# Young Addaction - Grantham

## 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 with them while working away from base. This meant some key information was not being captured on the electronic system.
- The service operated both an electronic recording system and a paper-based system. Staff were not regularly uploading key information and staff reported they prioritised clinical intervention over this administrative task.

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.

# Summary of findings

- 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 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.
- As well as providing information in other languages, staff encouraged some clients to use a 'speak loud' service via the intranet this read information in different languages. The service addressed a range of cultural and social needs, evidenced by a staff member who worked skilfully with a client dealing with transgender issues.
- 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.

# Summary of findings

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# Young Addaction Grantham

**Services we looked at**
Substance misuse services

# Summary of this inspection

## Background to Young Addaction - Grantham

Young Addaction Grantham is part of Young Addaction Lincolnshire consisting of three locations at Lincoln, Boston and Grantham. This report relates to the Grantham 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 Grantham, 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 31 December 2013. The service was found to be compliant with the requirements of the Health and Social Care Act 2008 legislation at the time.

## Our inspection team

The team that inspected the service comprised CQC inspector Helen Kirton (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 and asked other organisations for information.

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 nine clients, two carers, and one pastoral supervisor in a school
- interviewed the registered manager and team leader

# Summary of this inspection

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

## What people who use the service say

One client told us staff had helped them and provided practical support for their family. Staff were informative and clients felt able to speak freely. Another client said they felt nervous meeting staff at first but now trust them. Three clients told us staff provided educational sessions and fun activities and quizzes. They said staff did not force them to do anything, but made them think how they could make changes for themselves. Clients felt respected and not judged. One client told us their key worker helped them to cope with peer pressure.

# 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. Staff were not compliant with organisational policy on this matter. 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 also found the following areas of good practice:

- Staff were experienced in managing risk in clients. They knew the client group well. Staff engaged positively with clients.
- Staff were very knowledgeable about safeguarding clients and we saw evidence of staff working with local police, schools and safeguarding teams to manage this risk.
- The electronic client record system alerted staff about any safeguarding concerns for clients.
- Colleagues covered each other's short-term absences. The service had not used bank or agency staff in the twelve months before this inspection.
- The service had not had any serious adverse events in the 12 months preceding this inspection. Staff knew what incidents to report and who to report them to.
- The service had a lone working policy in place that staff followed when working away from base.
- We reviewed the service response to a complaint made by a carer. This evidence supports the fact they 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:

# Summary of this inspection

- Staff used a combination of intervention's and adapted them to suit individual client's abilities. There was good use of creative information giving, including quizzes and videos as well as discussion.
- We reviewed eight client care records and found they were complete and in date. Care plans were comprehensive, recovery focussed and included physical health care needs and discharge goals.
- Staff explained that care planning, evaluation and revision was an ongoing process following each contact they had with clients. The contact notes reflected this.
- Managers prioritised monthly one to one supervision and records showed this covered a variety of topics. These included caseload management, personal and professional development, personal health and wellbeing, safeguarding and complex case management. Staff supervision and mandatory training was 100% compliant.
- Staff had opportunity to undertake specialist training as required to meet the needs of their clients.
- The team engaged in regular team meetings. There was evidence of effective inter agency and joint working partnerships, including safer communities partnerships, and joint work with a national resilience programme.
- Staff routinely worked with schools, child and adolescent mental health services (CAMHS), youth offending teams, and the local authority safeguarding team.
- Staff were knowledgeable about how both Mental Health Act (MHA) and Mental Capacity Act (MCA) applied or not, to their client group. They were aware of their responsibilities within the Gillick Principles and Fraser Guidelines for under 16's.
- Staff worked to National Institute for Health and Care Excellence (NICE) guidelines.

## Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients, carers and schoolteachers, stated that they felt respected by staff from Young Addaction.
- Staff and clients wrote care plans together based on the clients own goals.
- Clients 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.

# Summary of this inspection

## Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Young Addaction had clear acceptance criteria and took referrals from a number of sources including self-referrals.
- There was a clear discharge policy and transition arrangement in place.
- The service addressed a range of cultural and social needs, evidenced by a staff member who worked skilfully with a client dealing with transgender issues.
- The service provided information in other languages. 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, at times to fit in with school timetables.
- The service had responded to feedback and made changes accordingly. For example, they had reviewed the threshold for safeguarding reports and looked at flexible working arrangements that allowed staff to plan their days better.

## Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Managers displayed the services vision and values around the office base and these were understood by staff. The vision and values were embedded in the care plans and interventions offered to clients. Clients and staff had formulated the vision and values for the service.
- Managers were committed to promoting their service and making improvements as opportunities arose.
- 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.
- Managers had made changes following a recent independent joint safeguarding report to make the service more effective in responding to safeguarding concerns. These included reviewing all safeguarding, incidents and complaints and deciding what to escalate. Managers fed back their findings to staff.
- Managers told us they wanted to learn from inspections and reports about their service. Staff told us that managers fed back outcomes and changes in team meetings and in supervision.

# Detailed findings from this inspection

## Mental Capacity Act and Deprivation of Liberty Safeguards

Staff training records confirmed 100% eligible staff had completed the provider's online training module in the Mental Capacity Act.

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 to under 16 year-olds without parental consent. 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 Grantham were a staff only office. The service is outreach based so clients were seen at their chosen location.
- 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. 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 control and hand hygiene 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 Grantham. Managers told us Young Addaction employed one resilience practitioner based in Lincoln and one early intervention worker based in Grantham. Both staff worked countywide.
- 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%. The provider was unable to provide data for just the Grantham location as they considered the three Young Addaction services as one team.
- The service did not use bank or agency staff in the last twelve months prior to this inspection. Staff would pick up each other's caseloads for short periods. The service would source additional staffing support from another local Young Addaction service should they require, and managers would often cover.
- Thirty eight clients were using the service. In addition, staff were discussing two newly referred clients to decide if the service could offer them treatment and support.
- The caseload size ranged from 19-21 clients per key worker. Some project workers had smaller caseloads due to their level of experience, or because they had more complex cases that required intensive support. However, the frequency of contact between client and key worker varied depending on the client's individual needs and circumstances. Key workers would see clients once a week, fortnightly, or monthly.
- 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.

### Assessing and managing risk to clients and staff

- We reviewed eight client care records and found that staff had completed comprehensive risk assessments, which included an initial risk screening. However, we found that staff did not routinely update contact entries and clients risk assessments in a timely manner. This could lead to important information being missed or other colleagues not being fully aware of risks.
- Staff would rearrange appointments if a client needed seeing urgently.

# Substance misuse services

- Staff we spoke to 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. Staff also reported safeguarding issues to their managers, and told us managers were always contactable and supportive should they have any safeguarding concerns while working away from base.
- There had been no safeguarding concerns received about this service in the past twelve months as of 6 October 2016.
- The service had a lone working policy in place that staff followed when working away from base. As staff also visited some clients at their own homes, staff had completed environmental and premises risk assessments as appropriate, which included mitigation plans where risks had been identified.
- The service did not prescribe medication. If staff assessed a client needing a prescribing service, the key worker consulted with the team leader or manager. Managers arranged for the prescribing to be completed by the 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, violence and aggression towards staff. Senior managers reviewed incident reports monthly and escalated to Addaction's central governance team.
- Managers reviewed all incidents and shared learning with the service where the incident took place and 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.

**Duty of candour**

- A 'being open and duty of candour' policy was in place. Staff were aware of 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 support, 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 comprehensive assessments 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 eight clients, they were holistic, personalised and recovery orientated. However, the care plans we examined were not up to date or regularly reviewed.
- Paper records were stored within lockable cupboards in a staff only office in the service. Staff logged and stored other information containing personal client details, such as appointment dates, waiting lists, outcome measures, safeguarding information and incident reports on the service's electronic systems. The electronic systems allowed staff access to client information from other Young Addaction and Adult Addaction services within the county. This meant that staff maintained an oversight of a client's contact with the service and what different treatments and support they were receiving.

**Best practice in treatment and care**

- The service followed guidance set out by National Institute for Health and Care Excellence (NICE) and Public Health England (PHE). The service used this guidance 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 enabled them to access the support they needed whilst keeping them and the people around them, safe.

