

Turning Point IMPACT

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?	Good 
Are services caring?	Outstanding 
Are services responsive?	Outstanding 
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.

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

Summary of findings

Overall summary

We rated Turning Point IMPACT as outstanding because:

- Staff supported clients to achieve their goals. A strong recovery ethos ran throughout service delivery and all staff shared a clear definition of recovery. Staff were hard working, caring and committed to delivering a good quality service. They spoke with overwhelming passion about their work and were proud to work for Turning Point.
- Staff used effective systems to proactively identify and manage client risk. Safety was a priority in all teams. The whole team was engaged in reviewing and improving safety and safeguarding systems. There were effective systems in place to ensure that safeguarding concerns were identified, managed and reviewed.
- Managers had oversight of the service through governance and assurance procedures, which were very robust, consistent and of a very high standard. The risk and assurance team had implemented effective systems across all teams. Governance and performance management arrangements were proactively reviewed and reflected best practice.
- The service offered clients a wide range of treatment options, including telephone and online support. There was specialist staff to meet the complex needs of client groups. The service actively worked to engage them in treatment, including vulnerable and complex clients.
- Staff supported clients to engage in their local community. Dedicated workers facilitated clients'

engagement with community services and worked to bridge the gap in support after treatment and promote independence and self-care in clients. They developed and maintained an electronic community resource map, with other 300 local resources.


- Staff conducted high quality, thorough and comprehensive assessments of clients' needs. Staff completed detailed and meaningful risk assessments and risk management plans with clients following their initial assessment. Care plans contained risk information and were holistic and person centred.
- Managers supported staff wellbeing. A wellbeing lead had been appointed for the service who had implemented a number of support systems and schemes to enhance staff wellbeing. This included 'check-out' meetings on a Friday for staff to deal with any worries before the weekend, communal lunches and promotion of physical exercise.

However:

- Managers did not have systems in place to ensure that caseload numbers were manageable. Keyworkers individual caseloads were as high as 90 in some cases and managers did not have a way of assessing acuity of each caseload to ensure that they were manageable.
- Staff did not consistently document decisions or discussions relating to clients' mental capacity.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services	Outstanding 	

Summary of findings

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Outstanding



Turning Point IMPACT

Services we looked at

Substance misuse services

Summary of this inspection

Background to Turning Point IMPACT

The IMPACT Service is delivered by Turning Point and is a specialist community service providing support to people suffering from drug and alcohol problems across Wiltshire.

Funding for treatment is through the commissioning teams within Wiltshire and Swindon Councils who work very closely with the provider to ensure the service is supported and of high quality.

The Care Quality Commission (CQC) registered the service to provide the regulated activity of 'Treatment of disease, disorder or injury'. There is a registered manager in place.

We have not previously inspected this service as they were newly commissioned in April 2018. The provider had previous experience of delivering substance misuse services within Wiltshire.

The service offers substitute prescribing for drugs and alcohol, access to detoxification and residential rehabilitation and signposting or referral to other agencies. They also offer harm reduction advice and support, a peer mentoring programme, testing and vaccination for blood borne viruses, brief interventions, outreach, group work, individual and one to one therapy, and community engagement. The service also offers treatment for clients with complex needs through the engagement and prevention team. Appointments for this service do not take place in the adult service hubs, but instead in GP surgeries, schools and other community settings. The service also offers online support and aftercare.

The service has good partnership working across the county with other agencies, including; probation, social services, GP surgeries, police and pharmacies.

Our inspection team

The team that inspected the service comprised three CQC inspectors (one with a background of working in substance misuse services), a CQC assistant inspector and a specialist advisor who was a nurse with a background of working in substance misuse.

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme to inspect and rate substance misuse services.

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 three locations and a community outreach venue, looked at the quality of the environment and observed how staff were caring for clients;
- spoke with eight clients and two carers who were using the service;
- spoke with the registered manager and two locality managers;
- spoke with 22 staff members; including team leaders, doctors, non-medical prescribers, recovery workers and administration staff;
- spoke with two volunteers;
- received feedback about the service from the commissioners and other stakeholders;
- attended and observed a prescribing clinic and a client group session;
- observed a volunteer training session;
- observed three staff meetings;
- looked at 15 care and treatment records;
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

Clients were overwhelmingly positive about the service they received. They told us that staff were kind, caring and compassionate and that they really understood the issues clients faced. Clients told us that staff were easily accessible and provided clients with time to talk, whether on the telephone or in person. Clients had choice in their treatment pathways and found the group programs to be

effective. We heard from several clients that the treatment had changed their lives and that they would not be alive today without the support from Turning Point. We were told that although there had been some difficulty last year with frequently changing keyworkers due to staffing issues, clients now felt they had positive therapeutic relationships with their keyworkers.

