Care Quality Commission

Addaction Rotunda

Quality Report

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

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

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

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

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

Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- The service locations were clean and tidy. All furniture was in excellent condition. There was an up to date fire risk assessment, dated 1 July 2016. Fire wardens were identified, with three members of staff designated fire wardens, with signage indicating the three staff and their positions. A counselling room was decorated to reflect young interests, giving a relaxing atmosphere. Rooms that were available to interview clients were quiet and private. Clinical support was facilitated through adult services, where any prescribing was generated and managed in line with a locally agreed client's prescribing protocol. All clients were assessed within a comprehensive risk assessment framework on joining the service. There had been no serious incidents requiring investigation in the 12-months prior to the inspection.
- Addaction Rotunda had clear and comprehensive referral criteria, and a comprehensive assessment of physical and mental health needs was carried out. We reviewed five sets of care records and care plans that related to clients at Addaction Rotunda. They were comprehensive, personalised, holistic and recovery orientated. The service reacted to problems with physical needs by referral to the GP, and mental health needs by referral to children and adolescent mental health services or the early intervention and psychosis team. We saw evidence of the use of

Summary of findings

client-centred 'substance misuse maps', completed by clients, to show their journey and the point they had reached at the time of review. Staff had completed specialised training, including cognitive behavioural analysis and motivational interviewing techniques.

- We interviewed two clients of the service at the time of the inspection. They stated they felt safe in the service. The clients told us that staff were always polite and respectful, caring in their approach. We saw consent and confidentiality agreements signed by both clients and staff in care records. The service allowed treatment to be client led, with full involvement in care plans: this was seen during the inspection. Recovery plans were individualised and stressed the strengths of the client, recognising a wide range of needs and aspirations, and directing appropriate support. The service allowed clients to feedback using forms, such as a client satisfaction form, a form that had been devised by clients at the service.
- On average, clients referred to the service averaged three days from referral to admission to the service. The service tried to remain 'barrier-free', accepting referrals of clients from vulnerable groups such a sex workers, pregnant women, lesbian, gay, black and ethnic minorities, bisexual and transgender people. The service had a diversity working group with a remit to remove barriers to clients entering the service. Discharge plans were included for clients of the service, and discharge reasons were audited and monitored by Public Health England. Complaint forms were easy to understand and complete, with a monthly complaints and compliments log maintained by the service. Leaflets were available in easy read format, as well as a graphic novel approach outlining the treatments available.
- The values for the service were 'compassionate, determined, and professional'. The staff at the service stated they used these values to improve effectiveness and productivity. The service had a statement of purpose that stressed the journey required to move forward, rather than the concept of recovery.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services		See overall summary

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Background to Addaction Rotunda

Addaction Rotunda provides a community service in Liverpool to clients aged between 10 and 19 years who are using drugs and/or alcohol. It is also an additional needs service for clients between the ages of 20 and 24, including transitional needs. The service describes itself as free, confidential and non-judgemental

The service runs during office hours from Monday to Friday with an after-hours outreach running on Wednesday, Thursday and Friday from 7pm to 9.30pm. The service works in the community in schools, colleges, youth clubs, neighbourhood centres and out on the streets of Liverpool.

Staff help clients with a school programme and the Amy Winehouse Resilience Programme, as well as having staff based in the Youth Offending Service to support clients whose choices have led them in to the criminal justice system.

The service has a service user involvement group where people can have their say in how they want the service to develop. All statutory agencies can refer clients to the service, and clients can self-refer.

The service has a registered manager. The service has not been inspected before this comprehensive inspection. The service was previously registered at a different address on 27 March 2014. The second location for the service received confirmation of registration on 2 September 2016.

Our inspection team

The team that inspected the service comprised two CQC inspectors: Richard O'Hara (inspection lead), and one other CQC Inspector.

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 in response to an email we asked the provider to send to them.

