Young Addaction - Boston

Quality Report

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

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

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

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

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

Overall summary

We do not currently rate independent standalone substance misuse services

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

- Staff did not always complete or upload all details of a risk assessment onto the electronic database in a timely manner. Staff kept key pieces of paperwork relating to risk management and care planning with them while working away from base. This meant other colleagues might not be aware of, or able to access all risk and care planning information when required in an emergency.
- There was no policy or formal guidance in place for electronic record keeping.

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

- Clients and carers spoke positively about the service, they felt supported by staff, knew who their key workers were, and said they were always kept informed of meetings and appointments.
- Staff engaged positively with clients to promote recovery. The service used a combination of intervention strategies. Staff were creative in adapting information to meet clients, and carers varied needs and levels of understanding.
- The service had experienced staff to deliver care and there was a low staff turnover rate. The service had not used bank or agency staff in the twelve months

Summary of findings

before this inspection. One hundred percent of staff had received mandatory training including safeguarding children and young people. Staff were knowledgeable about safeguarding clients. The service prioritised staff supervision and regular team meetings.

- The service provided a variety of information in languages spoken by people who use the service. In addition to this staff encouraged, some clients to use a 'speak loud' service via the intranet, this read information in different languages.
- There was strong leadership within the service. Staff spoke positively about the managers. Morale was high and staff were passionate about working with the clients in their service.
- The service had established effective working relationships with local and national agencies and organisations. The service had responded to feedback from external agencies and made changes accordingly, such as reviewing the threshold for safeguarding reports, and enabling staff to work flexibly and away from base.
- Staff were aware of their responsibilities within the Gillick Principles and Fraser Guidelines for under 16's. The principle and guidelines relate to legal terms used to determine whether to give contraceptive advice or treatment to under 16 year olds without parental consent.

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Background to Young Addaction - Boston

Young Addaction Boston is part of Young Addaction Lincolnshire consisting of three locations at Lincoln, Boston and Grantham. This report relates to the Boston location.

Young Addaction Lincolnshire is a countywide drug and alcohol outreach service for young people aged 18 and under. The service is provided through schools and other young people's establishments across Lincolnshire. Young Addaction Lincolnshire is part of the Safer Communities Partnerships initiative and funded by Public Health England.

Young Addaction Lincolnshire also works in partnership with a national resilience programme, offering drug and alcohol awareness education to young people in secondary schools.

Young Addaction Boston, registered with the Care Quality Commission on 11 September 2012 for caring for children (0-18 years), the treatment of disease, disorder or injury and diagnostic and screening procedures. The service had a registered manager Rebecca Homer.

CQC last inspected the service on 22 January 2014. The service was compliant with the requirements of the Health and Social Care Act 2008 legislation at the time.

Our inspection team

The team that inspected this location comprised CQC inspector Helen Abel (inspection lead), and two other CQC inspectors.

Why we carried out this inspection

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

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about the location, asked other organisations for information, and gathered feedback from staff members.

During the inspection visit, the inspection team:

- visited the office base at this location, accompanied staff on client visits and observed how staff were caring for clients
- spoke with two clients
- interviewed the registered manager and team leader

Summary of this inspection

- spoke with three other staff members employed by the service provider, including and project workers
- reviewed 12 care and treatment records for clients
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

Clients were positive about the care and treatment they received. They told us staff really listened, and treated them like adults and with respect. Staff agreed to meet the clients in places they felt were safe. They also told us they felt able to approach staff for information and advice when they had concerns and knew they would get an honest answer. One client proudly told us they had kept to their recovery goal since their last meeting with the project worker.

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 issues that the service provider needs to improve:

- Staff did not always complete or upload all details of a risk assessment onto the electronic database in a timely manner. Staff kept key pieces of paperwork relating to risk management and care planning with them while working away from base to use as working documents. This meant other colleagues might not be aware of, or able to access all risk and care planning information when required in an emergency.

