

# Addaction - Preston YA

## Quality Report

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Date of inspection visit: 26 April 2018  
Date of publication: 24/08/2018

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 inspected Addaction Preston YA on 26 April 2018. We found the following issues that the service provider needs to improve:

- The auditing system continued to be ineffective in ensuring all client information was recorded, updated and available to relevant staff. Despite regular audits and reminders to staff and managers, essential client information needed to deliver safe care and treatment was not available.

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

- Confidential client information was now stored securely prior to being added to the electronic record system. Secure bags had been purchased for the safe storage and transportation of client documents.

We were unable to inspect other issues relating to previous inspection findings because the service was not providing any regulated activities at the time of the inspection.

# Summary of findings

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# Summary of this inspection

## Background to Addaction - Preston YA

Addaction Preston YA provides community drug and alcohol services to young people up to the age of 25 within the Lancashire County Council district.

The service is government funded and commissioned by the local authority.

The main office was in Preston and there were other offices in Lancaster and Burnley. Due to the large geographical area and client need, most clients were seen within community settings such as schools, youth groups and community centres.

We last inspected Addaction Preston YA in July 2017. We issued the provider with three requirement notices that related to the following regulations under the Health and Social Care Act (Regulated Activities) Regulations 2014:

- Regulation 9 HSCA (RA) Regulations 2014 Person-centred care
- Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
- Regulation 17 HSCA (RA) Regulations 2014 Good governance

At the time of this inspection, the service was registered to provide the regulated activity of treatment of disease, disorder or injury. There was a registered manager.

The regulated activity “treatment of disease, disorder or injury” covers a treatment service that is provided by a

listed health care professional (as listed in paragraph 4(4) of Schedule 1 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014), or a social worker in the case of mental health treatment, or by a multi disciplinary team that includes a listed health care professional, or social worker where the treatment is for a mental disorder, and is intended to treat disease, disorder or injury.

The service no longer provided treatment carried out by or under the supervision of a listed health care professional, or from a social worker; thus there is no requirement for registration of this regulated activity.

The provider did not notify the Care Quality Commission that the service had ceased to carry on the regulated activity as they are required to do under the Care Quality Commission (Registration) Regulations 2009 (Part 4) Regulation 15 (1) (b).

Following this inspection, the provider submitted an application to deregister the service as no regulated activity had been provided for over 8 months. During 2017 there had only been one month of regulated activity provided to one young person. The service was deregistered in June 2018.

Following this inspection we were unable to report against all the necessary key questions as the service was not carrying out regulated activities at the time of inspection.

## Our inspection team

The team that inspected the service comprised of CQC inspector Clare Fell (inspection lead) and another CQC inspector.

## Why we carried out this inspection

We undertook this inspection to find out whether the service had made improvements since our last focussed inspection on 11 July 2017. At the time of inspection the provider was registered to provide regulated activities and had not submitted their application to deregister.

Following the last inspection, we told the provider that it must take the following actions to improve:

# Summary of this inspection

- The provider must ensure that risk assessments are completed in a timely manner. They must be updated regularly and contain risk management plans that reflect the risks identified.
- The provider must ensure that recovery plans are completed for all clients in a timely manner. Recovery plans must be available for staff to access when needed. Recovery plans must be up to date and contain holistic and personalised information. Confidential client information must be stored securely prior to being added to the electronic record system.
- The provider must ensure that systems and processes are effective in improving the quality and safety of the service.
- The provider must ensure that where improvements are identified from audits, an action plan is developed and implemented without delay.

At the last inspection in July 2017, we found that one risk assessment document was not recorded on the electronic system despite the client being referred in April 2017. Three risk assessments had not been updated in line with the organisation's policy of every six weeks and two risk assessments did not have risk management plans.

