

New Approach Focussed Report Independent
Healthcare

Turning Point Roads to Recovery - Cinderford

Quality Report

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This report describes our judgement of the quality of care at this hospital. 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.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

The service was safe because:

- Staffing levels had improved due to recent recruitment so ensuring there were enough staff with the right level of experience to deliver good quality services.
- There were robust and comprehensive risk assessments for all clients which were reviewed regularly.
- Staff had received risk assessment training and were assessed to ensure they were competent following the training.
- There was a system in place to manage and escalate risks presented by complex cases and there was support available to manage these.
- Staff were up to date with mandatory training and a robust system was in place to monitor this
- Staff were clear about their responsibilities related to safeguarding those using the service and relevant others, such as children and partners. They had a good understanding of how to identify abuse and detailed knowledge of how to raise safeguarding alerts.
- Records were held on an electronic database and were safe and comprehensive
- People who used the service had access to a specialist nurse to screen for blood borne viruses and midwife, ensuring risks around this area were managed and monitored safely
- Incidents were reported and reviewed, staff received feedback and support following review of incidents.

Are services effective?

- Clients needs were assessed in a timely and thorough manner. Assessments were holistic and there was a good corresponding care plan for each person
- The service employed a non-medical prescriber and had access to multidisciplinary expert support and advice around complexities of problematic substance misuse
- We saw there were successful outcomes for a group of high risk people who used intravenous opiates

Are services caring?

- Staff attitudes towards people accessing the service were respectful and caring

Summary of findings

- Adjustments were made for people who had difficulty physically accessing the service, and people's personal wishes were considered and respected
- The service utilised the expertise of peer mentors to support people who use the service
- However, there were issues around privacy as the rooms were not soundproof and conversations could be overheard throughout the building

Are services responsive?

- We found that there was a timely response for treatment following initial assessment.
- People using the service had the opportunity to contribute to the development of the service through engagement groups facilitated by peer mentors.
- People using the service could not be assured that they had confidential space to discuss sensitive issues

Are services well-led?

- Staff felt that the pace at which recent initiatives to drive improvement and change culture had been implemented had created a gap in communication and support between them and the management team, which was causing stress and had impacted on morale.
- Staff felt support from the regional senior management team was not always positive. The regional senior management had acknowledged this and had plans to improve support and communication.
- However, staff felt that local leadership was positive. They received regular supervision and support from their direct line management and had access to very good peer support.
- There was a clear, strong governance framework

Summary of findings

Service

Rating Why have we given this rating?

Turning Point Roads to Recovery - Cinderford

Detailed findings

Services we looked at

substance misuse services at Cinderford

Detailed findings

Contents

Detailed findings from this inspection

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Background to Turning Point Roads to Recovery - Cinderford

Roads to Recovery Cinderford is an integrated community drug and alcohol recovery service, provided by Turning Point.

The service has been commissioned since 2013 to deliver pharmaceutical, psychosocial and recovery based interventions in a community setting. Services in this location were, prior to 2013, delivered by another provider.

The service accepts people aged 18 years or over who are experiencing negative effects from their drug or alcohol use. Services offered are counselling support, referral and

signposting, parenting support, hepatitis screening and vaccinations, needle exchange and safe disposal of injecting equipment, family and carer support, as well as specialist substitute prescribing.

We carried out a focussed inspection following information we received; this prompted our inspection as we wanted to explore the issues raised in more detail. During the inspection we looked at the quality and safety of risk assessments and risk monitoring, staffing levels including the numbers of staff and the skill mix, and the support provided to staff, their knowledge of safeguarding and incident reporting as well as looking at the general culture of the service and the impact of this on the delivery of care and treatment.

Our inspection team

Our inspection team consisted of:

One Care Quality Commission inspector

One Care Quality Commission head of inspections

One specialist advisor with expertise in substance misuse

How we carried out this inspection

We carried out an unannounced, focussed inspection on 27 July 2015 of the Turning Point Roads to Recovery service at Cinderford. During the visit the inspection team:

- spoke with three people who are using the service
- spoke with the manager of the service
- spoke with the registered manager of the service

- spoke with the regional operations manager for the service
- spoke with nine other staff members; including psychologist and recovery workers
- observed a group session

We also:

Detailed findings

- looked at nine treatment and care records on the electronic system (KIM)
- looked at training and supervision records
- looked at a range of policies, procedures and activity timetables relevant to the service

Are services safe?