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:

- Staff were proactive at identifying and managing risk. There were effective systems in place to ensure the management of clients' risks. Staff completed and regularly reviewed comprehensive risk assessments and meaningful risk management plans. Each team held a central log of high risk clients and held monthly complex case reviews for their discussion.
- The whole team was engaged in reviewing and improving safety and safeguarding systems. There were effective systems in place to ensure that safeguarding concerns were identified, managed and reviewed. Staff worked closely with local safeguarding teams and the police to ensure clients' safety.
- All staff were open and transparent, and fully committed to reporting incidents and near misses. The level and quality of incident reporting showed the levels of harm and near misses, which ensured a robust picture of quality. Managers reviewed incidents in governance meetings and involved staff in discussing the learning from incidents and implementing change. Incidents were also reviewed by the risk and assurance team.
- Safety was a priority in all teams. Daily and weekly meetings were held across all sites to identify any risks to clients or the service.
- Prescribers always followed the prescribing policy to a high standard and client's prescriptions were regularly reviewed throughout treatment.

However:

- Keyworkers individual caseloads were as high as 90 in some cases. There was no limit on caseload numbers and staff told us that caseloads would not be if numbers continued to rise.

Good



Are services effective?

We rated effective as good because:

- Staff completed a thorough, high quality assessment of needs with all clients prior to the start of treatment. All clients received a full assessment of their substance misuse history, a physical health assessment with a wellbeing nurse and a prescribing assessment with a qualified prescriber.

Good



Summary of this inspection

- Care plans were meaningful, holistic and detailed. Care plans were completed with clients at initial assessment and then regularly reviewed. All care plans identified client needs, including risks and safeguarding. Staff worked with clients on a one to one basis to develop their care plans and in groups where clients were able to share their goals with each other and offer peer support.
- Clients could choose their treatment from a wide range of different prescribing and psychosocial interventions. All treatments available were in line with “Drug misuse and dependence: UK guidelines on clinical management (2017)” and the relevant National Institute for Health and Care Excellence (NICE) guidelines.
- Staff regularly monitored and reviewed the effectiveness of treatment. Clients had their mental and physical health formally reviewed, along with their prescriptions, every three months. A Treatment Outcomes Profile (TOPs) form was completed by the clients as a self-assessment of their current substance use and mental and physical health. Low doses of medication were audited weekly to ensure that clients did not remain on low doses for long periods with no goal.
- A consultant psychiatrist and non-medical prescribers supported clients in line with “Drug misuse and dependence: UK guidelines on clinical management (2017)” and relevant National Institute of Health and Care Excellence (NICE) guidelines. Prescribers conducted high quality assessments and reviews of clients and appropriately monitored clients undergoing detoxification regimes.
- Staff reviewed the care of clients who were chaotic or not moving forward in their treatment on a weekly basis and would be invited to a group where peers could support each other in moving forward.

However:

- Staff did not consistently document decisions or discussions relating to clients’ mental capacity.

Are services caring?

We rated caring as outstanding because:

- A strong recovery ethos ran throughout service delivery and all staff shared a clear definition of recovery. Staff were hard working, caring and committed to delivering a good quality service. They spoke with overwhelming passion about their work and were proud to work for Turning Point.

Outstanding



Summary of this inspection

- We observed staff across all sites treating clients in a respectful and compassionate manner. Staff demonstrated experience and confidence in one to one and group settings. Staff maintained professionalism, warmth and kindness when dealing with challenging situations.
- Clients told us that staff went the extra mile and the care they received exceeded their expectations. Numerous clients told us that they did not think they would be alive today without the support provided by Turning Point.
- Clients and their families were invited to celebrate their achievements. On completion of the psychosocial intervention program, clients, families and their friends could attend a graduation ceremony to celebrate their success.

Are services responsive?

We rated responsive as outstanding because:

- Services were tailored to meet the needs of individual people and were delivered in a way to ensure flexibility, choice and continuity of care. People's individual needs and preferences were central to the planning and delivery of tailored services. Staff offered them a wide choice of treatment pathways, including online and telephone support.
- There was a proactive approach to understanding the needs of different groups of people and to deliver care in a way that met these needs and promoted equality. The service delivered outreach work in a variety of community locations to enable them to deliver treatment to many groups of people in the local area; including people who were in vulnerable circumstances or who had complex needs. There were specialist workers for vulnerable client groups such as military veterans, those at risk of domestic violence and safeguarding, young people and homeless clients.
- The involvement of other organisations and the local community was integral to how services were planned and ensured that services met people's needs. Through the Get Connected team, the service linked clients with other community resources. They developed and maintained an electronic community resource map, with other 300 local resources.
- There were innovative approaches to providing person-centred pathways of care, particularly for people with multiple and complex needs. The service worked in partnership with other local agencies to offer integrated care. For example, there was a

Outstanding



Summary of this inspection

partnership with a local agency offering support for women who had experienced trauma and domestic violence. They provide a creche to enable women to access treatment when childcare might have been a barrier to treatment.

