

# Turning Point Leicestershire and Leicester

## 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

Outstanding 

Are services safe?

Good 

Are services effective?

Outstanding 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Outstanding 

#### 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.

# Summary of findings

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 rated Turning Point Leicestershire and Leicester as **outstanding** because:

- The provider had invested in a strong senior leadership team, who held a shared, clear vision of what the service should look like. The senior leadership team held a collective responsibility for maintaining the high standards of care described in their vision. The provider had invested in developing a robust infrastructure of support teams such as the engagement, partnership, administration, and analytical teams to support the delivery of high quality clinical services. The senior management team had developed and supported team leaders and staff to embed a culture of shared values based on inclusion, partnership working, learning and innovation.
- Governance was exemplary. The provider had a range of governance and assurance processes that provided structure and maintained high standards of quality for the service and clients. The provider had key performance indicators to gauge the performance of the teams. Between July 2017 and June 2018, 935 clients successfully complete treatment. This placed the services performance above average for comparator local authorities in all substance categories, and in the upper quartile of comparator authorities in city opiate users and county alcohol users.
- Managers had developed a structured treatment pathway model that followed National Institute for Health and Care Excellence guidelines. The model included five clear treatment pathways: the opiate, and drugs pathway, the dependent alcohol pathway, non-opiate drugs pathway, non-dependent alcohol pathway, and the risk, vulnerability, and complex safeguarding pathway. All pathways included relevant evidence based interventions including psychosocial interventions delivered by recovery workers. Doctors and nurses delivered evidence based clinical interventions including substitute prescribing, community detox and referral to inpatient detox, blood borne virus interventions and a needle exchange service.
- The provider recognised that continuing development of staff skills, competence and knowledge was integral to ensuring high quality care. Managers proactively supported all staff to acquire new skills and share best practice. The provider recognised staff success with its 'Inspiring Leicestershire' recognition and reward scheme, this scheme recognised and celebrated the work of all Turning Point staff.
- The service had exemplary partnership working arrangements, including a highly regarded and unique partnership with the local constabulary.
- The service had a good track record for safety. All the hubs were clean and tidy and cleaning records were up to date. Staff had completed environmental risk assessments including the risks posed by ligatures.
- Clients received holistic packages of care with a choice of treatments guided by needs assessments. Staff personalised the clients' treatment interventions within the pathway model and based around what the clients wanted to achieve. Staff interacted with clients in a respectful and caring manner. Staff showed compassion, dignity and respect, and provided responsive, practical and emotional support as appropriate. Staff supported clients to understand and manage their care and treatment in a personalised way that suited the client's needs. Staff directed clients to other services when appropriate and, if needed, supported them to access those services.

However:

- The physical environment at the Coalville and Loughborough hubs was not as welcoming as that at Eldon Street. The decoration at the hubs was tired and dated, and the waiting rooms and clinic rooms were not as well organised as those at Eldon Street. There was no one, or obvious person, on-site with specific responsibility for the clinic rooms.

# Summary of findings

- At Coalville the ground floor interview room was not fully soundproofed. When it was quiet in the waiting

area some conversation could be overheard. Managers were aware of this and had taken steps to address this but were not allowed to make structural changes to the rented premises.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse/ detoxification	Outstanding	

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# Summary of findings

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Outstanding



# Turning Point

**Services we looked at**

Substance misuse/detoxification

# Summary of this inspection

## Background to Turning Point Leicestershire and Leicester

Turning Point is a national organisation with 350 healthcare, residential and substance misuse services in England and Wales.

Turning Point Leicestershire and Leicester established in 2016 and registered with CQC in July 2016. The service provides community based substance misuse interventions including detoxification to over 3,000 young people and adults across Leicester City, Leicestershire and Rutland. The service also holds the contract for Leicester prison drug and alcohol services.

The service operates through four hubs: Leicester City at Eldon Street; Coalville; Loughborough; and Granby Street the young people's hub. There are six teams within the hubs, City North East with Market Harborough; City South West with Rutland; Coalville & Hinckley; Loughborough and Melton; Young People and young adults team; and the criminal justice team. The prisons team was not part of this inspection. In addition to the clinical hubs there is a data performance and administration team, an engagement team, a partnership team, and a senior management team all based at Eldon street.

The service is registered to provide treatment of disease, disorder or injury. The registered manager is Inderjit Thoor. Turning Point Leicestershire and Leicester has been inspected once before in June 2017, they were not rated on that occasion and we issued two requirement notices: -

- The provider must ensure that clinical waste is managed in accordance with guidelines.
- The provider must ensure that the stair lift at Granby Street is properly maintained.

In addition, we also told the provider they should address the following issues: -

- The provider should ensure all ligature audits are complete and risk management plans are in place.
- The provider should ensure that clients privacy and confidentiality are maintained while using the needle exchange in Loughborough.
- The provider should ensure that staff update and document all risk assessments.
- The provider should ensure that all building repairs and maintenance at Granby Street is carried out in a timely manner.
- The provider should ensure they have the required staff to develop a community detoxification service and enhance their physical healthcare activities in line with best practice.

At the time of inspection in November 2018 the provider had addressed all the above issues.

## Our inspection team

Team leader: Debra Greaves

The team that inspected the service comprised three other CQC inspectors, an assistant inspector, and a nurse specialist advisor.

## Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme, and 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 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, asked a range of other organisations for information.

During the inspection visit, the inspection team:

- visited four hubs for this location, looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with 10 clients and one carer

- interviewed 13 senior managers, the registered manager, hub managers and team leads
- spoke with two doctors, a pharmacist and one nurse prescriber
- spoke with 22 other staff members employed by the provider, including nurses, recovery workers, administrators, aftercare workers, clinical psychologists drug and alcohol in reach workers
- spoke with three volunteer peer mentors and one on-site police officer
- attended and observed two hand-over meetings, a multidisciplinary meeting, a needle exchange and three other clinics, two client staff interventions, one home visit and one out reach visit with the street lifestyle programme
- looked at 29 client care records
- reviewed nine staff files
- Looked at policies, procedures and other documents relating to the running of the service.

## What people who use the service say

We spoke with 10 clients and one carer.

- All the comments we heard about the service were positive. Comments included how clients had found the service easy to access and the staff treated clients with respect. Clients felt staff were knowledgeable about substance misuse had a caring attitude, and they could trust them to give good information.
- Clients commented on how things had improved in the last year, with more opportunities for client involvement on interview panels and representation at service user forums and training to become service user representatives.
- Clients said staff were not judgemental, understood the problems their addictions caused and how these problems affected their family, work, and social lives. Clients said staff were flexible with appointments, offering times to fit in with work and family commitments.
- Clients we spoke with were all aware of their recovery plans, could recall when they last had a care review, and knew who their key worker was.
- Clients had noticed improvements in ease of access to either key workers or duty workers and they felt the introduction of the client led café was a very welcome addition to the meet and greet service they provided.



