Addaction - Regent Street

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 substance misuse services.

We found the following areas of good practice:

- there was enough staff to meet the needs of the young people using the service
- staff received necessary training and access to a range of other specialist training
- managers supported staff, who received supervision and appraisals and were able to contribute with suggestions
- staff assessed risks effectively and prepared plans detailing how they would be mitigated
- staff carried out comprehensive assessments of a person's needs to plan their care and developed personalised, holistic, and up-to-date recovery and support plans alongside the young person
- staff delivered treatment and communicated in an age-appropriate way
- the service worked closely with other agencies and families to provide a holistic package, including working to improve a young person's self-esteem and confidence, and promoting diversionary activities

Summary of findings

- staff treated people with a caring and respectful attitude, including young people using the service, parents or carers and young people affected by their parent's substance misuse
- the service facilitated a young person's community mutual aid group that was open to all young people to provide peer support, diversionary activities and training
- the service worked with other agencies to enable them to carry out early initial screening for substance misuse in young people and a simple and quick pathway into treatment.

However, we also found areas that the provider could improve:

- The risk management plan did not include agreed actions that staff would take if a client missed an appointment or dropped out of treatment.

Summary of findings

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Background to Addaction - Regent Street

Regent Street is a substance misuse service provided by Addaction. The organisation Addaction has 52 services nationally registered with the Care Quality Commission (CQC). The CQC registered Regent Street on 21 January 2011 for the treatment of disease, disorder or injury and for diagnostic and screening procedures. Regent Street has a CQC registered manager.

Addaction Regent Street is commissioned by Barnsley Metropolitan Borough Council (BMBC). The service supports young people up to 18 who are affected by their own or parental substance misuse. It provides care, treatment and support to reduce the risks associated with drug or alcohol misuse and to help young people build resilience. The service does this using psychosocial interventions (PSI); these are therapies that relate to social factors, thoughts and behaviours. Although BMBC also commissions the service to provide clinical interventions, this has not been required since the contract started. This was because opiate use in young people has decreased, with cannabis and alcohol being the main problematic substances. At the time of our inspection, the service had 58 active clients. The office base in the centre of Barnsley was used for some appointments; staff also saw people at other venues, for example, schools, colleges or sports centres.

CQC had previously inspected the service in September 2012 and January 2013 against the previous outcome measures. The service was meeting all the requirements against the following standards:

- Consent to care and treatment
- Care and welfare of people who use services
- Safeguarding people who use services from abuse
- Requirements relating to workers
- Complaints
- Respecting and involving people who use services
- Supporting workers
- Assessing and monitoring the quality of service provision.

This inspection was completed using our new approach of asking five key questions about the quality of the service. See the section on 'How we carried out this inspection' below.

Our inspection team

Our inspection team was led by Helen Gibbon.

The team that inspected Addaction Regent Street comprised of three CQC inspectors.

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive substance misuse inspection programme.

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- 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.

Summary of this inspection

During the inspection visit, the inspection team:

- visited the premises and observed how staff were caring for clients
- spoke with six young people who were using the service
- spoke with three parents of young people using the service
- spoke with the registered manager
- spoke with six other staff members
- spoke with one volunteer
- spoke with one person from another organisation who worked closely with the service
- looked at eight care and treatment records of current and previous clients
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with six young people who use the service and three carers. They all told us that they felt safe while using the service and that staff treated them with a respect and had a caring attitude.

The young people told us that staff showed compassion and took the time to explain and explore choices with them. Staff worked alongside them to develop their recovery plans and they were able to take copies away with them.

One young person told us that the sessions they attended increased their confidence and this had improved their attendance at college. A carer for a seven and eight year old affected by their parent's substance misuse told us that the children had become more open and talkative since they had had sessions with the service. This allowed the children to feel safe and less isolated.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found the following areas of good practice:

- The premises were clean and well maintained.
- There was sufficient staffing to ensure that they saw and managed clients safely.
- The service had 100% compliance for all mandatory training requirements.
- Staff assessed risks in detail and clear risk management plans were present.
- Staff were knowledgeable about safeguarding clients from abuse.
- There was a good system for reporting and learning from incidents.

