through the local authority. We saw copies of these 'Child in need plans' in the clinical records where appropriate. We saw that workers from Young Addaction Halton regularly attended associated child in need reviews.

In addition to a general risk screen Young Addaction Halton service also completed a child sexual exploitation tool. This tool was used by young people's services across the North West. It was developed in response to high profile child sexual exploitation cases.

All staff had received safeguarding children and adult training. Senior staff and those providing specialist substance misuse interventions had completed level three child safeguarding training. All staff gave good accounts of the types of issues and incidents that would be considered abuse and what they would do to report it. The initial assessment form included safeguarding questions. These included questions asking about the care and safety of any child or the young person.

Young Addaction Halton undertook multiple audits. These included audits checking that national guidelines for specialist interventions were being followed, standards met and best practice being applied. In line with other Addaction services, Young Addaction Halton was subject to annual quality audits undertaken by senior manager's from within the organisation. We saw where audits were undertaken appropriate action plans were developed to address any issues raised.

All staff had an enhanced disclosure and barring service check in place before commencing in post. Senior managers within the Addaction service would consider the appropriateness of employing an individual with previous

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convictions. This was in line with the service policy. Disclosure and barring checks were requested every three years and there were effective systems in place to ensure that this was occurring. Young Addaction Halton provided the detail of each staff member's disclosure and barring number to the schools that they attended. Before appointment, all potential staff were checked against the Protection of Children Act register. There was a detailed induction programme in place. Staff told us this had assisted in their settling in to the post. Staff were receiving supervision in line with Addaction policy.

Young Addaction Halton did not offer any medicine or prescription services. There was no clinic room for the purpose of dispensing medications or providing physical health examinations.

Track record on safety

There had been no serious incidents requiring investigation between October 2015 to October 2016. We saw that Young Addaction Halton worked closely with partner agencies such as schools, child and adolescent mental health teams and GPs and were involved in ongoing safeguarding and child in need strategy meetings where required.

Reporting incidents and learning from when things go wrong

An effective electronic system for reporting incidents was in place and staff understood how to use this. Staff were clear what incidents should be reported. When an electronic incident report was completed, relevant managers within the Addaction service would be notified automatically. This would depend upon the type of incident and its severity. Addaction group held a monthly critical incident-reporting meeting where all serious and untoward incidents would be reviewed. Staff told us they were informed about incidents and untoward occurrences, even if they did not occur at Young Addaction Halton.

The Addaction clinical social governance group reviewed incidents and analysed trends and themes. We saw evidence of how these lessons learned were fed back in to Young Addaction Halton through a feedback and learning bulletin.

Duty of candour

There was a Duty of Candour policy within the organisation. There were effective systems in place to

ensure that staff were notified of the policy and confirmed they had read and understood it. There had been no incidents that met the Duty of Candour threshold. Staff understood the importance of honesty and openness.

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

We reviewed six clinical records for young people who had been referred for specific drug and alcohol misuse interventions. There were comprehensive assessments in place in each of these. These were holistic and included a comprehensive review of alcohol and drug use. Information for these assessments was gathered in a number of different ways that included resources such as 'knowledge of cannabis' quiz, assessment of motivation to change, discussion with the young person and information provided by the referrer. There were detailed care plans outlining what interventions were required and who in the team would address the needs identified in the assessments. These were called recovery plans and the young person scored on a scale to indicate their level of satisfaction in relation to the need identified at the start of the interventions.

At initial assessment there was a comprehensive review of the history of alcohol and drug use, including type of substance used, method of use and approximate cost. There were detailed questions about physical health issues and screening for blood borne virus. Young Addaction Halton staff would refer the young person to their GP for this to be undertaken if required.

We saw that care plans were comprehensive, easy to understand, personalised, and reflected the individual needs of each young person. Interventions included access to cognitive behaviour therapy to address a range of issues including low mood, anxiety and addictive behaviours, mandala colouring books to promote mindfulness, anxiety reduction and stress management, and various international treatment effectiveness project (ITEP) interventions. Both psychological interventions and international treatment effectiveness project strategies are recognised by the orange guidelines as effective and evidence based interventions for the treatment of alcohol and other substance misuse. Care plans also outlined the

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use of appropriate reading resources such as 'quitting cannabis' and others outlining the links between mental health issues, low mood and cannabis use and physical effects of alcohol misuse.

