Young Addaction - Lincoln

Quality Report

26-30 Newland
Lincoln
Lincolnshire
LN1 1XG
Tel:01522 305518
Website: www.youngaddaction.org.uk

Date of inspection visit: 15 December 2016
Date of publication: 24/02/2017

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

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

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

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

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

Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following issues that the service provider needs to improve:

- Staff did not always complete or upload all details of a risk assessment onto the electronic database in a timely manner. Staff kept key pieces of paperwork relating to risk management and care planning with them while working away from base. This meant other colleagues might not be aware of, or able to access all risk and care planning information when required in an emergency.

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

- Clients and carers spoke positively about the service, they felt supported by staff, knew who their key workers were, and said they were always kept informed of meetings and appointments.
- Staff engaged positively with clients to promote recovery. The service used a combination of intervention strategies, staff were creative in adapting information to meet clients and carers varied neds and levels of understanding.
- The service had experienced staff to deliver care and there was a low staff turnover rate. The service had

Summary of findings

not used bank or agency staff in the twelve months before this inspection. One hundred percent of staff had received mandatory training including safeguarding children and young people. Staff were knowledgeable about safeguarding young people. The service prioritised staff supervision and regular team meetings.

- The service provided a variety of information in languages spoken by people who use the service. In addition to this staff encouraged, some clients to use a 'speak loud' service via the intranet this read information in different languages. We saw evidence of staff addressing a range of cultural and social needs, including how a staff member worked skilfully with a client dealing with transgender issues.
- There was strong leadership within the service. Staff spoke positively about the managers. Morale was high and staff were passionate about working with clients in their service.
- The service had established effective working relationships with local and national agencies and organisations. The service had responded to feedback from external agencies and made changes accordingly, such as reviewing the threshold for safeguarding reports, and enabling staff to work flexibly and away from base.
- Staff were aware of their responsibilities within the Gillick Principles and Fraser Guidelines for under 16's. The principle and guidelines relate under 16consent.

Summary of findings

Contents

Young Addaction Lincoln

Services we looked at
Substance misuse services

Summary of this inspection

Background to Young Addaction - Lincoln

Young Addaction Lincoln is part of Young Addaction Lincolnshire consisting of three locations at Lincoln, Boston and Grantham. This report relates to the Lincoln location.

Young Addaction Lincolnshire is a countywide drug and alcohol outreach service for young people aged 18 and under. The service is provided through schools and other young people's establishments across Lincolnshire. Young Addaction Lincolnshire is part of the Safer Communities Partnerships initiative and funded by Public Health England.

Young Addaction Lincolnshire also works in partnership with a national resilience programme, offering drug and alcohol awareness education to young people in secondary schools.

Young Addaction Lincoln, registered with the Care Quality Commission on 11 September 2012 for caring for children (0-18 years), the treatment of disease, disorder or injury and diagnostic and screening procedures. The service had a registered manager, Rebecca Homer.

CQC last inspected the service on 31 December 2013. The service was compliant with the requirements of the Health and Social Care Act 2008 legislation at the time.

Our inspection team

The team that inspected this location comprised CQC inspector Debra Greaves (inspection lead), and two other CQC inspectors.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme to make sure health and care services in England meet the Health and Social Care Act 2008 (regulated activities) regulations 2014.

How we carried out this inspection

To understand the experience of people who use services, we ask the following five questions about every service:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well led?

Before the inspection visit, we reviewed information that we held about the location, asked other organisations for information, and gathered feedback from staff members.

During the inspection visit, the inspection team:

- visited the office base at this location, accompanied staff on client visits and observed how staff were caring for clients
- spoke with five clients
- interviewed the registered manager and team leader

Summary of this inspection

- spoke with three other staff members employed by the service provider, including project workers and a resilience programme project worker
- collected feedback using comment cards from five clients
- reviewed four 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

Clients were positive about the care and treatment they received. They told us staff listened to them and treated them as adults and with respect. They said their project workers agreed to meet them in places they felt were safe and familiar to them. Clients and carers told us they felt able to approach staff for information and advice when they had concerns and knew they would get an honest answer. One client told us they had stopped using cannabis and reduced alcohol intake to a safer limit since using the service, and felt their key worker had helped them to see a more positive future for themselves.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We do not currently rate standalone substance misuse services.