- There was active review of complaints and how they were managed and responded to, and improvements were made as a result across the services. Staff were involved in the review of complaints and fully understood their responsibilities in relation to duty of candour.

Are services well-led?

We rated well led as outstanding because:

- Since the provider had taken over this service, managers had worked to improve staff morale which was high across all sites. Staff spoke highly of the excellent culture which had developed over the previous year. There were consistently high levels of constructive engagement with staff, including all equality groups. Staff at all levels were actively encouraged to raise concerns.
- Governance and assurance procedures were very robust, consistent and of a very high standard. The risk and assurance team had implemented effective systems across all teams. Governance and performance management arrangements were proactively reviewed and reflected best practice.
- The leadership drove continuous improvement and staff were accountable for delivering change. Managers encouraged staff to develop the scope of their roles and safe innovation was encouraged.
- Senior managers were highly visible across all sites and staff told us they could raise concerns with any of the senior management team. Locality managers told us the registered manager was consistently responsive and supportive. Staff reported that supervision received from their managers was supportive and meaningful.
- Managers supported staff wellbeing. A wellbeing lead had been appointed for the service who had implemented a number of support systems and schemes to enhance staff wellbeing. This included 'check-out' meetings on a Friday for staff to deal with any worries before the weekend, communal lunches and promotion of physical exercise.

However:

- Managers did not have systems in place to monitor the acuity of caseloads to ensure they were manageable.

Outstanding



Detailed findings from this inspection









Mental Capacity Act and Deprivation of Liberty Safeguards

Managers ensured Mental Capacity Act training was provided to staff. Staff were competent in applying the

principles of the Mental Capacity Act, understanding how substance use can affect mental capacity and the ability to consent to treatment. However, this was not clearly and consistently documented in clients' notes.

Overview of ratings

Our ratings for this location are:

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



Substance misuse services

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

Are substance misuse services safe?

Good



Safe and clean environment

- We visited three locations within the service. All sites were clean and well maintained and furnishings were in good order.
- Each building was accessible with a variety of accessible rooms on the ground floor.
- Staff could call for help in an emergency. There were portable alarms available to staff and in the Swindon service there were call alarms on the wall. In the Trowbridge and Salisbury buildings, there were interview rooms available for clients that were particularly distressed. These rooms had two doors and staff could observe the appointment.
- All clinic rooms were clean, tidy and contained all necessary equipment. There was an examination couch and privacy screens. Equipment was in date for calibration and portable appliance testing (PAT).
- All environments contained a medical emergency box that contained a spill kit, sharps bin, emergency kit containing adrenaline, syringes, needles, naloxone, small sharps box, examination gloves and facemask. Staff regularly checked the boxes to ensure the contents were in-date.
- Staff followed infection control principles. Hand washing posters were on the wall above basins, there were alcohol gels available and hand washing basins in each clinic room.

Safe staffing

- The service employed a consultant clinical lead who worked across all sites and offered support to all prescribers. The clinical services manager also provided support to non-medical prescribers. There was access to sessional GPs who ran clinics across all sites. The service also had non-medical prescribers experienced in substance misuse offering clinics in all locations. However, non-medical prescribers told us they would like more doctor-led clinics for complex and high-risk clients.
- The service had a total of 63 substantive staff and 27 volunteers. This included a locality manager, senior recovery workers, support workers and administration staff. At the time of the inspection, there were two vacancies. There was a low sickness rate of 0.21% amongst permanent staff.
- The service held a total caseload of 1304 clients. The client ratio per worker ranged from 34 to 57, depending on location. However, keyworkers individual caseloads were as high as 90 in some cases. Staff told us that they received good supervision and support to manage these caseloads but that if the numbers continued to increase they would become unmanageable. Managers did not monitor the acuity of caseloads and there was no cap on caseload size.
- There were staff that worked across both localities. This included the engagement and prevention team, the get connected team, the military worker and the hepatitis nurse.
- There was a mandatory training matrix for all staff. This enabled staff to see which training they needed to complete and when it was going out of date. The service had a training completion target of 85% for all courses. All teams had met this target.



Substance misuse services

- The locality managers managed staff sickness and annual leave to ensure the service had enough staff. The Swindon service had been using agency staff due to a number of vacancies within the team.
- Peer mentors underwent the same recruitment process as paid staff to ensure that everyone working in the service was safe to do so.
- All staff with positive criminal record disclosures had robust risk assessments in place.

