Turning Point - Croydon

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

Ratings

Overall rating for this location	**Requires improvement**
Are services safe?	**Requires improvement**
Are services effective?	**Requires improvement**
Are services caring?	**Good**
Are services responsive?	**Good**
Are services well-led?	**Good**

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.

Summary of findings

Overall summary

We rated Turning Point Croydon as **requires improvement** because:

- Staff did not always review information sent from GPs before commencing treatment. This included drug interactions and allergies specific to the client.
- The service did not always manage medicines well. Staff did not keep records of who naloxone had been given to making it difficult to trace in the event of recall.
- Prescriptions were not always kept securely and were put at risk of being stolen.
- Managers did not ensure that all staff received regular individual supervision to support them to deliver safe and effective care.
- A third of staff had not completed safeguarding level 2 training, which meant they may have gaps in their knowledge of the subject and current safeguarding processes.
- Some staff experienced low morale, did not always feel listened to or sufficiently involved in decisions about service strategy and delivery.
- Client records were inconsistent and difficult to navigate. Some care plans lacked the necessary level of detail.
- Team meeting minutes were inconsistent, and actions were not always followed up.
- Systems to assess, monitor and improve the quality and safety of the service were in place but not fully effective.

However:

- Staff minimised the risk to clients and children from abuse and avoidable harm. Staff worked closely with the local safeguarding lead to seek guidance and support.
- Clients' had recovery plans and staff completed relapse prevention plans with clients. Staff involved clients in planning their care and the running of the service.
- Staff provided a range of care and treatment interventions suitable for clients' recovery. Clients had a wide access to groups within the service and the community.
- Staff demonstrated a compassionate understanding of the impact clients' care and treatment could have on their emotional and social wellbeing. Clients were positive about the care they received from staff.
- Staff actively engaged with commissioners, GPs, social care organisations and other secondary care services. This ensured staff could plan, develop and deliver the service to meet the needs of the clients.
- The service worked jointly with other services in the local borough's pathway for drug and alcohol services. This ensured that staff could appropriately place clients along the drug and alcohol pathway to meet their needs.
- The service was well-led at team level and by the senior leadership team. Staff had access to information they needed to provide safe care and high-quality treatment to clients. The team used key performance indicators to measure the performance of the service.

Summary of findings

Contents

Requires improvement

Location name here

Services we looked at
Community-based substance misuse services

Summary of this inspection

Background to Turning Point - Croydon

Turning Point Croydon is a community-based substance misuse service providing advice, support and treatment for young people and adults with drug and alcohol problems within the London Borough of Croydon. The service has been operating for over four years. The service was previously inspected in March 2018 but was not rated.

The service provides a medically monitored community alcohol detoxification programme, opiate substitution therapy, harm minimisation, group workshops, individual sessions, mindfulness, blood borne virus testing and vaccinations. The service also provides an aftercare service for those clients who are abstinent from alcohol and drugs. Staff work with people who are street homeless including the provision of a breakfast club. The service employs a long-term conditions nurse who provides outreach work at the local acute hospital. The service provides a young person's team who provide support to young people using alcohol or drugs.

Turning Point Croydon is registered to provide the regulated activity; treatment of disease, disorder or injury. The service is commissioned by the London Borough of Croydon.

Our inspection team

The team that inspected the service comprised three CQC inspectors, a pharmacist inspector, two specialist advisors who had worked in drug and alcohol and community settings and an expert by experience. An expert by experience is a person who has personal experience of using or supporting someone using community-based substance misuse services.

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive inspection programme.

How we carried out this inspection

To fully understand 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?

Before the inspection visit, we reviewed information that we held about the location and asked other organisations for information.

During the inspection visit, the inspection team:

- spoke with 11 clients who were using the service;
- spoke with the registered manager for the service;
- spoke with 11 other staff members; including the medical director, operations manager, nurses, recovery practitioners and administrative staff;
- received feedback about the service from a commissioner;
- attended and observed a multidisciplinary morning meeting;
- looked at nine care and treatment records of clients: and
- looked at a range of policies, procedures and other documents relating to the running of the service

Summary of this inspection

What people who use the service say

We spoke with 11 clients who were positive about the staff and care received. Clients described staff as approachable and helpful.Clients said staff supported them whenever they needed and that they appreciated this

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?

Requires improvement 

We rated safe as requires improvement because:

- Staff requested information about clients' health from their GP but on occasions clients were prescribed medication prior to this information being received. When the information, was received from the clients' GPs, staff did not always review the information. Staff could not be assured that clients' detoxification medication would not interact with their GP prescribed medication.
- Staff had not completed scheduled weekly tests of the fire alarm system since May 2019.
- Controlled medicines stationery (prescriptions) were not always locked away, which meant there was a risk they could go missing.
- Staff provided clients using the service with naloxone but did not record the name of the client they were providing it for when doing so. The lack of client information meant that they could not recall the medication if required.
- A third of staff had not completed safeguarding level 2 training, which meant they may have gaps in their knowledge of the subject and current safeguarding processes.
- The provider did not always ensure client records were consistently stored in the same place and were easily accessible.