We found the following issues that the service provider needs to improve:

- Staff did not always complete or upload all details of a risk assessment onto the electronic database in a timely manner. Staff kept key pieces of paperwork relating to risk management and care planning with them while working away from base to use as working documents. This meant other colleagues might not be aware of, or able to access all risk and care planning information when required in an emergency.

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

- The service had a lone working policy in place that staff followed when working away from base.
- The service had not used bank or agency staff in the 12 months preceding this inspection and colleagues covered each other's short-term absences.
- Staff were experienced to deliver the care required, and were experienced in managing the risks associated with the clients using their service. They knew their client group well, and engaged positively with them. Staff mandatory training was 100% compliant.
- Alerts on clients' electronic case notes gave staff advance warning of any potential safeguarding or risk issues. Staff were knowledgeable about safeguarding young people, we saw evidence of staff working with local police, schools and safeguarding teams to manage risks.
- The service had reported no serious adverse events in the 12 months preceding this inspection. Staff knew what incidents to report and who to report them to.
- Incident reports and investigation outcomes supported the fact they were upholding their responsibilities under their duty of candour. They were advising people when things went wrong and what they were doing about it.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- We reviewed and tracked four client assessments on both the paper-based system and electronic record, while we found the

paper-based records were complete and in date, staff had not updated the electronic system in a timely manner. Care plans were comprehensive, recovery focussed and included physical health care needs and discharge goals.

- Staff used a combination of interventions and adapted their interventions to suit individual cognitive and emotional abilities. Staff were creative when offering information to clients, including quizzes, videos, role-play and props such as alcohol unit measure, as well as one to one and group discussion.
- Managers and staff prioritised monthly supervision. Managers discussed clinical, professional and managerial aspects of staff roles. Staff supervision was 100% compliant.
- Staff had opportunity to undertake specialist training as required to meet the needs of the client group they worked with.
- Managers held regular team meetings, which staff engaged in. We saw evidence of effective interagency and joint working partnerships, including the safer communities' partnerships, and joint work with a national resilience programme.
- Staff were knowledgeable about how both Mental Health Act and Mental Capacity Act applied or not, to the clients they worked with. Staff were aware of their responsibilities within the Gillick Principles and Fraser Guidelines for under 16's.
- Care plans had identified recovery focussed discharge goals. Care planning had involved the client and their families where relevant.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients and carers told us they felt respected by staff. Clients were fully involved in writing their care plans. Care plans were written in first person based on the clients' goals and wants as well as needs.
- Clients and carers we spoke with told us they felt supported by staff, knew who their key workers were and were always kept informed of meetings and appointments. They also told us they felt able to approach staff for information and advice when they had concerns and knew they would get an honest answer or response.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

Summary of this inspection

- Young Addaction Lincoln had clear acceptance criteria and took referrals from a number of sources including self-referrals.
- There was a clear discharge policy and transition arrangements were in place.
- We observed staff addressing a range of cultural and social needs during clinical interventions. Staff provided information in other languages. Staff told us about “speak loud” a service available on the organisations intranet that could read information in different languages.
- Interventions took place in a variety of places chosen by clients as being most suitable for them, including schools, coffee shops and youth centres as well as their homes, and at times to fit in with school timetables.
- Managers responded to feedback and made changes accordingly. For example reviewing the threshold for safeguarding reports, enabling staff to work flexibly and away from base to meet the needs of the young people they worked with. We saw how management had fed back outcomes through team meetings and in supervision.