# 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 rated safe as **good** because:

- The service had a good track record for safety.
- All the hubs were clean and tidy and cleaning records were up to date.
- There were environmental risk assessments including the risks posed by ligatures.
- There were CCTV cameras in all public areas of the building at Eldon Street, and staff in the main offices could monitor the cameras.
- Staff had access to emergency naloxone (used to reverse the effects of opioids) and adrenaline in emergency grab bags at each hub.
- Staff adhered to infection control principles, including hand washing and the disposal of clinical waste.
- All clients had up to date comprehensive, integrated risk assessments.
- All hubs had enough skilled staff to meet the needs of the clients and the provider had contingency plans in place to manage unforeseen staff shortages. There was prompt access to a psychiatrist or doctor when needed.
- Staff caseloads were in line with the national average for similar substance misuse services.
- Ninety-seven per cent of staff had completed mandatory training.
- The provider had embedded systems and protocols for assessing and managing client risk. Staff made good use of crisis plans and advanced decisions, as needed.
- The service had robust safeguarding administration and reporting systems.
- Staff had easy access to all information they needed to carry out their work safely.
- The provider reported all safeguarding concerns in a timely manner. The provider had routinely referred safeguarding concerns about children, including those occasions when staff had found the potential for risk to a child's safety and wellbeing.
- Staff reported and recorded incidents appropriately. The manager investigated incidents and shared lessons learned with staff through meetings and a newsletter.

However:

Good



# Summary of this inspection

- The physical environment at the Coalville and Loughborough hubs was not as welcoming as that at Eldon Street. The decoration at the hubs was tired and dated, and the waiting rooms and clinic rooms were not as well organised as those at Eldon Street. There was no one, or obvious person, on-site with specific responsibility for the clinic rooms.

## Are services effective?

We rated effective as **outstanding** because:

- All 29 client records contained up to date recovery focused care plans. Assessment included the client's physical and mental health needs. There was a truly holistic approach to assessing, planning and delivering care and treatment to people who use the service. Staff ensured care plans were comprehensive, personalised, recovery focussed and included details of the clients' key worker and other support services. Staff developed care plans alongside the integrated risk assessments.
- Care records showed how, through the providers partnership working practice, staff supported clients to access specialist services as early as possible. Examples of this included the peer support group, and the multi-agency street lifestyle program. Discharge plans had measurable goals that focused on the client's strengths, beliefs, and values. At the end of treatment staff discussed aftercare plans with the client which included contact details of additional support if needed and the aftercare groups they could attend.
- The provider offered five clear treatment pathways. All pathways included relevant evidence based interventions including psychosocial interventions delivered by recovery workers. Doctors and nurses delivered evidence based clinical interventions including substitute prescribing, community detox and referral to inpatient detox, blood borne virus interventions and a needle exchange service.
- Clients and key workers jointly formulated care packages from a choice of treatments guided by needs assessments. Staff personalised the clients' treatment interventions within the pathway model. Treatment interventions were consistent with what the clients wanted to achieve.
- Policies and procedures followed National Institute for Health and Care Excellence guidance in prescribing, and guidelines on needle and syringe programmes. Staff followed Department of Health guidance in the Drug misuse and dependence – UK guidelines on clinical management.
- Staff received regular appraisals. Staff compliance with appraisals was 98% and 100% for supervision. The provider

Outstanding



# Summary of this inspection

recognised that continuing development of staff skills, competence and knowledge was integral to ensuring high quality care. Managers proactively supported all staff to acquire new skills and share best practice.

- The systems to manage and share information needed to deliver effective care were fully integrated and gave real-time information across teams and services. Managers had developed a highly regarded and unique partnership with the local constabulary that supported the sharing of real-time information.
- Staff teams were committed to working collaboratively with each other and across teams, services and with commissioners. We saw evidence of innovative and effective handovers. Examples included regular team managers meetings to share and celebrate good practice, and lessons learned from investigations and incidents, and daily staff flash meetings to review any immediate risk issues, safeguarding concerns, lone working protocols, and ensure adequate cover for all daily duties.
- The service had exemplary partnership working arrangements. There was a strong and embedded culture of working in partnership with a wide range of other organisations, services and commissioners. We saw evidence of staff working in partnership with statutory, primary and secondary care services.
- The provider was part of the Pro-active Vulnerability Engagement team, an initiative between the local police force, NHS Trust, and Turning Point. The team provided mental health assessments for anyone within the criminal justice pathway. Its aim was to reduce inappropriate use of Section 136 of the Mental Health Act.

## Are services caring?

We rated caring as **good** because:

- Staff interacted with clients in a respectful and caring manner. Staff showed compassion, dignity and respect, and provided responsive, practical and emotional support as appropriate.
- Staff supported clients to understand and manage their care and treatment in a personalised way that suited the client's needs. Staff directed clients to other services when appropriate and, if needed, supported them to access those services.
- The provider had clear confidentiality and consent policies and procedures in place that staff followed.

**Good**



# Summary of this inspection

- The provider had set up city and county family and carers support groups. These groups offered information, advice, and emotional support, to carers and family both during and after their family member was in treatment.
- Clients were involved in the provider's recruitment processes, helping to design, and run the new coffee bar in the waiting area at Eldon Street. They were also involved in service user forums and training to become service user representatives.

## Are services responsive?

We rated responsive as **good** because:

- The provider had a documented acceptance, referral, and admission criteria that they had agreed with relevant services and key stakeholders.
- Average waiting times for assessment and treatment were within the providers stated timeframes and usually sooner than the timeframes stated.
- Staff signposted clients who did not meet the criteria for acceptance to the service, or who decided the services offered were not for them, were signposted to alternative services, and staff advised referrers of this decision.
- The provider had a faltering engagement policy to meet the needs of those people who found it difficult to engage in treatment.
- The providers service model, based on five distinct treatment pathways, streamlined access to, and transition through, the drug and alcohol service by sharing staff expertise and providing a wider range of treatment options for clients.
- During treatment staff supported clients to remain in work, education or training, and encouraged clients to maintain and develop their relationships and social networks.
- We saw evidence of staff working to support vulnerable clients, such as those from the lesbian, gay, bi-sexual and transgender community and the black minority ethnic community, as well as people experiencing domestic abuse and sex workers. Staff engaged with clients who were homeless via its street lifestyle outreach programme.
- Although the young people and young adults team primarily focussed on people under the age of 18 they also provided services for people up to age 25 where their approach was more beneficial than the adult services.
- Managers ensured that clients and staff had access to interpreters if needed.
- Staff worked flexible hours to accommodate evening and weekend appointments.

Good



# Summary of this inspection

- There was a robust and clear complaints policy and procedure. Feedback forms were available in all hub reception areas. The hub manager at Granby Street had personalised these to suit the needs of the young people who attended that service. Managers had responded to the complaints and had made changes and fed back to the teams via lessons learned in team meetings and bulletins.

However:

- The ground floor interview room at Coalville was not fully soundproofed. When it was quiet in the waiting area some conversation could be overheard. Managers had taken steps to address this but were not permitted to make structural changes to the rented premises.