However we found the following areas of good practice:

- The service had a lone working policy in place that staff followed when working away from base.
- The service had not used bank or agency staff in the 12 months preceding this inspection. Colleagues covered each other's short-term absences to meet the needs of the clients.
- Staff were experienced to deliver the care required, and were experienced in managing the risks associated with the young people in their service. They knew the clients well, and engaged positively with them.
- Alerts on clients' electronic case notes gave staff advance warning of any potential safeguarding or risk issues. Staff were very knowledgeable about how to safeguard clients and when to report. We saw evidence of staff working with local police, schools and safeguarding teams to manage risks.
- Staff knew what incidents to report and who to report them to. The service had reported no serious adverse events in the 12 months preceding this inspection.
- The service were upholding their responsibilities under duty of candour. They were advising people when things went wrong and what they were doing about it.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- We reviewed 12 client care plans and found the paper based care plans were complete and in date however, not all details

Summary of this inspection

had been entered on the electronic record in a timely manner. Care plans were comprehensive, recovery focused and included physical health care needs and discharge goals. Staff involved the clients when writing care plans.

- Staff used a combination of interventions and adapted them to suit individual cognitive and emotional abilities. Staff were creative when offering information to clients, including quizzes, videos, role-play and resources such as alcohol unit measure, as well as one to one and group discussion.
- Managers and staff prioritised monthly supervision. Supervision records showed that clinical, professional and managerial aspects of staff roles were discussed.
- Staff had opportunities to undertake specialist training as required to meet the needs of the clients they worked with.
- Managers held regular team meetings, which staff engaged in. We saw evidence of effective inter agency and joint working partnerships, including the safer communities partnerships, and joint work with a national resilience programme.
- Staff worked to National Institute for Health and Care Excellence (NICE) guidelines.
- Staff were knowledgeable about how both Mental Health Act and Mental Capacity Act applied or not, to the young people they worked with. Staff were aware of their responsibilities within the Gillick Principles and Fraser Guidelines for under 16's.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients and carers, told us they felt respected by staff. Clients were fully involved in writing their care plans. Staff had written care plans in first person based on the client's goals and wants as well as needs.
- Clients and carers we spoke with told us they felt supported by staff, knew who their key workers were and were always kept informed of meetings and appointments. They also told us they felt able to approach staff for information and advice when they had concerns and knew they would get an honest answer or response.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Young Addaction had clear acceptance criteria and took referrals from a number of sources including self-referrals.

Summary of this inspection

- There was a clear discharge policy and transition arrangements in place.
- We observed staff addressing a range cultural and social needs during clinical interventions. Staff provided information in languages spoken by clients who used the service. Staff told us about 'speak loud', a service available on their intranet that could read information in different languages.
- Interventions took place in a variety of places chosen by the client as being most suitable for them, including schools, coffee shops and youth centres as well as their homes, and at times to fit in with school timetables.
- Managers responded to feedback and made changes accordingly. For example reviewing the threshold for safeguarding reports, enabling staff to work flexibly and away from base to meet the needs of the clients they worked with. We saw how management had fed back outcomes and through team meetings and in supervision.

Are services well-led?

We do not currently rate standalone substance misuse services.

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

- The provider should however ensure that staff are given sufficient support and encouragement to comply with the providers electronic record keeping policy.

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

- The provider had a clear vision and set of values, formulated over time with involvement from staff and the clients. The vision and values were displayed around the office and understood by staff.
- Managers ensured staff completed mandatory training and completed regular supervision and appraisals. Management prioritised staff welfare and maintained good staff morale.
- Managers undertook a range of audits linked to key performance targets to monitor the effectiveness of the service, and felt they had sufficient authority to manage the service. They were committed to promoting their service and making improvements as opportunities arose.
- The managers had made changes following a recent independent joint safeguarding report to make the service more effective in responding to safeguarding concerns. They

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff had access to online Mental Capacity Act training. Records confirmed that 100% staff had completed this training.

Staff demonstrated a sound knowledge of the Mental Capacity Act; in particular the Gillick Principle and Fraser Guidelines that apply to children under the age of 16. The principle and guidelines relate to legal terms used to determine whether to give contraceptive advice or treatment tounder 16 year olds without parentalconsent. Staff would refer to their manager and the referring agency if they had concerns over a client's capacity.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- The provider's premises at Young Addaction Boston were a staff only office. The service was outreach based so clients were seen at their chosen location, often in schools and coffee shops. Staff carried personal safety alarms when working away from base.
- Staff adhered to infection control principles. The service provided staff with disposable gloves, aprons, clinical waste bags, and hand sanitizers.Some project workers conducted substance misuse testing with clients and they carried, used and then disposed of equipment, to minimise risk of cross infection. Managers completed an infection control audit as required by Addaction's infection prevention and control cleaning guidelines policy. Staff received mandatory training in infection control.

