Slough Treatment Advice and Recovery Service

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	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

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

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

Summary of findings

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 rated Slough Treatment Advice and Recovery Service as Good because:

- Since the last inspection the service made improvements in creating a documented risk assessment for each client for all identified client risks.
- Staff safely identified and managed the risks associated with detoxification or withdrawal. Comprehensive risk assessments were undertaken at the start of treatment. Staff identified, reported and responded to adverse incidents. The provider had appropriate arrangements in place to respond to clinical emergencies.
- Staff provided a range of care and treatment interventions suitable for the client group. The interventions were those recommended by and were delivered in line with guidance from the National Institute for Health and Care Excellence. Clients' physical health was monitored throughout their treatment. Clients gave their consent to treatment and had been given enough information about treatment options and risks.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. The service provided mandatory training in key skills to all staff and made sure everyone completed it. Staff had the knowledge and ability to monitor and recognise the signs of deterioration in clients' physical and mental health during treatment and how to seek or provide help.
- Staff treated clients with kindness, compassion, dignity and respect. Feedback from clients confirmed that staff treated them well and offered them personalised care. Clients were involved in their care planning and encouraged to give feedback about the service. Staff were able to offer support to families of clients.
- A new operations manager had been appointed in November 2018 with an extensive background working with the client group and the provider organisation and demonstrated a commitment to improving the service.

However:

- Some staff raised issues of low morale, caused by staff leaving and the impact that had had on their workload.

Summary of findings

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Good

Slough Treatment Advice and Recovery Service

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Summary of this inspection

Background to Slough Treatment Advice and Recovery Service

The Slough Treatment Advice and Recovery Service provides advice, support and treatment for people with drug or alcohol problems in the Borough of Slough. The service is commissioned by Slough Drug and Alcohol Action Team (DAAT).

Turning Point is the registered provider for the service. The service has been delivered by Turning Point since April 2017.

The service is registered to provide the regulated activity: Treatment of disease, disorder or injury. There was a registered manager in place who joined the service in November 2018.

As of February 2019, the service was supporting 299 clients, 229 who were opiate users, the majority were receiving treatment for opiate addiction and/ or alcohol dependency.

The service offered planned appointments, a drop-in service, criminal justice and mental health services, and female-specific outreach. The service also offered peer support groups. The service did not dispense any medicines but worked in a longstanding partnership with a local GP surgery, or client's own GP, to deliver the prescribing elements to clients' treatment.

The service accepted referrals from individuals requiring support or any other agency, online, via telephone or face-to-face. The service had referral pathways established with the probation service, the community mental health team and local housing services.

We last inspected the Slough Treatment Advice and Recovery Service in February 2018. At the time we did not rate independent standalone substance misuse services. We told the service that it must make improvements to ensure that all risks identified during the assessment process and throughout treatment had a documented risk management plan in place to manage or mitigate those risks. During this inspection we saw that these improvements had been made.

Our inspection team

The team that inspected the service comprised two CQC inspectors, one with a specialism in substance misuse service, and one assistant inspector.

Why we carried out this inspection

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

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about the location.

During the inspection visit, the inspection team:

Summary of this inspection

- visited the location and looked at the quality of the physical environment
- spoke with five clients who were using the service
- spoke with the registered manager
- spoke with nine other staff members who worked in the service; including a nurse, a doctor, administrative staff, recover workers, a peer mentor and a senior quality advisor
- spoke with one staff member who worked in the service but was employed by a different service provider
- spoke with one peer support volunteer
- attended and observed one hand-over meeting and one support group
- collected feedback from 13 clients using comment cards
- looked at 10 care and treatment records of clients
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

During out inspection we spoke with five clients who were receiving treatment at the service. Clients were positive about the service and about their interactions and support received from staff. Clients that we spoke to about the care and treatment that they received at the service were overwhelmingly positive about their experience. Clients told us that staff treated them with kindness and dignity and found their treatment to be personalised.