However:

- Staff monitored clients' physical health during detoxification and knew when to escalate concerns. Staff carried out physical health checks on clients going through assisted withdrawal from alcohol and opiates in line with best practice.
- The service had enough staff, who knew the clients and received basic training to keep them safe from avoidable harm. The number of clients on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each client the time they needed.
- Staff understood how to protect clients from abuse and the service worked well with other agencies to do so. Staff recognised when to report a safeguarding concern to the local safeguarding team.
- The service had suitable premises and equipment and looked after them well. The service controlled infection risk well. Staff kept equipment and the premises clean.

Summary of this inspection

- The service had a good track record on safety. The service managed client safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service.

Are services effective?

Requires improvement

We rated effective as requires improvement because:

- Staff did not always receive regular supervision. There were gaps in the supervision records. From May to July 2019, between 19 and 24 staff had not received supervision each month. Nine staff had not received supervision since January 2019.
- The service did not ensure a consistent approach to both client care plans and team meeting minutes. Client care plans lacked detail. Team meeting minutes were inconsistent, and actions were not always followed up.

However:

- Staff provided a range of care and treatment interventions suitable for the client group and consistent with national guidance on best practice. They ensured that clients had good access to physical healthcare and supported clients to live healthier lives.
- Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.
- The teams included or had access to the full range of specialists required to meet the needs of clients under their care. Managers made sure that staff had the range of skills needed to provide high quality care. Managers provided an induction programme for new staff.
- Staff from different disciplines worked together as a team to benefit clients. They supported each other to make sure clients had no gaps in their care. The team had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.
- Staff supported clients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and knew what to do if a client's capacity to make decisions about their care might be impaired.

Are services caring?

Good

We rated caring as good because:

Summary of this inspection

- Staff treated clients with compassion and kindness. They understood the individual needs of clients and supported clients to understand and manage their care and treatment.
- Staff involved clients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that clients had easy access to additional support.
- Staff informed and involved families and carers appropriately.

Are services responsive?

Good

We rated responsive as good because:

- The service was easy to access. Staff planned and managed discharge well. The service had alternative care pathways and referral systems for people whose needs it could not meet.
- The design, layout, and furnishings of treatment rooms supported clients' treatment, privacy and dignity.
- The service met the needs of all clients, including those with a protected characteristic or with communication support needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and the wider service.

Are services well-led?

Good

We rated well-led as good because:

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for clients and staff.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.
- Our findings from the other key questions demonstrated that governance processes operated effectively, and that performance and risk were managed well.
- Teams had access to the information they needed to provide safe and effective care and used that information to good effect.
- Staff collected and analysed data about outcomes and performance.

However:

Summary of this inspection

- Some staff experienced low morale and did not feel involved in decisions about the service's strategy or changes made to the service and did not always feel listened to by managers.
- Although there were systems in place to assess, monitor and improve the service these were not fully effective.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

The service had a policy on the Mental Capacity Act and staff knew how to find it. More than 85% of staff had completed training on mental health awareness. The training included learning on capacity, consent and deprivation of liberty safeguards.

Staff ensured that clients consented to their care and treatment. Staff completed consent agreements with clients during their initial assessment. Staff assessed clients' capacity by completing mini mental state examinations, if they had concerns about their capacity to consent

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community-based substance misuse services	Requires improvement	Requires improvement	Good	Good	Good	Requires improvement
Overall	Requires improvement	Requires improvement	Good	Good	Good	Requires improvement

Requires improvement

Community-based substance misuse services

Safe	Requires improvement
Effective	Requires improvement
Caring	Good
Responsive	Good
Well-led	Good

Are community-based substance misuse services safe?

Requires improvement

Safe and clean environment

Safety of the facility layout

The service had accessible rooms to see clients in. The rooms were located on the ground floor and accessible to all clients including those with disabilities.

Staff ensured that they maintained the security of the building. Staff only admitted authorised individuals into the building. Access to the building was via an intercom door entry system. Visitors to the unit were required to sign in, which meant that staff were aware of who was onsite. CCTV, which was recorded, monitored the front door to the building. This meant that the staff could review the film footage of who had the visited the building if this was required for security reasons. In the case of an emergency, staff would call emergency services.

Maintenance, cleanliness and infection control

The service was visibly clean and well maintained. The service's infection control procedures had been audited in October 2018. The audit had not identified any remedial actions needed in respect of the building and had noted that there were adequate arrangements in place with regards to handwashing and the disposal of clinical waste.

The building was fitted with fire alarms and smoke detectors were in place. The fire exits were clearly marked this meant that individuals in the building were aware of the best routes to exit the building in a fire. The service had a schedule of when environmental and fire safety checks should be undertaken. Records showed fire drills had taken place twice in 2018 and once in 2019. Service records indicated that the fire alarm should be tested weekly.However, the log sheet of completed tests indicated that no tests had been carried out since May 2019. The lack of evidence of regular checks of alarms meant that the service had no assurance that the alarms would function when needed in an emergency.