## Are services well-led?

We rated well-led as **outstanding** because:

- The provider had invested in developing a strong infrastructure of managers, leaders and systems to underpin the service, including the appointment of a change facilitator to help ensure that service development was managed effectively.
- All managers including senior managers and hub managers demonstrated the skills, knowledge and experience to lead effectively and could explain how their teams were working to provide high quality care. The management team worked cohesively. Leadership strategies were in place to develop a culture that inspired and motivated staff to succeed. The provider recognised staff success with its 'Inspiring Leicestershire' recognition and reward scheme. The scheme recognised and celebrated the work of Turning Point staff.
- Managers were visible in the service and approachable for both patients and staff. A recent staff survey showed there were high levels of staff satisfaction across all staff groups. Staff told us they felt respected, supported, valued and felt positive and proud to work for the provider. There was a high level of constructive staff engagement, managers had introduced a regular quarterly lunch with staff as an opportunity for informal discussion about service developments and to address any concerns staff had.
- Managers had successfully communicated the provider's vision, values and objectives to frontline staff in this service. The providers strategy supported the objectives which were stretching, challenging and innovative while remaining achievable. Staff had the opportunity to contribute to

Outstanding



# Summary of this inspection

discussions about the strategy for their service, especially where the service was changing. Staff knew how they were working to deliver high quality care within the budgets available.

- Staff worked well together and used multidisciplinary team meetings to discuss their caseloads and get support if needed. There was strong collaboration and support across all functions and a common focus on improving the quality of client's experiences.
- Managers had embedded a culture of learning within the service and implemented change in a thoughtful and considered way. Constructive challenge from people and staff who use the services, the public and stakeholders was welcomed and seen as a vital way of holding their service to account.
- Governance was exemplary. The provider had a range of governance and assurance processes that provided structure and maintained high standards of quality for the service. Managers reviewed their governance and performance arrangements to reflect best practice. We heard how senior managers within the organisation had adopted this services' mortality recording and reporting process data base, for use across their other sites.
- The provider had key performance indicators and other measures to gauge the performance of the teams. Between July 2017 and June 2018, the service saw 935 clients successfully complete treatment. Data produced by commissioners placed the services performance above average for comparator local authorities in all substance categories, and in the upper quartile of comparator authorities in city opiate users and county alcohol users. Managers took a systematic approach to working with other organisations to improve care outcomes, tackle health inequalities and obtain best value for money.
- Managers had access to information that supported them with their management role. This included information on the performance of the service, staffing and patient care. Information was in an accessible format, and was timely, accurate and identified areas for improvement.

# Detailed findings from this inspection

## Mental Capacity Act and Deprivation of Liberty Safeguards






- Ninety-two per cent of staff had trained in the Mental Capacity Act 2005. Training included Deprivation of Liberty Safeguards.
- We reviewed 29 care records and found staff had recorded client's capacity in 27 of the records. Staff routinely and informally assessed client's capacity to consent to treatment and recorded when they had done this in the client's daily care notes. Staff knew they should always assume the capacity of a client unless there was evidence to suggest otherwise.
- There was a Mental Capacity Act policy in place and managers told us staff used CURB (Communication, Understanding, Retention, and Balance) as a way of assessing and documenting capacity in clients.
- Staff knew of the Mental Capacity Act policy and could describe how they would assess a client's capacity, and if in doubt would seek advice from their managers or doctors.
- Staff explained that if someone attended the service lacking capacity due to intoxication, they would ask that they came back later, or if the client needed immediate help they would call on a member of the clinical team for help and second opinion.
- Staff working in the young people's part of the service were aware of the Children's Act 1983. They were aware that for children under the age of 16, Gillick competence governed the young person's decision-making ability. The concept of Gillick competence recognises that some children may have enough maturity to make some decisions for themselves.
- Staff we spoke with said they used the principles of Gillick to include the clients where possible in decision making about their care.

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Substance misuse/detoxification	Good	Outstanding	Good	Good	Outstanding	Outstanding
Overall	Good	Outstanding	Good	Good	Outstanding	Outstanding

# Substance misuse/detoxification

Safe	Good 
Effective	Outstanding 
Caring	Good 
Responsive	Good 
Well-led	Outstanding 

## Are substance misuse/detoxification services safe?

Good 

### Safe and clean environment

- The hubs were clean and tidy and cleaning records were up to date and showed that staff cleaned the hubs regularly. However, the decoration at Coalville and Loughborough hubs was tired and dated, and the waiting rooms were not as well managed as those at Eldon Street.
- There were environmental risk assessments including the risks posed by ligatures. A ligature point is anything which people could use to attach a cord, rope or other material for the purpose of hanging or strangulation.
- Interview rooms had alarms fitted at Eldon Street, Loughborough and Coalville. At Granby Street staff used personal alarms. There were staff on site at all hubs to respond to alarms. However, at the time of inspection the alarm system at the Coalville hub had broken the week prior to the inspection and while handheld alarms were present in the building staff had not tested them. The inspection team raised the issue with managers, and within 24 hours of the inspection visit the provider confirmed they had audibly tested the new handheld alarms, put a new risk assessment in place and briefed the staff on the interim safety measures.
- There were CCTV cameras in all public areas of the building at Eldon Street, and staff in the main offices could monitor the cameras. There was signage to advise users of the building that CCTV cameras were in use.

- While all clinic rooms were clean, those at Loughborough and Coalville were not as tidy or well organised as those at Eldon Street. Staff did not store physical examination equipment in the clinics at Loughborough, Coalville or Granby Street hubs. Wellbeing nurses travelled between the hubs and carried their own physical examination equipment, we saw certificates to show that this equipment was either new or calibrated.
- Staff had access to emergency naloxone (used to reverse the effects of opioids) and adrenaline in emergency grab bags at each hub, equipment in the grab bags was complete and in date. Senior managers had decided to not have automated external defibrillators or oxygen stored on their community sites.
- Two out of five first aid boxes at the Coalville hub, had out of date consumables and four had not been re-stocked. However, within 48 hours of us leaving the premises, and having raised this with managers, staff had checked, and re-stocked, all the first aid boxes and removed out of date consumables.
- The hubs had appointed health and safety representatives, fire wardens and first aiders.
- Staff adhered to infection control principles, including handwashing and the disposal of Clinical waste.

### Safe staffing

- The service had 155 staff working across all the hubs. This number included five whole time equivalent nurses, a psychiatrist, a psychologist, one whole time equivalent doctor, recovery workers administration staff analysts, and peer mentors. At the time of inspection, the service had one nurse vacancy and two recovery worker vacancies they were recruiting to.