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 set of values formulated over time with involvement from staff and clients. The vision and values were displayed around the office and understood by staff.
- Management recognised the stressors faced by their staff and prioritised staff welfare and maintaining good staff morale.
- Management undertook a range of audits linked to key performance targets to monitor the effectiveness of the service, and felt they had sufficient authority to manage the service. They were committed to promoting their service and making improvements as opportunities arose.
- Managers demonstrated their criteria for reviewing all safeguarding, incidents and complaints before deciding what to escalate and what to record. The team felt they received appropriate key information feedback.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff had access to online Mental Capacity Act training. Staff training records confirmed 100% of staff had completed the training.

Staff demonstrated a sound knowledge of the Mental Capacity Act; in particular the Gillick Principle and Fraser Guidelines that apply to children under the age of 16. The principle and guidelines relate to legal terms used to determine whether to give contraceptive advice or treatment tounder 16 year olds without parental consent. Staff referred to their manager and the referring agency if they had concerns over a client's capacity.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- Young Addaction Lincoln was an outreach-based service and the clients who used the service were seen by staff in community settings. Staff had completed environmental and premises risk assessments before meeting clients in their chosen community location.
- Staff adhered to infection control principles. The service provided staff with disposable gloves, aprons, clinical waste bags, and hand sanitizers. Some project workers conducted substance misuse testing with clients and used the personal protection equipment correctly to minimise risk of cross infection. Managers completed an infection control audit as required by Addaction's infection control and hand hygiene policy. Staff received mandatory training in infection control.

Safe staffing

- Young Addaction Lincolnshire employed a registered manager based in Lincoln, and one team leader based in Grantham, both post holders worked countywide. There were two project workers at Lincoln and a further four project workers at the Grantham and Boston sites. Managers told us while some staff were assigned to a specific location, all staff were employed to provide a countywide service.
- Young Addaction Lincolnshire also one resilience practitioner based in Lincoln and one early intervention worker based in Grantham. Both staff were employed on fixed term funding from an external organisation.
- The service had no vacancies at the time of our inspection. Across the countywide service (Lincoln, Grantham and Boston), there was a substantive staff turnover of 2%, and a staff sickness rate of 8%. The provider was unable to provide data for just the Lincoln location as they considered the three Young Addaction services as one service.
- The service had not used bank or agency staff in the last twelve months prior to this inspection. Staff told us they picked up each other's caseloads for short periods of absence, and when necessary managers could allocate the caseloads of absent staff to other project workers in one of the other teams (either Boston or Grantham) for a short period.
- Thirty-five active clients were using the service. In addition, staff were discussing 11 newly referred clients to decide if this was going to be the right service for them.
- Caseloads in Lincoln ranged between 21-27 clients per project worker. Some project workers had smaller caseloads due to their level of experience, or because they had more complex cases that required more intensive support. The frequency of contact between clients and project workers varied depending on individual needs and circumstances. Project workers saw clients once a week, once a fortnight fortnightly, or monthly.
- Project workers told us they were managing their own caseloads and the new referrals into their team but had very limited capacity to pick up the work of colleagues who may have to take unplanned or long-term absence. Team leaders reviewed caseloads in supervision sessions to ensure project workers could manage their caseloads safely.
- One hundred percent of staff had completed mandatory training. Mandatory training included safeguarding children and young people, safeguarding sexually active

children and young people, safeguarding adults, domestic abuse, safeguarding in a digital world (on line safety information), infection control, equality and diversity, substance misuse and Mental Capacity Act.