Care plans and interventions also focused upon other areas to improve self-confidence, self-esteem and develop interests and activities in line with the other harm reduction strategies. These included referrals for career guidance, referral to employment support and access to Duke of Edinburgh award scheme.

Young people were encouraged to complete a 'my life in five years' booklet. This helped them to focus on aspirations and goals for the future and demonstrated the positive focus of the Young Addaction Halton service. All young people completed relapse prevention and 'how to deal with cravings' plan.

Best practice in treatment and care

Staff providing tier two and three interventions could describe the National Institute for Health and Clinical Excellence evidence based guidance and public health guidance they were working to. These included, Alcohol, school-based interventions 2007 and substance misuse interventions for vulnerable under 25s.

As well as individual work, the service provided a range of group activities. These were early intervention strategies targeted at schools, colleges and youth groups and services. The objective of the service was to support positive behavioural changes relating to alcohol, drugs, and mental health wellbeing. Active treatment was defined as family focus support, hidden harm, tier two early intervention and tier three structured treatment.

Within Young Addaction Halton staff provided 'streetwise' interventions. These included evenings and weekends through Street Bus known as 'VRMZ'. This provided an outreach service and travelled around the local area. Staff offered advice and guidance to young adults. This included specialist information and education on the effects of substance and alcohol misuse. In particular focusing upon risk taking behaviours and the types of situation young people may find themselves in due to consuming alcohol of drugs. It provided information including anti-social behaviour, unplanned pregnancy and sexually transmitted infections. Interventions focused upon staying safe, developing positive relationships and accessing alternative positive activities, education and employment. Young

Addaction Halton provided a similar in reach service to local hostels where significant numbers of young people resided. A core target of that in reach work was to encourage young people to access GP and other primary care medical services.

Young people were signposted to a range of activities focusing upon developing self-esteem self-confidence and inner resilience. Staff used resources to support their work including informative drug and alcohol boxes and 'beer goggles'. These were chosen to encourage informal and interactive participation by the young adults. These interventions were also replicated in the structured one to one meetings and group settings in schools and colleges.

Young Addaction Halton were able to signpost young people to a range of alternative activities including media and music workshops, a range of sports activities which included football, netball, canal boat trips and Viking boat activities. Young people could also engage in additional activities provided during holiday periods such as cooking lessons, canoeing, walking on Snowdonia, surfing and coast steering.

Young Addaction Halton worked in partnership with other health providers to address risk-taking behaviours around sexual health and reduce the number of teenage pregnancies. They aimed to provide general information about healthy relationships, promoting self-respect, consider the potential risks of substance misuse upon their sexual health. Staff were trained in the 'c card' scheme and were able to distribute free condoms, provide sexually transmitted disease screening, facilitate pregnancy testing, and provide information and advice about sexual health issues.

Young Addaction Halton worked in partnership with secondary schools and local nurseries to provide a teens and toddlers group. This ran twice yearly for 18 sessions. It consisted of a one day per week placement in a local nursery and the young person became a mentor to a toddler during that time as well as classroom based sessions. On completion of the course, the participant received a nationally recognised award.

Young Addaction Halton was providing the Amy Winehouse foundation resilience programme. This was part of a national research project. It provided a programme within schools and colleges, which included interventions, aimed

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at drug and alcohol awareness, goal setting, healthy living and barriers to learning. In addition to providing interventions to young people, the programmes offered sessions to carers, parents, and training for teachers.

Young Addaction Halton service reviewed comprehensive data about the service and its activities on a monthly basis. This included detail of referral numbers and type of interventions required. The service was able to review referral patterns. The service reviewed data from the completed recovery outcome measures. At the end of September 2016 91% of young people exiting treatment reported feeling more optimistic about their future, 87% felt more useful and of value and 63% reported feeling more relaxed more often. We saw that the service discussed comparison with previous month's outcomes in team meetings and performance reviews with commissioners and other stakeholders.