However, we also found areas the provider could improve:

- The risk management plan did not include agreed actions that staff would take if a client missed an appointment or dropped out of treatment.

Are services effective?

We found the following areas of good practice:

- Staff completed a comprehensive assessment of a client's needs in timely manner.
- Clients had up to date, personalised and holistic recovery or support plans.
- Staff followed appropriate best practice guidance.
- Staff had the necessary skills and training.
- Staff received supervision, appraisals and attended team meetings.
- The service worked alongside a range of other organisations and family (with the consent of clients) to provide a holistic approach to treatment and care.

Are services caring?

We found the following areas of good practice:

- Staff were non-judgemental and respectful towards clients.
- Clients were involved in their recovery plans.
- If young people gave consent, staff involved parents in their child's treatment.

Summary of this inspection

- The service worked with parents who had concerns about their children but were unable to get the young person to engage with support.
- Clients had opportunities to feedback about their care and to be involved in service decisions.

Are services responsive?

We found the following areas of good practice:

- The accident and emergency department and other agencies used a tool to screen young people for substance misuse as an early assessment and referral to the service.
- Staff provided a clinic in accident and emergency for all young people who staff had assessed as misusing substances. This provided a route to treatment and early harm reduction advice.
- The service supported the parents who had concerns around their child's substance misuse.
- Staff delivered interventions and communicated with clients in an age appropriate way.

However, we also found areas the provider could improve:

- Staff did not contact clients following a planned discharge to provide a welfare check.

Are services well-led?

We found the following areas of good practice:

- The service benefitted from a clear organisational governance structure.
- Staff felt supported by their colleagues, the manager and the organisation.
- Staff had opportunities to give feedback on the service or raise concerns without fear of victimisation.
- The organisation, manager and staff used key performance indicators to monitor the service's performance.

However, we also found areas the provider could improve:

- There was no service level risk register.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

All staff had received training in the Mental Capacity Act. Staff used the Gillick guidance to assess whether young people under the age of 16 had the maturity to decide if they wanted parental involvement. Gillick guidance is considered good practice for professionals to follow when assessing if a young person understands what is being said and if it is in their best interest to continue without parental consent. However, staff would encourage family involvement in most cases as a positive factor. Staff would share information with parents for anyone under 14.

The organisation had a Caldicott guardian who could provide general advice on capacity to consent to information sharing if needed.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

The service was clean and well maintained. All interview rooms had panic alarms installed; staff had additional personal alarms if they required them. The premises had up to date health and safety assessments, a fire risk assessment and a legionella risk assessment. There were identified fire wardens. The first aid kit was sufficiently equipped and in date.

The entrance and reception were located on the ground floor. Office and interview rooms were on the first floor. Access to the premises was via an intercom system and staff were able to view the entrance and the rooms using CCTV.

There was a client expectation policy that staff discussed with the client within their induction period. This detailed behaviours that were not acceptable while a person is using the service to ensure the safety of staff and others.

The service provided a needle exchange programme for young people under 18 years of age. This had been used only once in the past year by a young steroid user who had not returned. However, all equipment for the exchange was in date if required.

Safe staffing

Permanent staff comprised of:

- one service manager
- one team leader
- two community drug and alcohol workers
- two youth offending team (YOT) drug and alcohol workers (based in the youth offending service)
- one hidden harm worker (a worker employed to work with young people affected by parental substance misuse)
- one administrator
- one outreach worker
- one community engagement worker
- two volunteers.

Staff planned for annual leave with appointments scheduled around staff leave or allocated to another worker for those with higher risks or required attendance due to court orders. There were low levels of sickness in the team and staff turnover was low. Clients told us that the service never or rarely cancelled appointments and there was always regular telephone contact.

Caseloads varied depending upon complexity and whether the client was involved with the YOT or hidden harm worker. Staff discussed caseloads within supervision sessions taking into account those due for discharge. The team leader allocated new clients taking this into account.

Addaction expected all staff joining the organisation to undertake mandatory organisational training. This included safeguarding adults and children, safeguarding information, health and safety, infection control, equality and diversity. Staff were required to undertake regular refreshers for all mandatory training. BMBC also delivered training sessions which staff were required to attend. These included sessions around child sexual exploitation, domestic abuse and teenage suicide. Addaction Regent Street had 100% compliance rates for all mandatory training.

