

Insight Platform

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:

- Staff fully involved clients of all ages in the process of assessing and treating their needs. Clients had clearly defined recovery goals.
- Risk management and safeguarding procedures were effective. Staff worked in partnership with other organisations to reduce the risk of harm to clients.
- Staff in the service had the skills and knowledge to work with clients and families where substance misuse was an issue. The service provided a range of individual and group work interventions to support clients.
- Staff ensured consent to treatment was obtained from clients in accordance with legal requirements.
- The commissioner of Insight Platform reported that it was effective in terms of the numbers of clients supported and the outcomes of interventions with clients with complex needs.
- Staff were positive about working for the service. They were supported by their managers to provide a high quality service.
- The service was seen by clients as welcoming and friendly. They said the interventions provided by staff helped them to reduce risks and improve family relationships. They said staff listened to them and acted on their views.

Summary of findings

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Summary of this inspection

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Insight Platform

Services we looked at:

Substance misuse services

Summary of this inspection

Background to Insight Platform

Insight Platform is a community substance misuse service provided by Blenheim CDP. The service has operated since 2014. The service was registered with the Care Quality Commission in May 2016 to deliver the regulated activity: treatment of disease, disorder or injury.

Insight Platform is commissioned by Haringey Council to provide a service for children, young people up to 21 years and families who are affected directly or indirectly by the misuse of drugs or alcohol. The service provides psychosocial, harm reduction and family interventions. These interventions aim to develop clients' resilience and improve family dynamics. This includes 'Hidden Harm' work to support children and young people through one-to-one and peer interventions to increase self-resilience and decrease the impact of parental substance misuse. The service does not provide any medically prescribed treatments or medicines. At the time of the inspection, the service had approximately 80 clients.

The service is commissioned to provide a service for:

- Children and young people who are using alcohol and drugs to support them with their health, wellbeing, relationships and education
- Parents and care givers who do not have substance misuse problems themselves, but who need to develop skills to help with their child's or other family member's substance misuse problems
- Parents with substance misuse problems who need to develop their parenting skills
- Parents known to children's services who misuse substances who need an integrated substance misuse and parenting service.

The service supports clients by providing advice and information and age-appropriate practical and emotional support. Clients can access one to one tailored interventions and group work sessions. The service receives referrals from a variety of sources including schools, social workers in children's services, substance misuse services and the probation service.

The service has a registered manager. We have not previously inspected the service.

Our inspection team

The team that inspected the service comprised a CQC inspector, a social worker specialist advisor and an expert by experience. An expert by experience is a person who has personal experience of using, or supporting someone using, substance misuse services.

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. The inspection was announced.

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.

During the inspection visit, the inspection team:

- visited Insight Platform and looked at the quality of the physical environment, and observed how staff were interacting with clients
- spoke with nine clients
- spoke with the registered manager
- spoke with three other staff members
- spoke with the service commissioner
- looked at five client treatment records
- looked at audits, performance reports and other documents relating to the operation service.

What people who use the service say

Clients were very positive about Insight Platform. Both adults and children told us that staff were friendly and carried out their jobs well. Clients said staff were always open and honest with them and involved them in making decisions.

Clients told us that staff listened to them and helped them to overcome some serious problems. They said staff had supported them to reduce the harm to them from substance misuse and to improve family relationships.

Clients said the building was clean and bright with a range of toys and activities for clients of all ages. Both children and adults said they enjoyed coming to 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 found the following areas of good practice:

- The service was fully staffed. Staff were able to safely support individual clients because caseloads were manageable.
- Staff worked with clients to identify and manage risks to their safety. Staff were knowledgeable about safeguarding issues. They knew how to make referrals to other agencies when appropriate and worked closely with other agencies to develop effective risk management plans.
- Staff had completed the required mandatory training to carry out their work role safely and competently.
- The service reported incidents to senior managers who ensured that staff had taken all the appropriate actions to ensure clients were as safe as possible.