Skilled staff to deliver care

Staff were required to undertake role specific training to assist in their work with children and young adults. All staff providing tier three interventions had completed a federation of drug and alcohol professionals' certification. This demonstrated that those staff had successfully completed competency-based training around drugs and alcohol national occupational standards. All staff within the service had received role specific training. Examples included communication with children with disabilities, family focus interventions, motivational interviewing, restorative justice, therapeutic play techniques. Staff also undertook a range of other training that was agreed through an annual appraisal and personal development plan. Examples included cognitive behavioural therapy training for substance misuse and other substance misuse specific training recommended by the drugs and alcohol national occupational standards. All staff had an annual appraisal. Individualised training plans were developed for the staff based on their identified training needs at appraisals. Completion of required training was monitored through regular supervision.

There were regular team meetings. These had a standard agenda covering areas including lessons learned from incidents within the organisation, updates about training and feedback from audits and performance monitoring feedback.

Multidisciplinary and inter-agency team work

We observed how clinics held at the schools were managed. School staff confirmed that the process worked well. Young Addaction Halton staff told us that relationships with school staff were positive and that teachers understood and supported a young person being excused from their lesson to attend an appointment.

Young Addaction Halton held fortnightly team meetings. These were rotated to mornings or afternoons to accommodate as many staff to regularly attend as possible. The meetings provided opportunity for staff to share work relating to their caseloads and seek support and guidance from colleagues. It was also how the manager communicated to the team around governance, performance, or other operational issues.

We saw that the service participated in meetings with a range of other services including local police, housing trust, trading standards, waste management and fire and rescue. This group reviewed local intelligence, shared knowledge of community issues, crime hotspots and future events and activities that would be available to young adults being provided by each of the organisations represented. The groups worked together to address antisocial behaviours within the local area and tackle crime. Young Addaction Halton staff also attended monthly meetings with the child and adolescent mental health team.

We saw examples of Young Addaction Halton staff contributing to and working with 'child in need' teams. We also saw close working with child and adolescent mental health services. Young Addaction Halton offered tier two and tier three interventions, the local child and adolescent services provided some tier three, and all tier four services. At Young Addaction Halton, tier two services included interventions for emotional issues such as anger management, inappropriate sexual behaviours, low mood, low self-esteem, and bullying. Tier three support included structured psychosocial interventions to address substance misuse and development of a recovery plan to become substance free. We saw examples of how staff shared appropriate information with referrers and GPs keeping them up to date about any relevant issues that were being addressed in individual and group sessions. Young Addaction Halton worked in partnership with other services to ensure young people using the service with particular needs, such as autistic spectrum disorders and or sensory impairments, received coordinated care and intervention.

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

Staff had a good understanding and knowledge about capacity and consent. All staff had received specialist training around capacity issues. They described the importance of all the young people being central to decisions made. Staff described that young people were always encouraged to inform their parents, guardians, or permission sought to do so on the young person's behalf. Clinical records contained evidence that capacity was assessed in each case. Staff had a good understanding and considered Gillick competency when determining a young person's capacity to consent to treatment and Fraser guidelines to decide if a child could consent to contraceptive or sexual health advice and treatment. Staff used these guidance to determine if a young person had the maturity to make their own decisions, and understand the consequence of those decisions. There were service guides for staff to follow to ensure they were following the guidance correctly and what actions should be taken if there were grounds for breaking confidentiality.

There were signed confidentiality agreements in the six records we reviewed. These were completed during the initial contact with the service and detailed the circumstances of when and why confidentiality would be broken. Each record contained a signed contract. These detailed what the service would offer and what behaviours and level of responsibility was expected of the young person.

Equality and human rights

Young Addaction Halton worked to promote accessibility in line with the service diversity and equality policy. Staff described initiatives they had been involved in aimed at encouraging difficult to engage young people to the service. The service operated an open door policy with a commitment to make time for any young person who attended the service even if they had not been formally referred. Service information leaflets could be provided in different languages to meet local need. Staff had access to a translation service when required and to specifically tailored resources for example using a specific resource pack for people with learning difficulties around alcohol use.