Safe staffing

Staffing levels and mix

There were enough skilled staff to meet the needs of clients. The service had contingency plans to manage staff shortages. Agency staff were used to cover staff sickness, leave and vacant posts to ensure client safety. Staff told us absences were discussed in daily morning meetings and cover arrangements were made. Senior practitioners supported staff on the ground when the service was short staffed.

The service had 8% staff vacancies at the time of the inspection. Managers were actively recruiting to fill the vacancies. However, staff commented that there was a delay in replacing staff that had left. Some staff felt that this had increased their workload and had a negative impact on team morale.

The team had a morning meeting every day where updates were provided to the team. These meetings followed a fixed agenda. Staff were made aware of who the duty manager was, who the response team were, who the first aiders and the fire wardens were. All clients that did not attend their appointments the day before were routinely discussed. Safeguarding concerns were also discussed on a daily basis within these meetings.

Requires improvement

Community-based substance misuse services

Mandatory training

Mandatory training for staff included equality and diversity, infection control, fire safety, information governance, duty of care and alcohol learning. Most staff were up to date with mandatory training, except for safeguarding where 68% of staff had completed level 2 training. The service had a tracker to monitor whether staff training was up to date or needed refreshing.

All staff had completed mandatory health and safety awareness training.

Eighty-nine per cent of staff completed training in Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff we spoke to understood their responsibilities in relation to it. Training embedded safety protocols for staff. The service had systems in place to ensure staff were safe when working alone, and these were adhered to. The local council were contacted during out of hours to ensure they were aware of the routes staff were taking. Staff were provided with set routes to follow depending on the destination, these routes were well lit and open. Staff were briefed about the safe word to use in an emergency before conducting visits. A member of staff would remain onsite on call until staff members phoned in to say they had finished their appointments. Staff were aware of the lone working policy.

Assessing and managing risk to clients and staff

Assessment of client risk

Staff made good use of crisis and risk management plans. The manager told us these were regularly reviewed through quality checks, incident reports and supervision. Incidents were discussed in morning briefings and actions were taken. For example, any safeguarding issues were referred to the multi-agency safeguarding hub or social services. The service also had complex case meetings where high-risk cases were discussed and reviewed.

Staff recognised and responded to warning signs and deterioration in clients' health. Staff monitored clients through attendance at meetings with recovery workers and groups. The service had policies and procedures to support clients who had disengaged or whose health was deteriorating.

Staff ensured that they assessed a range of risks for example relevant to the client group. For example, the service had noted that there was an increase in the number of homeless clients accessing the service. To ensure they were able to assess the risks to this cohort of clients, staff had adapted the risk assessment tool.

Management of client risk

The service had a restricted access list for clients, which was reviewed daily. This meant that they monitored who was coming into the service to ensure that they did not pose a risk to staff or other clients. Clients at risk of domestic violence could be seen at alternative locations to ensure their safety.

Clients were made aware of the risks of continued substance misuse and harm minimisation. We observed an alcohol and wellbeing group. During the group the effects of alcohol on the body was discussed. Staff recognised and discussed key risks to the service and clients in morning meetings and clinical meetings.

Staff adhered to best practice in implementing a smoke-free policy. The service had a no smoking policy. The policy sought to support a healthy working environment and facilitate the current and future health of employees, clients and visitors. Clients who smoked were supported to stop smoking.

Staff were aware of the lone working policy. The service's outreach team worked with the local council so that CCTV operators were aware of staff members when undertaking outreach workout of hours.

The staff recognised that the passing on/selling (diversion) of client's prescribed opiate substitute medication to a third party was a risk. The staff used the provider's policy to manage these risks appropriately.

Eight out of nine clients had unexpected exit from treatment plans. However, one client did not have an unexpected exit from treatment plan and was being treated for opiate prescribing. Clients who have undergone opioid detoxification are at high risk of overdose, should they start to use non-prescribed opiate drugs. The lack of early exit plans and the discussions within them increased risk to client's health.

Safeguarding

Staff were trained in safeguarding adults and children levels one and two. However, not all staff had up to date training in safeguarding level two. Thirteen out of 41 staff

members training had expired, four of these staff training expired in 2017. There was a risk that more than a third of staff had gaps in their knowledge of safeguarding and safeguarding policies and procedures.

The child safeguarding and looked after children inspection that took place 25 February to 1 March 2019 recommendation for all staff to complete level 3 safeguarding training had been put into place. All staff were scheduled for training in October 2019.

Staff knew how to make a safeguarding alert and did so when appropriate. Staff knew how to identify adults and children at risk of, or suffering, significant harm and took appropriate action to protect them.

The service embedded safeguarding protocols and processes in their daily work with clients. The clients' care records clearly outlined where there were risks to vulnerable adults and children.

Staff throughout the service were focussed on safeguarding concerns. The team discussed any safeguarding incidents and concerns on a daily basis within morning 'flash' meetings.