Are services effective?

We found the following areas of good practice:

- Staff thoroughly assessed the needs of clients. They obtained detailed information from clients about their circumstances. Staff worked with clients and other agencies, such as schools, adult substance misuse services and mental health services to develop effective recovery plans.
- Staff were skilled in a range of interventions including counselling and group work. They worked with clients of all ages to support them to develop their strengths and coping skills.
- Staff held weekly meetings to monitor and discuss their work and to ensure clients received an effective service. Staff worked closely with schools staff, social workers, mental health staff and staff from adult substance misuse services. This enabled the service to support staff to have all their needs met.
- Staff understood how to assess the level of understanding of clients for consent to treatment by the service. They followed the relevant legal requirements in relation to obtaining consent for children and adults.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

Summary of this inspection

- Staff were respectful and considerate when working with clients of all ages. They had a good understanding of the individual needs of the clients they worked with.
- Staff engaged children and adults in the process of assessing their needs and planning their recovery.
- The provider asked clients to give feedback about the service and acted on their suggestions.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The service quickly responded to referrals to the service. Clients told us they were easily able to make contact with the service.
- The service premises were comfortable and suitably laid out to meet the needs of clients of all ages.
- Staff gave clients a handbook about the service which included information on the service, other sources of help and how to complain. Clients told us this handbook was very useful to them.
- The service was able to meet the diverse needs of the local population.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff enjoyed working at the service. They told us they were able to put the provider's values into practice when working with clients.
- The registered manager and the provider's senior managers had effective systems to ensure clients received a high quality service. There were arrangements in place to ensure staff were appropriately trained and managed. Checks were made on the quality of the service and there were follow up actions to make any necessary improvements.
- Clients reported that staff were open and honest with them.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff in the service understood their legal responsibilities in relation to obtaining consent from children, young people and adults for psycho- social treatment at the service.
- Staff involved clients over 16 years in decision making about their own treatment. Staff took steps to ensure clients received the support they needed to fully understand decisions. For example, they took time to explain different options to clients. Staff understood that if clients were over 16 years and there were concerns about their mental capacity, then they should apply the principles of the MCA.
- Staff ensured children under the age of 16 had the level of understanding to consent to their own treatment. This is known as being "Gillick competent".
- Staff obtained the consent of someone with "parental responsibility" for a child when the child was unable to consent to their own treatment.

Substance misuse services

| | |
|------------|--|
| Safe | |
| Effective | |
| Caring | |
| Responsive | |
| Well-led | |

Are substance misuse services safe?

Safe and clean environment

- Entry to the service's premises was controlled by staff through an intercom system. The service was clean and well maintained throughout. Staff made regular checks on the safety and maintenance of the building. This included checks of equipment such as fire extinguishers. There were working panic alarms in interview rooms.

Safe staffing

- The staff team comprised a service manager, a senior practitioner, a 'Hidden Harm' worker, three child, young client and family practitioners and an administrative worker. 'Hidden Harm' is a term used to describe the harm experienced by children due to substance misuse in the family. At the time of the inspection, there were no staff vacancies. Information from the provider on sickness rates and staff turnover confirmed that there had been sufficient staff in the service in the twelve months preceding the inspection. The service had not used any bank or agency staff.
- The registered manager had oversight of the allocation of cases and team workloads. Staff told us that their caseloads were manageable and were at around 18-20 cases. There were no cases awaiting allocation.
- All staff had received appropriate mandatory training. This included training on adult and child safeguarding, the Mental Capacity Act, risk assessment, care management and working in a person-centred way.
- The provider followed safe recruitment practice to reduce the risks of employing unsuitable staff. Staff files included the required background checks on staff working with vulnerable people. There was evidence

that the provider had vetted new staff by obtaining disclosure and barring service checks. The provider had also obtained references from previous employers and kept a record of the recruitment interview.