Assessing and managing risk to clients and staff

- We reviewed four risk assessments in paper-based format and attempted to review the same four records on the electronic system. We found the paper-based risk assessments were complete, comprehensive and covered risk to others, drugs and alcohol, personal safety, neglect, mental health and relationships, while the electronic record was incomplete.
- Risk assessment included an initial risk screening on referral to the service, this involved collecting risk information relating to client's substance misuse history, included risks associated with a client's mental health, physical health, social circumstances and offending history.
- Whilst project workers told us they reviewed and updated risk assessments when they identified a change in a client's risk, we found staff did not routinely update daily contact notes or risk assessments in a timely manner. Staff told us they often kept key pieces of paperwork with them while working away from base to use as working documents with the intention of uploading the information later. This meant important information was missed off the care record, colleagues might not be fully aware of risks and would not have easy access to all risk information in an emergency, or if the staff member was suddenly incapacitated.
- Managers reviewed all referrals to their service and prioritised urgency based on level of risk. When necessary, staff rearranged their appointments to accommodate the urgency of a new referral.
- Data for the period November 2015 to October 2016 showed there had been four safeguarding concerns and no alerts received by Care Quality Commission for this provider.
- There was a visible safeguarding process flow chart in staff areas of the service to remind staff of the referral process. Staff we spoke with were knowledgeable about what would constitute a safeguarding concern and made referrals where appropriate using the service's incident reporting system. Staff also reported safeguarding issues to their managers, and told us managers were always contactable and supportive should they have any safeguarding concerns while working away from base.
- The service had a lone working policy in place that staff followed when working away from base. In addition to this staff had completed environmental and premises risk assessments as appropriate, which included mitigation plans where risks had been identified.
- The service did not prescribe medication. If staff assessed a young person needing a prescribing service, the project worker consulted with the team leader or manager. Managers arranged for the prescribing to be completed by the adult services subject to appropriate safeguards being in place.

Track record on safety

- Data for the period September 2015 to September 2016 showed there had been no serious incidents that required investigation. A recent independent joint safeguarding report had criticised Young Addaction for their safeguarding reporting. Since then the provider had changed their practice and reviewed the threshold for safeguarding reports.

Reporting incidents and learning from when things go wrong

- Staff knew what constituted an incident and how to report it using the electronic incident reporting system. Staff reported incidents in relation to missed appointments, client overdoses, safeguarding concerns, violence and aggression towards staff. Senior management reviewed all incident reports monthly and escalated to Addaction's central governance team as necessary.
- Managers reviewed incident outcomes and shared the learning nationally with other Young Addaction services. Managers made staff aware of any changes to the service following serious incidents through their team meetings and or supervision sessions.
- Staff told us the senior management team were supportive regarding incident reporting and they provided debriefs following serious incidents. Counselling was also available to staff should they require.

Substance misuse services

Duty of candour

- The service had a duty of candour policy in place. Staff were aware of their responsibility under the duty of candour, including the need to be open and transparent with clients and their carers when things had gone wrong with their care and treatment. Staff gave those clients and carers who had been affected by any service errors or omissions support, truthful information and a written apology where appropriate.

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

Assessment of needs and planning of care

- Staff completed a comprehensive assessment with all new clients at the start of treatment. The assessment included the young person's substance misuse history, safeguarding history, physical health, blood borne virus screening, mental health, contact with the criminal justice service, legal and financial support, social support and family life.
- We reviewed four care plans, they were holistic, and addressed the full range of the client's needs, including mental health, physical health, medication, social circumstances, substance misuse and safeguarding. Care plans were recovery orientated and written from the client's perspective. The care plans identified skills, strengths, and staff reviewed them following each contact or meeting with the young person.
- The service operated both an electronic recording system and a paper-based system, and staff did not capture all clinical information on the electronic system, such as outcome information recorded in paper-based format. The process for uploading relied on staff physically uploading the paper-based record to the database; staff told us they prioritised clinical work and intervention rather than this administration task.
- Paper records were stored both in lockable boxes and out of sight, in staff's cars or lockable cupboards in a staff only office. While other information containing personal details, such as appointment dates, waiting lists, outcome measures, safeguarding information and incident reports were logged and stored on the service's electronic systems by managers.
- The electronic systems allowed staff from other Young Addaction and Adult Addaction services within the county to access the records. If, and when information was uploaded and entered correctly and in a timely manner, managers considered this beneficial practice because some clients or their family members accessed more than one Addaction service in Lincolnshire. This meant that staff could maintain an oversight of a client's contact with the service and what different treatments and support they were receiving to ensure consistency and to minimise the risk of staff providing conflicting interventions.