- The service provided training to staff on a range of evidence based psychosocial interventions that the National Institute for Health and Care Excellence recommend. This 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. Client care records identified that key workers were using motivational interviewing techniques to encourage clients to identify their strengths. This included identification of what had helped them to get well in the past and how they could adopt and/or adapt these strengths and skills to improve their life now.
- The service 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. Clients were offered sexual health screening for example for chlamydia. Clients were offered the c-card scheme, which gives clients aged between 13 and 24 access to free contraception.
- 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. There was good use of creative information giving, including quizzes, videos and props. Props used included 'beer goggles' worn by the client to understand the effects of substance misuse.
- Staff used a range of outcome measures to monitor a young person's progress. For example, "teen star", this had been developed for use with young people in a variety of healthcare services. This supported and measured change when working with clients. However, we found the paper teen star records were not uploaded onto the electronic systems, or copies routinely held in the paper files.
- The service provided clients with support for employment, education, training, housing and benefits. Key workers addressed these needs in individual 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 a service manager, team leader, and two project workers.
- Staff were qualified and experienced to perform their role. Addaction, the parent organisation, provided leadership and development training to team leaders including the qualification and credit framework in leadership and management. The service had a low staff turnover rate. Most staff had worked in the service for a long time and knew the service well.
- Staff received supervision from the team leader once a month, supervision records confirmed this. The team leader also completed supervision with the resilience practitioner. The team leader would escalate any concerns to the service manager. This ensured that staff were adequately supported in their role and knew what standards and goals they should be working towards.
- One hundred per cent of staff had received an appraisal of their work performance in the last twelve months. We reviewed two appraisals and found that they included targets and development plans. Meeting specific targets was linked to pay and rewards. The provider ensured staff had appropriate and comprehensive induction and orientation. New staff were required to have or work towards a role specific Federation of Drug and Alcohol Professionals accredited qualification. Staff reported this was good training and could take up to six months to complete.
- Staff had access to specialist training in substance misuse, domestic abuse and blood borne viruses. Other courses offered included working with hostile families, and self-harm and suicide.
- Young Addaction Lincolnshire was part of two national networks for young people which made sure that staff have the knowledge and resources to respond to the specialist needs of young people.
- At the time of our inspection, no staff were under a performance management review.

**Multidisciplinary and inter-agency team work**

# Substance misuse services

- 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 standard agenda to discuss new developments within the service locally and at provider level.
- The service had a memorandum of understanding and partnership agreements with external agencies, including statutory services. The service provided alcohol and substance misuse training sessions at local schools, education establishments, youth clubs and young people's care facilities.
- 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 a nationally recognised programme including class based workshops, targeted skills for change sessions, teacher training, and parents awareness sessions.
- Joint care/recovery plans, which included risk management plans with education and social services, were in place. Joint plans called 'team around the child' were in place. Joint plans were reviewed at inter agency meetings. The client and keyworker and other agencies attended these meetings, including school staff.

**Adherence to the MHA**

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

**Good practice in applying the MCA**

- The service provided an 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. Staff displayed knowledge of the Mental Capacity Act. This included the assumption that all clients have capacity unless proven otherwise, and that decisions regarding a client's capacity are decision specific. Staff were aware of their responsibilities within the Gillick Principle and Fraser Guidelines for under 16's.
- 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.
- The provider stated that Deprivation of Liberty Safeguards (DoLS) were not applicable to this service.
- The service had produced a mental capacity 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.

**Equality and human rights**

- An equality and human rights policy and procedure was in place and staff we spoke with had completed the on line training.The service policies and procedures took account of the nine protected characteristics contained in the Equality Act 2010 – 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 and all clients had signed closure plans explaining how unexpected exit from treatment would be managed. Staff were aware of the process to follow should a client dis-engage from the service. This included telephone calls or texts to the client, contact with other support organisations involved in the clients care, and appointment letters sent out.
- Staff worked with clients to identify and record recovery and discharge goals. Care planning involved the young person's life transitions. 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 would complete treatment with the client even if this meant the client reached their 18 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. Young 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. Clients assessed as appropriate for adult services would be gradually introduced to adult services and supported with their first appointments.

- The service worked in partnership with local Adult Addaction, mental health services, education services and youth justice services. Staff had developed a joint working protocol for transferring clients from Young Addaction to Adult Addaction and from mental health services to community substance misuse services. The protocol helped to break down any barriers a client 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. Clients told us how staff gave them all the relevant information they needed to make informed decisions about treatment options.
- We spoke with clients who were very positive about the way staff interacted with them and their ability to do their job well. Clients commented that they were listened to and shown respect and understanding during their interventions. Carers and school staff we spoke with said they felt respected by Young Addaction staff.
- 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 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**

- Staff and clients wrote care plans together based on the clients own goals.
- We reviewed eight 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 hold 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 clients 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.
- 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). Upon exit from treatment from the service, they 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 documented admission criteria and took referrals from a number of sources including self –referrals, GP practices and other young people's services. Managers told us some key workers supported clients on a hospital secure ward.

