

Compass - Reach

Quality Report

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

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

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

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

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

Overall summary

We do not currently rate substance misuse services.

We found the following areas of good practice:

- Staff treated clients with compassion, dignity and respect, were non-judgemental in their approach and protected their privacy and dignity.
- Staff assessed the needs of clients and worked with them to develop their own recovery plans.
- Staff understood their responsibility for reporting incidents of harm or risk of harm and concerns related to safeguarding people from abuse. Clients were seen at school or in a safe and comfortable alternative place to the office.
- Staff followed guidance in line with the National Institute for Health and Care Excellence and Drug misuse and prevention: UK clinical guidelines on clinical management 2007.
- Clients either self-referred or were referred through a partner agency and were seen within five days of a referral, where a comprehensive assessment was completed.
- Staff followed up cancelled appointments and unexpected discharges to ensure that vulnerable people were not left without support. Staff were responsive to the needs of all their clients.

Summary of findings

- The service had enough staff with the appropriate skills, experience and training to provide safe care. Staff received specialist training that enabled them to carry out their role safely.
- Staff received mandatory training, regular supervision and other professional training identified in their supervision.
- The service had a formal complaints procedure but had not received any complaints in the 12 months leading to our inspection.
- The provider had a clear vision and values, which staff understood and worked towards.
- There were clear lines of management through the organisation and strong leadership at local level.
- The service had a risk register that meant everyone in the organisation was aware of any risks and what action had been taken to reduce them.
- The organisation was committed to improving services for the clients, and sought client views through questionnaires.

However:

The provider did not have a policy for the duty of candour so staff did not know how to deal with issues around errors and complaints in a consistent way.

Summary of findings

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Compass Reach

Services we looked at

Substance misuse services.

Summary of this inspection

Background to Compass - Reach

Compass Reach works with young people in North Yorkshire who are aged between nine and 19 years old (the service works with young people up to 25 years that have special educational needs and/or disabilities) and are commissioned to provide support to those identified as being at risk of:

Substance misuse, including alcohol and drugs; previously known as legal highs.

Poor sexual health, including preventing early pregnancies and sexually transmitted infections.

Issues with emotional wellbeing or mental health.

They employ a nursing team who can prescribe medicines, screen for infectious diseases and provide vaccinations. The nurses in their professional capacity also support the young people to complete work around ceasing the use of addictive substances.

The service is registered with the Care Quality Commission to provide diagnostic and screening procedures and treatment of disease, disorder or injury regulated activities. There is a registered manager in place.

Compass Reach is part of the Healthy Child Service in North Yorkshire and as such works closely with Healthy Child Practitioners who deliver universal services and with Family Outreach Workers in a wide variety of young person friendly community sites. These are in:

Craven

Harrogate

Selby

Hambleton and Richmondshire

Scarborough, Whitby, Ryedale

The staff team work flexibly across North Yorkshire to best meet the needs of identified vulnerable young people.

At this inspection we visited the Northallerton Office and offices in Whitby and Scarborough.

We last inspected Compass Reach in 2013 and the service was found to be compliant with the standards used at that time.

Our inspection team

The team that inspected the service comprised CQC inspector Pauline O'Rourke (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.

Summary of this inspection

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.

During the inspection visit, the inspection team:

- visited the main office and two hub offices and looked at the quality of the physical environment
- spoke with three clients and two carers

- spoke with the registered manager and the lead nurse
- spoke with eight nurses employed by the service provider
- received feedback about the service from the commissioner, other professionals who worked with Compass Reach and pastoral workers from three schools
- attended a team meeting and held a focus group with staff
- collected feedback using comment cards from 27 clients, three carers and 18 other professionals who have referred clients into Compass Reach
- looked at 15 care and treatment records for clients
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

We received 27 feedback forms from clients and we spoke to three clients about the service. Clients told us that the service helped them to feel safe and secure. Several clients told us that the staff listened to them and gave them clear useful information that helped inform their

choices. They said that staff respected their confidentiality and only shared information when they needed to. All the clients said that they worked on their own recovery plan for support and then worked with staff to ensure they completed their planned recovery.