There were flexible opening hours. The services were delivered in schools and colleges, GP surgeries and other young person service buildings. In addition, there was a dedicated weekend service 'VRMZ' that travelled to different areas of the city in the evening.

The service had a diversity lead. They attended diversity and equality meetings with partner agencies. They feedback through team meetings as diversity was a standing agenda item. The service was engaging with initiatives within the local community which included working with the children's trust to focus upon developing knowledge and awareness of hate crime as part of the 'Halton against hate' initiative. Young Addaction Halton worked closely with the disability teams in Halton and ran a weekly group called 'Make It Happen', for young adults with additional needs. There was a lesbian, gay, bisexual and transgender lead who attended local forums and promoted the service at events. Young Addaction Halton ran a weekly group 'Gay, Lesbian, and Others Welcome' (GLOW) each week.

Management of transition arrangements, referral and discharge

Staff understood what actions they needed to take in the event the young person disengaged from planned sessions. There was a flow chart for staff to follow to ensure robust risk management plans were in place prior to any decision to discharge from the service. Young Addaction Halton worked with young adults up to the age of 18 years and 25 years who had additional needs. Over this age, another service provided long-term substance misuse support. There was a transition process for young people moving into adult services that were implemented by the registered manager. Young people being discharged from the service were given advice about how to re connect at any future point. Most had developed contacts with other community based young person groups prior to discharge.

There were clear and effective processes in place for referral to other organisations. We saw examples of young people being referred on to specialist mental health services and then referred back to Young Addaction Halton when that work was completed. A young person described their positive experience of their care being passed between the two services.

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Are substance misuse services caring?

Kindness, dignity, respect and support

Some young people consented to our attending their session with Young Addaction Halton. We saw that staff had excellent communication skills and had an easy and comfortable rapport with the young person they were seeing. We saw that risks identified in the young person's risk assessment were discussed openly and honestly within the sessions. The interventions within the sessions matched the care plan that was in place.

We spoke with nine young people and they each told us that the staff provided an excellent service and always treated them with kindness and respect.

The involvement of clients in the care they receive

We saw that young people were involved in their care planning. At an initial session all young people were given a brochure about the service and contact details. This included information about what the service could provide and what to expect following referral. Staff told us they encourage the young person to share these with their parents or guardians so they understood about the service and what help their child was receiving. Assessments were written in a way that asked questions such as 'what made you access the service' or 'how do you make sure you are safe from harm?' The young person's wording was then used to inform the care plan, and was used in the wording of objectives and to build on their existing resources. Young people were informed about confidentiality and consent when first accessing the service and they signed up to this as well as signing a contract with Young Addaction Halton at the start of treatment.

Young people were involved in initiatives throughout the service. This included as peer mentors and volunteers within the groups. We saw a range of information leaflets, posters and wallet sized cards. These were well designed, eye catching and the detail was age appropriate. Their design had been agreed through service user feedback. Young people were also involved in the recruitment of new staff and contributed to interview panels.

The young people attended a monthly meeting as part of the Halton youth cabinet. This was made up of young people, aged between 11-19 years, who were using the service. They were elected members and formed a cabinet

also attended by staff. Cabinet members engaged with other young people and represented their views and or issues at a twice monthly meeting. This group oversaw the social media in use within the service including the types of information and details to share on the website. In addition youth council members attended a number of meetings with commissioners and local authority. Elected members were allocated to a number of working subgroups addressing issues affecting young people. The youth council had direct links to the British youth council and the United Kingdom youth parliament.

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

Access and discharge

Young Addaction Halton worked to targets that included contact to be made with anyone referred within two working days and for them to be seen within five working days of referral. This target was monitored and reviewed as part of the performance monitoring within the service. We were told there was no waiting list. A young person would be offered some form of intervention if they were awaiting tier 3 interventions to be available. Clinics within the schools were managed by the schools themselves. The teachers prioritised who required the service. They could pre book the young person in to an available appointment slot. Young Addaction Halton did not have a waiting list as the schools determined who was most in need.

We reviewed the data produced for October 2016 and saw that the service had received 64 referrals in the previous three months. There were 94 young people engaged in active treatment during the same time period. The majority of these young people, 42, were engaged in tier three structured treatment and 38 young people in receipt of early intervention.