Assessing and managing risk to clients and staff

- Staff thoroughly assessed and managed risks to clients. Referring agencies provided written information on risks when they completed the service's referral form. This form included information on risks in relation to substance misuse, the client's mental health needs and safeguarding issues. For children and families referrals, the form had detailed information about the specific risks to children in relation to parental substance misuse. For example, there was information about any adverse impact on the health and wellbeing of children.
- The staff team discussed new referrals at the weekly clinical meeting and allocated new cases to a worker with the expectation that they would make contact with the client within five days. Staff worked closely with other agencies to assess and manage risks. For example, when children had an identified risk of self-harm, staff worked in partnership with children and adolescent community mental health services (CAMHS) and children's services. In the case of children who were at risk of abuse or neglect due to parental substance misuse, the service worked closely with social workers and adult substance misuse services and fully participated in safeguarding arrangements. Staff regularly communicated with social workers and participated in planning meetings to ensure the child's needs were met.
- Staff undertook risk assessments to ensure that all risks to the individual child and family were identified and managed. Risks assessments included full information on risks to individuals and explained the risks to children from substance misuse within the family. Staff

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developed risk management plans in conjunction with clients and other agencies to ensure risks were appropriately dealt with. Risks were reviewed at three monthly intervals to ensure they were appropriately identified and managed.

- The service had completed an annual safeguarding self-assessment as required by section 11(4) of the Childrens Act 2004. This demonstrated that the organisation fully met the seven key standards in relation to safeguarding and promoting the welfare of children.
- Staff in the service had received training in child and adult safeguarding. Staff we spoke with had a good understanding of their role and responsibilities in terms of identifying and reporting safeguarding risks.
- In the case of many of the children and families who used the service, there were ongoing safeguarding risks which were identified at the point of referral. The service entered details of clients where there were safeguarding issues onto their incident management system. The service included information about the actions being taken by Insight Platform staff to support the client and reduce risks in conjunction with other agencies. This enabled oversight by the provider's senior managers and clinical governance team to ensure that risks were fully managed.
- Staff followed the provider's lone worker policy and took appropriate steps to ensure their personal safety. For example, they did not make home visits alone.

Track record on safety

- There had been no serious incidents in the service since it registered with CQC.

Reporting incidents and learning from when things go wrong

- Staff understood the organisation's incident reporting procedures. These had been exclusively used to entered details of work undertaken with clients where there were known safeguarding issues.
- The service worked closely with childrens services and the local authority. The commissioner told us there were no concerns from other agencies about the operation of the service in relation to safeguarding children and adults.

Duty of candour

- Duty of candour is a legal requirement, which means providers must be open and transparent with clients about their care and treatment. This includes a duty to be honest with clients when something goes wrong.
- Staff and the registered manager told us they understood the 'duty of candour' and aimed to be open and honest when working with clients. Clients we spoke with confirmed staff were candid with them in relation to how the way they would communicate with other agencies if there were safeguarding concerns.

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

Assessment of needs and planning of care

- The service effectively assessed client needs and developed person-centred recovery plans. Care records showed staff assessed client's needs thoroughly. They asked clients for information about their mental health and also obtained information from any other professionals working with the client. For example, in the case of a school-age client, the staff member had obtained information about the client's behaviour from their learning mentor at the school and from a mental health professional who supported the client.
- Staff developed recovery plans with the involvement of the client and clients were given a copy of the recovery plan. The plans set out goals based on the client's wishes in relation to managing risks from their substance misuse, managing their mental health and improving family relationships. Plans included information on advice staff gave to clients about legal issues and managing their sexual health. Plans had details of how staff would support the client to achieve the identified goals. Examples, of goals included 'reducing cannabis use' and 'getting on better with my younger siblings.' Staff provided interventions such as counselling, advice and information and peer-support work.
- Recovery plans were based on the principles of 'harm minimisation'. Staff told us they recognised that clients may not be ready to completely stop substance misuse so in these cases, they worked with clients to reduce or prevent drug and alcohol related harm. For example, by

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giving advice on using substances more safely, reducing overdose risk and reducing spread of infectious disease. Additionally, staff supported clients to develop their own strategies to avoid relapsing back to drug/alcohol use for example by avoiding high risk situations.