Safe staffing

- The service employed a registered manager based at Lincoln, and one team leader based at Grantham. There were two project workers at Boston. Young Addaction Lincolnshire employed one resilience practitioner based in Lincoln and one early intervention worker based in Grantham. Both posts were fixed term funding due to the time limit of the external funding.The resilience practitioner provided clear ways to intervene to reduce risks, and increase recovery, adaptation or change.
- The service had no vacancies at the time of our inspection. Across the countywide service (Lincoln, Grantham and Boston), there was a substantive staff turnover of 2%, and a staff sickness rate of 8% in the last 12 months as of 13 October 2016. The provider was unable to provide staffing data for just the Boston location as they considered the three Young Addaction services as one team.
- The service had not used bank or agency staff in the last twelve months prior to this inspection. Staff covered each other's caseloads for short periods for absence. The service sourced additional staffing support from another local Young Addaction service should this be required, and managers would often cover.
- Thirty clients were using the service. In addition, staff were reviewing two newly referred clients to decide if this was going to be the right service for them.
- The caseload range was 11 to 22 clients per project worker. Some project workers had smaller caseloads due to their level of experience, or because they had more complex cases that required more intensive support. The frequency of contact between client and project worker varied depending on the client's individual needs and circumstances. Project workers saw clients once a week, fortnightly, or monthly.
- Project workers managed their own caseloads, and had limited capacity to pick up the work of colleagues. Team leaders reviewed caseloads and new referrals each week during supervision sessions, to ensure project workers could manage their caseloads safely. The service did not have a waiting list.
- One hundred percent of staff had completed mandatory training in safeguarding children and young people, safeguarding sexually active children and young people, safeguarding adults, domestic abuse, safeguarding in a digital world on line safety information, health and safety (including infection control), equality and diversity, substance misuse and Mental Capacity Act training.

Substance misuse services

Assessing and managing risk to clients and staff

- We reviewed twelve risk assessments and found that staff had completed risk assessments for every client. These were comprehensive and included an initial risk screening on referral to the service. However, we found that staff did not routinely update the risk assessments in a timely manner. This could lead to important information being missed or other colleagues not being fully aware of risks.
- There had been no safeguarding concerns received at this service in the past 12 months as of 6 October 2016.
- Staff we spoke with were knowledgeable of what would constitute a safeguarding concern and made referrals where appropriate using the service's incident reporting system. Staff had completed mandatory training in safeguarding children and young people. A safeguarding process flow chart was visible in staff areas of the service to remind staff of the referral process. The electronic care record system displayed a safeguarding alert flag for any client with safeguarding concerns.
- Lone working policies were in place for staff working remotely. Staff sometimes saw clients in their own homes. Staff had completed environmental premises assessments appropriate, which included mitigation where risks had been identified.
- The service did not prescribe medication. If staff assessed that a client needed a prescribing service, the project worker consulted with the team leader or manager. Managers arranged for the prescribing to be completed by adult services, subject to appropriate safeguards being in place.

Track record on safety

- There had been no serious incidents that required investigation.

Reporting incidents and learning from when things go wrong

- Staff knew what would constitute an incident and how to report it using the electronic incident reporting system. Staff reported incidents in relation to missed appointments, client overdoses, safeguarding concerns and violence and aggression towards staff. Senior management reviewed all incident reports monthly and escalated to Addaction's central governance team.
- Incidents were reviewed and learning shared locally as well as nationally with other Young Addaction services. Managers made staff aware of any changes to the service following serious incidents through their team meetings and supervision sessions.
- Staff told us that the senior management team were supportive and that they provided debriefs following serious incidents. Counselling was also available to staff should they require it.

Duty of candour

- The service had a duty of candour policy in place. Staff worked in accordance with their responsibilities under the duty of candour. This included being open and transparent with clients when things had gone wrong with their care and treatment, giving them reasonable support, truthful information and a written apology where appropriate.