The team had an identified safeguarding lead who sat across both the adult and young people's service. This meant that information was shared with relevant partner bodies in a timely and appropriate manner. The lead logged safeguarding concerns on a spreadsheet and there were clear processes to review and liaise with relevant partner agencies regarding safeguarding concerns.

Staff worked effectively within teams, across services and with other agencies to promote safety including systems and practices in information sharing. The team notified CQC of 21 allegations of abuse between 30 June 2018 and 30 June 2019. The service had discussed all concerns with the local authority and there was a multi-agency approach to deal with these.

Staff access to essential information

All information needed to deliver client care was available to all staff including agency staff when they needed it. The clients' electronic records contained the care records, risk management plan and progress notes. However, the electronic database was difficult to navigate, and staff did not consistently record information in the same place. This meant that staff might not be able to find information easily when they needed it.

Medicines management

The service did not always keep prescriptions safe. Although the prescription pads were locked away in a cupboard, the room containing the cupboard was unlocked. There was no clear protocol for the safekeeping of the key to the cupboard where the prescriptions were kept. The key remained with one staff member, which meant when they were out of the office, management had no oversight of where this key was. The clinical service manager advised that there was a written procedure for the management of controlled stationery, the staff member responsible for prescriptions was unaware of this. There were also times when they were not locked away in the cupboard. For example, when prescription pads were delivered to the service, they were left in a communal area accessible to all staff.

Medicines and vaccines were stored securely. All emergency drugs, including naloxone, were available and accessible. There were no controlled drugs kept on site. Only relevant clinical staff could access them.

Clinic rooms were clean with handwashing facilities available and had appropriate medicines disposal facilities. Current, minimum and maximum fridge temperatures were recorded daily and were within the required range. The service had noted that the temperature in the room had, on occasions, exceeded the maximum range. They had taken advice from their pharmacy colleagues and taken action to ensure that temperature sensitive medication was kept safe.

The service did not have oxygen or a defibrillator. In the event of an emergency staff would call emergency service. Staff had access to adrenaline and naloxone for use in an emergency. However, we saw that the records kept of naloxone supplies did not include full details of who had been supplied and the naloxone expiry date. This meant that staff would not be able to contact clients who had been given naloxone when it was due to expire or if a recall was issued. However, this was raised at the time of inspection and addressed by service managers immediately.

Medicines were dispensed with client information leaflets. If a client did not speak English, the service was able to access the use of translators.

Requires improvement

Community-based substance misuse services

If a client was transferring from another service, staff attempted to obtain a discharge summary including medicines information.

However, there was no assurance that the prescribers were checking for drug interactions before medicines were being prescribed, despite requesting information from the usual GP for the client. Medicines were often prescribed before the list of current medicines had been received from the GP and after the prescription had already been generated. There was no system of reviewing information from the GP, which resulted in information being missed, such as client allergies. We saw one example where the GP summary stated that there was a drug allergy but staff in the service had stated they had no allergy in their paper work (which was uploaded after the receipt of the GP summary). This could result in a client being given a medicine they were allergic to, which could impact their physical and mental health. Allergies were included on the nurse wellbeing assessment form but not always recorded.

Clients were offered physical health checks as part of their initial assessment (height, weight, blood pressure, ECG).

Track record on safety

There were no serious incidents at the service within the last 12 months prior to inspection.

Reporting incidents and learning from when things go wrong

All staff we spoke with were aware of what incidents to report and how to report them. Staff told us that there was a positive culture around reporting incidents. They understood that they would not be blamed if things went wrong.

Staff saw the reviewing of incidents as an opportunity for learning. We saw good evidence of learning and improvements following incidents. Staff reviewed incidents from other services and looked at how they could use the learning from these incidents to improve the service offered to clients. The service had incorporated the lessons learned from a serious case review into their safeguarding action plan as result of an incident in another service.

Staff told us incidents were discussed in early morning meetings and the clinical meetings, which occurred weekly. Incidents were discussed at the managers' meeting and the mortality and morbidity meetings. Staff said that serious incidents were discussed in team business meetings and learning shared.

Staff understood the duty of candour. This duty requires staff to provide people who use services with reasonable support, truthful information and an apology when things go wrong. There was evidence that staff adhered to this duty in the work they undertook with clients.

Are community-based substance misuse services effective?

(for example, treatment is effective)

Requires improvement

Assessment of needs and planning of care

Staff completed a comprehensive assessment in a timely manner. Staff identified client risks at the initial assessment. Recovery plans identified the client's key worker.

The prescriber conducted a face-to-face assessment of the client before issuing the first prescription and when changes were made to the prescription.

The inspection team reviewed nine client care records and found some inconsistencies in the quality of client care plans. Although six of the nine clients had care plans that were holistic, three did not and lacked detail. One client was admitted to a mental health unit and records showed no liaison between the two teams.

Staff developed care plans specific to client needs and referred clients to other services when needed. For example, one client who was pregnant was referred to social services.