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 had enough staff with the appropriate skills, experience and training to provide safe care.
- Staff understood their responsibility for reporting incidents and safeguarding concerns.
- Staff received training that enabled them to carry out their role safely.
- Staff completed a risk assessment at each visit and recorded it in the client's file.
- Staff learned from investigations and the information was shared with staff at team meetings.
- The community premises visited were clean, tidy, and well maintained.

However:

The provider did not have a policy on the Duty of Candour. Staff had discussed the duty of candour at their team meetings and understood their responsibility.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff assessed the needs of clients, and worked with them to develop their own recovery plans.
- Staff followed guidance in line with the National Institute for Health and Care Excellence guidance and Drug misuse and prevention: UK clinical guidelines on clinical management 2007.
- Staff received regular supervision and had good support from their manager.
- Staff could access training that helped them develop their role.
- Staff were aware of the diversity of their clients and provided appropriate support.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

Summary of this inspection

- Clients managed their own recovery plans; clients and family members felt involved in recovery planning.
- Staff treated clients with compassion and protected their privacy and dignity.
- Staff treated clients with dignity and respect, and were non-judgemental in their approach.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients could either self-refer or could be referred through a partner agency.
- Clients were seen at school or in a safe and comfortable alternative place.
- Staff followed up cancelled appointments and unexpected discharges to ensure vulnerable people were not left without support.
- Staff were responsive to the needs of all their clients.
- A formal complaints procedure was in place, the service had not received any complaints in the last 12 months.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The provider had a clear vision and values, which staff understood.
- There was strong governance through the organisation.
- Staff received mandatory training and other professional training identified in their supervision.
- A risk register was in place this meant that everyone in the organisation was aware of any risks and what action had been taken to mitigate the risks.
- There was strong leadership at a local level.
- The organisation was committed to improving services for the clients.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Mental Capacity Act training was mandatory and a policy was available to staff on the intranet. Staff were aware that this legislation applied to clients at 16 years of age and a client's capacity to make decisions about their care could change depending on where they were in their treatment. Staff assessed capacity at each visit.

With younger clients, staff knew to apply the Fraser competency test when dealing with sexual health issues. Fraser competent is a term used to describe a child under 16 who is considered to be of sufficient age and understanding to be competent to receive contraceptive advice without parental knowledge or consent. The test is that the practitioner must be satisfied that;

- The child will understand the advice;
- The child cannot be persuaded to tell his or her parents or allow the doctor to tell them that they are seeking contraceptive advice;
- The child is likely to begin or continue having unprotected sex with or without contraceptive treatment;
- The child's physical or mental health is likely to suffer unless he or she receives contraceptive advice or treatment.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

The main staff base at Northallerton was found to be clean and tidy. Clients were seen in five premises in the community, which were:

- Harrogate
- Northallerton
- Scarborough
- Selby
- Skipton

We visited three of the community premises and found these to be clean, tidy, and well maintained. The premises used were owned and managed by a property owner, who was responsible for ensuring maintenance, fire checks, security and cleanliness.

There was a clinic room and space for workers to provide confidential and individual support. Toilets were accessible to all clients in the buildings visited. There was adequate hand washing facilities, clinical waste provisions, personal protective equipment including disposable aprons and disposable gloves available if required. Staff followed infection control policies and procedures.

There was clear signage locating the first aid box, fire exits and fire extinguishers. The names of fire marshals and first aiders were also displayed.

There was a large community area and a group area that clients could use. Staff had access to panic alarms when seeing clients in private and these were regularly serviced to ensure they worked. Staff made clients aware of what constituted acceptable behaviour at their initial

assessment and throughout their treatment. There had been no incidents where staff had to restrain clients. There was a signing in and signing out procedure for everyone who came to any of the buildings.

Medication held by the agency comprised of the child and adult vaccinations for hepatitis A and B. All the vaccines were held at the Northallerton office and when required they were transported in a cool box to the relevant area and transferred in to the secure fridge for that area. Staff told us this system worked well as appointments were planned in advance. This system allowed the service to hold a minimum number of vaccines. Fridges were in place at Harrogate, Eastfield Scarborough and the Cabin at Selby. There was a clear procedure in place for the transportation of vaccines. Fridge temperatures were tested daily and a medication audit was carried out every two months. All staff carried condoms, and the morning after pill to have them available when needed for clients. Staff could administer medication because they had a Patient Group Directive in place giving them permission along with guidelines they had to follow. The head of NHS England and the commissioner had signed these documents. Staff kept a signed copy with them at all times. Equipment required for emergency treatment of clients in case of an anaphylactic shock episode or heart failure was available in each office and staff had received training to use them.