Assessing and managing risk to patients and staff

Staff assessed the risks for each new client at their first appointment. They used a detailed risk assessment tool exploring risks to the client, risks from others, risks to others and risks to other children. We looked at eight records. All had clear and detailed risk assessments. Staff then recorded the interventions required to mitigate the identified risks in a risk management plan. All risk management plans included details of what may trigger a

risk and what indicators there would be when the risk was present. There were clear interventions describing what actions should be taken and by whom. Staff reviewed risk assessments and management plans at least every two months or more frequently as clients circumstances changed. Staff ensured risks identified for clients seen in the YOT were also fed into a YOT risk management plan. Records showed that staff offered harm reduction advice throughout a client's engagement with the service.

The risk management plan did not include agreed actions that staff would take if a client missed an appointment or dropped out of treatment.

The service facilitated a group called The Immortals that provided peer support for young people. This was open to all young people in the area and not just those active with Addaction Regent Street. Young people who had received appropriate training as peer mentors ran the group. The peer mentors carried out a basic assessment of the risks of all the young people attending. Any identified risks were reported to staff for action.

There was a waiting list for young people referred to the hidden harm worker. The hidden harm worker's role was to support young people who had, or may be affected by parental substance misuse. The service had a weekly prioritisation meeting to review the waiting list. Staff prioritised depending on the current and changing risks of the young person. For example, risks would be higher if the young person was still living in the family home without involvement of other professionals. The service had developed a toolkit to support other professionals working with those young people on the hidden harm waiting list. This toolkit offered advice on delivering low-level interventions while the young person was waiting for an appointment. At the time of our inspection, this toolkit was being trialled at a local primary school.

Risk assessments and management plans for young people seen by the hidden harm worker always included a safety plan on what the young person should do to stay safe. For example, the young person and the worker would use appropriate methods to plan what should happen if they were about when their parent or parents was drunk.

The service carried out lone working assessments prior to a staff member visiting a person's home. Staff members updated their calendars and used key words to contact colleagues if they had concerns. The electronic records system allowed safety alerts to be instantly visible when accessing a client's records. For example, we saw an alert pop up on the screen giving information of a young person carrying a knife and stating they would use it. Staff were unable to full access the client's records until they had read the alert.

Staff knew what constituted a safeguarding alert and the process they would follow if needed. There had been no safeguarding alerts notified to the CQC in the last 12 months. This was due to many of the young people already being open cases with social services. If the client was being seen by a YOT worker, the YOT service acted as care co-ordinators. Addaction staff would escalate safeguarding concerns using YOT procedures. The service had a local safeguarding lead and an organisational policy. All staff working directly with clients had received training to level 3 in multi-agency safeguarding procedures through BMBC. The service manager also attended the policies, procedures and practice development meetings that was a sub group of the Barnsley children's safeguarding board.

Track record on safety

There had been one serious incident in the 12-month period leading up to our inspection. The incident involved receiving information regarding allegation of abuse. Staff at the service worked with the young person to ensure appropriate safety mechanisms were in place and that the local child exploitation forum was involved.

Reporting incidents and learning from when things go wrong

Staff knew how to report incidents and what was considered an incident. The service manager reported incidents into the organisations clinical governance groups. This group analysed, investigated and reviewed incidents on a monthly basis. All organisational learning was disseminated to the service reporting the incident and nationally. The clinical governance teams sent out regular bulletins and incidents were agenda items in team meetings and supervisions. Managers attended monthly incident review groups.

Staff described to us how the team would identify an incident from elsewhere in the organisation. During a team meeting they would then discuss this incident and use it as a way of enhancing their learning and understanding how important it is to report incidents as a means to improve. They also described how they had reported incidents

relating to a client who had seizures. From the incident an action plan was developed, staff learnt how to manage the seizures and how to effectively risk assess the environment in advance.

The service manager and team leader supported staff as needed after an incident.

Duty of Candour

Addaction had a duty of candour policy and staff were aware of their responsibilities.