We also received feedback from 13 clients on comment cards. The comments were universally positive. Clients spoke about how helpful, knowledgeable, and supportive the team were and how they felt listened to. Clients told us about the positive impact treatment had had on their recovery and that they felt the environment was safe.

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?

Good

We rated safe as Good because:

- Since the last inspection the service had made improvements in creating a documented risk assessment for each client for all identified client risks.
- Staff safely identified and managed the risks associated with detoxification or withdrawal.
- Staff kept detailed records of clients' care and treatment. The service made good use of crisis and risk assessments. We saw evidence in all care and treatment records of staff informing patients of the risks of continued substance misuse, and offering evidence based advice around how to reduce harm.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- The service had suitable premises and equipment and looked after them well. Monthly environmental checks were carried out. Call alarms had recently been fitted to the interview rooms.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- Staff we spoke with were able to describe how they would report incidents and what constituted an incident.

However:

- The service currently had a number of vacancies that it was actively trying to recruit for, which had had an impact on the other staff members' workloads.

Are services effective?

Good

We rated effective as Good because:

- Comprehensive risk assessments were undertaken at the start of treatment.
- Care plans were holistic and recovery-orientated. The care plans were informed by comprehensive assessments including validated tools.

Summary of this inspection

- The service had a successful long-standing partnership with a local GP surgery to deliver the assessment and prescribing elements of some clients' treatment. The service also benefitted from a close partnership with other community services, including the community mental health team.
- Staff provided a range of care and treatment interventions suitable for the client group. The interventions were those recommended by and were delivered in line with, guidance from the National Institute for Health and Care Excellence.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care. All staff received regular supervision.
- All staff had completed their Mental Capacity Act (MCA) training. All staff that we spoke with had a good understanding of the MCA. Staff were able to explain how they supported clients who presented to the service while intoxicated, with reference to their mental capacity.

However:

- Only 75% of staff had received an appraisal. The service target was for all staff to have had an appraisal by the end of the year.

Are services caring?

Good

We rated caring as Good because:

- Staff treated patients with kindness, compassion, dignity and respect. Feedback from patients confirmed that staff treated them well and offered them personalised care.
- Staff involved patients in decisions about their care and treatment and had a high level of understanding of the individual client's needs.
- Families and carers of clients were offered one to one support with recovery workers.
- Clients were involved in their care planning and encouraged to give feedback about the service. Staff were able to offer support to families of clients.

Are services responsive?

Good

We rated responsive as Good because:

Summary of this inspection

- The service planned and provided a service in a way that met the needs of the local people. The service monitored the local population and staff spoke seven of the most commonly used languages.
- People could access the service when they needed it. Clients were seen quickly after referral and the service had extended hours on two weeknights and Saturday to see people who could not come during the day.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results.
- The premises were clean, tidy and comfortable. Clients were offered cakes and fruit in reception.
- The service offered clients, such as sanitary products, lip balm and essential toiletries packs for homeless clients.

Are services well-led?

Good

We rated responsive as Good because:

- A new operations manager had been appointed in November 2018, they had an extensive background working with the client group and the provider organisation and demonstrated a commitment to improving the service.
- Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate service, and, collaborate with partner organisations effectively.
- There were good internal processes to discuss and review the care being given, such as the morning handover meeting, multidisciplinary meetings, team meetings, appraisals and supervision.
- Staff had access to support for their own physical and emotional health needs through an employee assistance programme that was free to access and confidential.

However:

- Some staff raised issues of low morale, caused by staff leaving and the impact that had had on their workload.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

At the time of the inspection all staff had completed training in the Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff were able to explain how they supported clients who presented to the service while intoxicated, with reference to their mental capacity.

Staff that we spoke with had a clear understanding of the principles of the Mental Capacity Act.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Substance misuse services	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Notes

Good

Substance misuse services

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

Are substance misuse services safe?

Good

Safe and clean environment

The entrance to the service was locked and controlled via an intercom and closed-circuit television to allow reception staff to identify clients.

The service had a large brightly decorated and welcoming reception area. The service was clean, tidy, comfortable and well-maintained.