# Substance misuse/detoxification

- The provider had determined safe staffing levels by using a systematic approach, calculated on the number and needs of clients using the service. The number, profession and grade of staff in post matched the provider's staffing plan.
- The hubs had enough skilled staff to meet the needs of the clients and the provider had contingency plans in place to manage unforeseen staff shortages. The medical team based within the hubs were always available for advice and support. Each hub had prompt access to a psychiatrist and psychologist when needed.
- Managers monitored and supported staff with sickness in line with the providers policy. Between 31 July 2017 and 21 August 2018 there had been 21 staff leavers, including 15 staff promoted to other posts within the organisation, and 5% sickness rate. This was lower than the national average sickness rate for similar substance misuse services.
- Managers covered sickness and annual leave absences within the existing team to ensure client safety, and continuity of care and treatment. Managers had not used any agency staff within the previous 12 months.
- Staff caseloads were in line with the national average for similar substance misuse services. Managers assessed the size of the caseloads for individual staff regularly and helped staff manage their caseloads. Caseloads averaged 50-60 per worker at the Coalville, Loughborough, and Eldon Street hubs, with the exception the Criminal Justice Team, whose average caseload per worker was 30-35. Caseloads for staff working with young people averaged 22-27 per worker
- Data provided at the time of inspection showed 97% of staff had completed mandatory training. Mandatory training included, incident reporting 98%, equality and diversity 99%, fire safety 98%, first aid 97%, health and safety awareness 97%, Mental Capacity Act 97%, safeguarding awareness 99%, safeguarding adults and children levels 2 and 3, depending on grade and role within the organisation, 91%, handling information 82%, infection control 88%, and positive behaviour support 77%.
- The provider had recently updated their recording of risk processes and client records showed that staff carried out a risk assessment of every client during their first assessment and updated this regularly, including after any incident.
- Staff had embedded crisis and risk management plans within each clients' risk assessment. Staff used a recognised risk assessment tool.
- Risk assessments were holistic and included, the clients historical and current substance misuse, risk behaviours, self-harm, substance misuse patterns, lifestyle choices, known stressors, coping strategies, support networks, and risk information gathered by other agencies such as general practitioners and other mental health services. Staff made good use of crisis plans and advanced decisions, as needed.
- The provider had embedded personal safety protocols for staff including lone working policies and procedures which we saw in practice. Staff used a buddy system and a mobile phone check in while working away from their base. Staff attended initial assessments or visits in pairs, either with another recovery worker or an external professional who was also working with the client.
- Staff we spoke with were aware of the early warning signs of deterioration in a client's mental state and told us how they would access advice and support from one of the doctors or nurses.
- Staff made clients aware of the risks of continued substance misuse. Harm minimisation and safety planning was an integral part of the client's recovery plan.
- Records showed where staff had tried to make contact with clients if they had not attended appointments, and risk management plans included what steps staff and clients needed to take if the client chose to exit treatment unexpectedly.
- Clients we spoke with were aware of where and how to access emergency support and advice if they felt they needed this. We saw this information recorded in the client's crisis and risk management plans.
- Managers were using a risk rating system as part of the multidisciplinary allocations process. This ensured that where staff had identified specific risks at the point of referral, staff prioritised further assessment and treatment for that client.

## Assessing and managing risk to patients and staff

- We looked at 29 client care records, all records demonstrated good practice in the areas reported below.

## Safeguarding



# Substance misuse/detoxification

- Staff evidenced in care records inter-agency team working and communication with regards to sharing of safeguarding and client risk management. We saw safeguarding information displayed on the walls in all hub reception areas for clients to refer to.
- The provider had a policy and guidance relating to safeguarding of vulnerable adults and young people. Each hub had a safeguarding champion who met regularly with the safeguarding leads. The safeguarding leads checked the services compliance with safeguarding and offered staff advice, and support.
- During the period July 2017 to August 2018 there had been 10 safeguarding concerns reported to the CQC. Data showed that managers had dealt with safeguarding concerns following the providers, and CQC policy and guidance. The provider had routinely referred safeguarding concerns about children, including those occasions when staff had found potential for risk to a child's safety and wellbeing.
- Ninety-five per cent of staff were up to date with safeguarding training. Staff we spoke with were aware of what constituted a safeguarding concern and how to escalate and report any safeguarding concerns.

## Staff access to essential information

- Staff stored care records on a secure electronic database. Staff kept their own allocated client care records. Staff had access to encrypted laptops and smart phones for use when working in the community. This supported staff when working away from their base, by allowing them to update care plans immediately and allowed other colleagues to see the information in real time.
- All information needed to deliver patient care was available to all relevant staff when they needed it and in an accessible form.

## Medicines Management

- The provider had effective policies, procedures, and training relating to medication and medicines management including prescribing and detoxification. Staff did not store controlled drugs or other medications, apart from emergency use naloxone and adrenaline, on site.
- Doctors and nurse prescribers provided paper prescriptions and sent these directly to pharmacies, for collection by the clients. The provider had considered using electronic prescriptions but these were not

available for controlled drugs. There were good lines of communication between the service and pharmacists including when clients did not collect their prescriptions.

- When staff administered medicines on site or in patients' own homes, staff followed good practice in medicines management (that is, transport, storage, dispensing, administration, recording, disposal) in line with national guidance.
- Staff reviewed regularly, or ensured that other healthcare professionals reviewed, the effect of medication on patients' physical health.

## Track record on safety

- Data provided at the time of inspection showed that in the 12 months prior to inspection there had been 36 notifications of unexpected deaths, two expected deaths, and 27 notifications of abuse.
- The service had an incident management policy and incident reporting was part of the provider's mandatory training. We saw evidence that managers had investigated all serious incident reports and made changes to practice and process accordingly.

## Reporting incidents and learning from when things go wrong

- The provider had policies and procedures relating to incident reporting and managers could explain the governance processes in place for dealing with all serious incidents. We saw managers had recorded, reported, investigated, and dealt with all the reports following policy and guidance.
- The senior management group reviewed all incidents at organisational level and cascaded the learning from these reviews to all local service managers for feedback to their teams. There was also a quarterly lesson learned newsletter that managers circulated across all hubs.
- Staff reported incidents on an electronic system, and all the staff we spoke with knew what incidents to report, that it was their responsibility to report incidents, and how to report them. Staff also knew what incidents to report to outside agencies, such as the police, local authorities for safeguarding and the Care Quality Commission where appropriate.
- We saw minutes of meetings, and data spreadsheets showing the processes of reporting, and when managers had reviewed, investigated, and fed back outcomes from reported incidents to staff.



# Substance misuse/detoxification

- Staff told us they usually receive de-briefs after serious incidents. One staff member told us about a serious incident she had been involved in and how she had been de-briefed and supported following the incident.

## Duty of candour

- Managers and staff were aware of the duty of candour principles and the need to be open and honest with clients when things go wrong. Managers and staff told us that the provider supported them to be open and honest with clients.

## Are substance misuse/detoxification services effective?

(for example, treatment is effective)

Outstanding



## Assessment of needs and planning of care

- We looked at 29 electronic client care records and found all clients had an up to date recovery focused care plan, that included assessment of the clients' physical and mental health needs, Staff ensured care plans were comprehensive, personalised, holistic, recovery focussed and included details of the clients' key worker.
- Staff completed a comprehensive first assessment including assessment of physical health in a timely manner. Staff developed care plans alongside the integrated risk assessments during this first assessment and were personalised to meet the clients' needs. Care plans included summaries of the clients' current situation and plans for their next therapy session.
- Staff reviewed care plans with clients regularly and discussed them with their manager as part of the supervision process or in monthly multidisciplinary meetings.

## Best practice in treatment and care

- We reviewed 29 patient care records, all records showed good practice in the areas described below.
- Care records, staff, and client feedback showed clients were receiving holistic packages of care with a choice of treatments guided by needs assessments. Staff personalised the clients' treatment and interventions around what the clients wanted to achieve, using the

patient recovery focused pathways the provider had developed, and which were in line with National Institute for Health and Care Excellence guidance and National Treatment Agency for Substance Misuse.