Young Addaction Halton monitored the number of appointments offered within the service and used the detail to manage resources. They reviewed the number of did not attend appointments and monitored that staff complied with the policy for following up young people

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who dropped out of treatment. Between July and September, we saw that 69 young people were discharged. Of these 38 were recorded to have completed treatment for substance misuse.

During the same period the VRMZ bus provided 181 hours of outreach time. These were to areas across Halton that had been identified for targeted interventions through the partnership meetings with police, housing, fire service and other partner agencies.

Between July to October 2016, 188 young people were involved in the Duke of Edinburgh award scheme and 348 young people were involved in activities relating to the Halton Mayors award.

Meeting the needs of all clients

Although significant numbers of young people were receiving alcohol awareness and support to be abstinent or managed alcohol intake, there was little demand formal alcohol detoxification support. Young people requiring medically assisted detoxification would be supported by either their GP or referred into tier four child and adolescent services. The majority of substance misuse issues during this inspection were related to cannabis and cocaine usage.

There was representation from Young Addaction Halton on the local safeguarding board, emotional health and wellbeing board and the self-harm pathway and suicide strategy. These were multi-agency meetings looking at using local knowledge to improve services in a meaningful way. In addition, the Young Addaction Halton shared a range of service specific data and information with local commissioning groups to assist in the prioritising of resources to meet greatest need.

Staff described initiatives they developed in response to partner agencies. An example of this was in response to an increase in new psychoactive substances and concerns of partner agencies over their own lack of knowledge in this area. Young Addaction Halton developed a training package addressing this and uploaded this to 'you tube' for professionals and parents to access.

Listening to and learning from concerns and complaints

There had been no complaints received by Young Addaction Halton between October 2015 to October 2016. We reviewed the analysis of complaints from April 2015 to

March 2016 compiled across the Addaction organisation. We saw this analysis reviewed all complaints and compiled detailed and comprehensive analysis of what those complaints related to, lessons learned and actions required within the organisation in relation to that learning.

The team manager had a good understanding of the requirements outlined in Addaction complaints procedure.

Are substance misuse services well-led?

Vision and values

Addaction staff were expected to demonstrate the values of the organisation in all their behaviours and interactions and to be:

- Compassionate
- Professional
- Determined
- Effective

We saw that the organisation values were used to structure annual individual performance reviews and in supervision. There were posters displaying the vision and values of Addaction within the team base. In team meetings staff were encouraged to raise and discuss 'what we would like to do, what we don't want to see, and what do we want to see more of?' We saw evidence that these questions were asked regularly and the staff encouraged to participate in the discussions.

Good governance

Staff were clear about their role and this included volunteers. There was clear guidance for staff about what they needed to do in relation to care planning, risk management and safeguarding. The team manager undertook regular quality checks to ensure that everything was in place as required. We saw that any issues identified in the quality audits were addressed individually within line management supervision. Any themes identified are raised at the team meetings so all staff are reminded to ensure all core documents, assessments, and outcome measures are completed, and that time scales for contact and follow up are complied with.

Young Addaction Halton demonstrated they take action and adapt practice when required. Examples of this included introducing a senior staff member to review all

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new referrals and screen them for appropriateness. The team manager reviewed potential discharges to determine the appropriateness. This was in response to a significant number of re referrals of young people

There were effective governance systems to identify and manage risks to clients and staff. Addaction held governance meetings, reviewed incidents, complaints, and compliments. These meetings reviewed changes to policy and procedures, discussed forthcoming audits and research requests, and agreed how to best share information within local teams. Young Addaction Halton team manager attended these meetings and disseminated relevant information to their own team via regular team meetings.

The Young Addaction Halton team manager escalated concerns through the quality and clinical governance group along with the other Addaction locations. Governance and other senior manager support was organised into area hubs. Each area hub used a standard agenda and exception reported local issues. Hubs reported into contract manager level governance meetings.

Addaction maintained a risk register. Young Addaction Halton was able to have local risks recorded upon that if required. At the time of this inspection, there were no local risks that required recording on the risk register.