The two interview rooms on the site had been recently fitted with alarms to summon staff for assistance. The service also had two rooms which could be used for groups. Staff reported that they felt safe working at the service.

The service had a clean and tidy clinic room, which contained an examination couch. The service had recently replaced the curtain for a disposable one for infection control.

In the event of an emergency the service would contact an ambulance, however they also recently obtained two grab bags for the reception and clinic room, in case there was a medical emergency or problem with the environment. Grab bags are bags which contain useful equipment for an emergency, such as a torch, staff emergency contact details, gas and electricity shut-off points, medication and a first aid kit.

The service was cleaned daily by an external company. The resident nurse was in charge of cleaning the clinic room.

The service had a clean and tidy needle exchange room. Staff disposed of needles and other sharps objects in sharps bins provided. The service had a contract with a waste management company to dispose of used sharps bins and clinical waste.

A member of staff was the designated health and safety lead and they completed monthly environmental checks. Health and safety, and fire risk assessments were up to date. The fire alarms were checked every week.

Safe staffing

The service employed 21 members of staff. The service had four vacancies: two recovery workers, one female outreach worker and one receptionist. The receptionist post had been recently filled and the service was waiting for the staff member to start. The service also had two members of staff who were off work due to long-term sickness. Despite this, we found that there was adequate staffing in place to ensure all activities were delivered safely. The operations manager told us that they were actively recruiting for the vacancies and had appointed an agency recovery worker whilst they recruited. The agency worker had experience working with this client group and with the parent organisation. Despite the vacancies staff told us that their caseloads were manageable.

The service employed a permanent full-time nurse. At our last inspection this role was filled by agency staff. The nurse was able to offer assessments, blood-borne virus testing, vaccines and referrals to treatment.

The service benefitted from a visiting dual diagnosis mental health worker from the local community mental health team (CMHT), who came to the service every Wednesday morning. A psychiatrist also visited the service once a month.

Good

Substance misuse services

Staff we spoke with told us that a number of colleagues had recently left and this had put additional pressures on the remaining team whilst the vacancies were recruited.

The registered manager carried out caseload audits every four to six weeks.

All staff were required to undertake mandatory training. Mandatory training modules included handling information, introduction to information, safeguarding, duty of care, Mental Capacity Act and Deprivation of Liberty Safeguards, drug and alcohol awareness , health and safety, infection control, equality and human rights, fire safety, first aid and harm reduction. All staff had completed their mandatory training.

Staff informed us that they could request further additional training.

Assessing and managing risk to clients and staff

We viewed 10 care and treatment records. We found that the service created and made good use of crisis and risk assessments. Risk assessments were completed when clients first accessed the service, the risk assessments included areas such as mental health, forensic history, substance misuse, social background and family history. We found only one client did not have a risk assessment. However, the client's risks had been identified and recorded in their case notes. We raised this issue during the inspection and the service manager was able to locate the risk assessment, which had been completed on admission but not uploaded onto the electronic record system.

The service told us that they were in the process of changing how the risk assessments were completed, in order to make it easier for staff to update them.

We saw evidence in all care and treatment records of staff informing patients of the risks of continued substance misuse and of harm minimisation.

During our inspection we attended the morning staff meeting which was comprehensive and well attended and all staff disciplines contributed to it. The daily morning meeting was underpinned by a standing agenda. This ensured, amongst other things, all staff were aware of any complex clients attending that day, discussed safeguarding, building maintenance, identified who was the duty worker that day, reviewed incidents from previous days, discussed any clients who may have been admitted to hospital and ensured client care was closely monitored. Minutes of the morning meetings were typed up and shared amongst the team that day.

Safeguarding

From January 2018 to January 2019 we received one safeguarding notification from the service.

All staff had completed their mandatory training in safeguarding.

The service had robust procedures in place to ensure staff raised and responded to safeguarding matters, concerning adults and children, appropriately. Staff we spoke with were confident about recognising and reporting safeguarding and felt supported. There was a designated safeguarding lead. Staff told us that they had good working relationships with the local safeguarding agencies.