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

Assessment of needs and planning of care

Staff assessed clients over the period of their first two or three appointments. The assessment explored all areas in detail including substance misuse, physical health, sexual health, mental health, social impact, family, friends, finance, education, offending and interests. The service concentrated on establishing a holistic picture of the young person's lifestyle. From the records we looked at, all assessments had been fully completed and it was clear that information was sought in an age appropriate way. For example, when seeking information relating to impacts of substance misuse, staff used more specific questions like 'what happens when you don't use' or 'does it cause problems at home'.

All care records we looked at showed that clients had up to date, personalised and holistic recovery plans. The plans covered similar areas explored in the assessment process. The service expected staff to review the plans every two months. However, we found that staff and clients reviewed recovery goals more regularly with further goals being set. Interventions were clear, timely and realistic.

Young people referred through hidden harm had support plans instead of recovery plans. These focused on building self-esteem, safe spaces to talk, support networks, engagement in schools and positive activities.

Records were both electronic and paper based. The electronic records were accessible to authorised staff using secure passwords. Paper records were stored in a locked cabinet. All information needed to deliver care was accessible and available to staff when they needed it.

Best practice in treatment and care

BMBC commissioned the service to support and help young people who misuse any substance. If the substance of misuse was opiates, treatment could include a pharmacological intervention in the form of a substitute prescription. At the time of our inspection, and for some years prior to this, the service had no requirement to include a prescribing element to a young person's treatment. This was because opiate use in young people has decreased, with cannabis and alcohol being the main problematic substances.However, if this was required, the service was able to source this provision from within the organisation to ensure this was available in a timely manner.

The National Institute for Health and Care Excellence (NICE) recommends treatment for drug misuse should always involve psychosocial interventions (PSI);. Staff used these in one to one sessions and during group activities. All PSI's offered were evidence based in line with national guidance. The organisation had linked these interventions into different stages of treatment defined by Public Health England. This guided the service to effective interventions throughout stages in treatment. All staff we spoke to were aware of NICE guidance and told us that the service manager, organisation bulletins and training ensured they kept up to date.

Staff often used node link mapping to deliver PSI. Node link mapping is a technique recommended in Public Health England's "Routes to Recovery" guide. It is a simple way for presenting verbal information in the form of a diagram that has positive benefits for key working.

The Strang Report (commissioned by the National Treatment Agency) recommended that services incorporate wider social interventions into treatment to support recovery outcomes and that services also integrate effective treatment with peer support and mutual aid. The service used peer mentors as part of The Immortals, providing an innovative community mutual aid group for young people.

Staff worked with other agencies to ensure appropriate referrals concerning a clients' health. This included referrals for blood borne virus screening and immunisations and for sexual health requirements, for example contraception.

Changes and progress of clients using the service were measured using young people's outcome records (YPOR).

Substance misuse services

YPOR is a monitoring instrument developed by the National Treatment Agency for staff to use throughout treatment and reported through the National Drug Treatment Monitoring System (NDTMS). Public Health England holds the responsibility for gathering these statistics providing data locally and nationally. The service also used an organisational dashboard to analyse patterns of substance misuse, engagement and client flow to ensure they were meeting the needs of the clients. The service had achieved a successful discharge rate of 83% in their last quarter; the national average at the time of inspection was 80%.

Staff had conducted local audits. In the last 12 months, these included infection control, safeguarding and risk management. There was a risk management audit specific to the YOT; staff identified unclear communication of risks between Addaction staff and the YOT team. The service manager had actioned this resulting in an improved audit trail.

Skilled staff to deliver care

Staff had the required skills and experience to provide effective treatment. All staff working directly with clients had completed training in cognitive behavioural approaches and motivational interviewing. Managers had received training to deliver PSI supervision. Staff also completed, or were in the process of completing, a level three National Open College Network accredited qualification in tackling substance misuse. This qualification was compliant with the drug & alcohol national occupational standards (DANOS) and once completed, enabled registration with the federation of drug and alcohol professionals (FDAP).

Addaction had a comprehensive e-learning library and staff attended BMBC Training. Through these, staff received training in mind mapping, eating disorders, safer injecting, confidence in conflict and sexual health.