Summary of this inspection

During the inspection visit, the inspection team:

- visited both sites at this location, looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with four clients, and interviewed two clients
- spoke with two carers of clients
- spoke with the registered manager
- spoke with nine other staff members employed by the service provider, including nurses and support workers
- attended and observed one 'Baby Project' session attended by two clients
- looked at 5 care and treatment records, including medicines records, for clients
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with four clients of the service, and interviewed two clients of the service, all of whom were very positive about the service. The clients told us that they felt safe and were involved fully in their care and treatment. Three of the clients were attending the 'Baby Project' and said that they had learned a lot about the effects of alcohol on babies. A carer told us that the service had helped her teenager to see past their addiction, and to continue their studies at school.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The service location at both sites was clean and tidy. All furniture was in excellent condition.
- There was an up to date health and safety assessment and an up to date fire risk assessment.
- A counselling room was decorated to reflect young interests, giving a relaxing atmosphere. Rooms that were available to interview clients were quiet and private.
- Staffing numbers were estimated using financial information against numbers of clients. At the time of inspection, the service had a caseload of 128 clients.
- A young people's outcome record was completed: this allowed the service to measure improvements or delays in the health and wellbeing of a client.
- The registered manager of the service sat on the Liverpool safeguarding children board, ensuring good interaction with local safeguarding structures.
- The service followed an "Incidents Management policy and process" in order to effectively report incidents and learn from them. The service actively encouraged incident reporting, and staff knew what should be reported.
- A clinical information review group issued a bulletin, with a national group sending five case studies for discussion in supervision and team meetings.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Addaction Rotunda had clear and comprehensive referral criteria, and a comprehensive assessment of physical and mental health needs was carried out.
- Client care plans were comprehensive, personalised, holistic and recovery orientated.
- Changes in needs were signposted accordingly to the relevant service or team.
- There was a discharge process in place prior to leaving treatment.

Summary of this inspection

- Psychosocial interventions were available to clients, including cognitive and behavioural interventions, motivational interventions, structured family interventions, multi component programmes, contingency management and counselling.
- We saw evidence of the use of client-centred 'substance misuse maps', completed by clients, to show their journey and the point they had reached at the time of review.
- The provider showed evidence that supervision and appraisals for both trained and non-medical staff was up to date and complete.
- The service had good links with local GPs, social services, maternity services, family and children's services, services providing psychosocial interventions, and with criminal justice services (embedded in the Youth Offending Scheme agreement).
- Staff displayed knowledge of the statutory principles of the Mental Capacity Act. The service had a policy regarding the application and requirements under the Mental Capacity Act.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- We spoke with four clients and interviewed two clients of the service at the time of the inspection. They stated they felt safe in the service.
- We spoke with two carers who told us that the service had a positive impact on their family.
- The service used a variety of life-like dolls designed to represent babies born with problems associated with alcohol addiction to help clients understand the consequences of alcohol use during pregnancy.
- Each client had a named worker who would be their point of contact within the service.
- We saw consent and confidentiality agreements signed by both clients and staff in care records.
- The service allowed treatment to be client led, with full involvement in care plans: this was seen during the inspection.
- Recovery plans were individualised and stressed the strengths of the client, recognising a wide range of needs and aspirations, and directing appropriate support.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

Summary of this inspection

- Referral into the service could be by family, friends and self-referral, through children and family services, education services, health and mental health services, substance misuse services, or youth justice services, or through an employer or a young person housing service.
- The service tried to remain 'barrier-free', accepting referrals of young people from vulnerable groups such a sex workers, pregnant women, lesbian, gay, black and ethnic minorities, bisexual and transgender people.
- Discharge plans were included for clients of the service, and discharge reasons were audited and monitored by Public Health England.
- Complaint forms were easy to understand and complete, with a monthly complaints and compliments log maintained by the service.
- The service offered a number of group programmes, such as the Baby Project (aimed at the effects of alcohol on young mothers), the Amy Winehouse Foundation Resilience Programme (a drug and alcohol awareness programme for secondary schools), and the Breaking the Cycle service (an individually designed care package which took into account the needs of the whole family).
- Leaflets were available in accessible formats, including a graphic novel approach outlining the treatments available, as well as a leaflet in the Cyrillic alphabet, for Russian speakers.
- The service considered the communication needs of their clients, and they had found that mobile telephones and texting was the preferred method of contact for clients.
- Between 13 June 2015 and 13 June 2016 there had been no formal complaints made to the service. There had been 23 compliments to the service in the same period.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The vision and values of the service were discussed with the registered manager and staff at the service. The values were 'compassionate, determined, and professional'.
- The service had a statement of purpose that stressed the journey required to move forward, rather than the concept of recovery.
- The service used performance indicators to monitor and gauge performance of the teams.
- We saw a clear management structure, with lines of accountability and responsibility for staff within the service.

