Turning Point Somerset

Quality Report

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

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

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

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

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

Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- Staff monitored clients safely and regularly throughout the treatment period. Risks were managed well in all locations. Staff had a good understanding of individual risks, and were skilled and experienced. Safeguarding was a high priority, and the teams ensured clients with safeguarding risks were referred to appropriate agencies and monitored. There were clear policies and procedures in place safeguarding adults and children.
- The environment at each location was clean and well maintained and the layouts protected privacy. Information was freely available specific to substance misuse issues.
- All the locations had experienced and supportive managers. The service had an approachable and knowledgeable registered manager. The senior management team provided excellent oversight supported by robust governance systems. Staff told us they were proud of what they had achieved over the previous year. Staffing numbers in all locations were sufficient to manage caseloads safely. Managers monitored staffing requirements against caseload numbers on an on going basis. An

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experienced clinical consultant led a dedicated team of medical and non-medical staff. There was good multiagency working. The service worked closely with other agencies, for example, mental health services, to ensure they addressed and identified individual needs.

- Staff followed 'drug misuse and dependence: UK guidelines of clinical management' (2007) and National Institute for Health and Care Excellence (NICE) guidelines for substitute prescribing and psychological therapy. Prescribing practices were excellent. Dedicated staff monitored and audited prescriptions, and staff carried out prescribing reviews on a three monthly basis or more frequently if needed. The service provided support for all healthcare needs associated with substance misuse. Staff supported clients with blood-borne virus testing. Electrocardiograms (ECG's) were taken for clients receiving high doses of methadone to monitor the effects on the heart.
- Staff were caring and demonstrated commitment and enthusiasm towards supporting clients who accessed the service. Staff attitudes were warm, clients described them as non-judgmental and they seemed cheerful.

However, we also found the following issues that the service provider needs to improve:

- Staff did not ensure they transferred all pertinent information from initial assessment to the recovery care plans, for example, risks or treatment goals. This meant there was no relevant means of monitoring progress or demonstrating actions. In addition, although risk management was good and staff considered risks throughout the treatment period, it was difficult to locate where they reviewed and updated risk assessments.
- Discharge planning was not sufficiently robust, which meant that clients could remain in the system for longer than they needed.
- Although the service provided mandatory training, this was all electronic learning and was not well monitored or managed. Staff completed Mental Capacity Act training; however, some staff were not confident in identifying or applying it when needed.

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Background to Turning Point Somerset

- Turning Point Somerset provides support to people suffering from drug and alcohol problems across five geographical locations. The service was commissioned by Somerset County Council in February 2014 as part of an integrated specialist drug and alcohol service for adults and young people.
- The specialist drug and alcohol service is made of three providers, one of which is Turning Point, working in partnership to deliver one overall treatment service. The partner agency who provides the contact and engagement element of the service are also regulated by us but not inspected on this occasion. The second agency provides the housing support. Turning Point specifically provides the specialist structured treatment.
- Services are provided from Yeovil (Maltravers House, which is the main registered location), Taunton (Unity House), Bridgwater (Bridge House), Frome (Arch House) and Glastonbury. The Glastonbury hub is due to close at the end of September 2016 and these clients will access services in Frome as well as receive other satellite services in Glastonbury.
- The service provides substitute prescribing (drugs and alcohol), access to detoxification and residential rehabilitation, support for family members and carers of people affected by drug or alcohol use and signposting or referral to other agencies. They also offer harm reduction advice and support, a peer mentoring programme, testing and vaccination for blood borne viruses, brief interventions, outreach, group work, individual and one to one therapy, and engagement and re-engagement.
- The service also offers structured treatment for a very small cohort of young people. Appointments for this service do not take place in the adult service hubs, but instead in GP surgeries, schools and other appropriate community settings.
- The service is registered with the Care Quality Commission to provide the regulated activity of Treatment of Disease, Disorder or Injury. It has a registered manager in place.
- Somerset County Council is the lead commissioning partner. It works with other commissioners through the strategic group 'Somerset Drug and Alcohol Partnership'. This involves the Clinical Commissioning Group (CCG), police and crime commissioner and Bristol, Gloucestershire, Somerset and Wiltshire Community Rehabilitation Company (CRC).
- We last inspected this service on 17 January 2014. The service met all the essential standards at that inspection.

Our inspection team

The team that inspected the service comprised CQC inspector Susan Bourne (inspection lead), one other CQC inspector, and two nurses with a background in substance misuse services.

Why we carried out this inspection

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

Summary of this inspection

How we carried out this inspection

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

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

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

During the inspection visit, the inspection team:

- visited all locations and looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with six clients
- spoke with the registered manager and all hub managers
- spoke with 34 other staff members employed by the service provider, including nurses, doctors, non-medical prescribers and recovery support workers
- spoke with the assistant director
- spoke with two peer mentor volunteers
- received feedback about the service from commissioners
- collected 58 feedback comment cards from clients using the service
- attended four meetings, including complex case review and daily flash meetings
- observed two prescribing clinics and two client sessions
- looked at 45 care and treatment records
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with six clients using the service. They told us they were very happy with the provider and that staff were always happy to help and support them.