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

Assessment of needs and planning of care

- Staff completed a comprehensive assessment with all clients at the start of treatment. They assessed the client's substance misuse history, safeguarding history, physical health, blood borne virus screening, mental health, contact with the criminal justice service, legal and financial support, social support and family life.
- We reviewed care plans for twelve clients. Care plans were holistic, recovery focussed and identified each client's skills and strengths. However, the care plans we examined were not up to date or regularly reviewed.
- The service was operating both an electronic recording system and a paper-based system. Client care plans and risk assessments were a mix of paper and electronic records. Staff were required to upload the paper-based records to the electronic system. However, staff prioritised clinical work and meeting with clients over this task. Staff often kept key pieces of paperwork with them in a locked case, while working away from base to use as working documents with the intention of uploading the information later. Managers and staff were not therefore able to access the most up to date information.

Substance misuse services

Best practice in treatment and care.

- The service provided training to staff in a range of evidence based psychosocial interventions that the National Institute for Health and Care Excellence recommend. Staff used this training in providing psychological interventions, which included motivational interviewing, cognitive behavioural therapy and relapse prevention. The service provided enhanced psychosocial interventions training to team leaders so that they were able to supervise staff providing these interventions. We saw evidence in care records that key workers were using motivational interviewing techniques to encourage clients to identify their strengths.
- The service followed guidance set out by National Institute for Health and Care Excellence (NICE) guidelines. This guidance was used to develop the assessment and recovery planning process, which included a risk assessment framework. This process ensured clients had personalised recovery and risk management plans that enable them to access the support they need whilst keeping them and the people around them, safe.
- Staff routinely conducted health screening as part of the clients care and treatment. The service offered health checks, screening for blood borne viruses and Hepatitis B vaccinations. Hepatitis C tests were also available as was sexual health screening for conditions such as chlamydia. When indicated, or requested staff offered clients the c-card scheme allowing them to access free contraception at easy access points in their community.
- Staff made clients aware of the risks of continued substance misuse and how to minimise harm. Staff used a combination of intervention strategies and adapted these to suit individual abilities. We saw good use of creative information giving, including quizzes, and videos. Staff provided 'beer googles' worn by the client that simulate the effects of being drunk so they may understand the effects of drinking and drug awareness.
- Staff used outcome measures to monitor client change and progress whilst engaged in treatment. Teen star which is an outcome based tool developed The tool supported and measured change when working with clients.
- Staff also used the client outcomes profile to measure change and progress in key areas of the lives of clients around substance misuse. This tool allowed the keyworker to monitor any substance misuse and scores were compared with national data.
- The service provided clients with support for employment, education, training, housing and benefits. These needs were addressed in individual key worker sessions. Key workers would refer clients to other services and organisations for additional advice and support.

Skilled staff to deliver care

- The service's team comprised of a service manager, team leader, and two project workers.
- Staff were qualified and experienced to perform their role well. Staff had access to specialist training for example substance misuse, domestic abuse and blood borne viruses. Addaction also provided leadership and development training to managers. The manager was working towards Level 5 Qualification and Credit Framework (QCF) in leadership and management.
- Staff received supervision from the team leader once a month. The compliance rate at the time of the inspection was 100% for supervision.
- Five staff members had received an appraisal of their work performance in the last twelve months. Another member of staff had been on maternity leave for one year so missed their appraisal. We reviewed two recent appraisals. We found that these included targets and development plans. Meeting specific targets was linked to remuneration.
- The provider ensured staff had an appropriate and comprehensive induction and orientation to the service. New staff were required to work towards role specific training Federation of Drug and Alcohol Professionals accredited qualification. Staff reported this was good training and could take up to six months to complete.
- At the time of our inspection, no staff were under performance management review. The service had staff performance procedures in place.

Multidisciplinary and inter-agency team work

- The service manager and team leader held monthly multidisciplinary team meetings. These were well

attended by staff from the Young Addaction service. There was a standing agenda to discuss new developments within the service locally and at provider level. Staff felt able to raise concerns and appropriately challenge others to improve service performance.

- The service had a partnership agreement with safer communities. The safer communities service provided school, education establishments, youth clubs, care facilities for young people up to and including the age of 18; to be able to access up to three hourly training sessions for alcohol and substance misuse.
- The service had built strong working relationships with other agencies and organisations involved in the care of their clients. The service had effective inter-agency arrangements with children services, early help teams, housing and school nurses.
- The resilience practitioner delivered the national resilience programme. The resilience practitioner targeted education services and delivered awareness sessions in drug, alcohol and psychoactive substances to pupils, parents and school staff.
- We saw joint care and recovery plans, including risk management plans with education services. Joint plans called 'team around the child' (TAC) were in place. Joint plans were reviewed at inter agency meetings. The client and keyworker and other agencies attended these meetings, including school staff and school nurses.