Assessing and managing risk to clients and staff

- Staff used effective systems to manage client risk. Clients had comprehensive risk assessments and risk management plans which were held on the electronic system and were accessible to all staff. These were updated every three months. All client records had an up to date risk assessment and risk management plan in place.
- Staff communicated risk through daily “flash” meetings. These meetings were a team plan for the day and high-risk clients, safeguarding risks and required actions were discussed and recorded.
- Teams had good support systems in place for managing high risk clients. Each team held a complex case review meeting each month where staff discussed clients with high risk or complex needs with senior staff who then provided support in formulating an action plan. Staff maintained spreadsheets of high risk clients, such as homeless clients and those in hospital which were reviewed daily in flash meetings and weekly in team meetings.
- Staff completed a caseload management tool. The tool recorded clients across the county and their treatment information. The performance manager audited this for high and low dose prescribing, care plans and risk management plans and prescribing reviews.
- Client’s keyworkers attended reviews alongside a prescriber and completed a form of essential information for the prescriber prior to review. A clear ‘positive reengagement’ pathway was in place to ensure safe prescribing to clients who regularly did not attend their appointments. Non-prescribing staff completed a form to alert prescribers of any issues relating to prescriptions or when a new risk was identified with a client.
- Staff communicated risk well to clients. Staff discussed risks about different treatment options and client’s

substance misuse. Clear information was given verbally and in writing to clients at the start of treatment. Staff ensured that clients understood their responsibilities throughout their treatment.

- Staff assessed client’s suitability for community treatment. Clients who were at an increased risk of harm during a community detoxification program were considered for referral for inpatient treatment.

Safeguarding

- The service employed a safeguarding manager to oversee safeguarding across all hubs. Each team had a safeguarding lead and they met weekly with the safeguarding manager for supervision and to discuss cases. The safeguarding manager worked within the local authority safeguarding team once a week to promote good working relationships and had a weekly call with the safeguarding teams to review joint cases.
- Staff used effective systems to ensure safeguarding was prioritised and well managed. Each team held two safeguarding spreadsheets, one for adult safeguarding and one for child safeguarding. Any adult or child at risk was recorded on these spreadsheets along with risk information, agreed actions and when they would be completed and reviewed. These spreadsheets were discussed in weekly team meetings and the safeguarding leads weekly meeting. Client notes were also updated when information was recorded on safeguarding spreadsheets.
- Staff members were confident and competent in identifying and reporting safeguarding concerns. Staff completed a comprehensive safeguarding assessment with clients at initial referral and reviewed safeguarding concerns in subsequent appointments. When the provider took over the service, they found a large number of children with unaddressed safeguarding concerns. Staff in the Swindon hub significant completed a project to assess the risks to over 300 children and refer as necessary to the local safeguarding team.
- Staff worked well with other agencies to manage safeguarding concerns. Staff members attended multi-agency risk assessment conferences (MARAC) with other agencies and recorded outcomes from the conferences in client notes and risk management plans.



Substance misuse services

Staff attended a daily domestic violence call led by the police. This enabled both organisations to review safety plans and share information, such as children in the home that clients may not have disclosed.

- The local authority children's safeguarding board recently conducted a walk around. Their report stated that the service should be considered a role model to other adult facing teams about how to contribute to the role of safeguarding children.

Staff access to essential information

- Client care records were held electronically. Paper forms completed with clients were scanned and stored in their electronic care record. Prescription information was also available via the electronic care records.

Medicines management

- Prescribing and non-prescribing staff demonstrated safe practice around prescribing. This was demonstrated in clinical records, our observation of prescribing clinics and reviewing policies and procedures. Clients receiving a prescription were reviewed by a prescriber at least every three months and prescribers conducted desktop reviews for clients who did not attend their review.
- Staff supported clients to access their prescriptions in the community. Controlled drugs were not stored or dispensed on site. Staff contacted a suitable pharmacy for the client to arrange dispensing. Staff provided the pharmacist with essential information prior to prescriptions starting. Staff at one hub reported that the community pharmacists did not always communicate essential information. They had begun a project to engage community pharmacists by visiting and telephoning weekly and were evaluating the success of this project through reviewing the number of incident forms relating to community pharmacies.
- The administration team managed the prescription processes well. There was a secure process in place for ordering and storing prescriptions and checks were in place to ensure all prescriptions were accounted for. This process was regularly audited across all sites.

Track record on safety

- There had been 20 serious incidents in the last 12 months. These were all client deaths. Some were

expected or due to physical illness. The majority were attributed to overdose of illicit substances. The senior management team thoroughly reviewed all deaths and implemented changes to service delivery as a result.

Reporting incidents and learning from when things go wrong

- All teams thoroughly investigated incidents and accidents and shared analysis and learning from these effectively. Staff understood how to complete the electronic incident recording form. These forms were then signed off by management and any immediate actions fed back to the team. Staff participated in debriefs following incidents that occurred within the team.
- Managers reviewed incidents at monthly clinical governance meetings. The provider's risk and assurance team looked at themes and learning outcomes from incidents. Managers fed back learning to staff in their weekly team meetings.
- Staff we spoke with were able to tell us what duty of candour was and their responsibilities to clients.