The 58 comment cards we collected all contained very positive feedback, without exception, about the service and the staff. Clients told us they felt safe and supported, that they could openly discuss their problems with their keyworkers and that they felt the overall service in each location was of very high quality.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We do not currently rate stand-alone substance misuse services.

We found the following areas of good practice:

- Staff managed risk well. Staff were experienced and competent to identify and respond to risk.
- Prescribers followed procedures to a high standard. Staff reviewed clients' prescriptions on a regular basis throughout their treatment.
- Staff stored and monitored equipment safely. This included blood-borne virus equipment (blood vials, needles, plasters).
- The service treated safeguarding as a high priority and staff were aware of the safeguarding policies and procedures.
- Managers ensured there were enough staff to manage the caseloads. Vacancy rates were low and staff retention was high.
- Staff were confident in how to report incidents. Managers discussed incidents in meetings and supervision.

However, we also found the following issues that the service provider needs to improve:

- Although staff managed and considered risk throughout the treatment period, they did not clearly identify these risks in the clinical records.
- Although the service provided mandatory training, this was all electronic learning and not sufficient to support staff to carry out their roles effectively.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clinical records contained comprehensive and holistic information. Staff completed recovery care plans with the client.
- Dedicated staff ensured they monitored, reviewed and audited prescriptions.
- Staff supported clients in line with 'Drug misuse and dependence: UK guidelines on clinical management (2007)' and appropriate NICE guidelines.

Summary of this inspection

- The service offered a comprehensive range of psychosocial interventions.
- Staff had good working relationships with other relevant agencies.

However, we also found the following issues that the service provider needs to improve:

- The service did not ensure that recovery care plans identified all risks or contained all necessary information relevant to treatment and therefore breached a regulation. You can read more about it at the end of this report.
- Staff were not confident in identifying when the Mental Capacity Act might be relevant, or when they should document potential capacity issues, for example in fluctuating capacity.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff interacted with clients in a warm, positive and supportive way in all locations. Staff ensured they respected clients' needs and preferences at all times.
- Staff involved clients throughout their treatment. Clients told us they felt respected and felt they had a voice.
- Staff and managers were committed to improvement of the care and support they provided by working creatively and innovatively.
- The service offered an excellent volunteer and peer-mentoring programme. This provided the opportunity for former clients to support new clients through the difficulties of treatment.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients received treatment promptly. The service met the ten-day access target set by the commissioners.
- The service offered a walk-in referral system and clinic times offered flexibility, for example, evenings.
- Staff followed procedures for clients who failed to attend appointments.

Summary of this inspection

- Clients and staff knew how to make a complaint and understood the complaints process.
- Each location was comfortable, private and welcoming. Clients had good access to local information.

However, we also found the following issues that the service provider needs to improve:

- Discharge planning was not sufficiently robust, which meant clients could remain in the system for longer than needed.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The registered manager was visible, approachable, open and supportive to the individual hub managers. The hub managers were visible and supportive to their teams.
- The consultant clinical lead was a strong, supportive presence across the whole service.
- The registered manager and senior managers communicated to a high standard. The service had experienced a lot of change and the management team worked together effectively to manage this.
- Staff morale was good. Staff told us they were proud of their work and happy in their work.
- Governance systems were of a good quality and managed through the central risk and assurance team.
- Managers and senior managers had good oversight of all the locations.
- Staff received regular supervision and appraisals.

Detailed findings from this inspection

Mental Health Act responsibilities

The service was not registered to accept clients detained under the Mental Health Act. If a client's mental health were to deteriorate, staff were aware of who to contact. Some of the nursing staff had been trained as registered mental health nurses which meant that they were aware of signs and symptoms of mental health problems.

Mental Capacity Act and Deprivation of Liberty Safeguards

Turning Point Somerset provided training on the Mental Capacity Act through electronic learning. Some staff we spoke with knew the principles of the Mental Capacity Act and were able to identify how substances could affect mental capacity, and how this could trigger issues around consent or treatment.

However, we also found some staff were less clear and although staff sought consent and checked clients for understanding of their treatment, we did not see this clearly or consistently documented in all clinical records.