# Substance misuse services

- 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 be able to see urgent referrals quickly.
- Thirty eight clients were using the service. In addition, staff were discussing two newly 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. This included contact by text or telephone followed up by letter. Clients would be able to choose the place to meet their key worker as long as this was safe. In addition, staff liaised with other services also involved with the clients 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 telephones so the client 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 tablet device to raise young people's awareness of risks and dangers in relation to substance misuse.
- The service addressed a range of cultural and social needs during client interventions. A staff member who worked skilfully with a client experiencing transgender issues evidenced this.

**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 clients 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 the 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 the service provided verbal and written information regarding this on initial contact. 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 complaints file, which summarises recent complaints and findings.
- There was a complaints policy in place. The service had one complaint and six compliments in the last twelve months before our inspection. Managers carried out a full investigation, the complaint had been upheld and the service made changes accordingly. Managers had shared the outcome of the complaint at a countywide meeting.

## 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. Young Addaction's values were:

- Compassionate
- Determined
- Professional
- Several feature walls in the office base of the service displayed Young Addaction's vision and values. The vision and values were embedded in the care plans and interventions offered to clients.
- Clients and staff had formulated the vision and values for the service.

**Good governance**

- Managers ensured 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. Staff participated in clinical supervision with the service manager or team leader every four to six weeks.
- Addaction had a clinical social governance committee 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. 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 internal audit 1 November 2016 across the three county wide Young Addaction services. The audit included the Care Quality Commission (CQC) domains safe, effective, caring, responsive and well led. The audit looked at service performance. The audit included interviews with countywide staff. Managers had identified actions for improvements and were addressing these at the time of the inspection. However, the audit did not identify staff not updating client's information on the electronic system.
- Senior managers 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.
- Staff we spoke to told us senior management within the organisation visited the service occasionally. Staff also told us senior management communicated with them regularly via the organisations intranet and by phone.
- Managers told us staff and volunteers had a current Disclosure and Barring Service check in place. They did not see this or the staff references at the time of them being recruited to the service. We raised this during the inspection and the human resource department shared this information. All staff members Disclosure and Barring Service checks were in place at the time of the inspection.
- Young Addaction managers supervised a member of staff employed by a separate charity. However, due to the terms and conditions of their contract, managers could not directly deal with any concerns that may arise, for example, staff performance.
- The service submitted quarterly contract management reports to the commissioning authority, including information from clients outcome records, to measure the effectiveness of treatment. 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 perform their role effectively. A regional data officer supported the service by ensuring performance outcomes were reported. The service manager had sufficient authority to lead the team well.

**Leadership, morale and staff engagement**

- The manager and team leader worked well together to manage the countywide service. They did this by allocating time to each location between them. They made sure they were accessible to staff by phone or email. Staff said they could approach managers when they have concerns and generally, felt listened to. They felt they got a lot of support from managers when the issue was something that the managers could do something about.

- 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 had no permanent staff sickness data available for this service. The provider was unable to provide data for just the Grantham 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. The service had changed from paper documents to an electronic system, clients' information was being transferred to this system. There would be a new service structure from March 2017. Young Addaction and Adult Addaction will provide one countywide service. This has meant some staff reorganisation. Staff were in a period of change but remained focused on their client's treatment.
- The team leader was completing Addactions own leadership and management training. A designated leadership and management trainer within Addaction provided training. The service provided staff with a wide range of opportunities to develop their leadership skills and knowledge.

**Commitment to quality improvement and innovation**

- Managers and staff were committed to providing a high quality service for their client group. They were passionate about ensuring the clients receive this service even when their contract changes in March 2017 and they come under the umbrella of Adult Addaction services.
- Managers were in discussion with Adult Addaction colleagues to ensure that the clients retain the same level of service they have built up, once the services merge.
- Managers had made changes following a recent independent joint safeguarding report to make the service more effective in responding to safeguarding concerns.

# 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, and in accordance with organisational policy.
- 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.

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<br>Treatment of disease, disorder or injury | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment<br>**Safe care and Treatment**<br>• 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. As per organisational policy states.<br>• 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. |