- In the case of families referred to the service, staff completed an assessment which identified risks and strengths within the family. Care records showed that staff obtained information from children about the impact of parental substance misuse and worked with children to develop their resilience and coping skills. Additionally, staff worked with parents to develop their parenting skills. Where appropriate, staff had worked separately with individual family members to develop their own personalised recovery plans.
- Care records were accurate and up to date. Staff had reviewed clients' needs every three months. If a client's needs had changed they worked with the client to revise their recovery plan to ensure it was still effective.

Best practice in treatment and care

- No medicines were prescribed at the service.
- The service offered clients psychosocial interventions which included those recommended by NICE (National Institute for Clinical Effectiveness) such as CBT (cognitive behaviour therapy).
- Clients told us that staff had supported them in relation to issues such as accommodation difficulties. They also told us staff had signposted them to agencies which specialised in supporting clients with education and employment. In the case of school-age children, staff told us they worked in partnership with school staff and aimed to ensure children's educational needs were met. This included work to support children to attend school more regularly.
- The service made quarterly activity reports to Haringey Council on performance against a set of outcome measures. The data collected by the service included the numbers and throughput of clients, the interventions provided, and sources and outcomes of referrals.
- The provider carried out checks of recording processes at the service. We read an internal quality improvement audit report which was completed in September 2016. Areas for improvement were clearly identified and had

resulted in an action plan with clear timescales. For example, a senior manager organised an in-house training session on goal-setting in November 2016 in response to a finding that recovery plans should have clearer and more measurable goals. Staff told us the findings of the audit were used to inform practice discussion at clinical meetings.

Skilled staff to deliver care

- The staff employed by the service had relevant skills and qualifications in relation to working with young clients and families. Staff were skilled in delivering a range of psychosocial interventions and group work. The senior practitioner was a registered social worker.
- There were thorough processes in place to ensure new staff were supported to effectively take up their work role. Staff records included an induction checklist which confirmed that new staff were given guidance on the service's practices and procedures and spent time shadowing other team members.
- Staff had one to one supervision with the registered manager or senior practitioner every four to six weeks. Supervision records showed staff were able to discuss any difficulties with their work and given advice and guidance. Managers had checked on the progress of case work and ensured that safeguarding issues had been appropriately followed up. They also ensured that staff had accessed training. Staff received an annual appraisal which identified their development needs and how these were to be met. Staff members told us they received good support from their line manager. The provider funded a psychotherapist to provide monthly consultation to team members. Staff said these sessions were helpful to them.

Multidisciplinary and inter-agency team work

- Weekly clinical team meetings took place. Notes of these meetings showed that staff discussed information on new referrals and planned how cases would be allocated and assessed. Additionally, staff discussed the assessments and recovery plans they had developed with other team members. Staff told us they felt this helped them to develop their practice. The meeting had 'safeguarding' and 'risk' as standing agenda items so that there was a clear record of decisions made in relation to high risk cases.

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- The service had effective links with local schools, with a team member responsible for liaising with a number of primary and secondary schools. We saw evidence of developmental work that Insight Platform staff and school staff had engaged in to ensure there was effective communication between agencies. New procedures had been established in relation to referring and monitoring children at risk of harm from substance misuse.
- The commissioner of the service told us agencies such as children's services and child and adolescent mental health services (CAMHS) were positive about the service provided by Insight Platform and the professionalism and skill of the staff.