Addaction organisation coordinated governance and performance development through a clinical social governance committee. This was attended by representatives from the Board of Trustees.

Addaction organisation held a monthly Critical Incident Review Group. Incidents within Addaction services were reviewed at a North West hub. Outcomes of investigations and learning from incidents were escalated to the regional hub review critical or serious incidents group. Outcomes were then escalated to the Clinical Social Governance Committee.

Within Addaction organisation there was a safeguarding lead and a national forum. These linked directly into local safeguarding arrangements. There was a Caldecott guardian to provide advice and guidance. At Young Addaction Halton, we saw how the national forum provided up to date information and legislation and how

these were shared within the team. The team manager sat on the local safeguarding board and had recently presented outcomes from a piece of work undertaken relating to self-harm in young people.

Leadership, morale and staff engagement

Moral within the team was excellent. Staff describe that the team 'pulls together' and all share the common vision of getting things right in order to best support young people. Staff told us they felt able to give feedback about the service and have input in to the service development through regular team meetings and annual staff survey. They gave us examples of some of the groups and activities that had been developed. Staff had access to specialist clinical supervision to support the psychological interventions that they provided. Staff could also discuss difficult cases, review best practice guidance and discuss new developments at a monthly recovery meeting.

Staff described good relationships within the teams and clear and effective leadership from the team manager. Staff were aware who were senior managers within the Addaction service and confirmed that they did visit the team.

The team manager had completed the Institute of Leadership and Management Level 3 Award and Certificate in Leadership and Management. Addaction service encouraged all managers to undertake a range of leadership courses.

Commitment to quality improvement and innovation

Staff described their interest in continued service development and involvement in new initiatives and ways of providing services. Examples included a joint initiative with the police targeting anti-social behaviour. Through assertive engagement a group of young people were successfully engaged in a bicycle build and repair course. The majority of those young people went on to access a range of other services and activities provided by Young Addaction Halton.

Young Addaction Halton was involved in a national research project funded by the Amy Winehouse project. Volunteers and paid workers had been specifically recruited into the project. The team manager was offering

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operational support and line and clinical supervision from the service who provided the link and feedback into the national research project and who ensured full compliance with the research requirements.

Young Addaction Halton were partners in a six month pilot working alongside police, schools and missing from home

team of the local authority. The pilot aimed at providing interventions and support to groups of young people considered to be at high risk of child sexual exploitation. This partnership work was being overseen and developments reported to the Halton child safeguarding board.

Outstanding practice and areas for improvement

Outstanding practice

Young Addaction Halton ran the Halton Duke of Edinburgh award. Young people aged from 14 years were encouraged to participate in the nationally recognised achievement award. Those aged under 14 years could participate in the Halton Mayor awards undertaking a similar range of age appropriate activities. Young Addaction Halton described that participation in these awards reflected the culture and positive affirmations of the service. In particular the importance of participating in positive activity and the subsequent impact upon self-esteem and self-confidence. Participants had access to the early interventions offered by the service, which was a key objective of the service.

There were joint initiatives with police and housing targeted at areas where young people were attracting complaints for anti-social behaviours. Young Addaction Halton would locate the VRMZ bus to these areas and attempt to engage with young people there. The service recognised that these young people were vulnerable to substance misuse issues and focused upon awareness raising and early intervention. Staff advice and guidance included engagement in a range of enjoyable social activities.

Young Addaction Halton provided an in reach service to all the secondary schools and colleges in the area. The schools and colleges could manage the resource allocated and were able to prioritise who should access the next available appointment.

Young Addaction Halton worked in partnership with other services to ensure young people using the service with particular needs, such as autistic spectrum disorders and or sensory impairments, received coordinated care and intervention.

Young people were involved in initiatives within the service. This included involvement in a Halton youth cabinet ensuring service users views were represented locally and via the British youth council and United Kingdom youth parliament.

Following the completion of courses and initiatives Young Addaction hosted award ceremonies. The aim of these was to celebrate each individual's success in completing the project. Friends, families, teachers, police, and representatives from a range of young people's services would attend special awards evenings that were hosted at the CRMZ base. Young people received a certificate and there were keynote speeches to commemorate the achievements.