Recovery plans were not always present or up to date and they were not holistic or personalised. Three recovery plans were missing from the electronic record, seven had not been updated in line with the service policy and three were not holistic or personalised. There was no secure storage for recovery plans and other paper documents prior to being scanned onto the electronic system. Staff told us that documents were stored with personal belongings and other places that were not accessible to other staff.

Client information was not stored securely prior to it being added to the electronic record system. This meant the service was at risk of breaching sensitive, confidential client information. This was not in line with the providers' data protection guidance.

The auditing system was not effective in ensuring all client information was recorded, updated and available to relevant staff. Despite regular audits and reminders to staff and managers, essential client information needed to deliver safe care and treatment was not available.

The provider submitted an action plan to address the above issues to be completed by March 2018.

This inspection was planned following the end of the action plan date.

## 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.

The inspection was announced one working day prior to the visit.

During the inspection visit, the inspection team:

- visited the Preston location
- spoke with the registered manager and team leader
- looked at 20 care and treatment record for clients
- examined a range of audits
- looked at policies, procedures and other documents relating to the running of the service.

# 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 were unable to inspect previous breaches of regulations as at the time of inspection the service was not providing any regulated activities.

### **Are services effective?**

We do not currently rate standalone substance misuse services.

We found:

- Confidential client information was now stored securely prior to being added to the electronic record system.

However, we were unable to inspect previous breaches of regulations because at the time of inspection the service was not providing any regulated activities.

### **Are services caring?**

We do not currently rate standalone substance misuse services.

At the last inspection in July 2017, we did not find any breaches in regulation in relation to the caring domain. We did not inspect this domain as the service was not providing any regulated activities.

### **Are services responsive?**

We do not currently rate standalone substance misuse services.

At the last inspection in July 2017, we did not find any breaches in regulation in relation to the responsive domain. We did not inspect this domain as the service was not providing any regulated activities.

### **Are services well-led?**

We do not currently rate standalone substance misuse services.

At the last inspection in July 2017, we did not find any breaches in regulation in relation to the well-led domain. However, we had concerns because the service did not ensure people received safe and effective care and treatment.

We found:

- The monitoring systems and processes being used did not ensure that improvements were made and sustained.

We did not inspect this domain as the service was not providing any regulated activities.

## Detailed findings from this inspection

# Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

## Are substance misuse services safe?

During this focussed inspection in April 2018, we were unable to inspect the safe domain because the service was not providing any regulated activities at the time of inspection.

## 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)

During this inspection we found that individual secure storage bags had been purchased for all staff. This meant that information about clients could now be securely stored before being added to the electronic record system.

However, we were unable to inspect other issues relating to the effective domain because the service was not providing any regulated activities at the time of inspection.

## Are substance misuse services caring?

At the last inspection in July 2017, we did not find any breaches in regulation in relation to the caring domain. We did not inspect this domain as the service was not providing any regulated activities.

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

At the last inspection in July 2017, we did not find any breaches in regulation in relation to the caring domain. We did not inspect this domain as the service was not providing any regulated activities.

## Are substance misuse services well-led?

Although we did not inspect this domain, we had concerns from our previous inspection that the service did not ensure people received safe and effective care and treatment.

During this inspection we found evidence that a number of concerns had been identified from the action plan but there had been no improvement since completing the actions.

At this inspection the service no longer provided treatment carried out by or under the supervision of a listed health care professional, or from a social worker; thus there is no requirement for registration of this regulated activity.

The provider did not notify the Care Quality Commission that the service had ceased to carry on the regulated activity as they are required to do under the Care Quality Commission (Registration) Regulations 2009 (Part 4) Regulation 15 (1) (b).

Following this inspection, the provider submitted an application to deregister the service as no regulated

# Substance misuse services

activity had been provided for over 8 months. During 2017 there had only been one month of regulated activity provided to one young person. The service was deregistered in June 2018.



# Outstanding practice and areas for improvement

## Areas for improvement

### **Action the provider SHOULD take to improve**

The provider should ensure that systems and processes are effective to improve the quality and safety of the service.