Best practice in treatment and care

- The service followed guidance set out by National Institute for Health and Care Excellence (NICE) and Public Health England. Staff were familiar with guidance in the Drug misuse and dependence – UK guidelines on clinical management, also known as the "orange book for substance misuse". Staff had used this guidance to develop their assessment and recovery plans, and risk assessment framework. These ensured clients using the service had personalised recovery and risk management plans.
- The service provided training to staff in a range of evidence based psychosocial interventions recommended by the National Institute for Health and Care Excellence. Including motivational interviewing, cognitive behavioural therapy and relapse prevention. The service provided enhanced psychosocial interventions training to team leaders so they were able to supervise key worker staff in providing these interventions.
- Staff routinely conducted health screening as part of the clients care and treatment. The service offered screening for blood borne viruses and Hepatitis B vaccinations. Hepatitis C tests were also available as was sexual health screening for conditions such as Chlamydia. When indicated or requested staff offered clients the c-card scheme allowing them to access free contraception at easy access points in their community.
- Staff made clients aware of the risks of continued substance misuse and harm minimisation. Staff used a combination of intervention strategies and adapted their interventions to suit individual cognitive and

emotional abilities. We saw good use of creative information giving, including quizzes, videos, role-play and props such as the alcohol unit measure, as well as discussion.

- Staff used outcome measures to monitor a young person's progress. For example, "teen star", This supported and measured change when working with the client.
- Staff used the clients' outcomes profile to measure change and progress in key areas of their lives around substance misuse. This tool allowed the keyworker to monitor any substance misuse and scores were compared with national data.
- The service provided clients with support for employment, education, training, housing and benefits. Staff addressed these needs in individual key worker sessions. Key workers referred clients to other services and organisations for additional advice and support as required.

Skilled staff to deliver care

- Young Addaction Lincoln team comprised a service manager, team leader, two project workers and a resilience practitioner.
- Staff were qualified and experienced to perform their role. Addaction, the parent organisation, provided leadership, and development training to team leaders including the qualification and credit framework in leadership and management.
- Staff received supervision from the team leader once a month and the compliance rate with supervision was 100%. Ninety percent of staff in Lincoln had received an appraisal of their work performance in the last twelve months, one member of staff had been on maternity leave for one year so missed their appraisal. Management had linked appraisals, including targets and development plans to remuneration.
- The provider ensured staff had appropriate and comprehensive induction and orientation. New staff were required to work towards role specific training Federation of Drug and Alcohol Professionals accredited qualification. Staff reported this was good training and took up to six months to complete.
- Young Addaction Lincolnshire is part of the national network, which makes sure staff have the knowledge and resources to respond to the specialist needs of young people.
- We saw policies relating to staff's expected conduct at work, and at the time of our inspection, no staff were under a performance management review.

Multidisciplinary and inter-agency team work

- The service manager and team leader held monthly multidisciplinary team meetings. There was a standard agenda to discuss new developments within the service locally and at provider level.
- The service worked in partnership with youth offending services and safer communities' schemes, providing alcohol and substance misuse awareness sessions to schools, youth clubs, and other care facilities for young people up to and including the age of 18.
- The service had built strong working relationships with other agencies and organisations involved in the care of their young people. Client contact notes and letters showed the service had regular inter-agency communication and arrangements with children services, early help teams, housing and school nurses.
- The resilience practitioner delivered a programme of class based workshops, targeted skills for change sessions, teacher training and parents awareness sessions, in partnership with an external organisation.
- We saw joint care and recovery plans, including risk management plans with education services, the joint plans were called team around the child. The young person, keyworker and other agencies attended these meetings, including school staff and school nurse, when joint plans were formulated and reviewed.