Good practice in applying the Mental Capacity Act (MCA)

- Staff in the service understood their legal responsibilities in relation to obtaining consent from children, young people and adults for psycho-social treatment at the service.
- Staff involved clients over 16 years in decision making about their own treatment. Staff took steps to ensure clients received the support they needed to fully understand decisions. For example, they took time to explain different options to clients. Staff understood that if clients were over 16 years and there were concerns about their mental capacity, then they should apply the principles of the MCA.
- Staff ensured children under the age of 16 had the level of understanding to consent to their own treatment. This is known as being "Gillick competent".
- Staff obtained the consent of someone with "parental responsibility" for a child when the child was unable to consent to their own treatment.

Management of transition arrangements, referral and discharge

- The referral criteria for the service were clear. Staff from the service undertook visits to children's services, health services and youth services to promote their work. Each staff member was responsible for linking with several schools to ensure referrals were picked up at an early stage. Insight Platform worked closely with education staff and social work staff to ensure that discharges from the service were planned well.

- Clients told us that staff promoted their recovery and independence but also made it clear that they could re-contact the service after discharge if they need to. The service arranged a number of parties and events that ex-clients could attend if they wished. Staff liaised closely with services for adults with substance misuse issues to ensure clients received all the support they required.

Equalities, disabilities and human rights

- Staff in the service had received training in equalities and respecting human rights. Staff understood how to assess and meet the diverse needs of clients.

Are substance misuse services caring?

Kindness, dignity, respect and support

- We observed that staff were polite and friendly when talking with adults and children using the service. Clients told us that staff were always respectful, kind and helpful. They said that staff had supported them to deal with complex problems through providing emotional support and practical help.
- Staff we spoke with fully understood the circumstances of the clients they worked with. For example, they knew about the details of the client's family situation and substance misuse and the recovery plan for the client. Clients we spoke with said they felt that staff were skilled and knew how to support people in their situation to make positive changes.
- Clients said that staff respected their confidentiality. They also told us staff explained to them the circumstances in which staff would have to communicate with other agencies, for example, if there was a safeguarding concern.

The involvement of clients in the care they receive

- Care records included evidence that staff involved clients in planning and reviewing their care. Staff took a person-centred approach from the outset by asking clients what they wanted from the service. For example, assessment forms began with the question, 'What brings you here today?' Staff had access to a range of resources such as games, toys and work books which they could use to assist them to involve clients of all ages in assessment and recovery planning. Care records

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showed that staff undertaking work with families worked individually with family members in an age appropriate way. Clients told us they were fully involved in working on their recovery and were given a copy of their care plan.

- Staff aimed to increase clients' skills and self-sufficiency through a brief period of intervention. Staff worked with clients to plan their recovery and their safe discharge from the service. Clients told us staff explained to them how the service worked and helped them to move on from the service.
- The service organised a client participation group meeting. Notes of the 15 December 2016 meeting showed that clients were asked for their views of the service. Participants were very positive about the service received and gave their views on activities which should take place. Staff had plans in place to act on client suggestions in relation to the type of events held at the service.

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

Access and discharge

- The registered manager or senior practitioner screened new referrals and ensured they were allocated within three days. Staff members were expected to meet with clients within five days of allocation and begin the assessment and recovery planning process. The service did not operate during evenings and at weekends. Clients were given a handbook which included information about the help available out of hours from other organisations. Records showed staff ensured that clients with complex needs had appropriate access to support from other agencies. For example, clients with mental health needs were using child and adolescent mental health services (CAMHS).
- Clients told us that they had set appointments and groups with staff rather than dropping in to the service. They said they could easily contact the service by phone if they needed to. Clients said staff were able to meet

them at times which were convenient for them. They said staff were reliable and kept their appointments. Staff made arrangements to meet with school age clients at school at a time which did not disrupt their lessons.

- Staff actively promoted the service by going out to schools, youth groups and other organisations. Where clients did not wish to engage with the service, staff informed the referring agency.