The provider had practical training plans in place to manage this.Staff did not conduct a mental capacity assessment with clients as standard. We did not see evidence of mental capacity assessments in the clinical records. However, this would not be a general expectation and the evidence we saw suggested clients generally had capacity, although this may fluctuate dependent on alcohol or substances or mental health situation.Staff recorded clients' initial consent to treatment and sharing information with others.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- All the building and environments we visited were clean, welcoming, well maintained and accessible. There were couches, weight scales and height measures for physical examination in clinical rooms. Staff checked and monitored clinical areas, room and refrigerator temperatures regularly. All the teams had only recently acquired the appropriate equipment as the general practitioner (GP) normally carried this out.
- The services had up to date health and safety environmental risk assessments, including fire risk assessments, that managers checked monthly. There was clear fire safety information on display.
- None of the environments held defibrillators or oxygen; however, they had procedures for managing a medical emergency. Training in first aid was provided for staff and those we spoke with described the procedures. Staff had access to emergency 'grab bags' which contained Naloxone (used to treat an opioid overdose in an emergency) and adrenaline as well as first aid equipment.
- Blood-borne virus equipment (blood vials, needles, plasters) were stored safely in locked cupboards. These were well stocked and ordered. There were clear procedures for collection and disposal of clinical waste products and sharps. Drug urine screens were stored safely and monitored for expiry.
- Refrigerators held adrenaline in the event of an anaphylactic reaction following immunisation for Hepatitis B. There were also good stocks of naloxone that staff checked and were in date. The services did not hold Pabrinex (an injectable medication that replaces vitamins lost through dependent use of alcohol) or acamprosate (a medication used to support prevention of use of alcohol) as clients would receive this through their GP.
- All clinical areas had private rooms for consultation. We could not hear conversations taking place from the outside. Private areas were available for carrying our blood or urine screening to ensure privacy and dignity.
- All the environments had leaflets and information about issues relating to drug and alcohol use on display. These included safeguarding, mental and physical health issues, medication and treatment advice and risks associated with injecting.
- There was information about what to do in an emergency, and how clients could access help outside of normal hours. All information was available in different languages and there were signs explaining access to a local interpreter service.
- Staff did not keep controlled drugs in the clinics. There was a clear and effective system for management of prescriptions. Skilled administrative staff ordered prescriptions using a controlled stationery request form. Staff completed a register and monitored the register carefully, including the record of destruction of voided prescriptions. We saw clear audits of this process.
- Clients had medication dispensed at a specified pharmacy. The client would choose the most appropriate pharmacy and the specialist drug and alcohol worker would contact and liaise with them to confirm they could accommodate them. The service had 128 dispensing pharmacists at the time of our inspection.

Safe staffing

Substance misuse services

- Across the whole service, there were 78 substantive staff. There was a 14% turnover of substantive staff. There were 8% whole time equivalent vacancies and an overall sickness rate of 5%.
- The service had a whole time equivalent consultant medical lead who was experienced and could be accessed easily by staff. There was also support from a number of dedicated sessional GPs who provided clinics to all the locations. The service also had experienced nurses and non-medical prescribers who were mobile so was able to provide specialist support where there was need.
- In addition to this, the service had access to clinical psychology, and had professional leads in blood-borne viruses, drugs and alcohol, safeguarding, mental health and domestic abuse.
- The Taunton team had 16 staff, which included hub manager, three senior recovery workers, eight recovery workers, a non-medical prescriber, two volunteers and an administration worker. There was one full time recovery worker vacancy. The team was also recruiting a receptionist.
- The total caseload in Taunton for structured treatment was 450 clients and staff held average caseloads of 45-50 per worker. However, one third of this was for recovery check-ups, which meant the staff only saw those clients occasionally.
- The Frome team had 16 staff, which included hub manager, a non-medical prescriber, three recovery support workers, two support workers, two administration staff and seven recovery workers. There were no vacancies.
- The total caseload in Frome for structured treatment was 326. This included 147 clients who also required only recovery check-ups. Staff held an average caseload of 42 clients. This included staff in the Glastonbury service that was due to close imminently. Glastonbury staff would be permanently based in Frome.
- The Bridgwater team had 15 staff, which included hub manager, two senior recovery workers, eight recovery workers, a non-medical prescriber, two peer mentors, and two administration staff. There was one senior recovery worker vacancy.
- The total caseload in Bridgwater was 339. This included approximately 150 clients who required low level monitoring. Staff held an average caseload of between 40-45 clients.
- The Yeovil team which was based in Maltravers House (the registered location) had 16 staff, which included hub manager, two senior recovery workers, seven recovery workers, a non-medical prescriber, three support workers and two administration staff. There were no vacancies at this location.
- The total caseload in Yeovil was 424. This included 51 clients in 'shared care', which is when a member of staff provides support to clients in a GP surgery. Staff held an average of 40-45 clients on their caseload.
- The young people's service had 40 clients. This small specialist team employed a young persons' consultant psychiatrist who carried out the complex assessments.
- The service prescribed medication for approximately one young person per year, and mainly provided evidence based psychosocial interventions. The team had two full time workers and a team manager. The consultant clinical lead maintained countywide oversight.
- We found there was sufficient staff in all the locations to manage the current caseloads. However, as there was no limit in terms of caseload size and an increasing pressure to achieve admission targets, we raised the concern that the workload could potentially be risky in the future with the current staffing numbers unless closely managed.
- Staff completed the DBS (Disclosure and Barring Service) process. The service held the details electronically in a central location. We saw details of DBS checks which managers held in staff files, and any staff with a positive DBS had a completed and closely monitored risk assessment.
- Within the overall staffing numbers, the teams had prescribers who were qualified and competent to assess and prescribe for drug and alcohol detoxification. All staff in the teams had the knowledge and skills to recognise and identify signs of deterioration in mental and physical health during detoxification or withdrawal.