Summary of this inspection

- The service had a risk register. Staff could submit items to be included on the risk register for consideration; normally this would go through the registered manager.
- Staff stated that they felt able to raise concerns without fear of victimisation. Staff told us they felt good about their job, and enjoyed working in the service.
- There was a whistleblowing policy, and staff were aware of how to use it.
- Relationships with other services and senior staff were reported to be positive.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff received training in the Mental Capacity Act 2005. The training was conducted online using a computer. Staff displayed knowledge of the statutory principles of the Mental Capacity Act. The service had a policy regarding the application and requirements under the Mental Capacity Act. New clients aged under 16 were assessed using the Gillick competency framework: this refers to a legal case widely used to help assess wither a child has the maturity to make their own decisions and can understand the implications of those decisions. We saw evidence of this in care plans and records of clients at the service.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Substance misuse services	N/A	N/A	N/A	N/A	N/A	N/A

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

The service location at both sites was clean and tidy. All furniture was in excellent condition. One site was mostly used as office accommodation, with most client interactions taking place off site or in another registered part of the location. There was an up to date health and safety assessment, dated 2 May 2016. There was an up to date fire risk assessment, dated 1 July 2016. Fire wardens were identified, with three members of staff designated fire wardens, with signage indicating the three staff and their positions.

Bathrooms and kitchen areas were clean and modern. Signs reminded people of the need to wash their hands. We saw evidence of daily cleaning taking place. The location was part of an enterprise run by a charity, one of several buildings, and Addaction staff utilised the facilities of the enterprise for its community meetings. The building at 109 Great Mersey Street utilised rooms for a variety of therapies and activities. These rooms were found to be clean and well maintained. A cleaning company ensured cleanliness was maintained across the location.

A counselling room was decorated to reflect young interests, giving a relaxing atmosphere. Rooms that were available to interview clients were quiet and private.

Safe staffing

The staffing at Addaction Rotunda comprised 24 staff, supported by volunteers. Staffing numbers were estimated using financial information against numbers of clients. At the time of inspection, the service had a caseload of 128 clients. The number of clients fluctuated with school holidays, as the caseload was 168 in January 2016. Nurses were not employed at the service. The service was a non-prescribing service, and there were no non-medical prescribers employed. The service did not employ a doctor directly; if deemed necessary, staff would consult with the adult service GP. Clinical support was facilitated through adult services, where any potential prescribing would be generated and managed in line with a locally agreed young person's prescribing protocol.

The service had 14 key workers. Within the total staff numbers, volunteer staff were trained to hold group work support and make assessments, and could maintain a small caseload of non-complex cases. Volunteers also took part in the Amy Winehouse Foundation Resilience Programme, introducing drug and alcohol awareness and prevention to secondary schools. No agency or bank staff were utilised, and the service reported that they were never short-staffed. The manager stated that if extra staff were required for any reason, adult services would help provide cover.

We were told that the only time an activity would be cancelled is if the member of staff scheduled to hold the activity rang in sick for that day: the client would be offered the opportunity of another staff member in the first instance.

The provider stated that all new staff underwent a recruitment process that tested their skills, behaviour, competencies and values, as well as previous employment checks and a Disclosure and Barring Service check prior to commencement. We saw evidence of Disclosure and Barring Service checks during the inspection.