The service kept a safeguarding log which had been recently audited.

Staff access to essential information

All client information was stored on an electronic record system and on the shared drive.

The visiting dual diagnosis mental health nurse did not have access to the electronic recording system. The service told us that her notes were uploaded on to the system by the resident nurse and that the staff provided her with any vital client information. The service told us that they were obtaining a service level agreement in writing for the role and once this was confirmed, she would be permitted access to the electronic record system.

The visiting psychiatrist and all of the prescribing doctors from the partnership GP surgery had access to the electronic record system.

Medicines management

There was limited medication held on the site. Naloxone and adrenaline was stored, for emergencies, in a locked medication cupboard in the needle exchange room and vaccinations were stored in a locked medical fridge in the clinic room. This was in accordance with all medication and equipment was in date and the fridge temperatures were recorded and within the safe range.

Good

Substance misuse services

The service did not dispense any medicines. When staff prescribed medicines for clients, clients collected these prescriptions and took them to a local pharmacy. Prescriptions were safely managed.

Track record on safety

The service had not reported any serious untoward incidents in the past 12 months.

Reporting incidents and learning from when things go wrong

Staff we spoke with were able to describe how they would report incidents and what constituted an incident. The service recorded all incidents on an electronic recording system, which escalated the incidents to managers and senior managers.

Staff discussed learning from incidents in two different forums, the daily morning meetings and the monthly team meetings. Staff gave an example of learning from an incident involving the death of a client. Following this incident, at the start of clients' treatment staff asked for their consent to conduct home visits.

Staff said that they received debriefing following incidents at the morning meetings.

The service had a clear incident management policy which outlined the way in which the provider met their Duty of Candour responsibilities. (The Duty of Candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care service to notify clients (or relevant persons) of certain notifiable safety incidents and provide reasonable support to that person).

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

Good

Assessment of needs and planning of care

We looked at 10 care and treatment records of clients using the service. Staff undertook a detailed assessment of each client.

Care plans were present on all care and treatment records. They were mostly up to date, only one care plan was six months old. Care plans were holistic and recovery orientated. The care plans were informed by comprehensive assessments including validated tools (Alcohol Use Disorder Identification Test and Severity of Alcohol Dependency Questionnaire).

The partner GPs and nurse carried out a face to face medical assessment with all clients at the start of treatment with a recovery worker present to ensure the prescribing was jointly managed. This was in accordance with the National Institute for Health and Care Excellence (NICE) quality statement, which states that people in drug treatment should be offered a comprehensive assessment. The nurse and GPs closely monitored comorbid physical and mental health conditions and the service had direct links with the local hospital for clients testing of blood-borne viruses. Appropriate detoxification tools are used and understood.

Clients recovery plans were holistic and included planning for relapse, unexpected exit from treatment and how to re-engage clients if they dropped out the service. We saw evidence in the notes of liaison with GPs regarding physical health concerns.

Best practice in treatment and care

Staff provided a range of care and treatment interventions suitable for the client group. The interventions were those recommended by and were delivered in line with, guidance from the National Institute for Health and Care Excellence.

Staff provided a range of care and treatment interventions suitable for the client group. The interventions were those recommended by, and were delivered in line with, guidance from the National Institute for Health and Therapies.

Clients had access to group programmes that supported them with reducing substance use, working towards detoxification or rehabilitation and to support or maintain abstinence. The service also offered a gardening club, art club, peer support and a relation group. Weekly peer support groups were facilitated by volunteers and support was provided by the dedicated peer mentor and volunteer team leader.

Blood-borne virus testing was routinely available for all clients.

The service was able to conduct community detoxification, as well as refer clients to separate services for this treatment.

Relevant staff at the service were trained on providing Naloxone to clients. Naloxone is an emergency medicine that is used to reverse overdoses of heroin and other opioids (for example methadone and morphine).