The facilities promote recovery, comfort, dignity and confidentiality

- The facilities were suitable for use for families and young people. The premises were compact but included a large waiting area with plenty of toys, activities and a pleasant large room which could be used for group work. There was also a smaller interview room. Rooms were appropriately sound proofed. Clients told us they found the site comfortable, well-furnished and safe for children.
- The service had a lot of information on display for clients. For example, in the main waiting area there was information on interventions offered at the service, the provider's policies and how clients could access information and give feedback.
- The service produced a clearly written client handbook which staff gave out to clients. This included details of the operation of the service and how to make a complaint about the service. Clients told us they found the handbook helpful.

Meeting the needs of all clients

- Clients from diverse backgrounds told us the service met their needs. The service was on the ground floor and with level access so could be easily accessed by clients with mobility needs and those who were coming to the service with a pram or pushchair.
- Staff had access to a translation and interpretation service if they needed it to communicate with clients..

Listening to and learning from concerns and complaints

- The service collected feedback from clients through a range of methods. Clients completed forms on the service when they exited the service and there was a feedback and suggestion box in the reception area. The

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feedback forms showed that clients were very satisfied with the service. For example a client said, 'Staff are very professional and knowledgeable. It's a positive and welcoming environment.'

- Clients told us they were aware of the service's complaints process. Clients had not made any complaints about the service.

Are substance misuse services well-led?

Vision and values

- The provider's vision, mission and values were displayed in the premises. Blenheim's values were listed as commitment to change, quality, honesty, innovation and integrity. The service had a motto which reflected these values. This was '...'
- Staff we spoke with were able to explain how they put these values into practice when working with clients individually and in groups. Staff implemented the service's objectives in relation to minimising the harmful impact of substance misuse on families, young people and children.
- Staff told us the provider's senior managers frequently visited the service.

Good governance

- There were management systems in place to ensure the effective operation of the service. For example, senior managers received information on the service's performance in relation to mandatory training, staff supervision and on incidents which had occurred.
- The CQC had not received any notifications from the service. During the inspection we confirmed that the provider had an effective system in place to identify when incidents should be reported to the CQC.
- A senior manager had audited recording practice at the service in September 2016 and there was an action plan in place to develop and improve practice. Staff we spoke with were aware of the improvements they needed to make to make recovery goals more focused and measurable.
- The service collated data on its performance in relation to performance targets set by the service's commissioner. This data showed the service was

performing to the expected standards in terms of the number clients using the service. There was also data on the types of interventions provided and planned exits from the service.

- The registered manager told us they were able to make day to day decisions and had sufficient administrative support.

Leadership, morale and staff engagement

- Staff told us they enjoyed working at the service and the sickness rate was low. They said they were aware of how to raise a concern by whistle-blowing if they needed to. Staff told us there was effective mutual support in the team.
- Staff said they were able to work with clients in a variety of different ways using counselling and group work skills. Staff said they enjoyed working in a service which was highly valued by clients and partner organisations. They said the provider supported them to provide a quality service by developing their knowledge and skills. For example, a staff member had spoken at a conference for professionals about the way the service worked with families.
- Staff said the provider supported them with specialist and leadership training. For example, staff had attended courses on cognitive behaviour therapy. They said they were consulted about ideas to improve the service and felt fully involved in service development.
- There were regular weekly team meetings and a service development day was held in November 2016. Notes of the development day showed staff had given input on service development and had discussed new ways of working with clients and partner organisations.

Commitment to quality improvement and innovation

- Staff in the service told us they regularly attended and contributed to conferences and events on the impact of substance misuse on families and children. Staff linked with community groups, schools and statutory agencies. For example, the service had attended freshers' week at two local colleges to inform students and staff about the service. Additionally the team had delivered workshops to young people attending youth schemes. The registered manager maintained close contact with local authority children's services.

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- The registered manager told us that she learnt about developmental work undertaken by similar services at management meetings. For example, she learnt about different resources that were available and got ideas of how to promote the service.