Assessing and managing risk to clients and staff

All clients were assessed within a comprehensive risk assessment framework on joining the service. A client's outcome record was completed: this allowed the service to measure improvements or delays in the health and wellbeing of a client. The national drug treatment

monitoring system monitored the data and gave quarterly reports on the results of ongoing treatment of clients in the service. The risk assessments were reviewed when necessary, and in agreement with the client.

The risk assessments we saw were used to indicate the client's journey, both forward and back. This allowed risk assessments to be revisited and strengthened. Client input into the assessment was clear, and the wording of the assessments showed independence was promoted within the service.

The service was for children and young people; as such, medication management was policy specific. The policy was detailed in a flowchart that covered aspects from identification of a potential prescribing need (with symptoms clearly documented), through a clinical case discussion form completed for the prescriber. Prescribing references and prescriber appointments were to be included in care plans, with a urine test prior to any appointment arranged with an adult service. After the appointment with the prescriber, all details were to be incorporated into the care plan and signed by the client, prescriber and key worker. At the time of the inspection, there were no clients receiving medication under the medicine management policy.

If a client wished to disengage from the service, every effort was made to re-engage with the client. If the original referral was from an outside source, then the service would contact the referrer and inform them of the situation and the need to assist in re-engagement.

Clients were not searched within the service. There was a policy for managing aggression; this was done by conflict resolution skills rather than restraint. The service had both a safeguarding adults and a safeguarding children policy. We discussed the policies with the manager, and found that the manager knew the policies thoroughly. Staff knew the policies, and were able to discuss ways to identify abuse and raise safeguarding issues. There had been no safeguarding alerts raised by the service in the –period September 2015 to September 2016, prior to inspection. The registered manager of the service sat on the Liverpool safeguarding children board, ensuring good interaction with local safeguarding structures. There was a safeguarding flow chart that showed the relevant steps to take should a safeguarding issue be raised.

Clients signed a client contract during their assessment, as a means of agreeing to and abiding by the conduct expected from the service. A copy of the contract was kept in each client file. The service had very little contact with the police, reporting only one contact in the two years prior to inspection. However, the service did ensure that information pertinent to the police was passed on in order to keep clients or others safe.

Staff completed mandatory training, which included infection control, information governance, safeguarding children level one, safeguarding adults level one, safeguarding information, equality and diversity, health and safety, and mental capacity within the service. Each staff member had a training needs analysis and plan, outlining mandatory, team and individual training, along with training requests. Staff records indicated a wide variety of related skills and experience pertinent to the service, including safeguarding level three and safeguarding officer training. Training figures for mandatory training showed 100% completion.

Track record on safety

There had been no serious incidents requiring investigation in the 12-month period September 2015 to September 2016, prior to the inspection. A recent adverse event occurred when a staff member failed to follow the lone worker protocols and failed to contact the team to state that the session was finished and they were going home. The embedded process was followed and the system was shown to work. There has been no repeat of the situation.

Reporting incidents and learning from when things go wrong

The service followed an "Incidents Management policy and process" in order to effectively report incidents and learn from them. The service actively encouraged incident reporting, and staff knew what should be reported. The service used a computer reporting system. Any member of staff could initiate a report. The report initially went to the line manager for review, and then passed on to the relevant overseer for the matter, such as safeguarding. The incidents were risk rated.

A clinical information review group issued a bulletin, with a national group sending five case studies for discussion in supervision and team meetings. National society for the prevention of cruelty to children serious case reviews were also fed back to the service.

Substance misuse services

An easy to follow flowchart within the policy outlined the steps to be taken in relation to an incident, including timings for reports and ultimately the feedback process. The policy included a section on the support for staff and their families in the event of an adverse incident occurring.

Duty of candour

The service had a policy entitled DQ197-Being Open Duty of Candour Policy. Staff were aware of the policy and the need to be open and honest with clients. We saw no evidence that duty of candour was not being followed. There were no incidents that had identified with the threshold for duty of candour.