Adherence to the MHA

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

Good practice in applying the MCA

- The service provided an online training course in the Mental Capacity Act. At the time of our inspection, all staff had completed this training. There was a Mental Capacity Act policy, and staff knew where to go to get further information if required.

Substance misuse services

- We spoke with two staff, who were able to tell us how they would apply the Mental Capacity Act knowledge to their work. Staff were aware of their responsibilities within the Gillick Principle and Fraser Guidelines for under 16's.
- Consent to care and treatment was obtained in line with legislation and guidance including the Mental Capacity Act 2005 and the Children's Act 1989 and 2004. There were signed copies of consent to care and treatment on the care record. Clients told us staff explained data confidentiality.

Equality and human rights

- An equality and human rights policy and procedure was in place and staff we spoke with had completed the on line training. The service policies and procedures took account of the nine protected characteristics contained in the Equality Act 2010 – age, disability, gender reassignment, marriage and civil partnership, race, religion or belief, sex, sexual orientation, and pregnancy and maternity.

Management of transition arrangements, referral and discharge

- While care plans included a plan for unexpected exit from treatment these plans were brief all clients has signed and agreed a closure plan, explaining how unexpected exit from treatment would be managed. Staff were aware of the exit process and how to follow up on clients who dis-engaged from the service early. This included telephone calls, texts to clients, contact with other support organisations involved in the care, and appointment letters sent out.
- Clients using the service had identified recovery and discharge goals. Staff recognised it was not always in the clients' best interest to automatically transfer them to adult drug and alcohol services, or adult mental health services. The keyworker completed treatment even if this meant the young person reached their 18th birthday before the treatment was completed.
- The service had developed a transition plan to ensure clients between the ages of 18 and 19 of age received the most appropriate treatment. Addaction had identified that a small number of clients were unable to cope with adult services. These clients had the option of remaining with the Young Addaction service for approximately another year during which time staff gradually introduced them to adult services, and supported them with their first appointments.
- The service worked in partnership with a local Adult Addaction, mental health service, education services and youth justice services. Staff had developed a joint working protocol for transferring young people from Young Addaction to Adult Addaction and mental health services to community substance misuse services. The protocol helped to break down any barriers a young person might have to accessing treatment.

Are substance misuse services caring?

Kindness, dignity, respect and support

- We visited clients in their different community settings with project workers. We observed skilled and dedicated staff delivering positive interactions. Staff were receptive to clients concerns, preferences and ideas. Staff presented what were often complex ideas and information in an accessible, creative and meaningful way to promote understanding. Clients told us how staff gave them all the relevant information they needed to make informed decisions about treatment options.
- Clients we spoke with were very positive about the way staff interacted with them, and commented positively on how they felt listened to, respected and understood during interventions.
- Clients and carers told us staff always advised them about meetings and appointments and communicated with them when there were delays, and worked around the needs of the client.
- Staff had written care plans in the first person and based them on the client's goals and wants as well as needs. There was clear recovery focus to the work at Young Addaction.
- Staff recognised they had to be person focussed if they were to engage well with the client group, and displayed a good understanding of individual needs, taking a genuine interest in the clients' pathway through the service.

- Staff respected clients' right to confidentiality. Individual care records included a signed confidentiality agreement completed at the beginning of treatment. Staff only shared Information regarding treatment with other organisations, agencies or professionals involved in the care of the client when permitted.

The involvement of clients in the care they receive

- We reviewed four care records demonstrating clients had been actively involved in their care planning. The clients we spoke with said they did not have a copy of their care plan, but knew about their care plan.
- The service offered a family- centred approach with support for the whole family, through involvement in the client's recovery plan (if the client had given agreement). This involved presenting information in an accessible way to increase understanding of addictions and how this may affect the client and their family.
- The service provided clients with access to local advocacy services. In addition, staff would act as advocates for the young person during their interaction with other agencies.
- The young people could give feedback regarding the care they received in a number of ways. This included a patient opinion website for Addaction (not service specific). Upon exit from treatment, staff asked clients to complete a feedback form. At intervals, the keyworker would ask the client for verbal feedback after interventions, and this was discussed by the staff member in supervision and team meetings.