Substance misuse services

- All of the records we reviewed showed the teams allocated a keyworker to each client. The keyworker had overall responsibility within the Somerset drug and alcohol service (SDAS) for assessing, monitoring and reviewing clients receiving prescriptions.
- All the teams had competent and knowledgeable administration staff. They demonstrated a high level of understanding and commitment to the service and clients. Staff told us the administration staff were supportive. Management of the prescription process fell to dedicated staff within the administration team.
- Managers carried out on going staff competency assessments to ensure practice and professional knowledge was maintained and up to date.

Assessing and managing risk to clients and staff

- Staff used an electronic system that did not lend itself well to consistency. For example, we saw that all clients had a full risk assessment prior to accessing the service, and that the teams in all locations closely monitored and reviewed risks. However, staff did not clearly transfer the risks from the assessment to recovery care plans or risk management plans and there was no clear flow through the clinical records.
- We raised this on the day with managers. Managers told us they had tried to create a 'workaround' where staff uploaded a word document to the system. However, staff told us this was confusing and rarely happened. Managers believed there was a possibility of this system changing to one with a more clinical focus.
- However, staff clearly communicated risk on a daily basis through 'flash meetings' (a team discussion at the start of the day about planned activities and any risks to be aware of) and these were documented and monitored. The teams also discussed risk in depth during monthly complex case meetings. Staff ensured they documented changes in risks in the daily clinical records where appropriate. Staff we spoke with understood and were confident in risk management and demonstrated a good knowledge of their clients.
- Safeguarding was a high priority in all the services. Staff and managers we spoke with were confident in identifying and explaining how they managed safeguarding concerns or alerts. A recovery worker in the Taunton team attended multi-agency risk assessment conferences (MARAC) and we saw in a review meeting that there were complex case discussions about safeguarding and links with children's social care teams.
- We looked at clinical records, policies and procedures and spoke with prescribing and non-prescribing staff and we found safe prescribing practice throughout the services. When the service prescribed medication for opioids or alcohol detoxification, staff gave clients clear information on risk when entering into treatment. Staff ensured clients understood their responsibilities throughout the treatment.
- The service referred to the GP for assessment of physical health prior to providing treatment. Staff would not prescribe before receiving this. The teams did not routinely monitor on going physical health; they referred to the general practitioner for this. However, we saw plans were already in place to change this.
- Staff who assessed clients as too high a risk for community alcohol or opiate detoxification regimes would be considered for referral to inpatient detoxification.
- We saw communication between the senior clinical governance team and the service managers arranging for the delivery of physical health monitoring equipment. They planned to monitor basic observations three monthly or during prescribing reviews. This included height and weight.
- Doctors or non-medical prescribers ensured that they took responsibility for monitoring prescriptions on a minimum three monthly basis. Prescribers would initially alter the prescription up or down dependent on clinical need. When staff assessed that a client was safe to take their prescription home, rather than needing to attend the pharmacy daily, they provided a locked box for home storage and naloxone.
- Clinical records showed that keyworkers regularly reviewed clients and communicated risks to the prescribers on an on going basis. This was transferred to a care plan and formed part of the work towards less daily pickups which could potentially impacting on a client's life, for example going to work.
- Turning Point Somerset was due to close its Glastonbury hub imminently. This service was part time (two days a

week) and staff providing the service in Glastonbury were part of the Frome staffing figures. The service managers had been through a consultation period with staff and service users and had plans to deliver services to clients in the Glastonbury area peripatetically, as well as offering services from the Frome hub.

- At the time of our inspection, there was a transition plan in place. Clients were to obtain their prescriptions from Frome; however, there was a centre in Glastonbury where one to one work could still take place. Staff would still work from satellite sites in Glastonbury. The pharmacy needle exchange would remain in Glastonbury.
- Service managers provided mandatory training to staff. The lowest completion rate was positive behaviour support level one (83%), followed by infection control in healthcare (88.5%), fire safety awareness (90%), introduction to information sharing and equality and diversity awareness (92%), safeguarding awareness and introduction to information governance was (94%) and moving and handling awareness (96%). Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) awareness, introduction to information security, first aid awareness and health and safety awareness were all 98% and incident, accident, customer feedback awareness was a 100% completion rate.
- This training was all electronic learning and did not cover specialist areas related to substance misuse. The recording and monitoring of mandatory training across all the services was confusing and inconsistent. We raised this as an issue at the time of our inspection. Senior managers had identified this already and were in the process of creating an overall training document with support from their improvement and development manager for the South West region. The service had already decided that the risk and assurance team would manage the training centrally instead of locally. We looked at this plan and saw the service had set dates for more robust face-to-face training.

Track record on safety

- There were 11 serious incidents across the services reported by the provider in the previous six months. Ten of these incidents involved the death of a service user. We reviewed the reports and established these were due to natural causes, long-term effects of substance misuse or alcohol or accidental death.
- There were 120 reported incidents across the four locations. They were reported by type including medication, security, consent, confidentiality or communication, administration, self-harm, incident requiring treatment of medical intervention, aggressive or challenging behaviour, access to services, conveyance) and medical device or equipment. Managers reviewed incidents and took action to prevent a reoccurrence where possible.