- The provider offered five clear treatment pathways, the opiate, and drugs pathway, the dependent alcohol pathway, non-opiate drugs pathway, non-dependent alcohol pathway, and the risk, vulnerability, and complex safeguarding pathway. The pathways included relevant evidence based interventions including psychosocial interventions delivered by recovery workers. Doctors and nurses delivered evidence based clinical interventions including substitute prescribing, community detox and referral to inpatient detox, blood borne virus interventions and a needle exchange service.
- Psychosocial interventions, as directed by the National Institute for Health and Care Excellence guidelines, were delivered in both group and individual formats. The range of interventions included cognitive behaviour therapy, relapse prevention, harm reduction, introduction to family therapy and motivational interviewing. In addition, staff had trained to use mindfulness, and the provider offered peer led support groups.
- Staff offered all new clients a physical health check, including a first basic clinical health assessment for each client who was engaging in treatment. The assessment included, severity of alcohol dependence questionnaire and the clinical institute withdrawal assessment for alcohol, and discussion around substance use, medication, family history, sexual health, and blood borne virus status where appropriate. Each hub had access to a wellbeing nurse who provided general health screening and completed physical health checks such as breathalysers, urine tests and screening for blood borne viruses. We saw clients care plans showing evidence of staff carrying out physical health checks.
- Staff had good working relationships with GPs who carried out additional physical health checks if required. Staff also worked alongside some GPs in the surgeries to deliver assessment, and treatment interventions to clients and advice to GP's.
- Managers carried out internal case file audits and internal quality self-assessments to ensure staffs compliance with the provider's policies and procedures.



# Substance misuse/detoxification

- Policies and procedures followed National Institute for Health and Care Excellence guidance in prescribing, and guidelines on needle and syringe programmes. Staff were familiar with and followed Department of Health guidance in the Drug misuse and dependence – UK guidelines on clinical management.
- We saw evidence of managers collecting outcome measure data for analysis, to inform ongoing practice and development. Outcome measures included treatment outcome profiles, national drug treatment monitoring system data, monitoring of successful treatment outcomes and discharges.
- The service had a comprehensive audit programme. Staff had taken part in audits of client care records, health and safety, infection control and medicines management. Following the completion of audits, we saw evidence of learning and staff had formulated action plans to address any areas of practice and the clients experience.

## Skilled staff to deliver care

- The team consisted of a registered manager, operations managers, partnership managers, hub managers, doctors, registered general nurses, mental health nurses, a psychologist, senior recovery workers, recovery workers, peer mentor support workers, administrators and analysts. Staff had or were receiving support to gain the necessary qualifications and experience to fulfil the requirements of their roles.
- Staff attended a corporate induction programme when they started employment with Turning Point. Staff received regular online and face to face training and attended quarterly staff development days.
- Data provided at the time of the inspection showed 98% of eligible staff had received an ongoing personal review (annual appraisal) and 100% of staff were up to date with supervision. Supervision included monthly clinical and professional development and 4-6 weekly management supervision. We saw evidence that that 1:1 supervision was taking place monthly and staff told us this was beneficial and they felt supported.
- Five of the 33 staff we spoke with said they were not able to access as much external specialist training as they'd like to and had to rely on internal online training or individual research and information sharing. Most staff we spoke with were very positive about the external and internal training they received, including specialised, internal, face to face training provided by their psychology and medical leads.
- We saw evidence in staff files of cases where managers had needed to use performance management in line with the provider's policies. Managerial supervision included performance meetings with all staff to review and acknowledge their positive performance and to identify things that staff member needed to improve on.
- Managers recruited volunteers when needed and trained and supported them for their roles.

## Multi-disciplinary and inter-agency team work

- With exception of the young people's team, managers held daily flash meetings with staff to review any new or current safeguarding or risk issues that the team needed to be aware of, and to ensure that staff had enough support to manage their caseload and work commitments for the day.
- Managers across all teams held weekly multi-disciplinary team meetings with staff to review complex or high-risk clients. Although managers had only recently introduced these meetings staff told us they found these meetings very supportive and beneficial addition to their existing meeting schedule. Senior managers held monthly service level complex case meetings, and hub focussed bi-monthly safeguarding action learning sets, where safeguarding leads and managers shared the learning from safeguarding investigations. Staff recorded all meetings and where relevant, staff shared the minutes with other team colleagues through the meeting processes.
- There was a strong and embedded culture of working in partnership with a wide range of other organisations and services. We saw evidence of staff working in partnership with a wide range of statutory, primary and secondary care services including accident and emergency departments, probation, police, youth offending service, housing, pharmacy, general practitioners, commissioners, community mental health teams, and local authority safeguarding teams.
- The provider was involved with a variety of local and county projects including: working with universities to deliver the hepatitis C programme, working with other



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local agencies on projects addressing young and older people's mental health, sexual health, multi-agency risk assessment and smoking cessation. We saw protocols for information sharing with other agencies.

- The provider had a long-standing working arrangement with a group of peer mentors and volunteers, and the local recovery social enterprise, who provided next steps aftercare support and groups across Leicestershire and Leicester for clients who had finished their treatment. The group also ran the recovery bites café at Eldon Street which provided a recovery focused learning environment for clients who wanted to develop work based skills.
- The provider was part of the Pro-active Vulnerability Engagement team initiative between the police force, NHS Trust and Turning Point. The Pro-active Vulnerability Engagement team provided mental health assessments for anyone within the criminal justice pathway. Its aim was to reduce inappropriate use of Section 136 of the Mental Health Act. Staff delivered dual diagnosis treatments with support from other local providers.
- Client records showed that staff worked with these agencies to implement social inclusion, and supported clients to access work, training, and education opportunities as necessary. The provider worked closely with the Workers Education Association, who provided additional resources and training to allow staff to deliver a wide range of groups such as work interview techniques, art and mindfulness.
- Staff knew how to refer clients to local crisis mental health teams and had done so for clients experiencing mental health problems. Staff knew about the crisis house and we saw where they gave clients information about the 24-hour crisis house helpline. However, staff also told us of examples where they had found it difficult to refer some clients with complex needs to statutory agencies.
- The provider had an exemplary working partnership with the local constabulary, that, if funding permitted, other constabularies would like to replicate across the country. Two local police officers were based within the Eldon Street, Coalville and Loughborough hubs to support staff and clients and help forge positive links between clients and enforcement agencies. While the local constabulary employed the police officers, they were based in the hubs working alongside, but not exclusively with, recovery workers within the criminal

justice team. The advantage to the service of this partnership was that the police officers had real time access to all the usual national police data bases and police intelligence, to support recovery workers to provide the best interventions for clients in the safest and most timely manner. This mutual partnership also helped clients to trust and engage with services and support that they would normally avoid. We heard how this partnership was one of only handful of similar working partnerships in the country, and the local constabulary considered this partnership to be a gold standard.

## Adherence to the MHA and the MHA Code of Practice

- The Mental Health Act was not applicable to this service as they did not accept clients detained under the Mental Health Act.