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

Assessment of needs and planning of care (including assessment of physical and mental health needs and existence of referral pathways)

Addaction Rotunda had clear and comprehensive referral criteria, and a comprehensive assessment of physical and mental health needs was carried out prior to acceptance by the service. The assessment included accommodation, whether the client was in a relationship, if they had been in young person services before, consent, physical health and any symptoms, sexual health, GP details, hospital admissions, mental health, employment history and education levels. The assessment helped to identify co-morbidity issues.

We reviewed five sets of care records and care plans that related to clients at Addaction Rotunda. They were comprehensive, personalised, holistic and recovery orientated. There was evidence of client involvement; consideration was given to the wishes of the client. One record showed a history of dis-engagement, and outlined the attempts by the service to re-engage with the client. We saw evidence that copies of care plans were given to or refused by a client.

Clients' physical health needs were dealt with by referral to the GP, and mental health needs by referral to children and adolescent mental health services or the early intervention in psychosis team. Social needs were addressed by social workers, early health assessment team workers, care workers or community psychiatric nurses, in conjunction with the key workers at the service. Clients were signposted accordingly to the relevant service or team should there be any changes in their needs.

There was a discharge process in place prior to leaving treatment. This was audited and a quarterly report, the Young People Quarterly Activity Report, was issued. The report showed that 59% of the clients discharged from the service between April 2016 and June 2016 completed their treatment regime, and 97% of those discharged from the service met the goals agreed on their care plans.

Records were stored securely on a computer system, allowing access by suitably qualified and relevant staff.

Best practice in treatment and care

The provider stated that Addaction Rotunda followed guidance set out by National Institute for Health and Care Excellence and Public Health England and had used this guidance to develop its assessment and recovery planning process, which included a risk assessment framework. Guidance relating to reducing substance misuse among vulnerable children and young people was followed, including alcohol-use disorders and drug misuse in over 16s. The service also followed guidance to facilitate transition from young person's to adult services.

Psychosocial interventions were available to clients, including cognitive and behavioural interventions, motivational interventions, structured family interventions, multi component programmes, contingency management and counselling. The figures for each intervention were recorded on the Public Health England young people quarterly activity report.

The service provided a medicines management audit, the next review to be held in March 2017. We also saw evidence of an infection control audit carried out by staff. Outcomes from audits were fed back to staff by team meetings, electronic mail, or as a target in individual personalised development plans for staff.

We saw evidence of the use of client-centred 'substance misuse maps', completed by clients, to show their journey and the point they had reached at the time of review. We also saw the use of recovery plans to chart and direct clients on the path to recovery.

Skilled staff to deliver care

Substance misuse services

As part of the early health assessment tool, the multidisciplinary team comprised of community psychiatric nurses, school input, social workers, and mentors. Meetings were arranged away from the main office site of the service.

Staff had completed specialised training, including cognitive behavioural analysis and motivational interviewing techniques. All staff had received mandatory training in safeguarding children and young people, safeguarding equality and diversity, safeguarding adults, safeguarding health and safety, information governance, Mental Capacity Act and infection control. Some staff had completed certificates in the management of drug misuse, as well as training in attention deficit hyperactivity disorder. Staff also had training working with cannabis users, and some staff had completed the National Open College Network tackling substance misuse course level three. There was also access to the Royal College of General Practitioners certificate in the management of drug misuse (part one). Training was available to all levels of staff.

Some staff at the service had received training in blood-borne virus testing, but this was carried out by the adult service, rather than the young person service. Clients were offered the chance to have vaccinations against Hepatitis B, and tests for Hepatitis C; this was audited in the Public Health England quarterly activity report for young people.

The provider showed evidence that supervision and appraisals for both trained and non-medical staff was up to date and complete.

Managers were able to access leadership training, including Institute of Leadership and Management level three, performance management training, team management training, and the advanced development learning programme.