Reporting incidents and learning from when things go wrong

- Staff reported incidents using an electronic system. This allowed staff, including those working remotely, to report in real time any incidents that occurred. Managers, senior managers and the risk and assurance team monitored this database centrally.
- Managers reviewed relevant incidents in mortality and morbidity meetings. Staff also reviewed them in complex case reviews and at the monthly clinical governance meeting and daily flash meetings.
- We discussed one formal investigation that had been carried out into an unexpected death involving Turning Point amongst numerous other agencies.Actions had resulted for all agencies involved, one being for Turning Point.This action had prompted improvements in sharing of risks with other agencies.
- Staff we spoke with were confident in how to report incidents. They told us managers discussed incidents in meetings and supervision. We looked at some staff personnel files and meeting minutes and evidence of learning from incidents and saw this had taken place.

Duty of candour

- Duty of candour is a legal requirement that means providers must be open and transparent with clients about their care and treatment. This includes duty to be honest with clients when something goes wrong.

- Although they did not specifically use the term duty of candour, some of the staff we spoke with were able to tell us about the importance of being open and honest with clients when something went wrong, and knew there were formal procedures around this.

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

Assessment of needs and planning of care

- Turning Point Somerset worked with the local authority commissioners of drug and alcohol services to ensure they created the best models of treatment to deliver the best outcomes for the clients. The commissioner responsible for the service was Somerset County Council.
- The referral pathway involved initial access through a partner agency that provided the contact and engagement part of the service. This included harm reduction services such as needle exchange and advice. This partner agency completed the initial assessment and referred to the Turning Point teams when more complex, structured treatment was needed.
- Referrals could be submitted by the client themselves, police, probation, GP or social services.
- All clinical records we looked at (including Glastonbury) contained comprehensive assessments and information. Staff completed care plans at the initial assessment stage. These were 'modality' care plans. Staff used this information for key performance monitoring. For example, the system highlighted if the client did not receive their prescription for two weeks the service could chase this up.
- Staff completed care plans with the client on an on going basis. We saw staff scanned these signed documents into the electronic system. Staff then shredded the paper document in line with the information governance policy.
- When staff received the initial assessment, they requested a full medical history from the client's GP. Staff told us and we saw in the clinical records that they did not prescribe any medication until prescribers received this information and they were satisfied it was safe to prescribe.
- However, clinical records did not demonstrate that staff monitored on going physical health problems effectively and the information was limited. We raised this concern and staff showed us that the GP managed physical health. Clinical letters demonstrated this in the records. Staff did not complete baseline physical observations, but all the teams had recently acquired appropriate equipment to commence this.
- We saw good evidence of assessment of psychological and mental health within the clinical records.
- Staff did not complete robust and relevant care plans. The plans we saw, although completed with the client, did not adequately reflect information from the risk or comprehensive assessments. They appeared disjointed and did not consistently have all risks or actions updated or reviewed. We raised this at the time of inspection.
- Prescribers ensured all clients receiving over 100 millilitres of methadone per day had an electrocardiogram (ECG). This was necessary to check they did not experience a lengthened heartbeat cycle resulting from a high dose of methadone.
- Prescribers recorded appointments and outcomes on the electronic record system and the client's prescribing pathway was clear and legible. The recording, monitoring and review of prescriptions were of a high standard at all of the locations. Dedicated administrative staff ensured robust overview of all the clients and audited prescriptions regularly.

Best practice in treatment and care

- Staff supported people in line with 'drug misuse and dependence: UK guidelines on clinical management (2007)' during treatment, and followed the provider's own policies and procedures around prescribing and monitoring. All the guidelines for interventions and prescribing pathways were adapted from appropriate NICE guidelines.
- The service offered clients oral methadone mixture, buprenorphine and lofexedine for heroin and other opiates. The teams offered detoxification from alcohol using chlordiazepoxide or diazepam.
- The teams ensured clients accessing the service for alcohol detoxification all completed the clinical institute withdrawal assessment of alcohol score, revised

(CIWA-Ar), prior to treatment. This was a ten item scale used in the assessment and management of alcohol withdrawal. Staff and clients also completed appropriate opiate withdrawal tools, for example subjective opioid withdrawal scale (SOWS) and clinical opiate withdrawal scale (COWS).