All staff received supervision in line with the organisation supervision policy stating that staff should receive no less than ten supervisions per year.Staff had personal development plans that were reviewed annually. This was in line with the organisation and the service objectives.

Staff had regular staff meetings. Staff told us and minutes showed that these covered safeguarding, monthly performance, training, service user participation, health and safety, incidents, engagement, audits, updates and PSI sharing. The service had two PSI leads that attended a national network and held a group PSI peer support group.

Multi-disciplinary and inter-agency team work

Staff had a clear understanding that to deliver effective treatment to young people, it was essential to work in a multi-agency approach and not just consider drug and alcohol use in isolation. They worked with other professionals to share skills enabling agencies to deliver brief low-level interventions. Staff told us and records confirmed that there were good interaction with schools, social services, health visitors, youth services and other individual agencies (for example, bereavement services). Three times per year staff also delivered training to professionals in Barnsley around working with families with substance misuse.

Good practice in applying the MCA

All staff had received training in the Mental Capacity Act.

Staff used the Gillick guidance to assess whether young people under the age of 16 had the maturity to decide if they wanted parental involvement. Gillick guidance is considered good practice for professionals to follow when assessing if a young person understands what is being said and if it is in their best interest to continue without parental consent. However, staff would encourage family involvement in most cases as a positive factor. Staff would share information with parents for anyone under 14.

The organisation had a Caldicott guardian who could provide general advice on capacity to consent to information sharing if needed.

Are substance misuse services caring?

Kindness, dignity, respect and support

Staff showed a caring attitude to people using the service. There was a positive atmosphere, staff talked about people using the service in a respectful manner and with enthusiasm to help. We observed young people and a parent visiting the service. Both were welcomed with refreshments and a non-judgemental attitude from staff. Clients told us staff showed compassion and respect for them.

Substance misuse services

Measures were in place to protect young people's confidentiality. Young people told us that staff were always discreet and careful about confidentiality. Records showed us that staff made clients aware of confidentiality and any information sharing from the start of their treatment and signed agreements were in place. A privacy screen covered the front window on the ground floor to protect clients from being seen using services by passers-by.

The involvement of people in the care they receive

Clients told us that they were involved in their recovery plans and they had control of what they considered an outcome. They used tools to enable clients to identify their own personal strengths, to discover what is meaningful to them and to build resilience. Staff and clients used these findings to develop recovery goals.

Where clients had given consent, staff shared recovery plans with parents and gave information to assist their understanding. Staff invited parents to joint sessions at various stages throughout their child's treatment.

BMBC had not specifically commissioned the service to work with parents in their own right but to work with parents as part of a young person's treatment package. However, parents often contacted the service with concerns about their children but unable to get their children to engage. Because of this, the service had developed a support pack for parents. Staff recognised that this information could ease family stress, enable the parent to talk more effectively with their child and have a positive impact on the young person. The goal being to encourage the young person themselves into the service for help.

Staff sought feedback for some structured interventions; we saw records showing pictorial evaluation sheets. Addaction also conducted an annual organisational service user satisfaction survey. Clients could also use the BMBC 'praise and grumble' scheme and The Immortals group enabled clients to safely feedback.

The service was in the early stages of introducing a young person's advisory group to establish a board to feed into and contribute to service developments.

Are substance misuse services responsive to people's needs?

(for example, to feedback?)

Access and discharge

The service had worked with 162 clients in the 12 months prior to our inspection. They received referrals from family members, GPs, self-referrals, schools and other agencies including social services and youth services. Referrals to the YOT were directly from the courts.

An early assessment screening and referral form accounted for some of the referrals. Commissioners, accident and emergency staff, safeguarding leads and staff from Addaction worked in together to develop this screening tool to ensure that young people attending accident and emergency were screened effectively for substance misuse. At the time of our inspection, Addaction and BMBC were rolling the tool out for use by other agencies in the borough.

Young people who had been seen at the accident and emergency department and assessed as having substance misuse concerns, were invited to a weekly clinic. Addaction staff ran the clinic held in the A & E department. Staff told us they used this clinic to encourage young people into structured treatment and to offer harm reduction advice.