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

Good



Assessment of needs and planning of care

- Staff completed a thorough assessment of needs with all clients. Staff triaged initial referrals for urgency but all clients received a full assessment which involved a wellbeing assessment by a nurse and a prescribing assessment with a qualified prescriber, if required.
- All care records we reviewed contained meaningful, holistic and detailed care plans. Care plans were completed with clients at initial assessment and then on an ongoing basis, at least every three months. All care plans identified client needs, including risks and safeguarding. Clients wrote their own care plans by hand and signed them. Care plans were then scanned into their electronic care record. Staff worked with clients on a one to one basis to develop their care plans and in groups where clients were able to share their goals with each other and offer peer support.



Substance misuse services

- Staff routinely monitored the physical health of clients. Nurse-led wellbeing clinics were offered at the start of treatment prior to prescribing assessment to ensure any physical health needs were addressed and offered regularly to clients. Outcomes of these assessments were shared with the client's GP. Wellbeing assessments were offered every three months. The service had encountered some difficulty in receiving medical summaries from some GP practices. Managers were actively working to resolve these problems and had oversight of which medical summaries were outstanding.
- Low doses of medication were audited weekly using the caseload management tool. This enabled discharge plans to be made with clients who were on reducing medication regimes. It also ensured that clients did not remain on low doses for long periods with no goal. The caseload management tool was also used to monitor high doses and prolonged supervised consumption.
- Staff completed a Treatment Outcomes Profile (TOPs) with all clients every three months throughout their treatment. This is a measure of treatment effectiveness for each client where substance use, mental health, physical health, criminal activity, housing issues and overall wellbeing are scored.
- Staff reviewed the care of clients who were chaotic or not moving forward in their treatment on a weekly basis. Staff conducted a desktop review with their manager and clients would be invited to a group with other clients at a similar point in their treatment. Staff discussed ways of moving forward and clients were able to offer each other peer support and talk about the difficulties they experienced in their recovery journey.
- The service offered a range of medication for assisted withdrawal from opiates and alcohol. Medication was also offered as part of an aftercare package to help maintain abstinence following detoxification.
- Staff offered take home naloxone to all clients and carers of people using opiates. This is an essential injectable medication that can reverse opiate overdose. Staff were trained to administer this medication and to train others how to use it.
- Staff administered Pabrinex on site to clients undergoing an alcohol detoxification. Pabrinex is an injectable medication that replaces essential vitamins that are lost through alcohol dependence.
- Prescribers ensured clients receiving high doses of methadone (over 100 millilitres) or those with additional risk factors received electrocardiograms (ECGs). This is necessary to monitor for a lengthened heart beat because of methadone prescribing. These were conducted on site by nurses and prescribers.
- Staff regularly offered testing for blood borne viruses including Hepatitis A, Hepatitis B, Hepatitis C and human immunodeficiency virus (HIV). Vaccinations were also routinely offered by staff for Hepatitis A and Hepatitis B. The service worked in partnership with a local NHS trust to provide hepatitis treatment on site two days a week.
- Staff offered psychosocial interventions to clients alongside their prescriptions, in line with NICE guidance. The service had developed its own model of psychosocial interventions (MOPSI) which included; brief interventions, one to one sessions and group work.
- Staff assessed clients' suitability for community treatment. Clients who were at an increased risk of harm during a community detoxification program were considered for referral for inpatient treatment. The service employed a Tier 4 alcohol worker to support alcohol dependent clients requiring an inpatient detoxification.

Best practice in treatment and care

- Prescribing staff supported clients in line with "Drug misuse and dependence: UK guidelines on clinical management (2017)" and relevant National Institute of Health and Care Excellence (NICE) guidelines. A consultant psychiatrist supported non-medical prescribers and reviewed clients during their treatment. Prescribers conducted high quality assessments and reviews of clients and appropriately monitored clients undergoing detoxification regimes.
- All staff followed the provider's policies and procedures, which were adapted from relevant National Institute of Health and Care Excellence (NICE) guidelines.

Skilled staff to deliver care

- The service employed a peer mentor co-ordinator to train and supervise the volunteer staff. The peer mentors could choose to complete an accredited version of the training program. All peer mentors currently in post had completed the training and received regular supervision.



Substance misuse services

- All staff received a comprehensive induction. This included competency assessments and regular supervision. New staff we spoke with felt supported by their managers.
- Managers had decided to delay appraisals this year due to the number of changes to the service. All staff were due to receive appraisals in April 2019.
- Staff were trained to deliver the therapeutic program. Staff received training to deliver each individual group within the program. Managers knew who had been trained to deliver each group and devised rotas for the group timetable to ensure that appropriately trained staff delivered each group.
- Managers completed supervision across all sites. Staff told us the supervision they received was meaningful, useful and supportive.
- Staff told us they were able to request specialist training outside of their mandatory training requirements. For example, one member of staff had recently been on a computer skills course funded by the provider.