Safe staffing

There was a clear organisational structure in place.

- A manager who was supported by a clinical lead
- nine nurses who had a variety of expertise, including learning disability, mental health, paediatric and general nursing
- one administration manager
- a psychologist who provided clinical support for the team.

Substance misuse services

The main office was in Northallerton with the nurses providing support in six other hub offices and in alternative community premises. These included schools, community centres and youth centres.

Staff were up to date with the following mandatory training:

- Data protection
- Information Governance
- Safeguarding Adults and Children – Compass single agency training
- Basic life support and anaphylaxis updates
- Safeguarding children online learning basic awareness
- Manual handling
- Infection control
- Mental Capacity Act

There were 110 people registered with the service, the majority were accessing the service for emotional wellbeing and mental health. Staff were based at the hub offices and saw clients as their diary allowed. They worked mainly in the area nearest to their hub office but they worked anywhere in the county dependent on the needs of the clients.

Compass Reach reported into the National Drug Treatment Monitoring Service. The National Drug Treatment Monitoring Service collates and analyses information from people involved in the drug treatment sector. Public Health England manages the National Drug Treatment Monitoring Service. Information provided by Compass Reach showed that in quarters one and two for 2016, they had seen 100% of clients within three weeks; which was above the national average of 98%. They had no opiate users in the same period. In the same period they successfully discharged 52 out of 58 clients from the service, this represents 90%; which was above the national average which was 81%. In the same period they had four clients who dropped out of treatment within 12 weeks of treatment, this represents 7%; which was below the national average which was 10%.

Assessing and managing risk to clients and staff

Referrals to the service were made by anyone with a concern about a young person, including a young person themselves. A duty worker reviewed and screened all

referrals and if the information did not provide a full picture, they would contact the referrer for further information. The assessment included a scoring tool for emotional wellbeing and mental health, drugs and alcohol. This tool had been developed by the service and was in line with adult services. Potential risks were identified on the electronic recording system, including how best to communicate with the client in line with the Accessible Information Standard; a mandatory standard that all NHS and publicly funded services must follow.

We reviewed 15 records and found these to be comprehensive and up to date.

There were clear processes for reporting safeguarding concerns. Staff knew and understood how to make a safeguarding referral. Compass Reach worked closely with the local authority and had a dedicated safeguarding lead within the clinical team. The safeguarding lead had oversight of all safeguarding cases. They maintained a risk register of safeguarding concerns and these were checked at each team meeting. At the time of our inspection, there were no safeguarding cases open to the service.

Staff visited their clients according to the individual plan. Clients told us that they had found that they could contact workers for support when needed.

Staff followed the organisations lone worker policy and notified the office when they had arrived at an appointment and again when they left. They also had access to personal alarms when working in the community or in the clinic room. The manager had also implemented an 'end of day call'; this meant staff had to contact them at the end of each day to ensure they were safe and to discuss any issues causing the staff member concern.

Track record on safety

There were no reportable incidents for this service; because the reporting rate is so low the manager has agreed to provide the CQC with a quarterly report outlining what has occurred within the service. The manager does report safeguarding incidents to the Care Quality Commission.

Reporting incidents and learning from when things go wrong

Substance misuse services

Staff knew how to report incidents. The manager investigated any incidents and were included on the risk log. This was a log used by the service to monitor the number and type of incidents that were reported. Staff also discussed incidents at team meetings.

Duty of candour

Compass – Services to Tackle Problem Drug Use did not have a policy on the Duty of Candour. Staff had discussed the duty of candour at their team meetings and understood their responsibility.

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

Assessment of needs and planning of care

A basic assessment was completed as part of the referral and once allocated a comprehensive assessment was completed by the member of staff working with the client, sometimes at the first appointment and for more complex issues over two sessions. A 'My Star' care-planning tool was completed to allow clients to highlight how they felt at the start of their treatment. This was repeated during and at the end of their treatment and allowed the client to see how much progress had been made. Care plans were completed with every client to address their needs. We reviewed 15 care plans and found these to cover all aspects of the client's situation.