Adherence to the MHA

- The Mental Health Act was not applicable to this service.

Good practice in applying the MCA

- The service provided online training course in the Mental Capacity Act. At the time of our inspection, all eligible staff had completed this training.
- We spoke with two staff who were able to tell us how they would apply the Mental Capacity Act knowledge to their work. The service had produced a Mental Capacity Act flow chart, which staff were aware of, and could refer to. The flow chart served as a visual prompt to remind staff of the process for assessing a client's mental capacity should this be required.
- Staff were aware of their responsibilities within the Gillick Principle and Fraser Guidelines for under 16's. The principle and guidelines relate under 16consent.
- Consent to care and treatment was obtained in line with legislation and guidance including the Mental Capacity Act 2005 and the Children's Act 1989 and 2004. There were signed copies of consent to care and treatment on client records. Clients told us staff explained data confidentiality.

Equality and human rights

- There was an Equality and human rights policy and procedure in place and staff we spoke with had completed the on line training. The service supported people with protected characteristics under the Equality Act 2010. The nine protected characteristics contained in the Equality Act 2010 were – age, disability, gender reassignment, marriage and civil partnership, race, religion or belief, sex, sexual orientation, and pregnancy and maternity.

Management of transition arrangements, referral and discharge

- Clients care plans included a plan for unexpected exit from treatment but plans were brief and did not provide direction to staff on what to do next. The service had a disengagement plan in place. However, staff were aware of the process to follow should a client dis-engage from the service. This included telephone calls and texts to the client, and sending out further appointment letters. The service would also contact other support organisations involved in the clients care.
- Staff completed recovery and discharge goals with clients. Staff recognised it was not always in the client's best interest to automatically transfer clients to adult drug and alcohol services, or adult mental health services. The keyworker completed treatment programmes with the client even if this meant the client reached their 18th birthday before the treatment was finished.
- The service had a transition plan developed to ensure clients between the ages of 18 and 19 years of age receive the most appropriate treatment. Addaction had identified that a small number of clients were unable to cope with adult services. These clients would have the option of remaining with the young person service up to 19 years of age. Clients assessed as appropriate for adult services would be gradually introduced to adult services over time, and supported with their first appointments.

Substance misuse services

- The service worked in partnership with a local Adult Addaction, mental health service, education services and youth justice services. Staff had developed a joint working protocol for transferring clients from Young Addaction to Adult Addaction and mental health services to community substance misuse services. The protocol helped to break down any barriers that clients might have accessing treatment.

Are substance misuse services caring?

Kindness, dignity, respect and support

- We visited clients with key workers in different settings. We observed skilled and dedicated staff delivering positive interactions with clients. Staff were receptive to clients' concerns, preferences and ideas. Staff presented what were often complex ideas and information in an accessible and meaningful way to promote client understanding. One staff member told us they had to adapt resources and their communication style to meet the needs of a child less than ten years of age. Clients told us how staff gave them all the relevant information they needed to make informed decisions about treatment options.
- Clients we spoke with were very positive about the way staff interacted with them and their ability to do their job well. Clients commented positively on being listened to, and the respect and understanding shown to them during their interventions.
- Staff reminded clients families and carers about meetings and appointments and communicated with clients when there were delays, and worked around the needs of the client.
- Staff and clients wrote care plans together based on the clients own goals. There was a clear recovery focus to the work at Young Addaction.
- Staff recognised that they had to be client focused if they were to engage well with the young people. Staff displayed a good understanding of individual clients' needs. Clients told us that staff valued their individual needs and took a genuine interest in their pathway through the service.
- Staff respected clients' right to confidentiality. Clients' individual care records included a signed confidentiality agreement completed at the beginning of treatment. Information regarding the client's treatment was only shared with other organisations, agencies or professionals involved in the care of the client and other significant people (such as family and friends) where a client had identified this was permitted.

