Addaction

Addaction - Preston YA

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information given to us by people who use the services, the public and other organisations, and other information gathered by CQC, including information from our 'Intelligent Monitoring' system where available.

Summary of findings

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Summary of findings

Overall summary

Addaction is a national charity providing support to help people recover from substance misuse. Addaction - Preston Young Adults (YA) is commissioned to deliver pharmaceutical, psychosocial and recovery orientated interventions for people under the age of 21 who are misusing substances. This is delivered in community bases. Pharmaceutical interventions would involve the prescribing for a substitute for opiate use or for alcohol detoxifications. However, at the time of our inspection there was no current pharmaceutical interventions. This had been the case for several years due to the changing nature of young people's preferred drug use. This is reflected nationally with opiate use less common in younger people.

Addaction - Preston YA employed 8 project workers. At the time of our inspection, the service had approximately 140 young people actively seeking support at differing levels. Staff worked mainly with early intervention, building self-esteem and confidence.

We found the environment was clean and well equipped. Staffing levels were sufficient to meet people's needs and to keep people safe whilst using the service. Incidents were reported, reviewed and lessons learnt were shared with staff.

Comprehensive assessments were carried out in a timely manner. Staff delivered evidence based psychosocial interventions to address the young person's needs and considered the wider factors involved with their substance misuse. The service encouraged involvement from other agencies involved in the young person's life.

Staff had a caring attitude and were flexible in their approach to ensure treatment was suited to the individual's needs. Family members were well supported and involved. Staff took appropriate measures to maintain confidentiality.

People did not have to wait long for an appointment. Staff understood and respected young peoples' diverse needs. Staff made provisions to engage with the young people in a manner to meet individual needs. People knew how to complain if they wished to and staff investigated complaints well and shared the learning.

Staff demonstrated a clear understanding of the organisation's visions and values. The managers were supportive to staff's development and involvement. There was an effective governance system.

We found that risks were identified. However plans to manage these risks were not always updated in a timely manner or robust.

Generally care plans were individual and specific. We did however identify reviewed care plans which were not reflecting changes in the young person's circumstances.

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

We found that:

- The environment was clean and well equipped.
- There were measures in place to protect staff and people using the service from avoidable harm.
- Staffing levels kept people safe and met their needs.
- There were effective processes in place to identify risks to people using the service, staff and the wider community.
- Incidents were reported, reviewed and lessons learnt were shared with staff.

However:

- Measures to manage identified risks were not robust or clearly recorded in individual files.

Are services effective?

We found that:

- Staff assessed young people's needs comprehensively in a timely manner.
- Care plans had a holistic approach
- The service offered psychosocial interventions which were recommended by NICE.
- Staff were well trained and supported.
- The service had good working links with other teams external to the organisation.
- Staff had an understanding of the Mental Capacity Act (MCA) and of Gillick competency. Gillick competency is used to decide whether young people have sufficient capacity to understand key decisions.

However:

- Staff did not always reflect a change in a person's circumstances in care plans with reviewed goals.

Are services caring?

We found that:

- Staff were caring and respectful.
- Staff took effective measures to protect confidentiality.
- Staff considered the individual needs of the young person using the service.

Summary of findings

- There was good provision to involve and support the families of people using the service.
- Young people were able to give feedback on the care they received.
- Young people using the service helped recruit staff enabling them to be involved in future service provision.

Are services responsive to people's needs?

We found that:

- There were minimal waiting times for young people to be seen.
- The service worked closely with the accident and emergency department to ensure identification and support for young people misusing substances.
- Staff ensured appointment venues and times were flexible to meet the needs of young people.
- Staff were aware of the diverse needs of people and provided support to meet these needs.
- Staff used creative ways to engage with young people.
- There was a clear process to investigate and feedback complaints.

Are services well-led?

We found that:

- Staff were aware of the organisation's vision and values.
- Staff were supported by the organisation and by line managers.
- Staff felt confident that concerns could be raised without victimisation.
- The service and organisation were open to new ideas and innovation.

Summary of findings

Summary of findings

What people who use the location say

We spoke with four people who used the service and three family members. Comments were all positive including:

- "Complete unconditional support, I can say anything to the worker. It is non-judgemental and caring."
- "Good service, not available everywhere. It's free and I feel spoilt in a way."
- "Can't praise them enough."
- "Massive help, it's been a struggle. I can only speak highly of them and so glad they were here."
- "Positive experience, really helped me."