Compass Reach used both an electronic case management system and paper records. Staff in the Compass organisation could access the electronic records. We saw evidence that both the electronic file and the paper records were audited at regular intervals as part of the staff supervision. This meant that files were up to date and if a piece of work had been missed or not recorded, it was picked up and dealt with.

Best practice in treatment and care

Staff provided treatment in line with the National Institute for Health and Care Excellence guidance and Drug misuse and prevention: UK clinical guidelines on clinical management 2007. Staff used talking therapies with clients, worked with families and liaised with other professionals

about social issues. A member of the Compass organisation circulated information to staff about updated guidance from the National Institute for Health and Care Excellence.

Staff had areas of special interest and this had included attending training in cannabis and psychosis, coke to MHAT (previously known legal highs), volatile substance misuse, brief solution focussed therapy and cognitive behavioural therapy. Staff identified training and conferences in their specialist areas during their supervision and they told us and we saw evidence that they were supported to attend these events.

A safeguarding audit was completed annually. Staff worked with other agencies involved in the wellbeing of children and they attended multi agency meetings to ensure everyone was aware of the issues raised.

Clients who used the service told us staff had supported them with very specific issues, around bereavement, domestic violence and gender identity. Staff recognised that these issues affected the recovery of their clients and accessed specialist services to help provide appropriate support.

Skilled staff to deliver care

Staff had the skills and experience necessary to carry out their work. Training was available to staff who had a specific interest such as new mothers risk assessment, domestic abuse and child exploitation. Staff were encouraged to develop areas of special interest. As a result they had lead roles in learning disabilities, safeguarding, psychosis, anxiety and eating disorders. Staff were expected to keep up to date with their lead role and feed back to the team new information or developments in that area.

Staff had access to regular management and clinical supervision.

Staff were receiving:

- One to one supervision - delivered every four weeks and records showed discussions around caseloads, child/adult protection, risk management and any operation issues such as information technology or lone working.

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- Non-clinical supervision – delivered every six weeks and discussions included review of work, training and development needs, annual leave, and any other relevant topics.
- Group supervision – every month the team had a day of meetings. During this time a managerial meeting around their workload and then a clinical meeting where training could be provided. Staff also had a monthly meeting with a psychologist who provided training in specific areas.

Each member of staff had a named supervisor. They used a supervision calendar to monitor compliance. Staff were receiving supervision in line with the supervision policy.

A disciplinary policy and process was in place but had not been used for this service.

Multidisciplinary and inter-agency team work

The local authority commissioned Compass Reach to provide support to clients who were struggling with their emotional wellbeing and/or their mental health. They worked in a network of other providers and are co-located to ensure families can access a range of support to help children. Staff liaised with pastoral staff in schools, where necessary the police, social services and the local mental health trust to ensure a coordinated approach could be provided for the welfare of the client.

Adherence to the Mental Health Act

The service did not work with anyone detained under the Mental Health Act.

Good practice in applying the Mental Capacity Act

Mental Capacity Act training was mandatory and a policy was available to staff on the intranet. The local authority as well as in house online learning had provided training to staff.

If the client was aged nine to 13 years old then their parent or carer accompanied them to their first appointment. This ensured both parties understood what was going to happen and what the process was.

For children under the age of 16 years old, their decision-making ability is governed by the Gillick competence test. This concept of competence recognises that some children may have a sufficient level of maturity to make some decisions themselves. Staff also used the

Fraser competence test. Fraser Competent is a term used to describe a child under 16 years old who is considered to be of sufficient age and understanding to be competent to receive contraceptive advice without parental knowledge or consent. The test is that the practitioner must be satisfied that:

- The child will understand the advice
- The child cannot be persuaded to tell his or her parents or allow the doctor to tell them that they are seeking contraceptive advice
- The child is likely to begin or continue having unprotected sex with or without contraceptive treatment
- The child's physical or mental health is likely to suffer unless he or she receives contraceptive advice or treatment.

Clients aged 16 or over were assumed to have capacity to make their own decisions and staff assessed their understanding of what was being discussed. Staff were aware that a client's capacity could change depending on where they were in their treatment and assessed capacity at each visit.