Best practice in treatment and care

Staff provided a range of care and treatment interventions suitable for the clients. The interventions were those recommended by, and in line with, guidance from the National Institute for Health and Care Excellence. These included medication alongside various group activities including alcohol wellbeing, mindfulness, breakfast club, acupuncture and women's group. Clients had access to education and work opportunities. The service provided

relapse prevention groups and psychosocial intervention groups, which followed the National Institute for Health and Care Excellence guidelines. Other groups included well-being, sexual health clinic and specialist alcohol programmes available to clients.

The service identified, and embedded, current evidence based best practice and guidance into their work. Staff followed the National Institute for Health and Care Excellence guidance and National Treatment Agency for Substance Misuse tools to provide quality care. For example, the service used clinical institute withdrawal assessment (CIWA), severity of alcohol dependence questionnaire (SAD-Q), alcohol use disorders identification test (AUDIT) and generalise anxiety disorder (GAD) tools. Staff used the substance user recovery evaluator (SURE) as an outcome measure for client groups.

Blood borne virus (BBV) testing was routinely offered to clients at the point of assessment. Clients were offered dry blood spot tests, which is a process that uses drops of dried blood on a piece of filtered paper and is collected through a finger prick. Records showed this was offered to clients. The service had a partnership with the hepatology department at the local acute hospital. Nurses from that department ran a Hepatitis C clinic at the service and could offer further testing, treatment and vaccinations.

Staff supported clients to live healthier lives. Staff encouraged clients to participate in smoking cessation schemes. Additionally, clients were provided with healthy eating advice and could access a gym scheme, if they had regularly attended the recovery groups. Clients at risk of tuberculosis (TB) were offered a TB test through a mobile TB testing service that came to the service.

The service hosted a breakfast club for homeless clients. Nurses and social workers were available during these sessions to assist clients with their physical health and benefits.

The service had undertaken an audit of clients' care records with a focus on safeguarding. As a result of the findings from this audit, the service had formulated an action plan. The action plan included providing staff with further training on safeguarding and modifying the client assessment process to ensure that children and young people at risk of neglect were identified at the earliest opportunity. The service was in the midst of completing the actions from the plan and had commissioned external trainers to deliver aspects of the plan.

Staff used technology to support clients effectively. For example, clients were able to self-refer to the service online or could come into the service and use tablets to complete online referral forms.

Monitoring and comparing treatment outcomes

Staff regularly reviewed care and recovery plans with clients to monitor their progress in treatment. Staff used Treatment Outcome Profiles (TOPS), which is a national outcome monitoring tool to aid improvements in clinical practice. The service used it to assess clients' progress in treatment and set new treatment goals. Clients were given a copy of their care and recovery plans and could request their care records.

The team were involved in a research group with a local university looking at the social identity of what beliefs clients have in relation to drinking alcohol, and how it may affect recovery and well-being.

Skilled staff to deliver care

The team had access to the specialists required to meet the needs of the clients. Care and treatment were delivered by a team of consultants, nurses and recovery workers.

The service provided all staff with a comprehensive induction including foundation training and a competency checking process covering key skills before confirmation in post. Further induction included a probationary review and assessment, induction to health and safety, supervision log, induction checklist and a list of mandatory training. Most staff told us they received a comprehensive induction.

Staff said they had good access to training and were supported by their managers to attend specialist training. For example, the long-term conditions nurse was being supported to begin training in non-medical prescribing and recently completed a train the trainer course for basic life support. The outreach team recently attended a webinar on 'Homelessness, Mental Health and prevention with Homeless Link'.

Community-based substance misuse services

Managers identified the learning needs of staff and provided them with opportunities to develop their skills and knowledge. The service held regular continuous professional development forums.

The service ensured that robust recruitment processes were followed. All staff completed a Disclosure and Barring Service (DBS) check before starting their position at the service. Some volunteers and staff had previously been clients at the service. This enabled both the staff team and clients to have a mutual respect and understanding.

Staff did not receive regular individual supervision from appropriate professionals. The providers policy stated supervision should be carried out every four to six weeks. In July 2019, 23 out of 45 staff had not received supervision. In June 2019, 24 staff members had not received supervision. In May 2019, 19 staff members had not received supervision. Nine staff members had not received any individual supervision at all since January 2019. The service manager told us supervision was used to discuss client care. The risk of limited staff supervision potentially compromised client care as the managers did not have oversight of client care and staff were not fully supported to deliver effective care to clients. The service provided group supervision bi-monthly, although it was not clear how many staff attended. Minutes of team minutes repeatedly highlighted concerns about the failure to provide the appropriate frequency of staff supervision, but no action had been taken to improve this.

The service reported 76% of staff had received appraisals between June 2018 and June 2019.

Poor staff performance was addressed promptly and effectively. The service had a performance improvement plan which allowed managers to monitor staff performance.

Multi-disciplinary and inter-agency team work

We saw evidence of multidisciplinary input into people's comprehensive assessments, for example, social services and referrals to maternity services. The service liaised closely with the local acute hospital. Team members worked alongside acute hospital colleagues to identify clients at risk who were presenting to the local accident and emergency department (A&E). The service had recently extended this partnership and were working with the A&E to support people who frequently attended the department. The staff member felt this had improved pathways for this client group.