Our findings

- We found that new staff had been recruited and that staffing levels had recently increased to ensure staff no longer had to cover the caseloads of others on maternity or sick leave in addition to their own.
- There was a good mix of staff skills and experience within the team including staff with clinical and non-clinical backgrounds and a number who had considerable experience of working with people with substance misuse problems.
- We saw that all staff had recently received two days risk assessment training and were shown information that identified that all staff had a further observed practice session planned to assess their competency of undertaking risk assessments and to reinforce the training.
- All staff had a clear training record and a comprehensive mandatory training programme. We observed that all staff were up to date with training applicable to them and all staff received regular supervision in which training requirements were discussed and identified.
- Staff we spoke with said they had received the training. However, some still felt there were gaps in knowledge. Staff acknowledged this was a learning process and felt confident in escalating concerns around risks if needed.
- The service has access to a specialist midwife and a blood borne virus (BBV) nurse to screen and support around Hepatitis C, Hepatitis B or human immunodeficiency virus (HIV).
- We looked at nine risk assessments and found that these were of a high standard. We saw that they were reviewed regularly and there were clear, comprehensive, holistic care plans and that people using the service had been involved in the development of these. Records contained clear information about physical health screening and monitoring - consistent with risks around substance misuse and alcohol problems.
- We looked at two sets of minutes from team meetings, chosen randomly, and found that risk assessments and risk issues were a standing agenda, and discussed in depth. We saw that complex risk situations were escalated to complex case review meetings and keyworkers were provided with on-going support around risk management.
- Staff we spoke to had a good knowledge around incident reporting and were able to describe the process of reporting and reviewing incidents. We saw that there was a good system of feeding back incidents and lessons learned through team meetings and debriefs.
- Staff we spoke to were clear about their responsibilities in relation to safeguarding children and adults at risk, and understood safeguarding alert reporting procedures. We were shown two recent cases that had required referral to the local authority safeguarding team which demonstrated that correct procedures had been followed in a timely manner. Staff were confident in recognising abuse, including domestic abuse issues.

Are services effective?

Our findings

- The service used a three assessment phase process to assess the needs of people referred to the service. The completed assessments we observed were comprehensive and holistic and included physical/mental health, history of past and current substance misuse, any related criminal activity, prescribing history, social and psychological needs and past and current risks. They were completed to a high standard and people were included in the planning of their care and treatment.
- The people using the service that we spoke with said they felt involved in decision making around their care and treatment.
- All staff had an induction programme which included a training needs analysis. We saw staff workbooks which included competencies around harm reduction, needle exchange and safer injecting, risk assessment, risk management and a very comprehensive substance misuse foundation level competence assessment pack.
- We saw three specific recent examples of excellent outcomes for high risk long term intravenous drug users.
- All prescribing practice followed National Institute for Health and Care Excellence (NICE) guidelines and therapeutic programmes were based on nationally recognised guidelines and best practice.

Are services caring?

Our findings

- The attitudes all of staff we spoke with were caring and considerate, and they discussed the people using the service in a compassionate and respectful manner. We also observed interactions which were enthusiastic, and appropriate; staff fostered a positive caring rapport with people using the service and retained a sense of humour whilst maintaining essential boundaries.
- We discovered a situation where someone potentially was in need of the service but could not attend due to a disability. The staff had arranged to carry out a home visit to offer support to them.
- The service had a peer mentor programme who acted as expert support and champions to people using the service. They told us they felt valued and supported in their role by staff.
- However, we were concerned as the building was not soundproofed and we could clearly hear personal discussions taking place in the meeting rooms. We felt this did not protect privacy or dignity when conversations are overheard. Staff told us this had been escalated to management.

Are services responsive?

Our findings

- We saw that waiting times were minimal and that there was no longer than three weeks from triage that treatment commenced.
- Where people could not attend the centre due to a disability but needed assessment and treatment staff would carry out home visits to offer support and treatment.
- People using the service we spoke to described the service as much improved since Turning Point had taken over and told us there was now more focus on recovery. They felt there was flexibility and choice which reflected individuals need.
- People using the service had the opportunity to contribute to the development of the service through engagement groups facilitated by peer mentors.
- However, the environment did not ensure that people using the service could be assured of confidentiality as the rooms are not soundproof.

Are services well-led?

Our findings

- Staff felt that the pace at which recent initiatives to drive improvement and change culture had been implemented had created a gap in communication and support between them and the management team, which was causing stress and had impacted on morale.
- The senior managers (regional and local) told us that they were aware of these issues and that they now needed to be supportive and open with staff in order for the staff to buy into the drive to improve. They also said that they needed to do more to recognise the hard work of staff in dealing with recent shortages and difficult issues.
- There was a governance framework that was clear and effective. There was a risk and assurance team which identified areas to improve and had carried out internal audits. These had been shared throughout the organisation and there were action plans in place around these.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital **SHOULD** take to improve

- The provider should ensure the rooms in the building are appropriate for holding confidential and private discussions
- The provider should ensure there are measures taken to positively involve and engage staff, to communicate more effectively and supportively with staff throughout the period of significant culture change.