- The service did not routinely offer aftercare treatments, such as oral B vitamins, pabrinex, naltrexone, disulfiram or acamprosate on discharge. Clients were offered this through the GP.
- Staff routinely offered testing and vaccination for hepatitis A and hepatitis B. They also offered screening for hepatitis C and human immunodeficiency virus (HIV).
- All locations used psychosocial approaches alongside prescribing interventions and monitoring. These included brief interventions, outreach to those who needed it, group work, individual therapy and one to one work. The service lead clinical psychologist had developed a comprehensive range of psychosocial interventions, which followed the service model of psychosocial interventions (MOPSI).
- Staff also promoted the use of mutual support in line with NICE guidelines. Feedback from comment cards was clients felt well supported to access local groups, for example, Alcoholics Anonymous (AA).
- The performance manager met with the registered manager and hub managers monthly to review their key performance indicators and targets. In addition to this, managers sent a monthly performance report to commissioners where they highlighted key areas of success as well as areas to be improved.
- The service also offered a peer-mentoring programme. We spoke with peer mentors and they demonstrated a high standard of knowledge, enthusiasm and integrity.
- Senior managers and managers carried out regular audits. These included prescribing, case files, outcomes of mock Care Quality Commission inspections, peer reviews, health and safety and training. We saw in clinical governance meeting minutes that managers had discussed audits and created improvement actions. Managers also discussed audits in clinical supervision.

Skilled staff to deliver care

- The overall service had a registered manager and each location had a hub manager. There was a consultant and a psychologist that worked across all the locations. The teams had registered nurses and non-medical prescribers, senior recovery workers and recovery workers. The service recruited peer mentors to support clients at entry level. All the locations had dedicated and experienced administration staff.
- The service had not developed the training package; however, there were plans in place for this. Staff told us they could access training outside of mandatory expectations; however, we found this difficult to identify on the team records. We saw a 'south west training calendar' that would support the on going development of staff competencies and provide additional training for staff. Managers would monitor and review this.
- All new staff received an induction. We looked at some staff personnel files and saw managers had completed induction packages to a good standard.
- Staff received regular supervision and annual appraisals. Completion rates in July 2016 were 100% in all locations for supervision and appraisals. This included staff that had commenced employment more recently who had appraisals booked in. Staff we spoke with told us they felt supervision was useful and positive.
- All medical staff across the services had been subject to revalidation. Revalidation is the process by which doctors with a licence to practise have to demonstrate to the General Medical Council, to ensure they are up to date and compliant with professional standards.
- Managers addressed poor performance appropriately and sensitively. They identified staff with performance issues and provided support for them to reach an appropriate level of achievement. We saw examples of how managers had developed actions for poor performance.

Multidisciplinary and inter-agency team work

- All the teams described examples of positive multidisciplinary working, including with mental health services and adult social services. Each team

maintained contact with relevant agencies involved in client care. The treatment model meant they needed to work well with their two other partners in order to provide the best outcome for the client.

- There were some partnership arrangements that included shared care with GPs. This meant staff from the specialist substance misuse service would attend the GP surgery and support those who were willing to undertake prescribing in the surgery.
- The staff had good working relationships and communicated effectively with other agencies, such as social services or the mental health team. We saw good examples of collaborative work in relation to dual diagnosis and domestic abuse. The service had worked with key agencies to create 'toxic trio' (domestic abuse, substance misuse and mental health) and dual-diagnosis joint protocols.

Good practice in applying the MCA

- Turning Point Somerset provided training in the Mental Capacity Act through electronic learning. We found senior and medical staff in particular knew the principles of the Mental Capacity Act and were able to identify how substances could affect mental capacity.
- However, we found other staff were less clear and although they sought consent and checked clients' understanding of their treatment initially, staff did not clearly document this as on going in all clinical records. Staff could, however, describe what action they would take if a client's situation changed.
- The provider had improved training plans in place to ensure staff were clear on their responsibilities under the Mental Capacity Act, particularly when checking and recording consent.
- Staff recorded initial consent to sharing information with others.

Equality and human rights

- The service supported staff and clients with protected characteristics. The service had policies and procedures in place to protect human rights and avoid discrimination. Managers gave us examples of staff they had supported under these policies.
- Turning Point Somerset was in the process of creating an equality and diversity action plan. The service had started to build links with more underrepresented community groups such as black or minority ethnic people (BME), lesbian, gay, bisexual and transgender (LGBT) and disability services to review support available to ensure accessibility and equality.

Management of transition arrangements, referral and discharge

- Overall, the service managed and monitored closely all clients receiving treatment. Staff kept a detailed database of all client activity and movement including prescribing, assessments and discharge plans.
- Senior managers discussed and reviewed client activity in monthly clinical governance meetings.
- We were concerned that as there was no limit on caseload numbers, that although the service was open and easy to access, caseloads could become unmanageable in the longer term with no additional staffing support.

Are substance misuse services caring?

Kindness, dignity, respect and support

- Staff interacted with clients in a supportive way. Staff attitudes towards clients needing support were warm, kind, respectful and enthusiastic.
- We observed staff discussions in meetings about clients. Staff clearly demonstrated warmth and concern. Managers and clinical staff spoke of clients with knowledge and empathy.
- Client feedback was very positive. They told us they felt supported and guided by staff. We were told that staff were knowledgeable and treat them with respect. Clients also told us staff treated them as individuals and supported them to achieve their goals.

The involvement of clients in the care they receive

- Clients told us they had been involved in their treatment pathway. We saw keyworkers involved clients in the creation of their care plans and documented their views in keyworker or prescribing reviews. Where appropriate or requested there was engagement and support provided to the client's family/carers.