Multi-disciplinary and inter-agency team work

- There were partnerships with local GP practices under a shared care agreement. GPs who were willing prescribed to substance misuse clients. The clinical lead offered support and training to GPs who prescribed under the shared care agreement.
- Teams had weekly multi-disciplinary team meetings and monthly complex case reviews where staff discussed clients. High risk clients and safeguarding cases were reviewed at team meetings.
- The service held a dual-diagnosis panel with local mental health services. Meetings were held monthly to discuss mutual clients and for staff to present clients that require assessment or support for mental health issues.

Good practice in applying the Mental Capacity Act

- Staff were competent in assessing mental capacity in substance misuse clients. When we spoke to them, staff were clear on what actions they would take if a client's capacity was fluctuating and they were aware of how substance misuse can affect capacity. The provider delivered training on the Mental Capacity Act and all staff requiring training for their role had completed it. However, decisions regarding capacity were not clearly documented in clients' care records. This meant it was

not always clear if clients had capacity to consent to changes in their treatment program or rationales for decisions made were not clear by viewing the client's care records alone.

Are substance misuse services caring?

Outstanding



Kindness, privacy, dignity, respect, compassion and support

- A strong recovery ethos ran throughout service delivery and all staff shared a clear definition of recovery. Staff were hard working, caring and committed to delivering a good quality service. They spoke with overwhelming passion about their work. We observed staff across all sites treating clients in a respectful and compassionate manner. Staff were sincere when offering support and we felt there was genuine care and concern for clients' welfare.
- Staff demonstrated experience and confidence in one to one and group settings. Staff maintained professionalism, warmth and kindness when dealing with challenging situations.
- Feedback from people who use the service was overwhelmingly positive about the way staff treat people. Clients told us that staff went the extra mile and the care they received exceeded their expectations. Numerous clients told us that they did not think they would be alive today without the support provided by Turning Point.

Involvement in care

- On completion of the psychosocial intervention program, clients were invited to attend a graduation ceremony to celebrate their achievements. Families and friends were encouraged to attend and celebrate alongside their loved ones.
- The service held regular feedback weeks where staff actively sought feedback from clients and carers. The most recent feedback week was January 2019 and overall, they scored an average of 8 out of 10, with 86% stating that services were welcoming and friendly and contained positive comments about the staff.
- The service held service user forums to provide clients with an opportunity to give feedback on service delivery and discuss potential changes to the service.



Substance misuse services

- Clients had access to advocates. Staff were aware of the different local organisations that offered advocacy services and posters and leaflets were on display across all sites.
- The service had recently appointed a family's worker to offer one to one and group support for family and carers of clients.
- Clients could give feedback on the service. Suggestion boxes and complaints forms were available across all sites and "you said we did" boards were on display with examples of how the service had responded to feedback. The service also hosted service user forums to enable clients' further opportunity to give feedback.
- Clients could access support following the end of structured treatment from online aftercare and the Get Connected team. The Get Connected team was established to reduce relapse rates following discharge from the service. Their role was to facilitate clients' engagement with community services, bridge the gap in support after treatment and promote independence and self-care in clients.
- The Engagement and Prevention Team worked across the county to support access to treatment for clients who had not previously engaged with services. For example, they had recently started a project to engage older adults with alcohol misuse in treatment. Managers reported that they had seen alcohol referrals increase following the start of this project. They had also begun working with a local mosque to provide education about substance misuse to young people and support access to services.
- The Salisbury team offered evening clinics to clients once a week who were unable to access services during working hours.
- The service supported clients with the cost of transport when this was a barrier to accessing services.

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

Outstanding



Access and discharge

- Clients referred themselves to the service or could be referred by other professionals, such as GPs. Staff conducted triage assessments to prioritise clients based on risk and all clients were then offered a comprehensive assessment. There was no waiting list for assessment for treatment and there was a set target time from initial referral to start of treatment. This could vary depending on the level of client risk.
- Clients accessed prescribing appointments easily. Through use of the teleconferencing system, prescribers reviewed clients anywhere in the county when urgent appointments were required.
- Staff offered clients a wide variety of treatment pathways at assessment. Pathways were based on substances clients were using, levels of intensity clients were interested in and on clients end goals. This included online packages and telephone support.
- Staff followed a positive reengagement pathway for those clients who regularly did not attend their appointments. This was to prevent clients from dropping out of treatment and to maintain safety of their prescriptions.
- Staff completed discharge planning with their clients. Recovery workers completed a checklist of actions before discharge, including aftercare arrangements.