The service had a well-stocked needle exchange which any client could access confidentially, overseen by a dedicated needle exchange lead. This was provided in line with NICE and Public Health England guidelines around needle and syringe exchange programmes. The needle exchange offered clean needles and syringes, spoons, alcohol swabs, water sachets and citric acid. Clients accessing the needle exchange were provided with individualised harm reduction advice around safer injecting practices and overdose prevention, and were invited to have their injecting sites checked for signs of infection or damage. The needle exchange also supplied sterile packs of foil to support harm reduction advice around smoking heroin rather than administering intravenously. The needle exchange coordinator was able to identify the appropriate needles for different injecting sites which was supported by clear signage within the needle exchange.

Monitoring and comparing treatment outcomes

Clients' care plans, including their physical health and recovery plans were regularly reviewed.

Skilled staff to deliver care

The service monitored and ensured staff compliance with mandatory training. All staff had completed their mandatory training.

The service employed a nurse who completed health care assessments for all clients requiring treatment for alcohol misuse, and co-ordinated the community detoxification programmes and referrals to inpatient treatment. She also provided blood-borne virus testing and administered vaccines. The service had adequate cover arrangements if the nurse was on leave or unwell.

A dual diagnosis nurse from the local community mental health team attended once a week to see and assess clients. She attended clinical huddle meetings when required to discuss complex cases.

The service provided a variety of specialist services, including a young person's worker, who worked directly with young people under 21 with substance misuse issues. The young person's worker visited schools, colleges, youth centres and youth offenders' units. The service also employed a family worker, who worked intensely with families with substance misuse issues and a worker who co-located in probation and worked closely with the police, courts and a prison link worker.

The manager held performance meetings with staff in order to assess the team's strength and areas of development in relation to performance. Actions were identified to address any challenges.

All staff received regular supervision. Records showed that only 75% of staff had had appraisals. The service manager told us that the aim was for 100% of staff to have had an appraisal and that the new appraisal cycle had just begun at the service.

Multi-disciplinary and inter-agency team work

The service worked in a longstanding partnership with a local GP surgery to deliver the prescribing element to some clients' treatment. This involved joint assessments, health assessments, recovery plan reviews and case review meetings. The GP surgery had access to the service's electronic recording system. The partnership GP surgery prescribed medication for clients seeking treatment for addiction to opiates. Clients who were seeking treatment for alcohol addiction were prescribed medication from their own GP.

The partnership between the GP practice and the service was underpinned by a clear partnership agreement. This agreement set out the roles and responsibilities of each agency in relation to clinic times and frequency, commencement of prescribing, monitoring of progress, physical health and drug test results, delivery of psychosocial interventions, prescription management and monitoring of progress. The GP service also provided a psychiatrist once a month who supported clients to access mental health services in a timely way.

The service held regular multidisciplinary meetings in order to discuss any complex cases.

Good

Substance misuse services

The service had close partnership working with the community mental health team, local police, the Job Centre plus, prison establishments, the local community volunteer service and blood-borne virus and hepatitis C clinics at local hospitals.

The service hosted student placements from the Thames Valley Police and social work courses to promote the service and increase student awareness of addiction.

Clients were referred to other services or charities where needed.

The resident nurse attended the three-monthly frequent attenders' meetings at the two local hospitals.

Good practice in applying the Mental Capacity Act

All staff had completed their Mental Capacity Act (MCA) training. All staff that we spoke with had a good understanding of the MCA and were able to explain how they supported clients who presented to the service while intoxicated, with reference to their mental capacity.

All the electronic records that we viewed had evidence of assessments of mental capacity and evidence of consent to treatment.

Are substance misuse services caring?

Good

Kindness, privacy, dignity, respect, compassion and support

During our inspection we observed staff interactions with clients. Staff demonstrated kindness, compassion, dignity and respect.

The service received a weekly donation from two supermarkets of fruit and cakes which clients could help themselves to in reception.

The service had recently been awarded money to buy samba drums in order to run a class for clients.

A feedback week was recently held for clients and the service told us that they had received over 90% positive feedback. A display had been created in the reception with some of the feedback from clients.