We were told that staff performance issues would be dealt with promptly and effectively, but at the time of the inspection there were no such issues.

Multidisciplinary and inter-agency team work

Multidisciplinary team meetings were held when required, in agreement with other agencies or professionals. Decisions made at the meetings were recorded in client records on computer, and a sharing protocol meant that citywide access to records was available to staff with the necessary access. This shared protocol was explained to the client on assessment for the service, and was part of the client agreement.

Any input required from non-attending relevant professionals was obtained by email or by telephone, and recorded in the care notes. The service had good links with local GPs, social services, maternity services, family and children's services, services providing psychosocial interventions, and with criminal justice services (embedded in the Youth Offending Scheme agreement).

The service had links with service-based and local recovery communities, such as Adult services, mutual aid partnerships, and the Freedom Project (help with domestic violence and abuse). Protocols were in place for effective referrals, each referral was recorded on a performance management framework. We saw evidence in care plans of onward referrals to other services.

Adherence to the Mental Health Act

There was no involvement with clients detained under the Mental Health Act.

Good practice in applying the Mental Capacity Act

Staff received training in the Mental Capacity Act 2005. The training was conducted on line for the computer. Staff displayed knowledge of the statutory principles of the Mental Capacity Act. The service had a policy regarding the application and requirements under the Mental Capacity Act. On assessment, new clients were assessed using Fraser Guidelines or the Gillick competency: this refers to a legal case widely used to help assess wither a child has the maturity to make their own decisions and can understand the implications of those decisions. We saw evidence of this in care plans and records of young people at the service.

The service manager told us that the service was not involved in best interest decision making for clients. Staff knew where to get advice regarding the Mental Capacity Act within the service. There were no arrangements to monitor or audit adherence to the Mental Capacity Act.

Equality and human rights

Substance misuse services

Staff at the service did have mandatory training in equality and diversity, and were up to date with this training. There was a policy at the service regarding equality and diversity. The assessment criteria for acceptance by the service considered all of the protected characteristics.

Management of transition arrangements, referral and discharge

Referral into the service could be by family, friends and self-referral, through children and family services, education services, health and mental health services, substance misuse services, or youth justice services, or through an employer or a young person housing service. The figures for referrals were sent to and maintained by Public Health England, which showed 59 referrals for the first quarter of 2016. There was no waiting list for the service. On average, the time that the service took to see a client referred to the service averaged three days from referral to first assessment.

The service tried to remain 'barrier-free', accepting referrals of clients from vulnerable groups such as sex workers, pregnant women, lesbian, gay, black and ethnic minorities, bisexual and transgender people. The service worked closely with transgender groups in the city, and organisations that promoted gay rights. The service had a diversity working group with a remit to remove barriers to clients entering the service.

Discharge plans were included for clients of the service, and discharge reasons were audited and monitored by Public Health England. This included unplanned discharge reasons, planned discharge and transferred discharges (such as transition to adult services). Exit information was maintained in relation to further support on discharge, as well as whether a client met the goals on their care plan at treatment exit. In the first quarter of 2016, 97% of those leaving the service had met their agreed goals.

Are substance misuse services caring?

Kindness, dignity, respect and support

We spoke with four clients of the service at the time of the inspection, but only interviewed two clients. They stated they felt safe in the service. The clients spoke of the activities they were offered, and how there was always someone they could talk to. The clients told us that on assessment, they had to give information about any physical health needs, and if any problems were identified, they would be taken to the walk-in centre or to the GP for examination.

The clients told us that staff were always polite and respectful, caring in their approach. They were asked if they wanted family involvement in their care and treatment, and said they gave feedback on the service they were receiving.

We spoke with two carers who told us that the service had a positive impact on their family.

Staff we spoke to stated that they felt able to raise concerns about disrespectful, discriminatory or abusive behaviour. Each client had a named worker that would be their point of contact within the service.