Areas for improvement

Action the provider SHOULD take to improve

- Addaction Preston YA should ensure that interventions to mitigate risks and people's changing circumstances are clearly reflected in risk management plans and care plans in individual case records.

Addaction - Preston YA

Detailed findings

Services we looked at:

Substance misuse services

Our inspection team

Our inspection team was led by:

Helen Gibbon, Inspector, Care Quality Commission

The team included two CQC inspectors and a specialist substance misuse nurse.

Background to Addaction - Preston YA

Addaction is a national charity providing support to help people recover from substance misuse. Addaction have been commissioned to provide substance misuse services for people up to the age of 21 in Preston since 2006. The service accepts referrals from people who are concerned about their own or someone else's drinking or drug use. This includes referrals from social services, the youth offending team, GPs and family members. Young people are mainly seen in community settings, for example, schools, colleges and the accident and emergency department.

The service is commissioned to deliver pharmaceutical, psychosocial and recovery orientated interventions. Pharmaceutical interventions would involve the prescribing for a substitute for opiate use or for alcohol detoxifications. However, at the time of our inspection there was no current pharmaceutical interventions. This had been the case for several years due to the changing nature of young people's preferred drug use. This is reflected nationally with opiate use less common in younger people.

Addaction - Preston YA employed 8 project workers. The service currently had approximately 140 young people actively seeking support at differing levels. Staff worked mainly with early intervention, building self-esteem and confidence. The service

Why we carried out this inspection

This inspection is part of our piloting process for inspection of specialist substance misuse services.

How we carried out this inspection

To get to the heart of the experience of people who use services, we always ask the following five questions of every service and provider:

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

Detailed findings

We carried out an announced visit on 24 February 2015 to Addaction Preston YA

During the inspection visit, the inspection team:

- Spoke with four people who were using the service
- Spoke with the manager of the service
- Spoke with five project workers.
- Spoke with three family members of young people using the service
- Looked at six treatment records of people using the service
- Looked at a range of policies, procedures and other documents relating to the running of the service.

Is the service safe?

Our findings

Safe environment

The service was situated in buildings owned and managed by Lancashire City Council which was responsible for ensuring maintenance, fire checks, security and cleanliness. At the time of our visit, the building was well maintained, clean and clutter free.

The premises also accommodated the sexual health clinic. Addaction had use of their clinic room if required. Toilets were also shared with the other services in the building. There were adequate hand washing facilities, clinical waste provisions and aprons and gloves available if required.

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

Young people were mainly seen in community settings. However, all four counselling rooms for people seen at the premises had panic alarms which were regularly serviced. There was also a group area which was well maintained. Young people were given a pocket size card clearly stating the behaviour expectations. The service had had no incidents of violence recorded since 2006. Staff told us the young people using the service had never been aggressive towards them. There was a signing in and signing out procedure.

Safe staffing

The staff team included an operations manager, team leaders, recovery co-ordinators and a resilience worker who delivered targeted drug and alcohol education in secondary schools. All staff came from varying professional backgrounds ensuring a diverse range of skills. There were no vacancies at the time of our visit. One member of staff was on maternity leave. Staff told us that staff levels were adequate and staff retention was good.

Assessing and managing risk to patients and staff

Risk assessments were carried out for all young people on either their first or second session. This would depend on the initial information received and the young person's engagement. Risks looked at included substance misuse, mental health, self-harm, child protection issues, domestic violence, criminality and emotional wellbeing. Assessments were comprehensive and up to date. Information on risk was corroborated from other sources such as social services and the police.

Those young people identified as high risk were reviewed at least weekly by staff on a rota basis. The records for these were electronically updated.

However, interventions to respond to the identified risks were not always robust or clearly recorded in individual files. For example, we observed the case notes of a young person having suicidal thoughts. The recorded intervention to manage this risk was vague and not clearly evident. Two of the six records seen showed us that newly identified risks were also not always updated in a timely manner to enable a prompt response. We did however see a central spread sheet which included people with high risks and the interventions. This list was reviewed weekly. This meant that people's records did not always show up to date information because it was located elsewhere.

Staff were trained in the safeguarding of children and adolescents. They were aware of what to look for and how to make a referral. There was a flowchart and contact details well displayed for staff to use. Training was mandatory for all staff through the organisation's e-learning site. The service had good links with the local safeguarding board and a member of staff represented Addaction Preston YA on their board.

The potential for harm to younger siblings witnessing drug use or paraphernalia was discussed with those using the service and contingency plans were addressed to minimise these risks.