Clients that we spoke with about the care and treatment that they received at the service were universally positive about their experience. Clients told us that staff treated them with kindness and dignity and found their treatment to be personalised. Clients spoke highly of the recovery groups and of the value of having former service users in peer support roles. They were aware of a reduction in local treatment budgets and commended the staff for continuing to provide them with an individualised service.

During our inspection we observed a support group and saw that it provided specialist and appropriate support. The clients participated well in the group and were supported by staff.

Involvement in care

Client feedback forms were located in the reception. Both clients and staff were encouraged to leave feedback. Following client feedback, the service was in the process of ordering a speaker in order to play relaxing music in the reception.

Families and carers of clients were offered one-to-one support with recovery workers.

Clients that we spoke with told us that they were involved in their care planning. All the recovery plans that we viewed contained the clients' views and all clients had been given a copy of their recovery plan. Clients were asked to sign a service user agreement at the start of their treatment. This agreement set out the rules which must be observed during treatment including no verbal or physical violence towards staff.

Are substance misuse services responsive to people's needs?

(for example, to feedback?)

Good

Access and discharge

People living in the borough of Slough could refer themselves to the service or they were referred by external professions. This could be done over the phone, face-to-face, or via an online referral process called the Slough Wellbeing Cloud. The administrator dealt initially with new referrals.

Staff offered clients pre-arranged appointments, usually within a week after their referral. Low risk clients could also be offered a telephone assessment. The service had 35 new assessment slots a week. The service also offered drop-in assessments every Thursday.

The service had robust alternative care pathways and referral systems in place for people whose needs could not be met by the service, most frequently to mental health services.

The service offered flexible opening hours to meet the needs of the clients. The service was open on a Monday, Wednesday and Friday from 9am to 5pm. The service was open until 6pm on a Tuesday and 8pm on a Thursday. The service was open from10.30am to 3.30pm on a Saturday.

The facilities promote recovery, comfort, dignity and confidentiality

The reception area was clean and welcoming. There was a range of relevant information and leaflets on display for clients, in a number of languages. Client artworks and feedback was displayed on the walls. The service was also in the process of developing a new LGBT+ wall with information for clients. LGBT+ are the initials which stand for lesbian, gay, bisexual and transgender. The plus in inclusive of other groups.

The service had two interview rooms and two group rooms. There was also a well-equipped and tidy needle exchange room and clinic room. There was a hatch from the toilet to a connecting room to allow urine samples to be collected discreetly. The back office was locked and controlled by key fobs for staff only.

We saw cakes and fruit on display for clients in the reception area.

Meeting the needs of all people who use the service

Staff demonstrated an understanding of the potential issues facing vulnerable groups, for example LGBT+, black and ethnic minority, sex workers and women. The service had recently benefitted from additional training from the Thames Valley Police in supporting LGBT+ clients.

The service catered to a diverse population. The service monitored the client demographics and the most recent report indicated that black and ethnic minorities (BME) clients made up nearly 60% of all the local population. However, BME clients made up only 10% of the client group and the service were actively considering how they could engage more BME clients into treatment. An equality and diversity calendar allowed the service to stay up to date with key dates throughout the year, for example Ramadan.

Staff at the service spoke seven different languages, including the most commonly spoken languages in the local community. If additional languages were required, the service accessed an interpreting service. Client literature was available in a range of the most commonly used languages spoken by local people.

The service had recently started a Punjabi speaking recovery co-ordination session on a Saturday. The service was also in communication with a local mosque in order to offer support to people in the community.

The service offered a well-stocked needle exchange. A needle exchange is a service that allowed clients who are injecting drug users to obtain hypodermic needles and associated equipment at no costs. It also offered additional products such as sanitary products for women and lip balm, as well as packs for homeless clients, including toiletries, rain mac, condoms and razor.

All areas of the building were accessible to people with mobility needs including wheelchairs. Personal emergency evacuation plans had been created for clients who used wheelchairs or mobility scooter users and an additional wheelchair had been purchased for the service for emergency evacuations.