- When family dynamics did not allow this engagement, the staff supported the client to address this in order to improve the support network for the client.
- Staff and managers were committed to improvement of care and support by working creatively and innovatively, listening to the client's voice through service user forums and using 'you said, we did' boards in all locations, as well as actively seeking client feedback. Staff also had regular meetings with service user representatives.
- All the services displayed and provided information about numerous support agencies and signposted clients to them. This included advocacy services if people needed extra independent support.
- The volunteer and peer-mentoring programme provided the opportunity for former clients to support new clients through the difficulties of treatment and to be positive role models. Peer mentors we spoke with were highly dedicated and valuable to the service.

Are substance misuse services responsive to people's needs?

(for example, to feedback?)

Access and discharge

- Commissioners had set a target of no more than 10 days from referral to treatment in total. This was broken down into five days for screening and referral, then another five days to access structured treatment. Many of the clients accessing the service were vulnerable with complex needs including physical and mental health problems. Skilled assessment was important to ensure staff identified and met all needs.
- The assessment process considered age, gender, disability, maternity status, race, religion, sexual orientation as well as clients' substance misuse and co-morbidities. The contact and engagement team within the specialist substance misuse service referred into the Turning Point Somerset teams for the more complex and structured treatment interventions.
- In addition to access through the contact and engagement team, there was a walk in referral system. This meant waiting time for treatment and support was minimised. Times of clinics were flexible including evening, to ensure the service met specific needs.There were no waiting lists for treatment and due to the quick access the service was offering treatment to approximately a third more clients targeted.
- All the buildings used by the specialist substance misuse services in Somerset were of different ages and of varying sizes. However, all were adapted to ensure good access. If a client could not attend a local hub, we saw the service arranged to see them in other community location. This could be GP practices, primary care centres and the clients own home where appropriate. This was particularly useful to those living in more remote or rural areas.
- When a client completed treatment staff could discharge or refer them back to the initial partner for further and ongoing support and psychosocial interventions. Similarly, if a client did not attend appointments Turning Point had a 'faltering engagement' policy. Staff attempted to make several contacts with the client, and then if this was unsuccessful the team referred the client back to the contact team for re-engagement. Staff would also contact their general practitioner and local pharmacy, and send letters if necessary.
- When keyworkers planned discharge, they met with clients for a final session.This involved confirming the discharge in writing and requesting completion of a feedback form.
- As of 30 June 2016 the Mendip service (Frome and Glastonbury) had 462 'did not attends' (DNAs). The Bridgwater service had 1458 DNAs, Yeovil 1395 and Taunton 1207. We looked at some examples and saw staff had followed appropriate procedures.
- As of 30 June 2016 the Mendip service (Frome and Glastonbury) had successfully discharged 228 clients in the last 12 months. Bridgwater had discharged 258, Yeovil 348 and Taunton 361. Turning Point Somerset had achieved top quartile performance within the 'public health outcome framework for opiate successful completion of drug treatments'.
- However, managers told us they were not as robust at planning discharges as they should be. All locations had some clients on low dose opiate substitute maintenance regimes for long periods, or some with no clear discharge plans. We were concerned that as there

was no limit on caseload numbers, that although the service was open and easy to access, caseloads could become unmanageable in the longer term with no additional staffing support. We raised this at the time of our inspection.

The facilities promote recovery, comfort, dignity and confidentiality

- All the locations were comfortable, welcoming and accessible. There were rooms for one to one sessions, assessments, therapy and drug testing. All rooms had adequate soundproofing, good lighting and were well kept.
- Each location had a variety of information in waiting areas, clinics and interview rooms. This included information about mental and physical health, medication, treatment and interventions, risks of injection and blood-borne viruses, helplines, safeguarding, harm reduction advice, overdose prevention, advocacy services and local groups.

Meeting the needs of all clients

- We saw multiple information leaflets in all locations that included some written in Polish (there was a high Polish population), and information on how to complain. The service had several information packs already converted into other languages and used a dedicated language line.
- Staff and managers considered client involvement a priority in improving and developing their individual hubs and services. We saw plans were in place to provide an allotment where clients could grow produce to donate to local food banks, recovery activities that were led by clients and peer mentors, a recovery café and improved aftercare activities.
- Staff used feedback from the service user committee to plan new and innovative ways to support more hard to reach individuals, those with protected characteristics and clients at risk of dropping out of treatment. The service planned this in conjunction with countywide advocacy services.
- Turning point Somerset worked closely with the local mental health services. Clients accessing the service were a high risk of mental health problems and clinical records showed us good joint working in place. There was an existing dual-diagnosis joint working protocol.
- Shared care with GPs was already in place. Shared care helped clients to access substance misuse treatment from their general practitioner with support of a specialist drugs worker. The service had plans to review their shared care agreement with their contracted GPs to ensure clients received a good recovery orientated service.
- Hubs in local areas allowed those clients to access the services. Clients identified that this made a big difference to their experience. The locations also provided an outreach service to the more isolated communities, the county being very rural in places. This was particularly important considering the plans to close the local hub in Glastonbury.