Reporting incidents and learning from when things go wrong

Staff knew what constituted an incident and how to report it. Incidents were reported within 24 hours. The manager attended a monthly risk meeting which included a review of serious untoward incidents. The organisation tracked incidents nationally for shared learning. Critical incidents were reviewed by managers across regions. Lessons learnt were cascaded through team meetings, emails and policy updates. Staff had been involved in the serious case review process and informed us that they were greatly supported by the organisation and immediate team. The organisation also offered to fund external counselling if required.

Is the service effective?

Our findings

Assessment of needs and planning of care

Staff carried out comprehensive assessments for young people accessing the service. These were done on the first or second appointment. The assessments included the impact of the young person's substance misuse on their mental health and the reasons for misusing substances.

We saw holistic care plans which included physical health, nutrition, personal safety and personal judgement. The care plans were generally based on the young person's goals and strengths. Interventions in the care plans were mostly specific, measurable, achievable, realistic and timely. They did not always include goals to reduce their substance misuse but more about reducing risk taking behaviours and addressing the reasons for their use. This is because young people do not always see the connection between substance misuse and other problems in their life.

Staff reviewed care plans within a maximum of six weeks. However, we observed care plan reviews where circumstances had changed yet the goals remained the same. For example, a person's drug free status was not reflected in their care plan.

All information was stored on the organisation's electronic system. There were also paper based records which were stored securely and were accessible to staff as required. The young person's recovery co-ordinator was clearly identified on the records.

Best practice in treatment and care

The service was commissioned to support and help young people who misuse any substances. If the substance of misuse was opiates, treatment could include a pharmaceutical intervention in the form of a substitute prescription. At the time of our inspection, and for some years prior to this, the service had no requirement to deliver a prescribing element to a young person's treatment. This was because opiate use in young people has decreased with cannabis and alcohol being the main problematic substances. However, if this was required, the service was able to utilise a doctor employed by the organisation to ensure this was available in a timely manner.

The National Institute for Health and Care Excellence (NICE) recommends treatment for drug misuse should always involve a psychosocial component. These were offered to young people using the service in one to one sessions, groups and worksheets. All psychosocial interventions offered were evidence based in line with guidance. The organisation had linked these interventions into different stages of treatment defined by the National Treatment Agency (NTA). This guided the service to effective interventions throughout stages in treatment.

Changes and progress of people using the service were measured using young people's outcome records (YPOR). YPOR is a monitoring instrument developed by the National Treatment Agency to be used throughout treatment and reported through the National Drug Treatment Monitoring System (NDTMS). At the time of our inspection the NDTMS was off line and had been for some months. This was due to a wider system issue which was out of the control of the service. Public Health England hold the responsibility for gathering these statistics and through this providing data locally and nationally. Although this data was unavailable, staff told us they were meeting their targets for engaging young people in treatment for 12 weeks and then to onwards support. However, we were informed that the service was underachieving in their target for new referrals. Staff also used YPOR as a visual aid for young people to see their progress in different areas of their lives.

The physical health needs of people were considered from assessment and throughout care plans. Records showed evidence of communication with GPs and with school nurses. We were told that staff would 'handhold' a young person to visit their GP if the support was required.

Measures were in place to protect young people's confidentiality. Records showed us that people were made aware of confidentiality and any information sharing from the start of their treatment and signed agreements were in place. The service used the Gillick competency and Fraser guidelines to assess whether parental consent was required for under 16's. Information was shared with parents for anyone under 14. The Gillick competency and Fraser guidelines is used to decide whether young people have sufficient mental capacity to understand key decisions.

Skilled staff to deliver care

Staff received mandatory training on their induction including policies and procedures, health and safety, fire and risk management and assessment. Safeguarding training was also mandatory and delivered organisationally

and through the local safeguarding board. This was expected at different levels dependent on grade. Staff were mostly up to date with their training. Recovery co-ordinators had received training for psychosocial therapies. The organisation had a comprehensive e-learning library where additional training could be accessed. Staff told us that organisational training was low level. The service had therefore brought in specialists to enhance their learning:- for example, training had been accessed about legal highs. Staff were trained to be leads in different areas; this included a lead in equality and diversity and blood borne viruses. One staff member was training to deliver supervision for psychosocial interventions. Other staff informed us that opportunities for training were "amazing". One staff member had completed a diploma in child mental health which was funded by Addaction.

The organisation supervision policy stated that staff should receive no less than ten supervisions per year. This was being achieved. Staff additionally received case management and peer supervision. All staff had a personal development plan which was set annually. This was in line with the organisation's and the service's objectives. There were monetary incentives to achieve set performance indicators. Staff informed us that their personal development plans were useful and not rushed.