Clients attended twelve-step meetings in the local area and a representative from alcohol anonymous meetings attended some of the groups at the service.

Listening to and learning from concerns and complaints

The service had received one formal complaint in the previous 12 months. This complaint was investigated by the service and upheld.

Clients we spoke with told us that they knew how to make a complaint about the service. Complaints leaflets and client feedback forms were available in reception.

The service had a clear complaints system and policy to show how complaints are managed.

Lessons learnt from complaints or incidents are shared in three forums, morning meetings, managers meetings and team meetings.

Good

Substance misuse services

Are substance misuse services well-led?

Good

Leadership

The operational manager had recently been appointed in November 2018, following a period of interim management. We saw that this transition period had affected team morale, and that the team had confidence in the new management and the changes being introduced to improve the service. The operational manager had an extensive background working with the client group and the provider organisation, Turning Point.

The operational manager had the skills, knowledge and experience to perform their role. Staff described the managers as being visible and approachable. During our inspection we observed that managers interacted with both staff and clients on a regular basis.

Vision and strategy

Service managers and staff were familiar with the provider's vision and values and understood how this applied to their work.

Staff we spoke with felt they had the opportunity to contribute to future developments about the service. They gave suggestions and feedback to managers who fed back to senior managers within the organisation.

Culture

Staff told us that they felt respected, supported and valued by their managers and the providers. Staff we spoke to felt that they could raise issues at team meetings.

We received mixed feedback on staff morale. The majority of staff were positive, but some staff members raised issues regarding staff leaving and the impact the vacancies had had on the workload. Low morale amongst some staff had been recognised and the service was working actively with staff to respond to their concerns. The service was actively recruiting for the vacancies.

Staff had access to support for their own physical and emotional health needs through occupational health service. Staff could access support through a telephone and face to face service during work hours.

Staff we spoke with told us that their colleagues were supportive.

Governance

The provider had appropriate governance systems in place to ensure services were managed safely and effectively. Staff carried out regular health and safety checks of the environment, there were sufficient staff, staff were trained and supervised, incidents were reported and clients were assessed and well treated.

We reviewed team meeting minutes and clinical governance minutes and saw that there was a clear framework of what must be discussed at a team meeting to ensure essential information, such as learning from incidents and complaints, was shared and discussed. We saw that actions were identified and completed.

Staff had implemented learning from reviews of deaths, incidents, complaints and safeguarding alerts. Following this incident, at the start of clients' treatment staff asked for their consent to conduct home visits.

Staff undertook or participated in local clinical audits and the service held an audit calendar.

The service used key performance indicators to monitor how the service was working and to set targets for managers. The service was able to benchmark some of these key performance indicators against national figures.

Management of risk, issues and performance

The provider had business continuity and contingency plans, for example, what to do if staff were unable to access the building, if the utility supply failed and a Brexit action plan.

Senior staff had access to the risk register.

The service monitored sickness and absence rates of staff.

Information management

All staff had completed their mandatory training module in information governance.

Team managers had access to information to support them with their management role. This included information on the performance of the service, staffing and client care. The electronic case management system had a dashboard function enabling manager to quickly identify active clients and gaps.

Good

Substance misuse services

Staff made notifications to external bodies as needed, such as safeguarding.

All information needed to deliver care was stored securely and available to staff, in accessible form, when they needed it. Staff told us that they had a safe in the office for storing any client information in paper form.

Engagement

Clients had the opportunity to give feedback on the service they received and were encouraged to do so by staff. Clients could give feedback via feedback forms at reception and at a recent feedback week.

Staff were also encouraged to give feedback about the service and the staff office had been recently redesigned to improve the working environment following staff feedback. We also saw evidence of a meeting between management and a staff member about gaining access to the electronic records and actions being agreed in order to resolve the access issues.

Learning, continuous improvement and innovation

We saw commitment from the new operations manager towards continual improvement and innovation. Action plans addressed areas of improvement and indicated where improvement had been carried out.