Staff told us that they had a good relationship with the local fire service. With the client's consent, the fire service inspected clients' accommodation and would provide guidance to clients on the risk of smoking while under the influence of drugs and or alcohol.

A representative from the service sat on the single homeless service board, which acted as a gateway to housing in the local area. Staff reported good working relationships between the two teams.

The service had regular multi-disciplinary team meetings. However, records for these meetings were inconsistent. For example, meeting minutes showed a lack of accountability for actions needing to be taken. There was consistent discussion, in the meeting minutes, about the lack of supervision. Despite being discussed within several meetings, action had not been taken to improve this.

The service had effective protocols in place for partnership working for clients who used their services. Recovery plans included clear care pathways to other supporting services. The service worked with health, social care and other agencies to plan integrated and co-ordinated pathways of care to meet the needs of different groups.

The service discharged clients when specialist care was no longer necessary and worked with relevant supporting services to ensure timely transfer of information. We saw evidence of services liaising with GP services. Staff described the relationship with GPs as good and said that communications had improved. The long-term conditions nurse attended all the local GP meetings, which helped communication.

Good practice in applying the Mental Capacity Act

The service had a policy on the Mental Capacity Act, which staff were aware of and could refer to. All policies were kept on the shared drive and were easily accessible to all staff. Eighty-nine per cent of staff completed training in Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff understood the Mental Capacity Act and could give examples on how it applied to clients at the service.

Requires improvement

Community-based substance misuse services

Clients were supported to make decisions, where appropriate and when they lacked capacity, decisions were made in their best interest, recognising the importance of the client's wishes, feelings, culture and history.

Staff ensured clients consented to care and treatment, that this was assessed, recorded and reviewed. We saw evidence of discussion around consent in client records at the initial assessment.

Are community-based substance misuse services caring?

Good

Kindness, dignity, respect and support

Clients who used the service told us that staff treated them with respect. We observed staff interactions with clients as caring and compassionate. Staff were enthusiastic and engaged in providing good quality care to clients.

Staff spoke to us about the clients who used the service and discussed them in a respectful manner, showing good understanding of their individual needs. Staff said they could raise concerns about disrespectful, discriminatory, abusive behaviour and attitudes to managers without fear of retribution.

Staff supported clients to understand and manage their care, treatment or condition. All clients we spoke with told us staff took the time to explain their care, treatment and condition with them. For example, one client told us it was helpful to learn more about the physical effects alcohol had on their body and the client told us they felt more informed.

Staff directed clients to other services when appropriate. Homeless clients were supported to obtain emergency housing. Staff liaised with the local authority on the client's behalf. Staff told us some clients could be housed in the same day.

The service had clear confidentiality policies in place that were understood and adhered to by staff. Staff told us confidentiality was discussed at the initial stages of assessments. Clients were informed of the consent procedure and storage of their records, which was stored in line with the General Data Protection Regulation 2018. The reception was open plan which meant conversations could be overheard. Staff were mindful of this and did not discuss clients in that area. Clients were taken into one of the interview rooms if they wanted to discuss anything confidentially.

Involvement in care

Staff communicated with clients so they understood their care and treatment. Clients reported that they felt very supported, informed and involved within their treatment decisions and care planning. All clients reported that they had seen their care plan and were happy with it. Clients reported that they understood what their goals were.

The service empowered and supported access to appropriate advocacy for clients. Clients facilitated groups where they could discuss any issues in relation to the service. The service had advocacy programmes along with peer mentors. The peer mentors ran a number of groups including mutual aid groups. Peer mentors would also provide feedback to the service from clients.

Staff actively engaged people using the service and their carers in planning their care and treatment. Clients, family and carers could give feedback through a feedback box kept in reception.

Involvement of families and carers

Staff demonstrated good knowledge of families and carers. For example, during the morning meeting, staff discussed a client who was disengaged from the service. Staff involved the client's sister to help them reengage the client with the service.

The service currently did not provide information regarding carers' assessments but was in the process of implementing this. The service had a dedicated family and carers group with a named staff lead. Family and carers could access a family and carers group every Thursday. This was led by the family and carers lead.

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

Good

Access and discharge

Requires improvement

Community-based substance misuse services

The service had robust alternative care pathways and referral systems in place for people whose needs could not be met by the service. For example, the service were able to refer clients who required in client detoxification to residential detoxification services.

Staff provided alternative treatment options when a client relapsed. Staff met with each other to discuss complex cases including any transfers of care.

The provider clearly documented the admission and agreed with relevant services and key stakeholders. The provider clearly documented their admission criteria. For example, the service's admission criteria included clients who were able to engage with treatment and were able to demonstrate motivation for residential treatment. The exclusion criteria were clearly documented and included not working with clients who were actively self-harming or had any recent history of violence.

The service had an agreed response time of 21 days for assessing referrals. Staff contacted clients within seven to 14 days to book an appointment. The timeframe for treatment commencement was 21 days for all clients. Staff saw urgent referrals within 48 hours. In the case of urgent referrals, clients would be contacted within 24 hours and seen within 48 hours.