Staff saw new referrals mostly within 5 days of referral. Clients kept the same worker throughout their treatment. The service did not have an exclusion policy and would make adjustments to how they worked if required to ensure a young person received treatment. For example, only seeing a young person with a history of violence in a safe environment and with two workers.

Staff would aim to make first appointments for referrals from other professionals at an agreed venue, for example, a school. This enabled the referrer to attend. This was to make the client more comfortable by having a familiar person present.

The hidden harm worker had a waiting list for young people. At the time of our inspection there were seven young people on the list, the longest being from August

2015. The service prioritised whom they would see depending on risk. The referrers communicated any changes in circumstances for someone on the waiting list which may affect risk.

Addaction also provided substance misuse services to adults in the borough. There was protocol in place to transfer young people into adult services if needed. This was included in a young person's recovery plan six months prior to them turning 18. If a young person was engaging with staff at Regent Street and close to a planned discharge, staff could negotiate with commissioners to continue care; negotiation to delay transfer for young people with learning difficulties were also possible. Staff at the service told us transfers to adult provisions were rare. This was because staff mostly discharged young people before they reached their 18th birthday or the young person disengaged from the service.

One of the key performance indicators was to discharge young people free of substance misuse. The nature of addictions and of young people can mean that they relapse into their previous behaviours. PHE also monitor services on the number of people representing following a successful discharge. This service had a representation rate of 10% (the national average being 6%). However, this was still within acceptable limits and did evidence that young people were not discouraged or embarrassed to return for support.

The service did not make plans with people in advance to agree what actions would be taken if the person dis-engaged. However, staff followed up unplanned exits by attempting to contact the person to re-engage and by consulting with other agencies involved in the client's care.

Staff did not follow up clients who had been discharged in a planned manner or make contact with them after their discharge as a welfare call.

The facilities promote recovery, comfort, dignity and confidentiality

Staff gave clients the option to have their appointments at the service or at an alternative venue. The rooms at the service were comfortable and appropriately furnished. However, on the day of our inspection we did find the building to be exceptionally cold. There was a family room with plenty of seating, a television and games. There was accessible information in the waiting area, which included posters showing how to making a complaint, available activities, drug and alcohol related information and harm reduction posters.

Staff promoted activities as a diversion to drug and alcohol misuse. Clients were able to attend the gym and other sporting activities at reduced costs, for example, football and boxing. Clients had access to musical equipment at the Immortals group and also a music teacher. Every two months, Immortals held an 'open mic' event at various alcohol free venue in Barnsley. Clients planned, promoted and participated in this event which was open to everyone. Clients told us these events were very successful.

The Immortals also held a themed event at least quarterly, these included Halloween, bowling and 'schools out'.

Meeting the needs of all people who use the service

The office opening hours were between 9am and 5pm. However, staff were able to meet young people out of these hours at the Immortals group, at gym sessions, other evening activities or at the A&E clinics. Staff had a rota to ensure that there was always a member of staff available between 3pm and 5pm to cover unplanned drop-ins or emergencies.

The service had a ground floor reception area and a disabled toilet. The interview rooms were on the first floor. Staff would meet clients at alternative venues if there were access concerns.

Staff could use interpreters if required and they could source literature in alternative languages from the organisation.

The service had links with lesbian, gay, bisexual, and transgender groups from the college and youth service.

Clients and staff told us, and records confirmed that staff delivered interventions in a very age appropriate manner. Staff used different worksheets depending on the person's age, some of these were in pictorial form, some used brightly coloured stickers and staff used varying node link maps. Staff used e-learning sites, literature and phone apps. Staff delivered interventions in an individualised way to meet the need of the client. Staff used a drug box for education purposes. Drug boxes are resources that contain replicas of drugs that are commonly misused; they allow professionals to discuss the effects of substances in a visual way.

Staff communicated with young people mostly by text messages. They recorded all text messages sent in the person's records. We saw that staff kept in regular contact with clients with regular welfare texts, Christmas wishes, appointment reminders and texts informing them when they would not be available with alternative contact details.