Equality and human rights

Staff had received training in equality and diversity and incorporated this in to their assessments and work with clients. We saw in case files that issues around sexuality and gender identity were examined. Staff worked with one of the oldest and largest sexual health organisations in the country. They offer services to various communities including men who have sex with men, black and minority ethnic people, people misusing drugs, sex workers and lesbian, gay, bisexual and transgender young people and adults. They also worked with a national organisation that supports young people and their families affected by transgender issues. Where gender issues were identified, we saw that the language in the case files changed to recognise the change in gender for the client. Information about services could be provided in different formats, this was done once a client had been identified as having specific communication needs.

There were no blanket restrictions.

Management of transition arrangements, referral and discharge

Substance misuse services

The client can make referrals to Compass Reach themselves or anyone else can who has concerns about their emotional wellbeing or mental health. Referrals were assessed and the referrer was contacted to discuss the information further. Once a referral was allocated the worker and client determine what support was necessary, and the course of support could be up to eight weeks. Staff liaised with the referrers and let them know when the interaction with the client had finished. We spoke with some pastoral workers at local schools across the county and they told us that the staff from Compass Reach worked closely with them and always let them know when someone had left the service either unplanned or planned.

Are substance misuse services caring?

Kindness, dignity, respect and support

We were unable to observe interactions between staff and clients. However, we spoke with five clients and received feedback from 27 clients. They spoke highly of the service and said that staff were supportive. Staff understood the needs of clients and delivered clinical treatment to meet this need. We saw evidence that clients were involved in their recovery planning and evaluation of their progress.

Clients signed a primary care agreement, which explained consent to treatment and their rights to make a complaint. Staff discussed how confidentiality was maintained with their clients at every appointment. In one instance staff had to breach the confidentiality of the client for their own safety and this led to the client withdrawing from the service. Information received through the feedback forms indicated clients felt their contact with the organisation was positive and supportive.

The involvement of clients in the care they receive

Compass Reach is part of the Healthy Child Service in North Yorkshire; as such, they work closely with Healthy Child Practitioners who deliver universal services with the Prevention Service and Family Outreach Workers.

We spoke to clients and carers who said the service was supportive and helpful. Clients and family members felt involved in recovery plans and had good access to doctors.

Feedback received from clients told us:

“I think the service has helped and supported me really well and I would recommend Compass to anyone”

“I believe the service has done everything to make me feel safe, secure and private. It has helped me dramatically and all with kindness”

“I was listened to and respected although I was uncomfortable when information was shared with my parents. I had a plan and we worked on it together”

Feedback received from other professionals included comments such as:

“I have frequent professional liaisons with Compass Reach and have always found them to be approachable, accessible and supportive; staff are open, caring empathetic and true advocates for the young people they care for”.

“I have found that staff to be passionate, compassionate, competent and caring and their communication with partners is excellent”.

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

Access and discharge

Clients could access the service directly and referrals came from parents and/or carers, other health workers, the police, GPs, and teachers. A duty worker screened new referrals and made an initial assessment. They were then allocated to the appropriate worker. The service had a target of five days to make the first appointment. Referrals from the police had a target time of 15 days to the first appointment. Appointments usually took place whilst the client was at school although other community settings could be used. There was no waiting list for services.

Staff managed unexpected discharges from the service through telephone calls and assertive outreach to try to re-engage the client. The nurses who were assigned to the referral followed up their own client. The manager also followed up with other agencies to ensure the client had support from another agency if not Compass Reach before they would discharge from the service.

Compass Reach had a current case load of 110 with 80 clients being seen each week. Appointments included

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wellbeing assessments, vaccinations, dry spot blood tests, and therapy sessions. Information requested prior to the inspection about discharge and did not attend appointments was held by the lead provider.

In the 12 months up to the 30 September 2016 there had been 341 did not attend appointments and 163 clients had been discharged from the service.

The facilities promote recovery, comfort, dignity and confidentiality

At the Northallerton office, there were interview and clinic rooms available. Staff managed this to ensure that clients could always be seen. Space for private appointments was variable dependent on the location of the community office. Compass Reach were aware where this is an issue and this was recorded on their risk register.

Staff carried out visits in the community for clients and could not always be sure where they were working. To counter this staff had a wipe clean cover for the floor, if they needed to carry out any clinical interventions, they used personal protective equipment. This meant they could follow infection control methods as much as their environment would allow. Each member of staff had a clinical bag that contained equipment they needed to carry out their role safely.