The facilities promote recovery, comfort, dignity and confidentiality

- All services had a full range of rooms available for clients to be seen in. All clinic rooms had an examination couch and a privacy screen. All sites had private rooms for one to one consultation and group rooms. Private areas were available for carrying out urine screening to ensure privacy and dignity of clients.
- Information about a variety of topics were available to clients in each service. These included; physical health, domestic abuse, smoking cessation, safeguarding, advocacy and how to complain.
- Staff maintained confidentiality of clients accessing the needle exchange. Items were given to clients in a pharmacy bag to avoid identification when leaving the building.
- The prevention and engagement team worked from a bus when delivering outreach work in the community. This enabled privacy and confidentiality of clients accessing one to one support from staff or the mobile needle exchange.

Clients' engagement with the wider community



Substance misuse services

- The Get Connected team maintained an online map of community based resources for clients. This included volunteering and education opportunities, as well as support groups such as alcoholics anonymous. At the time of the inspection, they had mapped 324 resources across the county. The team supported clients to access these services.
- The service worked in partnership with a local organisation to facilitate clients' access to mutual aid, such as Alcoholics Anonymous. They also trained and supported clients to set up their own mutual aid groups where there was not one already in place.
- Staff worked to identify needs and engage clients with their community on an individual basis. For example, the service paid for a client's transport to access mutual aid groups in his first language as there was not one available in the immediate area.

Meeting the needs of all people who use the service

- Staff in the service had made adjustments for people with physical disabilities. There were disabled access ramps leading to the entrances of each building. Clients with a physical disability which affected their mobility would be seen in a downstairs interview room. There were disabled access toilets in each of the locations we visited.
- Staff supported clients to access treatment when their first language was not English. Staff were able to access interpreters for appointments and to translate letters.
- The service worked to meet the needs of all their clients. All sites worked in partnership with local bakeries to collect and distribute leftover food to homeless clients. The service provided food hygiene training to staff to enable this initiative to take place.
- The service worked in partnership with a local agency to provide support to female clients. This included providing crèche facilities to ensure childcare was not a barrier to accessing treatment. Women only support groups were available and support for vulnerable women, such as sex workers.
- The engagement and prevention team had specialist workers for clients with specific needs, such as; military veterans, offending history, homelessness, older adults and young people transitioning into adult services. They provided specialist, targeted interventions for these vulnerable groups and supported them to access structured treatment, such as prescribing.

- The service had effective systems in place to identify and support vulnerable and at-risk clients through interagency working, such as with the local police, Prevent services for those at risk of radicalisation and independent domestic violence support services.

Listening to and learning from concerns and complaints

- Complaints about the service were thoroughly investigated and reviewed. Records showed a full audit trail of each complaint received. The service investigated complaints in line with their complaints policy and outcomes were fed back to the complainant.
- The service investigated and fed back the outcomes of complaints openly and acknowledged when mistakes had been made and where the service needed to improve. Records showed staff were involved in complaints and asked to reflect upon their role in the incident and any learning that was identified.

Are substance misuse services well-led?

Outstanding



Leadership

- The registered manager had clear oversight of all hubs. Staff told us that communication was good between the registered manager and staff teams. Staff said the registered manager was visible, approachable and supportive.
- Each team had a manager. There were locality managers for Wiltshire and Swindon and there were dedicated managers to provide leadership to the engagement and prevention team, the get connected team and a safeguarding manager. Managers met weekly to discuss any issues arising and the locality manager for Wiltshire had calls daily with senior staff in each site to offer support.
- Clinical staff reported that supervision and support from the clinical lead and the clinical services manager was good and that guidance with complex cases was easily accessible.
- Staff told us they felt confident whistleblowing and raising concerns to any senior manager within the organisation. Staff felt able to do so without fear of repercussions and that they would be taken seriously.



Substance misuse services

Vision and strategy

- Managers and staff described the organisational values and service visions. Staff spoke with passion and pride about the services they delivered.
- Managers and staff were flexible to change and proactive in making improvements to service delivery. All managers, including the registered manager, communicated well to share best practice. They met regularly to ensure continuity of services across the county.
- Staff had the opportunity to have input into service delivery through the open surgery with the registered manager. Staff spoke positively of the open surgery.

Culture

- Staff morale was very high across all locations. Staff told us morale was very low last year and there were high levels of staff sickness. In response to this, the service had implemented the wellbeing program. Each team had a wellbeing lead to provide support to staff, staff wellbeing was a standing item on the team meeting agenda and there were regular wellbeing events, such as staff mindfulness and sign out meetings on Fridays for staff to reflect on the week and resolve any concerns before the weekend.
- Managers supported staff to progress in their careers. Several members of staff told us they had progressed from peer mentors to recovery and then senior recovery workers.
- Staff told us that the organisation was open to change. As a lot of the roles were new to the team, staff had been encouraged to develop the roles within their teams. Staff felt that ideas for changes to service delivery were taken seriously and felt encouraged to make suggestions.