## Good practice in applying the MCA

- Ninety-seven per cent of staff had trained in the Mental Capacity Act 2005, training included Deprivation of Liberty Safeguards.
- We reviewed 29 care records and found staff had recorded client's capacity in 27 of the records. Staff routinely and informally assessed client's ability to consent to treatment and recorded when they had done this in the client's daily care notes. Staff knew they should always assume the capacity of a client unless there was evidence to suggest otherwise.
- There was a Mental Capacity Act policy in place and managers told us staff used CURB (Communication, Understanding, Retention, and Balance) as a way of assessing and documenting capacity in clients.
- Staff knew of the Mental Capacity Act policy and could describe how they would assess a client's capacity, and if in doubt would seek advice from their managers or doctors.
- Staff explained that if someone attended the service lacking capacity due to intoxication, they would ask that they came back later or if they wanted immediate help, staff could call on a member of the clinical team for help and a second opinion.
- Staff working in the young people's part of the service were aware of the Children's Act 1983. They were aware that for children under the age of 16, Gillick competence



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governed the young person's decision-making ability. The concept of Gillick competence recognises that some children may have enough maturity to make some decisions for themselves.

- Staff we spoke with said they used the principles of Gillick to include the clients where possible in decision making about their care.

## Equality and human rights

- The service supported clients with protected characteristics, such as age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and maternity under the Equality Act 2010. Ninety-two per cent of staff had completed mandatory training in equality and diversity and there was a policy relating to equality and diversity.
- Except for Granby Street, all hubs were accessible for clients needing disabled access. Granby Street, Coalville and Loughborough hubs had accessible toilets, however some floors of the buildings and therapy rooms were not accessible for clients with mobility difficulties. Staff explained that should they ever have a client with mobility difficulties they have alternative buildings they can see clients in.

## Are substance misuse/detoxification services caring?

Good



## Kindness, privacy, dignity, respect, compassion and support

- During our observations of group and individual interventions we saw staff speaking and interacting with clients in a respectful and caring manner. When interacting with clients, staff showed compassion, dignity and respect, and provided responsive, practical and emotional support as appropriate.
- Staff we spoke with were knowledgeable and passionate about their roles and showed understanding of how some of the treatments and interventions they offered could affect their clients' emotional and social wellbeing.

- Staff supported clients to understand and manage their care and treatment in a personalised way that suited the client's needs.
- Staff directed clients to other services when appropriate and, if needed, supported them to access those services.
- The provider had clear confidentiality and consent policies and procedures in place that staff followed. We saw evidence of a hub manager adapting the feedback forms to include consent so that staff could share client feedback. Staff maintained the confidentiality of information about clients and we saw evidence of GDPR filing cabinets or lockable information bags which staff kept identifiable paperwork in before they uploaded it to the electronic information system. Staff then destroyed the paper copy information.
- Staff told us they felt able to raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards clients and were confident this would be listened to and acted upon.
- Clients we spoke with told us that staff were approachable, helpful, caring, made them feel safe and supported and were very knowledgeable.
- The provider used an accredited peer mentor scheme. Peer mentors are people who have used the service in the past, and as part of their own recovery plans have trained to become peer mentors. The provider had 19 active peer mentors across the four hub sites we visited. Peer mentors welcome new clients to the service, supported existing clients, and helped with group work programs. Staff told us that peer mentors were also part of every interview panel.

## Involvement in care

- Clients told us staff had involved them in planning their care and reviewed this with them regularly. We saw evidence of where staff had offered clients a copy of their recovery plan in client case notes. Clients told us that staff helped them understand their treatment and that they could approach staff to ask questions when they needed to.
- Clients had the opportunity to give feedback to managers of the hubs either through the web site, or via comment boxes, and managers had sent surveys to clients for their feedback. We saw team meeting minutes where staff had reviewed comments and suggestions, we also saw "you said, we did" posters and anonymised client feedback in the reception areas.



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- Data provided at the time of the inspection showed the provider had received nine compliments, however, we saw evidence of many other compliments and evidence of positive feedback from clients in various formats at each hub.
- The Eldon Street hub had a coffee bar located in the reception area that clients had helped to design, and which volunteers and peer mentors ran with clients alongside a local charitable support group.
- Staff ensured that patients could access advocacy.

## Involvement of families and carers

- Clients could involve their families friends and carers if they wished and staff supported and encouraged this. The provider had city and county family and carers support groups. These groups offered information, advice, and emotional support, to carers and family both during and after their family member was in treatment.
- Staff enabled families and carers to give feedback on the service they received via comment cards and feedback forms.
- Staff provided carers with information about how to access a carers assessment.

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

Good



## Access and discharge

- The provider had a documented acceptance, referral and admission criteria that they had agreed with relevant services and key stakeholders. The service accepted verbal and written referrals from general practitioners, criminal justice services, health professionals, schools and self-referral.
- Managers described how the service model based on five distinct treatment pathways streamlined access to, and transition through, the drug and alcohol service by sharing staff expertise and providing a wider range of treatment options for clients.
- Data provided at the time of inspection showed that between July 2017 and June 2018, the service saw 935 clients successfully complete treatment. This placed the

services performance above average for comparator local authorities in all substance categories, and in the upper quartile of comparator authorities in city opiate users and county alcohol users.

- For the period 31 July 2017 to 01 August 2018 Turning Point Leicester and Leicestershire received 7,147 referrals. Of these 4,817 (67%) new referrals attended their initial appointments, and 2,330 (33%) new referrals did not attend the service at all. Managers had recognised a high proportion of new referrals did not attend and informed us they were planning to identify why this was happening, with a view to put in place measures to reduce this rate. Of the 4,817 new referrals, who did attend, the number of completed structured treatments during the review period was 935 clients. This does not include those people who were referred before the review period or those still in structured treatment. However, the provider did not have reliable data regarding the reasons for non-attendance, and cancelled appointments.
- New referrals to Eldon Street, Loughborough and Coalville hubs were triaged by a team of expert drug and alcohol workers called Contact Point. The young people's service handled their own referrals in line with providers policy.
- Managers provided data showing that since Contact Point had taken over the initial triage of incoming referrals the number of referral calls to the engagement team had reduced by 58%, freeing up clinician's time to focus on delivering comprehensive assessments for clients.
- Following the initial triage by Contact Point the referral went to the engagement team for detailed assessment before they allocated it to an appropriate team and initial treatment pathway. We heard that during this assessment period staff gave advice and support to clients about management of their substance misuse or other associated matters.
- Data provided at the time of inspection showed that the average waiting time for staff to triage routine referrals was 24 hours. The time from triage to full assessment was between five and seven days. The average time from assessment to allocation within a team and pathway was five days, and commencement of treatment either in a group or individual setting was on average two weeks.
- The criminal justice team picked up referrals within two days, and the young people's service within three



# Substance misuse/detoxification

weeks, while clients on a medication pathway could expect to start on prescription within 8-10 days. Staff explained that this allowed enough time for them to complete all the physical health checks for them to administer medication safely. However, doctors could agree to reduce this timeframe to start medication in certain circumstances where early commencement of medication was indicated.