The involvement of clients in the care they receive

- We reviewed twelve client care records and all demonstrated that the client had been actively involved in their care planning. The clients we spoke with said they did not have a copy of their care plan, but knew about their care plan.
- The service offered a family- centred approach with support for the whole family, through involvement in the young person's recovery plan (if agreement given). This involved presenting information in an accessible way to increase understanding of addictions and how this may affect the client and their family. Families received additional support service contacts.
- The service provided clients with access to local advocacy services. In addition, staff would act as advocates for clients during their interaction with other agencies.
- Clients could give feedback regarding the care they received in a number of ways. This included a client opinion website for Addaction (not service specific). Clients could leave comments at any time. Upon completing treatment, clients were asked to complete a feedback form. At intervals, the keyworker would ask clients for verbal feedback after interventions, and this may be discussed in supervision and team meetings.

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

Access and discharge

- The service had a documented admission criteria and took referrals from a number of sources including self –referrals, GP practices and youth offending team. Managers told us some project workers were supporting clients on a hospital secure ward.

- The service had key performance indicators for waiting times from referral to assessment of two weeks. There was no service waiting list. The service did not provide any data of compliance rates for meeting these targets. However, staff would prioritise clients based on individual needs, and level of risk including safeguarding risks. Staff would see urgent referrals quickly.
- Thirty clients were using the service. In addition, staff were discussing two new referred clients to decide if the service could offer them treatment and support.
- The service had an established procedure to re-engage with those clients who had not attended their appointments. The service would contact the client by text or telephone and followed this up by letter. In addition, staff liaised with other services also involved with the client's treatment in an effort to maintain contact. The service had a system in place for monitoring clients who "did not attend" appointments.
- Clients told us staff rarely cancelled appointments. If a key worker was off work when an appointment was scheduled the service would ensure that, another member of staff was available to support them.
- The service provided staff with business mobile phones so clients could contact their key worker directly if they required advice or support during business hours. The service operated extended opening hours one evening during the week to make appointments more accessible to clients who were in full time education or work, or could not attend daytime appointments.

The facilities promote recovery, comfort, dignity and confidentiality

- The service provided a range of literature to clients regarding treatment options, and information on other useful resources such as local charities and voluntary organisations. Literature was available to clients via their key worker. Staff also screened educational videos on a kindle to raise client's awareness of risks and dangers in relation to substance misuse.
- We saw evidence of a range cultural and social needs being addressed during staff and client interventions. We saw staff work with gay and lesbian clients offering empathetic and genuine support.

.Meeting the needs of all clients

- Client's interventions took place in a variety of places chosen by the client as being most suitable to them, including schools, coffee shops and youth centres as well as their homes at times to fit in with their school timetable. We saw how staff worked flexibly around the needs of the client and their carers and being mindful of when and where the client wanted to be seen.
- We saw some information that had been produced in other languages particularly Eastern European as this one of the main ethnic groups in the Lincolnshire area. Some staff told us about the 'speak loud' service on their intranet that could read information in different languages.

Listening to and learning from concerns and complaints

- Clients we spoke with confirmed that they knew how to make a complaint and were provided with verbal and written information regarding this on initial contact with the service. The service provided a range of leaflets to clients including compliments and complaints information, and how to complain to independent organisations. We saw complaints and feedback policy and reviewed the annual review complaints file, which summarises recent complaints and findings.
- Data showed that the service had no complaints and one compliment received in the last twelve months before our inspection. Another Young Addaction service had received one complaint. Managers carried out a full investigation into the complaint. The complaint had been partially upheld. The service made changes accordingly. Managers had shared the outcome of the complaint at a countywide meeting.
- Managers told us they wanted to learn from inspections and reports about their service. We saw how outcomes and changes had been fed back to staff through team meetings and in supervision.

Are substance misuse services well-led?

Vision and values

- Staff strongly identified with Young Addaction's vision and values and this was reflected in the service they provided to clients. Addaction's values were:
- Compassionate

- Determined
- Professional
- We saw several feature walls in the office base of the service that displayed Young Addaction's vision and values. We saw the vision and values embedded in the care plans and interventions being offered to clients.
- The vison and values had been formulated over time with involvement from staff and clients.
- Staff we spoke with told us that senior management within the organisation visited the service occasionally. Staff also told us that senior management communicated with them regularly via the organisations intranet and by phone.