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

Access and discharge

- The service had documented admission criteria and took referrals from a number of sources including self–referrals, GP practices and youth offending team. Managers told us some project workers, were supporting clients on a hospital secure ward.
- The service had key performance indicators for waiting times from referral to assessment of two weeks. There was no service waiting list. The service did not provide any data of compliance rates for meeting these targets. However, staff would prioritise clients based on individual needs, and level of risk including safeguarding risks. Staff would be able to see urgent referrals quickly.
- At the time of our inspection, there were 35 active clients using the service, and 11 clients had been referred to the service but not received a full assessment, or final decision about which service was most appropriate to meet their needs.
- The service had an established procedure to re-engage with those clients who had not attended their appointments. This included contacting the client by text or telephone followed up by letter and liaising with other services also involved with the clients in an effort to maintain contact. The service had a system in place for monitoring clients who "did not attend" appointments.
- Clients told us staff rarely cancelled appointments. If a key worker was off work when an appointment was scheduled the service would ensure another member of staff was available to support him or her.
- The service provided staff with business mobile telephones so clients could contact their key worker directly if they required advice or support during business hours. The service operated extended opening hours one evening during the week to make appointments more accessible to clients who were in full time education or work, or could not attend daytime appointments.

The facilities promote recovery, comfort, dignity and confidentiality

- The service provided a range of literature regarding treatment options, and information on other useful resources such as local charities and voluntary organisations. Staff also screened educational videos on a kindle to raise young people's awareness of risks and dangers in relation to substance misuse. Staff were aware of their duties and responsibilities for managing client confidentiality.
- We saw evidence of staff addressing a range of cultural and social needs during interventions. We saw how a staff member worked skilfully with a client with transgender issues.

Substance misuse services

Meeting the needs of all clients

- Interventions took place in a variety of places chosen by the client as being most suitable to them, including schools, coffee shops and youth centres as well as their homes at times to fit in with their school timetable. We saw how staff worked flexibly around the needs of clients and their carers.
- Staff had produced some information in languages spoken by clients who use the service. Some staff told us the 'speak loud' application on their intranet could read information in different languages. However, one staff member told us they were unable to book interpreters to support their young people due to limited resources.

Listening to and learning from concerns and complaints

- Clients we spoke with confirmed they knew how to make a complaint. The service provided a range of leaflets including how to make compliments and complaints and how to escalate complaints to independent organisations.
- Data showed the service had received one formal complaint in May 2016. Managers carried out a full investigation of the complaint, the complaint had been partially upheld, and the service made changes accordingly. Managers had shared the outcome of the complaint at a countywide meeting.

Are substance misuse services well-led?

Vision and values

- Staff strongly identified with Young Addaction's vision and values and reflected this in the service they provided to clients. The organisation, managers and staff were clear about Young Addaction Lincoln being part of an integrated countywide service and not just a standalone Lincoln service. Staff and the young people who used the service had formulated the services vision and values over time, to ensure they were appropriate for the service. Young Addaction's values were for staff were to be, compassionate, determined and professional.
- We saw posters displaying Young Addaction's vision and values on walls in the offices. We saw the vision and values embedded in the care plans and interventions staff offered to clients.
- Staff we spoke with told us senior managers within the organisation visited the service occasionally, and communicated with them regularly via the organisations intranet and by phone.