We attended a group meeting for 15 year olds who were involved in an education session on alcohol and babies known as the Baby Project, which included a variety of life-like dolls that were designed to represent babies born with problems associated with alcohol addiction. The session was professional, with housekeeping rules and boundaries that all the clients agreed to. Confidentiality was discussed and explained regarding the session. Aims of the session were set out at the beginning. The clients taking part involved themselves in the session, showing a willingness to learn and participate. It was clear that the relationship between the staff leading the session and the clients present was strong and caring, with a mutual respect for each other.

The involvement of clients in the care they receive

We saw consent and confidentiality agreements signed by both clients and staff in care records. Clients were contacted in line with the circumstances of the referral, including consideration of whether the client had known about the referral. First contact might be by telephone or text, or if a school referral, by a visit in the school; we were told that 90% of the referrals meant staff went to the client, rather than the client to staff, the meeting being led by the client, before the assessment would begin.

The service was client led, with full involvement in care plans: this was seen during the inspection. The goals outlined in the care plans were stated by the client, and the pace they progressed at was their own. Recovery plans were individualised and stressed the strengths of the client,

recognising a wide range of needs and aspirations, and directing appropriate support. We saw evidence of one to one meetings and were told that these sessions were held as and when the client wanted to meet.

The service acted as advocates for clients, and ensured that referrals to other services were made when and where necessary. Choice of treatments depended on the needs of the client.

The service encouraged clients to feed back using forms, such as a client satisfaction form, a form that had been devised by clients at the service. The form allowed clients to say how they would like the service to be run.

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

Access and discharge

Referral into the service could be by family, friends and self-referral, through children and family services, education services, health and mental health services, substance misuse services, or youth justice services, or through an employer or a young person housing service. The figures for referrals were sent to and maintained by Public Health England, which showed 59 referrals for the first quarter of 2016. There was no waiting list for the service.

At the time of the inspection, there were 128 clients registered with the service, and caseloads were manageable.

The service tried to remain 'barrier-free', accepting referrals of clients from vulnerable groups such a sex workers, pregnant women, lesbian, gay, black and ethnic minorities, bisexual and transgender people. The service worked closely with transgender groups in the city, and organisations that promoted gay rights. The service had a diversity working group with a remit to remove barriers to clients entering the service.

Discharge plans were included for clients of the service, and discharge reasons were audited and monitored by Public Health England. This included unplanned discharge reasons, planned discharge and transferred discharges (such as transition to adult services). Exit information was maintained in relation to further support on discharge, as well as whether a client met the goals on their care plan at treatment exit: in the first quarter of 2016, 97% of those leaving the service had met their agreed goals.

Between 13 June 2015 and 13 June 2016, 312 clients had been discharged from the service, and none of those clients required a follow up appointment within seven days of discharge.

The facilities promote recovery, comfort, dignity and confidentiality

Complaint forms were easy to understand and complete, with a monthly complaints and compliments log maintained by the service.

The service offered a number of group programmes, such as the Baby Project (aimed at the effects of alcohol on young mothers), the Amy Winehouse Foundation Resilience Programme, and the Breaking the Cycle service (an individually designed care package that took into account the needs of the whole family). The Amy Winehouse Foundation Resilience Programme is a drug and alcohol awareness programme for secondary schools, delivered in partnership with Addaction Rotunda. There was also a gym in the second registered location to the service. A large garden allowed clients to cultivate flowers and vegetables, and there was a fund available to be used to fund reasonable suggestions by clients.

Weekend activities included football competitions and community days for clients and their families.

Meeting the needs of all clients

Leaflets were available in an accessible format, including a graphic novel approach outlining the treatments available, as well as a leaflet in the Cyrillic alphabet, for Russian speakers. There was a great deal of information available regarding prevention of drug and alcohol related harm. This included a Facebook page and a Twitter account for clients to access information using social media.

The service was signed up to a translation service. The registered manager sat on a community advisory group, giving access to many contacts and resources for people of different backgrounds.

The service considered the communication needs of their clients, and they had found that mobile telephones and

texting was the preferred method of contact for clients. The service also offered the chance to use an online messaging service with video feed available, but clients rarely used this option.