Good governance

- Managers ensured that staff had completed the service's mandatory training programme and all staff had received an appraisal of their work performance within the last 12 months. The service manager or team leader provided clinical supervision to staff every four to six weeks.
- Addaction had a clinical social governance committee that was responsible for reviewing all clinical governance and performance matters for the service. This included maintaining an oversight of service compliance with mandatory training, appraisals, appropriate and timely submission of incident reports.
- We saw how the service had responded to the findings of a recent report about safeguarding procedures. We saw how managers had revised their practice and procedures when reviewing and reporting safeguarding incidents. There had been no serious incidents reported in the last 12 months before this inspection.
- The service was able to capture significant data relating to every key worker's caseload. This included the number and type of contact they had had with individual clients, client stage of recovery, safeguarding concerns and referrals and appropriate referrals to other service's and organisations. Managers completed this case management information regularly.Managers discussed the results with staff individually in supervisions, as part of case management review.
- Managers completed an audit in November 2016. The audit included the Care Quality Commission (CQC) domains safe, effective, caring, responsive and well led. The audit included service performance, working to National Institute for Health and Care Excellence (NICE) guidelines, health and safety matters, record keeping and staff management. Managers were addressing improvements at the time of our inspection. However, the audit did not identify key information relating to clients care planning and risk management, were not being uploaded onto the electronic systems in a timely manner.
- Senior management shared and discussed learning from incidents, compliments and complaints with staff via individual supervision and regular team meetings. Staff told us they also received regular emails from their line manager.
- We reviewed two staff recruitment records. The manager showed us records that confirmed all staff and volunteers had a current Disclosure and Barring Service (DBS) check. However, one staff members DBS check was 13 months out of date. There was a central system for staff recruitment and on one occasion did not pick up this issue. The registered manager took immediate steps to address this during the inspection.
- Managers submitted quarterly contract management reports to the commissioning authority, including information from the young persons outcome records. This would measure the effectiveness of treatment to the partnership groups, safer communities youth offending teams and a national resilience programme. Sometimes results were benchmarked against other community substance misuse services nationally to gauge service performance in relation to their peers.
- The service manager had good administrative support to assist them to perform their role effectively. A regional data officer supported the service by ensuring performance outcomes are reported effectively. The service manager had sufficient authority to lead the team well.

Leadership, morale and staff engagement

- Staff said they could approach managers when they had concerns, generally felt listened to, and well supported. Staff told us that they felt valued and supported to develop their professional skills and knowledge. We saw

positive interactions between staff of different grades and professions during our inspection. Staff demonstrated a genuine enthusiasm for their roles and clients.

- The provider was unable to provide a breakdown of permanent staff sickness data for the Boston location as they considered the three Young Addaction services as one team.
- Staff knew how to use the whistleblowing process and felt able to raise concerns without fear of victimisation.
- Staff morale at the service was high despite the organisational changes the service was going through. There would be a new service structure from March 2017. Young Addaction and Adult Addaction will provide one countywide service. This had led to some staff reorganisation. Staff were in a period of change but remained focused on their client's treatment.
- Managers had or were completing leadership and management training. There is a designated leadership and management programme ALDP. This is delivered by the Addactions learning and development team.The service provided staff with a wide range of opportunities to develop their leadership skills and knowledge.
- Staff told us that they felt able to put into place developments within the service. They gave feedback through supervision and team meetings and annual national survey. Staff felt their views were heard, and acted on.

Commitment to quality improvement and innovation

- The service demonstrated a commitment to quality improvement and innovation. The medical director ensured all associated policies and procedures were regularly reviewed fit for purpose, and in line with legislation. The information governance steering group meet regularly and raised issues requiring attention and ensuring processes were in line with statutory requirements, and client's needs were met.
- The manager attended the national young person's management forums to share best practice and to network.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure that staff update all clients' care planning and risk management plans on the electronic record in a timely manner.
- The provider must ensure all relevant and up to date risk and care-planning information is readily available to any staff member when they require it.

Action the provider SHOULD take to improve

- The provider should however ensure that staff are given sufficient support and encouragement to comply with the providers electronic record keeping policy.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Safe care and Treatment** • The service operated both an electronic recording system and a paper-based system. Staff did not always complete or upload all details of a risk assessment onto the electronic database in a timely manner. • Staff kept key pieces of paperwork with them while working away from base with the intention of uploading the information once a week. This meant staff could not be sure they were aware of all the risk information and care planning relevant to any given young person they might be working with. Colleagues did not have ready access to all client information in the case of emergency.