Good governance

- Managers ensured that 100% of staff had completed the service's mandatory training programme and 100% of staff had received an appraisal of their work performance within the last 12 months. Staff participated in clinical supervision with the service manager or team leader every four to six weeks.
- Addaction had a clinical social governance committee that was responsible for reviewing all clinical governance matters such as incident reporting, safeguarding and staff performance. This included maintaining an oversight of service compliance with mandatory training, appraisals, and appropriate and timely submission of incident reports. There had been no serious incidents reported in the last 12 months before this inspection.
- The service captured significant data relating to every key worker's caseload. This included the number and type of contacts they had had with individual young people, and their stage of recovery, safeguarding concerns and referrals and appropriate referrals to other service's and organisations. Managers completed this case management information regularly to discuss with staff in supervision, as part of case management review.
- We saw an internal audit completed on the 01 November 2016 by managers and covering the three countywide Young Addaction services. The audit looked at service performance, working to National Institute for Health and Care Excellence guidelines, health and safety matters, record keeping, staff training, and supervision. The audit included interviews with staff, and actions for improvements in relation to case management. However, the audit did not identify that staff were not updating client's information on electronic system in a timely manner, including key information relating to clients risk management.

Substance misuse services

- We saw how the service had responded to the findings of a recent report about safe guarding procedures. Managers had revised their practice and procedures when reviewing and reporting safeguarding incidents.
- Managers did not see their staffs' disclosure and barring services (DBS) documentation or references. We found evidence showing one staff members DBS check was 13 months out of date. Managers took immediate steps to address the issue during the inspection, and confirmed if they had access to this documentation for audit purposes, they would have picked up this oversight.
- Managers submitted quarterly contract management reports to the commissioning authority, including information from the clients outcome records to measure the effectiveness of treatment. Management benchmarked these results against other community substance misuse services nationally to gauge service performance in relation to their peers.
- Managers had administrative support to perform their role effectively. A regional data officer to ensure performance outcomes were reported effectively supported the service.
- Managers had sufficient authority to lead the team well. However, Young Addaction Lincolnshire hosted and supervised some staff who were employed by an external organisation. Due to the terms and conditions of the contract with the external organisation Young Addaction managers could not take any staff disciplinary action, if required, for example with staff performance issues.
- Managers were aware that staff were not updating clients electronic care records in a timely manner. They had raised this with staff, but acknowledged they had only recently transferred to a wholly electronic system and staff were still getting used to working with the system.

Leadership, morale and staff engagement

- Staff said they could approach managers when they had concerns and generally, felt listened to. They felt valued and supported by managers to develop their professional skills and knowledge. We saw positive interactions between staff of different grades and professions during our inspection. Staff demonstrated a genuine enthusiasm for their roles and towards the client group they worked with.
- Staff felt able to raise concerns and appropriately challenge others to improve service performance.
- The provider could only produce staff sickness data for the countywide service, this was 2% of permanent staff.
- Staff knew how to use the whistleblowing process and felt able to raise concerns without fear of victimisation.
- Staff morale at the service was high despite the organisational changes the service was going through. Staff acknowledged they were in a period of change but remained focused on the clients they worked with and their treatment.
- Managers had, or were completing leadership and management training through Addactions learning and development programme. The service provided staff with a wide range of opportunities to develop their leadership skills and knowledge.
- Staff told us they felt able to input into developments within the service through team meetings and organisational consultations.

Commitment to quality improvement and innovation

- Managers and staff were committed to providing high quality services and interventions for the young people and the families they worked with, by providing targeted and focussed interventions and working in partnership with other organisations.
- Managers told us how they had implemented change as a result from a previous joint safeguarding inspection. We saw how managers had fed back outcomes and changes to staff through team meetings and in supervision, and monitored effectiveness through their audits.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure that staff update all clients care planning and risk management planson the electronic record in a timely manner, as per organisational policy.
- The provider must ensure all relevant and up to date risk and care-planning information is readily available to any staff member when they require it.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Safe care and Treatment** • The service operated both an electronic recording system and a paper-based system. Staff did not always complete or upload all details of a risk assessment onto the electronic database in a timely manner or as per organisational policy. • Staff kept key pieces of paperwork with them while working away from base with the intention of uploading the information once a week. This meant staff could not be sure they were aware of all the risk information and care planning relevant to any given young person they might be working with. Colleagues did not have ready access to all client information in the case of emergency.