Listening to and learning from concerns and complaints

The provider had a critical incident review group, who had remit to monitor complaints to the service. However, between 13 June 2015 and 13 June 2016 there had been no formal complaints made to the service. There had been 23 compliments to the service in the same period.

We were told that staff would try to be resolve complaints informally in the first instance, before making the complaint formal. A complaints log was maintained by the service. An investigation of a formal complaint could be undertaken by senior staff from another service to maintain impartiality, with the client (and family if so required) kept informed. Any findings would be fed back to the team through team meetings and supervision, with relevant actions to be taken.

All complaints would be resolved within a maximum of 20 days, with a comprehensive response delivered to the complainant. A Compliance Inspection and Audit team would monitor deadlines for complaints, to assure compliance. The procedures were outlined in a service Complaints and Feedback policy.

At both sites of the service, we saw posters for independent services, advising that if clients were unhappy with the service they could contact these services to complain.

Are substance misuse services well-led?

Vision and values

The vision and values of the service were discussed with the registered manager and staff at the service. The values were 'compassionate, determined, and professional'. The staff at the service stated they used these values to improve effectiveness and productivity.

The service had a statement of purpose that stressed the journey required to move forward, rather than the concept of recovery, the importance of the road as high as the end result. Staff we spoke to said they understood this concept. A quality manual was in place at the service.

We were told that a contacts manager visited the service from the head office weekly, whilst executive directors visited up to 12 times a year.

Good governance

The service used performance indicators to monitor and gauge performance of the teams. This was done using a performance monitoring framework report. The report recorded 16 different indicators, including referrals by age and gender, average waiting times from referral to first one to one session, active clients with a care plan, discharges and discharge outcomes, number of clients receiving specialist services whilst in education, clients outreach report data, and the number of clients engaged in outreach or community services.

The service also submitted data to the National Drug Treatment Monitoring Service, as well as Public Health England. The outcomes were used to improve the service. We saw a clear management structure, with lines of accountability and responsibility for staff within the service. The provider had seven directorates to oversee the running of the service, including operations, clinical governance and quality, finance and information technology, and knowledge management. There were three governance sub-groups, including the information governance steering group and the critical incident review group. Minutes from these groups were viewed and showed full consideration of agenda items.

The service had a risk register. Staff could submit items to be included on the risk register; normally this would go through the registered manager for consideration.

The registered manager stated they had enough authority to do their job, and felt that there was adequate administrative support. The registered manager stated she felt supported by senior managers, and staff at the service said they felt supported.

Leadership, morale and staff engagement

Staff stated that they felt able to raise concerns without fear of victimisation. Staff told us they felt good about their job, and enjoyed working in the service. There was a low turnover of staff at the service, and staff believed this was because they were a good staff team. Staff reported that the job could be stressful at times. Overall, staff reported that morale was good at the service. There was a whistleblower policy, and staff were aware of how to use it.

Substance misuse services

Managers at the service had relevant experience and skills to give clear clinical leadership. Sickness and absence rates were monitored. There were no bullying or harassment cases at the time of the inspection.

Relationships with other services and senior staff were reported to be very good. The registered manager stated they felt the service had a good reputation across the city. Staff could give feedback into the service.

Commitment to quality improvement and innovation

The service was involved in the T2A (Transition to Adulthood) programme, aimed at 18 to 25 year olds, to better understand how the criminal justice system could best respond to young adult offenders. The idea was that a distinct approach could be used to cut offending and improve outcomes.

Outstanding practice and areas for improvement

Outstanding practice

The service used dolls termed “Alcohol Babies” as part of their Baby Project service. The babies were designed to show physical problems associated with such problems as foetal alcohol syndrome, caused by drinking alcohol during pregnancy. Clients reported the handling of the dolls as having a positive impact on their views.

The use of a graphic novel styled information leaflet showed consideration of media styles and the input of the clients at the service.