When staff used letters to communicate, they wrote letters in a way that their client would easily understand. For example, we saw one letter to a young person inviting them to an appointment, the words used were "where's the best place to meet, in the town centre or at our office. I could make us drink and biscuits (chocolate digestives are my favourites)".

Listening to and learning from concerns and complaints

The service displayed posters informing how to make a complaint and asking for feedback. We spoke to clients and a parent who told us they knew how to make a complaint if they wished to.

The service had received one complaint in the 12 months prior to our inspection. Following investigation, the service did not uphold this. The organisation monitored all complaints through their governance structure. The national critical incident review group met monthly to analyse and review complaints from all services. The organisation fed lessons learnt back to teams through meetings and bulletins.

Are substance misuse services well-led?

Vision and values

The organisations ethos was to put service users at the heart of their organisation and in charge of their own recovery. Staff at the service told us that with young people there was less focus on recovery and more emphasis around building social capital and resilience. This was underpinned by the four values of compassion, professionalism, determined and effective. Staff were aware of the values; managers and the team leader had also reflected on them in team meetings, supervisions and appraisals.

The senior executive team did not regularly visit the service. However, the manager attended regular organisational meetings providing a route for information flow from the service to the leadership team and vice versa.

Good governance

The Addaction Regent Street service benefitted from a clear organisational governance structure. This included:

- Organisational training library and opportunities
- Effective system to report, investigate and feedback incidents and complaints
- Organisational shared learning and guidance
- Organisational policies

The organisation monitored key performance indicators and had broken these down into individual services. Addaction benchmarked similar services for comparisons. Organisational data leads ensured the integrity of the information and cascaded performance to regional and service managers. The manager at Regent Street shared this with the team in team meetings and at a quarterly performance team meeting. Staff were aware of the service level and their individual performance targets through meetings, personal development plans and discussed in supervisions.

The service provided requested information that fed into an organisational risk register. For example, the completion of a survey around information governance. However, the manager was unaware of a local risk register that detailed risks specific to Addaction Regent Street. This meant there was no clear or accessible information available to the manager or staff at this service. The organisational risk register detailed the generic risk for the provider but not at service level.

Although the service had the organisations governance system, the manager had sufficient authority to develop the service locally with the understanding of the local area and need. Staff informed us that they were well supported and involved both locally and as part of the wider organisation.

Leadership, morale and staff engagement

The service had low sickness and turnover. Staff told us they loved their jobs and that they felt well supported by the manager and the organisation.

Substance misuse services

Staff knew how to use the whistle-blowing process if they needed and felt they could raise concerns without fear of victimisation. They told us the service ran as a team with mutual support and the opportunity to contribute ideas.

The manager had completed the Institute of Leadership Management at Level 5; other staff told us there were plenty of opportunities for personal development.

Commitment to quality improvement and innovation

The service was open to feedback from people who used the service, staff and from their commissioners.

Outstanding practice and areas for improvement

Outstanding practice

Addaction Regent street facilitates a young person's group called The Immortals. The group was set up in 2012 through consultation with young people. Young people developed the group and now run the group. Its initial aim was to provide diversionary activities and preventative messages for all young people. The group now also trains young people to become peer mentors to support other young people in all areas of their lives. Some of these peer mentors have become Addaction volunteers. Immortals was open to all young people and not restricted to those with substance misuse issues creating a mutual aid group enabling young people to develop confidence, self-esteem and skills.

Information provided showed that during the first three quarters of the 2015/2016 year, Immortals had made 1115 contacts with young people, 41 new young people joined the group and 34 volunteers and peer mentors received training (of which 21 had completed accredited training).

The group provides music and sports activities and a specific girls group. They had developed and starred in a film and created a theatre piece used in three local schools. The Immortals won a national award called The Marsh Media Award in 2014 for challenging stigma in recovery. Additionally, Barnsley Live Music Awards nominated Immortals for their outstanding contribution to the Barnsley music scene due to the range of free music events, music support and opportunities they provided for young people.

Areas for improvement

Action the provider SHOULD take to improve

- Risk management plans should include actions that staff should take if a person missed appointments.
- Staff should contact clients after discharge as a wellbeing check.
- The organisation should ensure that the service has a localised risk register.