Listening to and learning from concerns and complaints

- There were five complaints in the previous 12 months. The service had investigated these complaints formally and upheld two. The service also received 29 compliments in the same time period.
- There was a complaints and feedback process and policy in place for responding to concerns and complaints. The risk and assurance team along with senior managers monitored actions taken to ensure compliance with the policy.
- We saw information on how to make a complaint or raise a concern was visible in all the locations. Staff we spoke with were able to describe the complaints procedure and what steps would take place if a client raised a concern or complaint.
- Managers discussed the complaints and compliments received in team meetings and in supervision. We saw examples of this in team meeting minutes.

Are substance misuse services well-led?

Vision and values

- Staff we spoke with were able to describe the visions and values of the service. Staff spoke with a sense of pride about what they had achieved, particularly over the previous year.

- Staff had a good understanding of their services despite several changes in the previous year. Managers in all the locations, including the registered manager and assistant director of operations, communicated well and shared best practice ideas.
- All the locations were flexible and proactive with change. Staff and managers were keen to provide care based on current models of care and to drive improvements.

Good governance

- There was a robust and clear governance policy and system across Turning Point Somerset, with good assurance and auditing systems and processes in place. The system ensured clear monitoring of risk, quality and effectiveness of the service. The governance structure operated on several levels including staff level, service level and regional and business level meetings.
- However, the service had not effectively identified mandatory or priority training at the time of our inspection. The service also did not monitor training well. There was a good achievement level in basic electronic learning across the teams; however, this was not sufficient. The service gave us assurance of future plans to improve the situation, including monitoring of training responsibilities to be held centrally by the risk and assurance team.
- Staff received regular supervision. They told us they were happy with the support and level of supervision received.
- All staff received an annual appraisal of their work and professional performance.
- Managers were monitoring and reviewing poor performance within the teams. They also recognised achievements. There were clear plans and actions to address staff performance issues. Staff told us managers supported them well to develop professionally; for example, the registered nurses in the service could access non-medical prescriber training.
- The service was meeting and exceeding contractual targets set by commissioners who monitored performance and fed back to them. Staff provided information required for the national drug treatment monitoring system (NDTMS) - the system that provides national statistics about drug and alcohol misuse). Managers carried out audits on all areas to ensure high quality.
- The service had knowledgeable and effective administrative support in place.

Leadership, morale and staff engagement

- Staff morale was good across all locations. Staff told us they felt supported by the organisation and their direct line managers. Managers monitored stress and morale within the services.
- Local hub managers knew their teams well. The lead consultant was knowledgeable and supportive, and had good clinical oversight of the locations and the prescribing. The registered manager had excellent oversight of all the locations including clients and staff. The senior management team demonstrated a sound and clear knowledge of the services, their achievements and areas needing to improve.
- Staff confirmed they would feel confident raising concerns with managers. They also told us they were supportive of each other, there was a cohesive approach and they felt there was very little 'hierarchy'. We observed positive interactions between staff and managers, including senior managers.
- Staff told us they felt supported to develop professionally. One staff member had commenced employment with Turning Point a year ago as a support worker, and within the year, the team had promoted them to recovery worker. A member of staff also told us managers encouraged career development and their appraisal reflected this.
- The service operated a 'speak up' campaign. This was a formal whistleblowing initiative, run by the central human resources department. Staff could discuss any concerns with someone independent of the organisation.
- We received feedback from a commissioner. They told us that at the start of the contract in 2014 there had been significant challenges, including changes in management and service framework which caused instability for staff who had experienced transfer of undertakings (protection of employment) (TUPE).

- They told us the current registered manager had embraced the challenge and had turned things round well through staff management and supporting the team to change its culture.

Commitment to quality improvement and innovation

- There was a passion and clear drive by staff and managers to provide high quality care. The management team were committed to continuous improvement and innovation. The provider was open to feedback and criticism from others in a drive to continue improving their services.
- The service had multi-agency participation in a yearly review into drug related deaths.

Outstanding practice and areas for improvement

Outstanding practice

- The service operates a peer mentor scheme to provide the opportunity for former clients to give extra support to existing clients. The standard of support given to the peer mentors to progress and provide a valuable support to clients was of a very high standard.

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure that recovery care plans identify all risks, contain all information relevant to treatment, and have clear reviews and actions to enable staff to focus their interventions and provide person centred care.

Action the provider SHOULD take to improve

- The provider should ensure all clients have clear discharge plans in place.
- The provider should ensure staff review and document risk assessment updates clearly within the electronic system or clinical records.
- The provider should ensure staff receive more relevant and appropriate mandatory training as well as more specialist training, which is monitored and updated clearly.
- The provider should ensure all staff have confidence in identifying how mental capacity issues are relevant within substance misuse services.

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 9 HSCA (RA) Regulations 2014 Person-centred care The provider did not design care plans relevant to or which reflected clients' treatment needs. Regulation 9 (3) (b)