Governance

- The governance and assurance systems in place for client safeguarding were of a high standard. All teams completed safeguarding logs which underwent a series of reviews and assurance checks to ensure all actions were completed.
- There were clear and robust governance policies and procedures across all sites. The system ensured

monitoring of risk and comprehensive review of incidents. Managers met quarterly in governance meetings. All governance and risk assurance procedures followed a consistent format.

- Managers and staff completed audits. This included regular audits on high and low doses, missing or outstanding care plans and risk assessments and staff files. Managers also audited the quality of work completed, such as assessing the quality of competency assessments for new staff.
- Staff and managers reviewed client deaths at quarterly mortality and morbidity meetings to identify trends and learning. Managers made changes to service delivery as a result of these meetings. Learning was shared across staff teams through team meetings.
- Managers did not have a way of assessing acuity of each keyworker's caseload to ensure that they were manageable.

Management of risk, issues and performance

- There was a clear quality assurance management and performance frameworks in place that were integrated across all policies and procedures. The service worked closely with the provider's quality and assurance team to ensure consistency throughout the teams.
- The registered manager maintained a risk register for the service. Staff concerns matched those on the risk register and all staff were able to escalate issues to the risk register.
- Staff reported required data to the national drug treatment monitoring system (NDTMS). National statistics around drug and alcohol use are produced through this system.
- The service was jointly commissioned by commissioners from two local authorities. Service performance was monitored by the commissioners through quarterly contract reviews. The commissioners we spoke with were happy with the performance of the service.

Information management

- Client records were stored using an electronic system. Staff monitored and reviewed all relevant clinical data on a regular basis and managers used the system to ensure oversight of the service. The electronic system provided comprehensive oversight and data relating to client risk and outstanding data.

Engagement



Substance misuse services

- Staff had access to up-to-date information about the work of the provider through electronic communication.
- The engagement and prevention team met with commissioners to target interventions to changing needs of the local area.
- Staff collected client feedback through satisfaction surveys, feedback weeks and complaints and compliments. The service had completed a feedback week in January 2019 and the service had produced a report and action plans as a result of feedback received.

Learning, continuous improvement and innovation

- The organisation encouraged creativity and innovation to ensure up to date evidence based practice is implemented. For example, there had been recent changes to the criminal justice treatment pathway as a result of a review of the evidence base.
- The provider ran the “Inspired by Possibility” recognition scheme where clients could be nominated for their achievements and progress. The provider also ran a staff awards scheme nationally.

Outstanding practice and areas for improvement

Outstanding practice

- Managers supported staff wellbeing. A wellbeing lead had been appointed for the service who had implemented a number of support systems and schemes to enhance staff wellbeing. This included 'check-out' meetings on a Friday for staff to deal with any worries before the weekend, communal lunches and promotion of physical exercise.
- The service implemented a teleconferencing system that allowed clients to access urgent prescribing appointments with an available prescriber in any of their locations across the county.
- The service offered accredited peer mentor training to volunteers. Volunteers had the option to complete an extra assignment to receive a formal, accredited qualification. This was not mandatory and volunteers could complete the peer mentor training without doing so.
- Get Connected provided support to clients following the completion of structured treatment. The team support clients to bridge the gap from accessing treatment and utilising community services. They developed and maintained an online community resource map of over 300 available resources.
- The service offered an online platform for clients to access treatment remotely. This was predominately for cannabis and non-dependent users but was also used for clients who were too anxious to attend face to face support. Clients were able to message staff through the online system and staff also offered telephone support.
- The engagement and prevention team had specialist workers for clients with specific needs, such as; military veterans, offending history, homelessness, older adults and young people transitioning into adult services. They also worked across the county to support access to treatment for clients who had not previously engaged with services. For example, they had recently started a project to engage older adults with alcohol misuse in treatment and had also begun working with a local mosque to provide education about substance misuse to young people and support access to services.
- The service actively worked to meet specific needs and reduce barriers to treatment. For example, the service was in partnership with another local service to provide crèche facilities to ensure childcare was not a barrier to treatment for clients. The service also worked in partnership with a local NHS trust to facilitate access to hepatitis treatment. A nurse provided treatment from Turning Point locations two days per week, which meant clients could receive treatment without travelling to the hospital and staff were able to support clients in attending clinic appointments.
- Staff were highly competent in using the service's effective systems to identify, monitor and manage safeguarding concerns. When the provider took over the service, they found a large number of children with unaddressed safeguarding concerns. Staff in the Swindon hub significant completed a project to assess the risks to over 300 children and refer as necessary to the local safeguarding team. The local authority children's safeguarding board recently conducted a walk around. Their report stated that the service should be considered a role model to other adult facing teams about how to contribute to the role of safeguarding children.

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure that discussions and decisions around clients' capacity are clearly documented in clients' care records.
- The provider should have systems in place to monitor the acuity of workers' caseloads to ensure the numbers and risks are manageable.