- The provider's duty staff assessed urgent referrals, where high risk had been identified, face to face within two days. The duty worker also maintained contact with clients accepted by the service, while they were going through the assessment process, and if there were any signs of deterioration or increased risk the duty worker escalated the referral to urgent.
- Referral logs showed that clients who did not meet the criteria for acceptance to the provider, or who decided the services offered were not for them, were signposted to alternative services and staff advised referrers of this decision.
- We saw evidence of staff having discussed alternative treatment options with clients if they were not able to follow specific treatment requirements which also included plans in the case of unexpected exit from treatment.
- Staff very rarely cancelled or delayed appointments and on the occasions, this had happened, staff explained the reasons and offered alternative appointments.
- The provider had a faltering engagement policy. For clients who did not attend planned treatment appointments we saw evidence of staff having attempted to telephone, text or write to the client based on the clients' preference stated at the initial assessment. Staff also attempted to contact clients via their GP, other nominated individual or other healthcare professionals who may be in contact with them.
- Managers and staff gave examples of how they tried to engage with clients who found it difficult or were reluctant to engage with the provider and worked with them in a person-centred way to access treatment.
- Clients could access the crisis house 24-hour helpline which turning point staff directed them to or get support from the crisis service with a referral from their GP. Clients could also access additional support from staff, and peer mentors.

- When needed staff could support clients to access specialist services through the providers partnership working such as the peer support group and street lifestyle program.
- Care records showed staff had identified discharge plans with measurable goals that focused on the client's strengths, beliefs, and values. At the end of treatment staff discussed aftercare plans with the client which included contact details of additional support if needed and the aftercare groups they could attend.

## **The facilities promote recovery, comfort, dignity and confidentiality**

- The hubs had a range of rooms and equipment to support clients' treatment and care. However, while Eldon street had enough accessible rooms to carry out therapeutic interventions, on site, the Loughborough, Coalville, and Granby Street hubs had limited space for carrying out therapeutic interventions. To overcome this problem staff used rooms in other community buildings including GP surgeries.
- The ground floor interview room at Coalville was not fully soundproofed. When it was quiet in the waiting area some conversations could be overheard, and although space was adequate it was limited. The provider was aware of this and had taken some measures to reduce the noise such as insulating around the door, however, the manager explained that the building was rented and therefore they could not do as much structural work to the environment as they would have liked.
- Staff supported clients to maintain contact with families and carers and actively encouraged them to attend the clients' initial assessment.
- There were needle exchange rooms at each hub. However, the Coalville needle exchange room was directly off the reception area and waiting clients could see others entering and exiting the room. Managers were aware of this and told us they did not have any other suitable or safe room in which needle exchange could be performed, and staff ensured that needle exchange was performed as discreetly as possible.
- The provider worked in partnership with the Workers Education Association to ensure that clients had access to education and work opportunities.

## **Patients' engagement with the wider community**





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- Where appropriate staff supported clients to maintain contact with their families, carers and social networks throughout their treatment. Staff ensured that patients had access to education and work opportunities.
- Staff encouraged clients to develop and maintain relationships with people that mattered to them, both within the services and the wider community.

## Meeting the needs of all people who use the service

- Staff showed an understanding of the potential issues facing vulnerable groups. We saw evidence of partnership working to support vulnerable clients, such as those from the lesbian, gay, bi-sexual and transgender community, and the black minority ethnic community, as well as people experiencing domestic abuse and sex workers.
- Staff engaged with clients who were homeless via its street lifestyle outreach programme. A program that included recovery workers delivering treatment interventions direct to clients on the street while encouraging them to access the service hubs or one of their partner organisations services for ongoing intervention and support.
- While the young people and young adults team primarily focussed on people under the age of 18 they also provided services for people up to age 25 where their approach was more beneficial than the adult services approach.
- Clients had access to a range of leaflets in each hub reception area. There were information leaflets in other languages in all hubs and staff could access information leaflets in additional languages if needed. We saw how a recovery worker had made some homework information to be made available in another language which enabled one of the clients to fully take part in the group work sessions.
- Managers ensured that clients and staff had access to interpreters if needed and we saw evidence of information available about this.
- The hubs offered extended opening hours, and staff worked flexible hours to accommodate this.
- Although some of the rooms at the Loughborough, Coalville and Granby Street hubs, were not accessible to clients with mobility difficulties, staff explained they could see clients in one of the other hubs or local buildings the provider worked in partnership with.

## Listening to and learning from concerns and complaints

- For the period August 2017 to July 2018 the provider had received 30 complaints. Managers had upheld 7 of the complaints and had not been required to refer any to the ombudsman. Managers had responded to the complaints and had made changes and fed back to the teams via lessons learned in team meetings and bulletins.
- For the period August 2017 to July 2018 the provider had received 9 formal compliments however we saw evidence of lots more at each hub. We saw feedback about the provider displayed in all hub reception areas, and feedback forms were available in all hub reception areas. The hub manager at Granby Street had personalised these to suit the needs of the young people who attended the hub.
- There was a robust and clear complaints policy and procedure. We saw evidence of how managers had processed, discussed, and investigated complaints on spreadsheets and through minutes of team minutes. Managers had shared the identified lessons learned with staff and made changes to improve the quality of the service.
- Staff protected patients who raised concerns or complaints from discrimination and harassment.
- Staff knew how to handle complaints appropriately.
- Staff received feedback on the outcome of investigation of complaints and acted on the findings.
- There were information leaflets in public areas telling clients how to make a complaint, and how to escalate their complaint to independent organisations.
- Clients we spoke with told us they knew of the complaints system and how to access it.

## Are substance misuse/detoxification services well-led?

Outstanding



## Leadership

- Senior managers, hub managers and team leaders demonstrated the skills, knowledge and experience to lead effectively and could explain how their teams were working to provide high quality care.



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- The hub and senior managers had a good understanding of the hubs they managed. Staff reported that senior managers were visible in the hubs on a regular basis and all managers were supportive and approachable.
- Leaders were visible in the service and approachable for clients and staff. Managers had introduced regular lunch with the leadership team as an opportunity for informal discussion with staff.
- Leadership development opportunities were available, including opportunities for staff below team manager level.

## Vision and strategy

- Staff we spoke with knew and understood the vision and values of the team and organisation and their role in achieving those. The Coalville hub had taken the organisations vision and values and personalised them to what they meant for the hub and the care and treatment they provided.
- Staff told us they had the opportunity to contribute to discussions about the strategy for the service they provided to suit the needs of the clients in a person-centred way.
- The senior leadership team had successfully communicated the provider's vision and values to the frontline staff.
- Staff had the opportunity to contribute to discussions about the strategy for their service, especially where the service was changing.
- Staff could explain how they were working to deliver high quality care within the budgets available.

## Culture

- Staff told us they felt respected, supported, valued and felt positive and proud to work for the provider. Staff told us they felt listened to, could ask for advice when they needed it and could raise issues without any fear of a negative response or retribution. All staff knew how to use the whistle-blowing process.
- Staff files and supervision notes showed managers dealt with staff performance issues through supervision or performance meetings.
- Staff worked well together and staff told us they had multidisciplinary and team meetings to discuss their caseloads and get support if needed.

- Managers discussed career development and goals for the forthcoming year with staff in ongoing personal reviews (annual appraisal).
- We saw evidence of where staff had accessed support for their own physical health needs and support to return to work through an occupational health service known as right steps wellbeing.
- Staff reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. We spoke to one staff member who explained how the provider had supported them during an extended period of illness. Another staff member told us how managers encouraged her promotion to a leadership post and encouraged her to use her own experience of disability to support other staff.
- The service's staff sickness and absence rates were similar to the average for the provider.
- The provider recognised staff success with its 'Inspiring Leicestershire' recognition and reward scheme. The scheme recognises and celebrates the work of Turning Point staff including peer mentors.