Compass Reach worked with children and families teams to ensure children were safe. Consent to treatment policy was in place.

Meeting the needs of all clients

Staff visited clients at a place that was convenient to them. This could be at a community venue, school or in a hub office and sometimes at the client's home. This enabled clients to engage positively with their recovery as they could limit who knew what was happening.

Information leaflets were in English but could be made available in other languages if needed. Staff had made visits to a service that works with men who have sex with men, and a service that works with young transgendered people and their families. Visits would be organised at a place that was safe.

To ensure the service remained responsive the provider had identified a day in January 2017 to see how they could

further develop their service in line with what the commissioners may want for the future. They have identified as working with the travelling community as an area of future development.

Staff engaged in meetings to ensure clients were getting the best support possible these included but were not exclusive to:

- Vulnerable, exploited, missing and trafficking children
- Inclusive education service
- National probation service sharing group; these meeting included trading standards; probation and the local and county councils.

Compass Reach had developed an Integrated Pathway with a provider for adult substance misuse. This meant that at four weeks to clients' 20th birthday a three way meeting was held to start the transition process. This process was only started if someone needed long term interventions after their 20th birthday otherwise Compass Reach would continue with their interventions until they were finished regardless of the client's age.

Listening to and learning from concerns and complaints

A formal complaints process was in place. The manager acknowledged the initial receipt of a complaint and if possible talked to the client individually. The manager would then look at all the information surrounding the complaint and provide a response. There had been no formal complaints made in the last 12 months.

The provider did not have a duty of candour policy in place although staff understood the importance of being open and honest with clients at all times.

Are substance misuse services well-led?

Vision and values

The provider had a clear vision and values, which staff understood and embraced. Their vision was to: "be the best in all that they do, by bringing the maximum benefit to the people they work with."

The organisation had the following set of values:

- Integrity
- Valuing each individual

Substance misuse services

- Being solution focused
- Being consistent and reliable

Staff understood the vision and values of the organisation and feedback received from stakeholders talked about them being 'open', 'honest' 'reliable' and 'consistent'.

There was a clear organisational structure in place. Staff knew who the director of children services was and were able to contact them if necessary. The manager also received support from a clinical lead and an assistant director who provided regular support and visited the service on a regular basis.

Good governance

There was a clear management structure in place. This allowed staff to understand where they could access support from within the organisation. Staff had monthly meetings to discuss management and clinical issues, as well as a monthly training day. Staff were involved in meetings with other organisations to ensure that all services for children could keep up to date with issues around the county that might affect clients they worked with. These meetings included:

A local Prevention Service

A Children and Adolescence mental health service

A Drugs and Alcohol Partnership Group

An inclusive Education Service

Staff received mandatory and specialist training. Robust supervision arrangements were in place. A range of audits took place, incidents were reported, and lessons learnt were shared with staff. There were robust safeguarding procedures in place and there was a dedicated safeguarding lead to provide support to the team.

The commissioners monitored the service as part of the overall contract. Meetings took place every three months

and staff saw these as an opportunity to look at how the service could be improved, whether any safeguarding alerts or complaints had been received these would be discussed.

An organisation risk register was in place and the manager was able to add items to this register.

All risks were reviewed regularly and mitigated where possible.

Leadership, morale and staff engagement

There was strong leadership at a local level. The registered manager was responsible for the service and a clinical lead was in place to manage operational issues. Key roles were in place to provide leadership on key areas such as safeguarding and equality and diversity.

Communication with staff was good and staff morale was high. We attended a meeting with staff and they told us 'although we work as individuals given the range of our patch we keep in touch with each other on a regular basis'. Staff told us that the manager expects a daily phone call especially at the end of the day to ensure they are alright. However, they all told us that they can ring the manager, clinical lead or each other at any time and support was provided. Staff were able to contribute to the development of the service and any changes were discussed as a staff group before being implemented.

Commitment to quality improvement and innovation

There was clear commitment to develop the service and staff were offered training to ensure they could offer the services needed. The manager had also identified a date in January 2017 for a development day. Staff were asked to think about how the service could be developed to provide a service that when the contract is for renewal they will be offering something different.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

The provider should implement a duty of candour policy and procedure to ensure staff deal with issues around complaints and incidents in a consistent way.