The service had a re-engagement policy in place for clients who failed to attend their appointments. Missed appointments were re-booked and discussed with the multi-disciplinary team. The re-engagement policy did not place clients at risk.

Clients had recovery and risk management plans that reflected the diverse needs of the client including clear pathways to other supporting services for example, maternity, social, housing and community mental health teams.

Staff supported clients with transfers of care. One client we spoke with said he had been well supported before attending residential detoxification. The client said the groups offered by the service were brilliant in preparing them for rehabilitation. Former clients were given the opportunity to volunteer to the service once they completed treatment.

The service did not currently have a waiting list of admissions into the service. However, clients were on a waiting list for in client detox services. These clients were continuously monitored through ongoing contact with their recovery support worker and group activities.

Clients waiting for treatment were offered two introduction groups called introduction to treatment group and introduction to change group. Clients received information on activities and involvement within the service on opiate and alcohol treatments.

Clients using the service reported that care and treatment was never cancelled or delayed.

Clients' engagement with the wider community

The service provided a range of activities and access to the community. The service had strong relationships with local charities. Clients had access to breakfast club in the community and access to health and social care groups. Commissioners provided the service with a recovery fund to support clients with individual needs and activities. For example, a client had a computer paid for them to access online activities to aid their recovery.

Clients had access to education and work opportunities. The service had strong links with the job centre and other employment and training providers. Clients were offered voluntary work with partnered development agencies. Clients were also supported with basic literacy and numeracy qualifications and could attend the local college to become a personal gym trainer.

Meeting the needs of all people who use the service

The initial assessments documented client's religious and cultural needs. Interpreting services were available. Staff within the service had good understanding of the local needs of the communities they worked in. They worked in partnership with local community groups. Staff also came from diverse backgrounds, reflecting the communities they worked in.

The service monitored who was accessing their service to identify potential clients who might find it difficult to engage. As part of this work locality hubs were set up in other parts of the borough to make services more accessible to clients. Staff had noted that there was a rise in homelessness within the borough and had worked in collaboration with the local authority to support this cohort to access treatment. Additionally, the outreach team were

undertaking assertive outreach in the local park as it had been identified that there were individuals drinking alcohol in the park. The service also employed three women's workers who worked specifically with women who were accessing the service.

Listening to and learning from concerns and complaints

Complaints leaflets were on display in the service. The service had received five complaints in the past 12 months prior to inspection. All these complaints had been resolved at a local level. When clients made complaints, the team tried to resolve them at a local level. If this was not possible the complaint was referred to the provider's central team to undertake the complaint investigation.

Are community-based substance misuse services well-led?

Good

Leadership

The local leadership was strong and had worked for the provider for many years in a variety of roles. The leaders in the service were motivated and enthusiastic about supporting the client group. They strove to deliver and motivate staff to succeed. The team had an in-depth knowledge of the client group. The service had a clear definition of recovery that was shared and understood by the staff group. They adapted services and encouraged new and innovative ways of working to meet client needs. Managers could clearly describe how the service worked to provide safe, high quality care to clients. Managers were highly visible in the service and were accessible to staff and clients.

Staff said that they enjoyed working in the team, but some staff felt team morale was lower than usual due to the high level of staff sickness and high turnover. The team recently had an away day, which was also attended by the commissioners for the service. Staff said this had been helpful as they had learnt more about the strategy for the service.

Some staff had commented that the senior leadership team had not involved staff, nor given them the opportunity to contribute to discussions about the strategy for the service, especially where the service was changing. However, other staff members thought that they were well informed of changes.

Staff we spoke with felt that the management structure was not always clear. Staff felt this caused issues with communication within the service. Staff told us that communication was not always clear and consistent from the senior leaders within the service.

Vision and strategy

Staff knew the provider's vision and members of the senior leadership team had visited the service. The service had a staff away day in July 2019, which had given them opportunity to the visions and values of the service what it meant to them. The commissioners for the service had also attended this event. Staff said this had been helpful as they had learnt more about the strategy for the service.

Staff were able to explain how they worked to deliver high quality person-centred care to clients. The service was undergoing changes and to support staff through these changes, staff from head office visited the service on a regular basis to look at the impact of the change on the staff and the client group. Staff could contribute to discussions regarding changes in the services. For example, in the staff engagement meetings, staff raised concerns about having only one fully registered prescriber. However, not all staff felt sufficiently involved.

Culture

Staff stated that they felt able to raise concerns. Staff were aware of the whistleblowing process. The service had a confidential phone number, which staff could use if they wanted to raise a concern anonymously.

The provider endeavoured to ensure they communicated with staff and there was a local staff forum. The service had undergone a number of changes. The levels of staff morale varied across the teams but despite this, the staff emphasised their commitment to ensuring that the clients received good treatment and care. Some staff stated that the management of the service was male dominated, and this did not reflect the gender makeup of the staff group. Some female staff members felt that their views were not always being heard. Despite team meetings not happening as frequently as they should do the staff worked well together as a team for the benefit of clients.