Team meeting were held fortnightly for all staff to attend. There were also quarterly team development days for staff to be involved in service decisions.

Multi-disciplinary and inter agency team work

The service had good links with other professionals as follows:

- The Barnados counselling service offered sessions from the building twice a week.
- A family mediation service was available 1/2 a day a week.
- The NHS sexual health team were located in the same building.
- The social services leaving care team were located in the same building.
- The service worked alongside the local authority with active involvement in child and young person's plans.
- There were strong links with the child and adolescent mental health service.
- Addaction Preston YA participated in the local school nurse and health visitor forum.
- The service manager attended the health forum within the youth offending team.
- There were reciprocal training arrangements with the local safeguarding board and youth offending team.
- The service delivered training to the accident and emergency department and to paramedics about the service provision and drug and alcohol knowledge.

Records showed joint plans with other agencies, for example, care homes and also referrals and communication with the crisis team.

Good practice in applying the MCA

The organisation had made Mental Capacity Act awareness mandatory for all staff in 2015. All staff had completed the e-learning module. Additionally, all staff of the service had received up to date training including Gillick competency guidelines.

Is the service caring?

Our findings

Kindness, dignity, respect and compassion

Staff showed a caring attitude to people using the service. There was a positive atmosphere and staff told us they liked to treat people with the respect they would expect for themselves. They talked in a respectful manner about people using the service and with an enthusiasm to help whilst understanding the needs of young people. We observed a young person arriving at the service with his mother. They were greeted with a warm welcome and asked if they wanted refreshments. Staff recognised individual achievements. Young people were awarded certificates as they reached milestones. Others received rewards such as clothes vouchers or family bowling tickets which had been donated to the service. These rewards promoted improved lifestyles enabling families to bond and increase the young person's confidence.

The involvement of people in the care they receive

Care plans were holistic. They focused on the wider lifestyle of the young person addressing social needs as well as their substance misuse. There was encouragement to become involved in diversionary activities and experience new pastimes. They were signed by the person using the service and were generally specific, measurable, achievable, realistic and timely. They were regularly reviewed. A young person using the service told us they were involved in their care plans.

Family members were involved in key work sessions and invited to part of each session, enabling their involvement whilst also allowing the young person to speak alone with their recovery worker. Family members were also able to call the service directly for advice and support. Addaction - Preston used a mediation agency to support both parent and child if this was identified as being required.

Staff informed us of a young person who required residential rehabilitation. Staff visited the rehabilitation unit with the young person prior to admission. All decisions were made with the young person and with the involvement of their family and GP.

Information packs were given out to young people and parents giving advice and information. This literature was from other organisations as well as Addaction giving people choice and variation. These packs were also distributed through the local accident and emergency department.

The service displayed information on other support agencies for both people using the service and their families. Records also showed us that staff encouraged young people to access further self help and support groups.

At the end of treatment, young people were invited to complete an evaluation form to give feedback on the care they received. Addaction as an organisation also completed an annual service user survey to inform future direction. Whilst on our visit, we observed posters advertising the 2015 survey which was launched the previous day.

The recruitment process for new staff being recruited to the service involved a young person using the service. This further enabled people to get involved in decisions about their service.

Is the service responsive?

Our findings

Access, discharge and transfer

Staff saw all referrals within ten days. However, the majority were seen within five days. The service's referrals were mostly through schools and the youth offending team. Young people referring themselves into the service were given praise for recognising their need for support. All young people seen by the hospital's accident and emergency department due to misuse of drugs or drink were given a hospital follow up appointment at the hospital. This clinic ran from the hospital base yet was conducted by staff from Addaction. Staff also saw these follow up appointments within ten days of the young person's initial presentation at accident and emergency. Accident and emergency staff gave out information and advice packs prior to their first appointment. The service would also contact the referrer to establish any immediate concerns or changes in circumstances.

Following a young person's first contact, staff gave out a business card detailing the service's number and their allocated worker. Generally, the service then used a free instant messaging phone application to keep in regular contact. The application could be used by the young person even if they had no credit on their phone.

Staff were flexible in their working times to meet the needs of the young people. Appointments were mainly at community venues. Staff worked until midnight if required. Young people we spoke to told us that activities had never been cancelled.

The service had procedures in place for when a young person missed appointments. These were dependent on risk and consent agreements. Staff kept the referrer informed if a young person disengaged. We observed records of staff contact with a care home when a young person missed appointments and also attempts to re-establish contact with a young person through their school.

There was a protocol with adult substance misuse services to transfer a person when they reached the age of 21. However, in most cases, staff aimed to address the young person's substance misuse issues before they reached this age. Case notes contained evidence of interventions to encourage young people to become involved in diversionary activities which would provide on-going support. If transfer was required, staff attended the adult service with the young person on several occasions to ensure a smoother transition. In exceptional circumstances, the service was able to continue working with someone who was 21 if the particular person was deemed unready for an adult setting, for example, due to learning difficulties. This would be with commissioner agreement.

The facilities promote recovery, dignity and confidentiality

The service had a bright and airy feel with comfortable, well maintained furniture. There was a welcoming area to wait. We observed staff greet young people and family members with the offer of refreshments. The one to one rooms were private. There was a good selection of displayed information and leaflets.

The sexual health service maintained the clinic room which was available for the service to use. It was clean, tidy and well laid out. There was a hatch between the clinic and the toilet to maintain a young person's dignity if a urine screen was required.

The service had received the Department of Health's 'You're Welcome' accreditation. This involved the service meeting the principles of a quality criteria to become young people friendly.

Meeting the needs of all people who use the service

The staff respected people's diversity and human rights. Attempts were made to meet individual needs including cultural, language and physical needs as follows:

- Disabled toilets and lifts to enable access for the disabled.
- Interpreters available if required.
- Links with the university to translate in braille.
- A staff lead for the lesbian, gay, bisexual, transgender and questioning community.
- A staff lead for the travelling community.
- A staff lead in equality and diversity.
- Posters displayed on race awareness, disability and equality helpline and homeless support.

We spoke with the mother of a young person using the service who had autism. She told us her son's worker was very patient and explained things very well to her son.

Is the service responsive?

Staff used a variety of settings to enable a comfortable surrounding for young people to discuss their issues. For example, staff told us they would play pool with the young person if finances permitted this.

The service recognised young people may not wish to continue treatment in a structured way when they were on their school holidays. As an alternative, the service had secured placements in positive activities for some people. For example, young people attended Blackpool Zoo on a work experience project.

Listening to and learning from concerns and complaints

Staff and people using the service were aware of the organisation's complaints policy. Complaints and compliments were collated monthly both organisationally and at service level. The organisation's incident lead analysed complaints to discuss and address any themes. These would then be shared with teams through emails and team meetings.

Young people and family members told us they knew how to complain. The service displayed a poster which was visible to all. The service had received one complaint in the last year. This involved a parent who had not been involved in their child's care. The service investigated the complaint and concluded that the young person was of a maturity level where consent was not required. A full explanation was given to the parent and the complaint was not upheld.

Is the service well-led?

Our findings

Vision and values

Staff were able to give us a lot of information on the organisation's vision and values. The manager informed us that she attended a leadership conference which was structured around the guiding principles of the organisation. Staff knew who the senior leadership team were.

Good governance

There was a clear organisational governance structure and arrangements within Addaction - Preston. These arrangements included:

- Organisational training library and opportunities.
- Effective systems to report, investigate and feedback incidents and complaints.
- Organisational shared learning and guidance.
- Organisation policies easily accessible on the intranet.
- A service employee representative to cascade local service concerns to organisational leadership and feedback to service level.

Staff told us the governance systems work well and are easy to understand.

Leadership, morale and staff engagement

There was evidence of clear leadership at Addaction Preston with the manager being visible and accessible. Staff were aware of the whistleblowing policy. They told us they would have no concerns about approaching the manager and felt well supported. Staff felt valued and this was reflected in the low sickness levels. It was evident the culture held young people at the forefront and this was well supported by peer supervision and an involved staff team. Staff told us they felt respected and that the organisation focused on emotional intelligence. This was done through 360 degree feedback and discussed as part of the supervision process. There had been no grievances in the service.

Commitment to quality improvement and innovation

The organisation worked with the Amy Winehouse Foundation to provide a resilience programme for secondary schools. A volunteer for this programme worked from the Preston service. The volunteer used their own experiences of substance misuse and recovery to educate students, parents and teachers about the real reasons why young people may misuse substances and what can be done to prevent it.

One staff member from the service recognised that the role required more in depth knowledge around trauma. As a result, the service supported them to shadow inpatient facilities to gain greater knowledge to support the young people using Addaction.

Staff worked with trading standards to monitor energy drinks and electric cigarettes to investigate trends. Staff gathered information from people using the service which was then shared with trading standards to determine illicit retailers and for the information to be collated to conclude if further support in this area was required.