## Governance

- Governance within the organisation and at local level was exemplary. The provider had a range of governance and assurance processes including multi-agency safeguarding and protection meetings. Meetings included Flash meetings, a daily morning meeting to discuss any safeguarding concerns, plans for any high-risk clients who may present during the day, staffing, and lone working arrangements. We saw evidence of staff attending Safeguarding action learning sets, morbidity and mortality meetings, multidisciplinary meetings to review complex cases and escalation to service complex case meeting, and the provider produced a monthly safeguarding briefing letter.
- We reviewed team meeting minutes and found a clear agenda of what staff needed to discuss at each meeting to ensure that they shared all essential information. Examples of the items discussed included safeguarding, safe staffing, caseloads, new referrals, complex cases clinical and environmental risk management, and staff wellbeing.
- Team meeting notes and the lessons learned newsletters showed how managers had shared lessons learned from investigations and complaints and staff



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had implemented changes. Such as adapting room layouts to make them safer for staff and clients to use, introducing a new “no change risk review”, fortnightly review of caseloads by all team managers, and redistribution and rebalancing of caseloads based on client need and complexity.

- The provider had key performance indicators and other measures to gauge the performance of the teams. Managers carried out a range of audits to support the delivery of good quality care. These included extended case management audits, and prescribing audits. These audits formed the basis of their monitoring feedback to commissioners and other stakeholder organisations. The provider also carried out mock inspections and peer reviews of their services to ensure quality of the service they provided.
- We saw the providers databases for recording and tracking notifications, safeguarding incidents, and deaths. Staff processed, discussed, recorded, and submitted the data to external bodies and internal departments as needed. We also heard how senior managers within the organisation had adopted this services deaths data base and processes for use across the organisations other sites.
- We reviewed nine staff files and found them to be complete and well organised with individual job descriptions. All the files we reviewed had in date disclosure and barring service checks and where necessary staff risk assessments. Staff files were a mix of electronic and paper copies, administration staff scanned paper documents onto the computer system before destroying the copies. Managers ensured they stored paper documents, relating to staff files, at the provider’s head office in Manchester.

## Management of risk, issues and performance

- The provider submitted details of a comprehensive corporate risk register. We saw evidence in management team minutes of managers discussing corporate risks, and where necessary managers applying measures within the service to address the risks. Staff told us they could raise issues with their manager and escalate concerns when necessary safe in the knowledge that their managers would deal with them.
- The service had a range of clear and robust quality assurance management and performance frameworks

in place. Managers had integrated these across all organisational policies and procedures. Managers regularly reviewed their policies, procedures and protocols.

- The service had plans for emergencies – for example, adverse weather or a flu outbreak.
- Where cost improvements were taking place, they did not compromise client care.

## Information management

- The provider used a variety of electronic systems to collect and record data which staff told us they found easy to use.
- The client information system was robust and reliable. Staff told us they had access to the equipment and information technology needed to do their work. Managers at Granby Street had recently issued all staff with smart phones which improved their work and connectivity in the community.
- Managers provided efficient governance systems to maintain confidentiality of patient records and identifiable information. Computers used secure systems, staff carried lockable information bags at Granby Street and we saw GDPR filing cabinets at the Coalville hub.
- Team managers had access to information to support them with their management role. This included information on the performance of the service, staffing and patient care.
- Information was in an accessible format, and was timely, accurate and identified areas for improvement.
- Staff notified incidents to external bodies, such as local authorities, as required.

## Engagement

- Staff, clients, and carers had access to up-to-date information about the work of the provider and the services they used – for example, through the intranet, bulletins, newsletters and so on.
- Clients and carers had opportunities to give feedback on the service they received in a manner that reflected their individual needs. Results of the providers 2018 client survey showed 79% of clients rated their interaction with their worker as being 8 out of 10 or above. Clients described their key workers as encouraging, knowledgeable, excellent relationship, encouraging, and they never give up. When talking about their group programs 75% of clients rated them as 8 out of 10, and



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43% rated them 10 out of 10. Comments included, “groups have made me want to live again”, “I enjoyed being with others that understand my problems”, “I feel 100% safe in groups and I can offload my issues and peer support is fabulous”.

- Managers and staff had access to the feedback from clients, carers and staff and used it to make improvements.
- Clients and carers were involved in decision-making about changes to the service.
- Clients and staff could meet with members of the provider’s senior leadership team and governors to give feedback.
- Directorate leaders engaged with external stakeholders, such as commissioners and Healthwatch.

### Learning, continuous improvement and innovation

- Managers gave staff time and support to consider opportunities for improvements and innovation and this led to changes, such as professional’s information sessions and an external turning point newsletter.
- Staff had opportunities to take part in research.
- Innovations were taking place in the service. Some of those we heard about included two new recovery worker posts, a community development recovery worker to do outreach work with ethnic minority groups in the city, and a hospital recovery worker, to work with people who are frequent users of A&E services. We also heard about the provider’s plans to extend the provider’s screening program for blood borne viruses.
- Staff used quality improvement methods, such as local and national audits and thematic reviews, staff knew how to apply them. Managers shared the findings across the provider organisation, and made changes to their service as needed. Managers had recognised a high proportion of new referrals did not attend initial appointments, and informed us they were planning to identify why this was happening, with a view to put in place measures to reduce this rate.
- The teams took part in The Federation of Drug and Alcohol Professionals (FDAP) accreditation schemes.

# Outstanding practice and areas for improvement

## Outstanding practice

- The provider offered five clear treatment pathways. The pathways included relevant evidence based interventions including psychosocial interventions delivered by recovery workers. Doctors and nurses delivered evidence based clinical interventions including substitute prescribing, community detox and referral to inpatient detox, blood borne virus interventions and a needle exchange service. Clients were receiving holistic packages of care with a choice of treatments guided by needs assessments. Staff personalised the clients' treatment interventions within the pathway model and based around what the clients wanted to achieve.
- The service had exemplary partnership working arrangements, including a highly regarded and unique partnership with the local constabulary. The provider was part of the Pro-active Vulnerability Engagement team, an initiative between the local police force, NHS Trust and Turning Point. The team provided mental health assessments for anyone within the criminal justice pathway. Its aim was to reduce inappropriate use of Section 136 of the Mental Health Act.
- Governance was exemplary. The provider had a range of governance and assurance processes that provided structure and maintained high standards of quality for the service.
- Managers had embedded a culture of learning within the service and implemented change in a thoughtful and considered way. The provider had key performance indicators and other measures to gauge the performance of the teams. Between July 2017 and June 2018, the service saw 935 clients successfully complete treatment. This placed the service's performance above average for comparator local authorities in all substance categories, and in the upper quartile of comparator authorities in city opiate users and county alcohol users.

## Areas for improvement

### Action the provider SHOULD take to improve

- The provider should ensure that clients privacy is maintained in all areas across the hubs.
- The provider should ensure that organisation of the waiting rooms and clinics, at the Coalville and Loughborough hubs, is maintained to the same standard as those at Eldon Street.