The manager had identified that working with the client group could be particularly stressful. They were in the process of setting up a Friday debrief, which staff could attend to discuss what areas of work had been difficult that week. The manager was hoping that this would be a forum where staff could talk freely and get support from peers.

Managers dealt with poor performance when needed.

Governance

There were systems and processes established to ensure that the quality and safety of the service was assessed and monitored but these were not always fully effective. Managers were aware of the improvements needed to be made for example with supervision and team meeting minutes but had not yet addressed these issues. The service convened a number of meetings regularly to ensure the smooth running of the service. These included meetings at a locality level and meetings, which took place at a senior management level. Management meetings reviewed issues relating to both quality and business. For example, the management meetings looked at performance data and ensured that services had the appropriate resources to run a safe service. The managers also discussed the activities that were taking place in the service.

Managers shared information from these governance meetings with the staff group.

The service had clear arrangements for working with other organisations so that clients benefited from improved care outcomes.

However, although management had oversight of most aspects of the service they had failed to identify and address some areas of poor performance such as low rates of supervision, fire alarm testing, the security of prescriptions and access to client information in primary care. Systems to assess, monitor and improve the service were not fully effective.

Management of risk, issues and performance

The provider maintained a corporate risk register. This included contracts and tenders and finances as some of the provider's main risks. However, the service did not have their own local risk register. The provider was in the process of introducing local risk registers across their services. Although there was no formal local risk register, the managers working at the service had identified that there were risks that specifically related to the Croydon service and had taken to action to manage or mitigate them. For example, the managers had identified Brexit as a staffing risk and had undertaken action to manage these risks by reviewing the staff group's employment and residency status.

Where cost improvements had taken place, the provider had ensured that client care was not compromised. For example, in response to the rise in cost of buprenorphine (an opiate substitute), the provider had looked at alternatives that were cheaper but were equally effective and recommended by the National Institute for Health and Care Excellence guidelines. The service had begun to prescribe clients a cheaper alternative that was equally effective.

The service had a business continuity plan, which was updated annually.

Information management

The staff had systems to gather data, which could be used to gauge performance. Staff had access to equipment and technology to assist them in undertaking day to day tasks. The manager used data collection to provide monthly reports to the senior management team and commissioners. The manager regularly reviewed the data as part of the governance arrangements that were in place to monitor quality and safety within the service.

Staff had access to the equipment they required. Communications infrastructure, such as telephones and the internet were in place. Electronic information systems, including client care records, were secure and confidential.

The service had implemented joint working and information-sharing processes with other services where appropriate to do so. For example, the service set up clear information-sharing protocols with the local authority.

Engagement

The provider provided staff with information through the intranet and bulletins. The provider made good use of social media to keep the public informed of the work they were undertaking to support clients and their families. Annual newsletters were also sent to staff.

The service provided clients with updates about the service through information noticeboards.

Learning, continuous improvement and innovation

Requires improvement

Community-based substance misuse services

The service was involved in a research group with locally based university looking at the links between identifying addiction and treatment outcomes.

The service assessed the quality and sustainability impact of changes including financial. The service had plans in place for Brexit and the rise in cost for buprenorphine.

Clients were able to use smart tablets to complete online referral forms.

The service had a staff award/recognition schemes, where staff could nominate colleagues for awards in recognition of the work they had undertaken to support clients.

Outstanding practice and areas for improvement

Outstanding practice

Clients had access to education and work opportunities. The service had strong links with the job centre, training providers, skills and development agencies.

The service worked in collaboration with the local authority to support homelessness within the community. The outreach team were undertaking assertive outreach in the local park due to individuals drinking alcohol in the park.

The team were involved in a research group with a local university looking at how clients perceived their drinking. For example, the study looked at the beliefs clients had about alcohol and how those beliefs affected client's recovery and well-being.

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure there is a clear and effective process in place to ensure that staff have access to, and review information from, clients' GPs and others regarding ongoing treatments, allergies and clinical test results that may affect their care. Regulation 12(a)(b)
- The provider must ensure weekly fire alarm testing is completed to check that the alarm system is working. Regulation 12(2)(d)
- The provider must ensure all staff receive appropriate supervision to enable them to carry out the duties they are employed to perform effectively. Regulation 18(2)(a)
- The provider must ensure all prescriptions are kept in a secure locked cupboard and the key to the cupboard is equally secure. Regulation 12(g)

Action the provider SHOULD take to improve

- The provider should ensure that staff keep records of clients or others they supply naloxone to.
- The provider should address issues of staff morale and make sure staff feel listened to and engaged in service development.
- The provider should ensure that all staff receive the appropriate level of safeguarding training.
- The provider should ensure client records are consistently stored in the same place and are easily accessible.
- The provider should ensure that staff complete client care plans consistently and include all relevant information.
- The provider should ensure team meeting minutes are recorded consistently and actions followed up by staff.
- Managers should ensure that systems to assess and monitor the quality and safety of the service are fully effective and enable improvements to be made.

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
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing