Turning Point Suffolk Recovery Network

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

Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following issues that the service provider needs to improve:

- Across locations, the alarm system varied and were not regularly tested. In Ipswich the alarm panel was on the third floor and in Lowestoft, the alarm recognition panel was out of direct sight.
- Staff did not complete and update client paperwork in the files we reviewed. Staff did not regularly update risk assessments when a client's situation changed.
- Staff sent clients who had not turned up to appointments a letter that stated they would need to represent if they needed additional help. Staff followed this procedure even after a client's previous appointment reflected they were feeling suicidal.
- Staff did not always complete care plans. Objectives were not holistic, individualistic or specific, measurable, achievable, realistic and time bound. Four clients did not know they had a care plan or had received a copy.
- Staff were not following all standard clinical procedures as set by guidelines. For example, emergency medication was not stored in accordance with the manufactures guidelines. Clinical waste was not disposed of appropriately and some bins were not secure. There was evidence of out of date needle exchange stock.
- Managers had not completed clinical staff supervision regularly. Some files had gaps, notes and some signatures were missing. Staff appraisals were not up to date.

However, we found the following areas of good practice:

- Clients gave positive feedback during our visit. They said staff were genuine, caring and supportive.

Summary of findings

Clients felt positive about being in recovery and motivated to attend sessions. We saw staff offering support, being positive and had an engaging manor toward clients.

- The provider had invested in training clients to become peer support workers or mentors. The volunteer coordinator delivered this training.
- Staff were organised and managed the logging and ordering of prescriptions in a safe way. Prescription administration was completed in a timely manner and staff had advice from the pharmacy if needed.
- The provider held morning 'flash meetings' at each location where staff could discuss individual client cases. Staff gave hand overs, discussed incidents and were given updates from managers.
- The provider offered a variety of interventions for clients to access. These included low-level interventions, which might help a person who is new to recovery, seek help or higher levels of treatment.
- The provider accepts self-referrals and referrals from other professionals such as GP's, courts and social workers and treatment if free of charge.
- The provider employs a range of staff to deliver for care and treatment. For example, recovery workers, peer mentors, wellbeing nurses and a psychiatrist.

Summary of findings

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Turning Point Bury St Edmunds, Ipswich and Lowestoft

Services we looked at
Substance misuse services

Summary of this inspection

Background to Turning Point Suffolk Recovery Network

Turning Point Suffolk Recovery Network provided substance misuse service across Suffolk. They offered a range of drug and alcohol services that helped people recover from addiction and gain control of their lives. Turning Point started their contract in April 2015 after taking over from six previous providers.

As part of this comprehensive inspection, we inspected the following locations:

Bury St Edmunds

Bury St Edmunds is a community team which offers specialist support to people with complex drug and alcohol problems in the surrounding area. Staff complete a comprehensive assessment with clients that help form a care plan. The service has a doctor, wellbeing nurse, psychiatrist and psychologist to help support those in recovery. The service can provide stabilisation, detoxification, one to one support to help people to stop using illicit substances and treat alcohol misuse. Staff can assess clients for substance dependency and apply for funding to refer them to a residential rehabilitation facility for treating addiction.

The provider offered services to both adults and young people. The provider accepted self-referral, referral from a GP and other professionals. Treatment is free to clients.

Ipswich:

Ipswich Turning point offered support to those people living in the Ipswich area who need help with substance misuse and addiction. This is also a community service, which offered stabilisation, detoxification and maintenance for clients using illicit substances or alcohol. There is a multidisciplinary team of staff, such as a doctor, nurses, psychiatrist and psychologist.

The community team also have youth workers who see young people affected by substance use.

The provider accepted self-referral, referral from a GP and other professionals. Treatment is free to clients.

Lowestoft:

Turning Pont Lowestoft is a community treatment centre, which offers help and support to those people wishing to recover from substance and alcohol abuse. The service had a welcome café, recovery meetings, one to one support, group work, a range of holistic therapies. These services are provided by a range of recovery workers, nurses, doctors, and psychiatrist.

The service accepted self-referral, referral from a GP and other professionals. Treatment is free to clients. All three locations had a needle exchange and a welcome café where people wishing to use the service can drop in. Staff offered advice, information, made referrals and offered alternative therapies such as acupuncture and reiki.

Turning Point has a Criminal Justice Team to support clients who have been given a treatment order from courts or have been released from custody.

All three services are registered by the CQC to provide the following regulated activities:

- Treatment of disease, disorder or injury.

The provider's website lists other services it delivers:

- Dedicated services along with community support in GP surgeries, pharmacies and other community sites across Suffolk
- A Roving Recovery Vehicle bringing support to people who need it most
- Partnerships with local services including employment, criminal justice and housing to support ongoing recovery.

The provider registered with the Care Quality Commission on 31 March 2015.

Summary of this inspection

Our inspection team

The team that inspected the service consisted of CQC inspector Lynda Day (inspection lead), three other CQC inspectors, and an inspection manager.

Why we carried out this inspection

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

How we carried out this inspection

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

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

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

During the inspection visit, the inspection team:

- visited all three locations, looked at the quality of the physical environment, and observed how staff were caring for people who used the service
- spoke with 12 people who used the service
- spoke with one peer mentor
- spoke with two carers of people who used the service
- spoke with four young persons who used the service
- spoke with the registered manager
- spoke with 27 staff members employed by the service provider, including nurses and recovery workers
- received feedback about the service from commissioners
- collected feedback using comment cards from 51 people who used the service
- looked at 25 care and treatment records, including medicines records for people who used the service
- observed drug testing being carried out
- observed an open meeting chaired by clients
- looked at policies, procedures and other documents relating to how the service is run.

What people who use the service say

- We spoke with 12 people who use the service and collected information from 51 comment cards.
- Young clients who use the service said staff made them feel at ease, they felt listened to and respected. They said they were involved in their own recovery goals and had a say in treatment.
- All clients we spoke with were positive about the care they received, they all told us they felt safe while using the service and staff treated them with respect and had a caring attitude.

Summary of this inspection

- Eight people we spoke with told us that the service was good at providing information and helped them develop recovery skills.
- The comment cards had many points about how clients felt staff helped prepare people for treatment and gave them a positive outlook by encouraging them to work on recovery.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We do not currently rate standalone substance misuse services.

We found the following issues that the service provider needs to improve:

- Across all three locations, staff did not have direct access to working alarms. In Lowestoft, the alarm-reporting unit was out of direct site and staff had not tested alarms. In Ipswich, the reporting unit is on the top floor.
- Staff did not keep emergency medication in accordance to the manufacturing guidelines. We found some out of date needle exchange stock. Clinical waste was not disposed of appropriately and clinical bins were not secure.
- The provider had no handwashing facilities in the urine testing area at Bury St Edmunds and Ipswich. However, staff had access to gloves and hand sanitise gel.
- Staff did not always complete risk assessments. There was evidence where information was not updated or reviewed when a client's situation had changed.

However, we also found the following areas of good practice:

- All locations had clean fully equipped clinic rooms, drug testing facilities and confidential needle exchange suites. Clients had access to clinical treatment, advice and support on how to reduce the risks of harm should they use substances and or alcohol.
- Clients had access to a psychiatrist, doctor or nurse if needed. A multidisciplinary team of skilled staff with various areas of expertise was available to the clients.
- Staff managed logging and ordering of prescriptions in a safe way. Staff managed prescription administration in a timely manner. Pharmacy provided advice to staff if needed.
- Staff in Ipswich had a buddy, where caseloads were looked after if they were absent from work.
- The provider had morning 'flash' meetings for all locations, which gave staff opportunity to discuss clients, incidents, review information and set daily tasks to be completed.

Are services effective?

We do not currently rate standalone substance misuse services.

We also found the following issues that the service provider needs to improve:

Summary of this inspection

- Care plans were inconsistent across the locations. Information in some care plans was not up to date; goals were not holistic, recovery focused or time bound.
- Staff had not always input Treatment Outcome Profiles onto the client records to show monitoring of progress.

However, we found the following areas of good practice:

- People could come into the service and receive low-level interventions, harm minimisation and advice straight away and referrals were taken at any time. Clients receive an appointment for full assessment at drop in.
- Turning Point's Youth team workers saw young people in the community. They offered advice, support and interventions to help young people reduce and stop substance misuse. The criminal justice team engage clients with court orders to attend treatment.
- The provider was developing key relationships and contracts with partner agencies. For example, AIR Sports is a local agency that focuses on sport as an intervention to aid recovery.
- Clients could easily be transferred between Turning Point locations. We saw this ensured client's motivation to recovery was maintained and their treatment pathway was not disrupted.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff engaged with clients in a positive, supportive manner. There was evidence of staff maintaining boundaries with clients. An example of this was when two clients were loud and abusive toward staff. Staff handled this with respect.
- Across all three locations, clients' were involved in the care and treatment they received. Clients' could write comments anonymously, attend service user forums or open meetings to suggest ideas. Staff and managers had acted upon clients ideas.
- Clients said they felt Turning Point was a helpful agency and staff treated them with respect.
- The provider encouraged carers to come and have a look around the service. Clients could involve family members in their treatment should they wish.

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

Summary of this inspection

- We did not see evidence that clients had a copy of their care plan to take away.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The provider offered a welcome café where clients can drop in and seek initial help. Opening times included one late evening a week for Bury St Edmunds, Lowestoft and Ipswich all locations were open on a Saturday. This was aimed to support those clients who had other commitments.
- Across all locations the service provided a variety of interventions. For example, individual work or group work and meetings.
- Recovery workers could see clients in satellite sites provided by the service.These were closer to clients' homes. These sites had disabled access.
- Locations had facilities suitable for the treatment of substance abuse. For example, space to deliver group therapy or one to one counselling. In all locations, clients had access to a kitchen where they could make drinks and snacks. Lowestoft had a private garden where staff encouraged clients to relax.
- The provider had invested in training clients to become peer support or mentors. The volunteer coordinator gave mentors appropriate training and support to carry out their role, whilst acknowledging they were on their own recovery journey.
- Managers investigated complaints in a timely manner and informed clients of outcomes.
- Staff had made improvements to service delivery, because of clients' suggestions.

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

- In Bury St Edmunds, the building was in need of some maintenance such as updating décor, carpets or furniture.
- Staff did not review clients on the provider's waiting list in order to identify any changes in risk.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following issues that the service provider needs to improve:

- Not all staff could describe the provider's vision and values.

Summary of this inspection

- At the time of inspection, managers had not completed all supervisions and appraisals. There were gaps in supervision notes. Clinical staff told us they did not have adequate clinical supervision.

However, we also found areas of good practice:

- Managers designed a performance reporting tool to help monitor staff files, client caseloads and identify good or poor performance of staff. This tool also highlighted treatment areas the service needed to focus attention on.
- Mangers said they felt they had enough authority to complete their job.
- Staff said they felt supported by management.
- Staff felt morale was high since Turning Point had taken over the contract for the service and said they enjoyed working with each other and with the clients.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Fifty-nine percent of staff had completed combined training in the Mental Capacity Act (MCA) and Deprivation of Liberty and Safeguards (DoLs).

When asked staff could describe the principles of the Mental Capacity Act.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- Staff at Bury St Edmunds could access a personal alarm. Interview rooms did not have alarms on the wall. Staff said they kept safe by telling reception staff where they were.
- Staff at Ipswich had personal alarms in each room, which only sounded on the third floor. However, if no staff were present on the third floor, staff may not be alerted to an alarm.
- At Lowestoft, five personal alarms could be booked to a specific room. Staff had not tested these alarms when we inspected. The alarm recognition panel was situated out of view. Managers were aware of this situation and had a plan in place to test all alarms.
- The provider had well equipped clinic rooms. The rooms were clean and tidy.
- Across the three locations, staff kept emergency drugs such as an EpiPen (adrenaline) and naloxone in a grab bag. However, the bag was stored near a computer, which made the bag warm. This meant that the medication was stored above the recommended temperature to ensure its quality.
- In Bury St Edmunds urine testing equipment was warm to touch and stored in various places. There were some drug testing kits out of date. This was brought to the attention of the provider who arranged to dispose and appropriately store medication.
- The provider had no hand washing facilities in the urine testing area at Bury St Edmunds and Ipswich. However, staff had access to gloves and hand sanitiser.
- All locations had a needle exchange, where members of the public and clients could access safe needles and paraphernalia should they wish to use substances. Staff offered clinical waste disposal facilities. However, we found unlocked clinical bins outside, and staff had not filled in the labels on smaller bins. These exchange facilities were small and used as a counselling room.
- In Lowestoft, we found out of date needle exchange stock. We bought this to the manager's attention who disposed of stock immediately.
- All locations were clean and tidy. In Bury St Edmunds, the building is old and needs some maintenance. There was a cleaning rota in place where the cleaner comes daily and notes can be left for the cleaner in a communication book.
- There were infection control posters up at all locations. We saw staff washing their hands when appropriate.
- The service has health and safety leads in each location.

Safe staffing

- The provider employed 96 substance misuse staff and 10 substance misuse volunteers to work across Suffolk. Managers used a staffing tool to manage the staffing structure for the organisation. Managers could re-deploy staff to another location if needed. This included managers, doctors, nurses and recovery workers. There was a manager and a senior recovery worker for each location.
- The provider reported that over the last 12 months, 20 staff had left the services, which meant there was a 21% turnover of staff.
- The provider reported that across all locations there was a sickness rate of 48%. This followed a change in service provider in April 2015. Staff told us when staffing was short this meant staff had to carry out more duties daily

to prevent patient activity being cancelled. Managers employed agency staff where possible to help cover shifts. Staff said they had covered duty tasks when needed to ensure clients could be seen.

- Staff had different caseloads across the teams, with staff reporting there was an increase in staffing levels compared to the commissioned model. This had helped keep caseloads to a reasonable size. Staff had varying views of their caseloads, with three saying 50-70 was unmanageable. There was an average of 50-60 clients for each worker across the three locations.
- Managers told us they would assess caseloads in supervisions and had employed agency staff to support the recovery workers when necessary. There was a buddy system in place at Bury St Edmunds for staff to cover caseloads where staff were sick or on leave.
- One consultant psychiatrist was employed to work full time across the locations. Clients could access the psychiatrist when needed. One full time agency doctor covered all locations. One full time non-medical prescribing nurse worked in Lowestoft and two full time non-medical prescriber's for Bury St Edmunds and for Ipswich. A nurse manager was employed full time and three well-being nurses to cover all areas. A full time clinical psychologist worked across the locations.
- The provider had a mandatory training calendar. Mandatory training consisted of fire safety, safeguarding adults and children, health and safety, first aid awareness, introduction to governance, Mental Capacity Act and Deprivation of Liberty Safeguards. Across the three sites, there was an average compliance with mandatory training of 75%. At the time of our inspection records showed 66% of staff had completed fire safety, 59% had completed Mental Capacity Act and Deprivation of Liberty and Safeguards (DoLS) and 48% of staff had completed Infection Control training. However, managers had pre booked staff onto upcoming training, the training calendar submitted reflected this.
- The provider required staff to complete risk assessments for clients at the start of treatment. We looked at 25 care and treatment records for clients. Four did not have a risk assessment completed and only four had up to date risks recorded. The quality of risk assessments varied across the services. The assessments lacked detail and it was not clear how staff supported clients to minimise the risks. One client had a history of 'falls when under the influence of alcohol'. The risk assessment did not include this. One risk assessment was completed on a date that did not match client contact. Risk assessments were not reviewed if there was a significant change to a client's presentation or as a response to a deterioration in physical health.
- Clients wishing to engage in the service can attend a welcome café. Staff took their initial details and offered an appointment. Waiting time was determined by the clients' current risks. However, once placed on a waiting list there was no monitoring system in place to detect any increases in level of risk.
- Eighty per cent of staff had completed training in safeguarding for adults and young persons and a further 32% of staff had completed level two safeguarding. Staff told us how they could report any safeguarding issues. There was a flow chart in staff offices for staff reference, with clear guidance and a safeguarding lead for all locations.
- The doctor and non-medical prescribers could give clients prescriptions to take away to collect medication. The service used over 128 dispensing pharmacies that were local to clients. Pharmacists would supervise clients at the beginning of their treatment, to ensure they were taking their medication correctly and there were no adverse side effects. However, one client had not turned up for ten appointments between November and March and staff had cancelled their prescription. There was no evidence to show staff had updated the client's GP with a change in prescription management, in good practice.
- Staff kept blank prescriptions securely across all locations to reduce the likelihood of prescriptions going missing. Prescription administration was organised and completed in a timely manner. In Lowestoft, there is a notice for clients explaining prescription changes will take two weeks, which ensured there was a low level of voided prescriptions. However, staff did not keep a list of local prescribers' signatures. This meant that staff could not check prescription signatures. In Ipswich, staff cancelled a high number of prescriptions due to a change in clients' medication.

- In Lowestoft and Ipswich, there was non-clinical waste in the clinical waste bins. Staff had not filled in the clinical waste details on the front of the bins. Outside the premises, we found the large clinical waste bins unlocked. This could lead to persons having needle stick injury or spread of infection.

Track record on safety

- Between April 2015 and April 2016 there had been one reported serious incident requiring investigation. This related to having an email address which could have held confidential information. The provider has now amended this.
- Between 24 April 2015 and 31 December 2015, the Care Quality Commission had received eight direct notifications. These included four allegations of abuse, two police incidents, one serious injury and one unexpected death.

Reporting incidents and learning from when things go wrong

- Staff recorded incidents using an electronic recording system. All staff had logins and felt they could use the system appropriately. Reported incidents are managed according to the severity. High-level incidents would be allocated to the organisation's senior manager and moderate to low incidents reported to hub team managers. Reporting structures allow senior managers to receive high-level incidents and hub team managers receive moderate to low-level incidents. However, in Bury St Edmunds managers had closed one electronic incident report without comments.
- Staff described the types of incidents that would require reporting. We looked at nine reported incidents in depth and found that managers had completed investigations and made appropriate changes to procedures, where necessary. Managers informed staff at morning meetings of any lessons learned.
- The provider held morning 'flash meetings' across all three locations, where staff discussed outcomes for clinical cases, complex cases and risks. Managers updated staff of any incidents and the outcomes. Staff discussed new clients and updated each other on the client's level of risk. However, we saw that not all the locations had feedback on other incidents from their neighbouring sites.
- Managers said the provider was in discussion with commissioners about how they could strengthen local relationships with hospitals, for example, staff sharing information when clients were admitted to hospital. The provider identified a need for better communication following the outcome of incident reporting. Commissioners said they had seen improvements with Turning Point and their local partners working together.
- Managers gave staff the opportunity to have one to one de briefs after an incident. Staff said they could bring any concerns to managers and they could discuss incidents in team meetings. Psychology staff offered support if required.

Duty of candour

- Some managers and staff of the service were aware of the duty of candour. They told us that the service supported them to be open and honest with patients.

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

Assessment of needs and planning of care (including assessment of physical and mental health needs and existence of referral pathways)

- We reviewed 25 care records across the three locations.
- Staff completed initial screening forms for those clients who attended a welcome café. This screening tool helped staffs decide the urgency of appointments. From then, clients went onto a waiting list for a one to one assessment. The waiting time for assessment following initial contact was an average of two weeks. However, staff saw high-risk patients sooner.
- Staff described to us that high-risk clients would get an appointment straight away if possible. For example, pregnant females, or someone who declared they were injecting many substances.
- Substance dependency scales after initial assessment had not been completed by staff. This meant no continuation base line was set, to help staff measure the average amount of illicit substances each client was using. This would help staff highlight the chances of overdose.

- Staff completed care plans with clients at the start of treatment. However, we found one client had been referred and assessed on the same day. A 'goal planner' was completed which outlined the treatment options available, but no care plan was present. Six of the care plans we looked at needed updating. The quality of recovery plans was inconsistent across all locations. For example, goals were not always specific, measurable, and realistic or time bound. They did not address holistic needs such as relationships and mental health. Records did not always have updated care plans when clients' situations had changed.
- The provider had an electronic system that stored clients' records securely.

Best practice in treatment and care

- Doctors prescribed medication in line with best practice guidance from Drug Misuse and Dependence: UK Guidelines on Clinical Management (2007). The provider employed non-medical prescribers and agency non-medical prescribers, who used this guidance when prescribing medication. However, we found examples of staff changing a prescription for a client to pick up weekly, although drug testing had highlighted the client was also using illicit substances. This increased the risk of overdose.
- Staff carried out drug tests every week for clients needing to start treatment. Records showed regular testing was carried out for clients who had been in treatment for longer periods. The provider had a faltering engagement procedure. For example, the clients who did not engage in treatment or pick up medication, were encouraged to attend appointments, or come into the service to collect prescriptions from a worker, nurse or doctor.
- The provider employed a full time clinical psychologist to help staff deliver structured therapies to clients. Staff followed best practice guidelines and we saw meeting minutes where guidelines were explained to staff. The psychologist also supported recovery workers.
- Staff helped clients engage with local support for housing and employment.
- Prescribers completed physical health care assessments with clients prior to starting any medication. Each service had a wellbeing nurse who held a daily health clinic for clients. Staff requested up to date records from local GP services. This ensured that any prescribed medication would not react with any existing medication.
- Staff offered blood borne virus screening and vaccinations to clients receiving treatment. In Lowestoft, a nurse who specialised in the prevention and management of hepatitis C (a virus that can affect the liver) ran the clinic one morning a week.
- Staff used treatment outcome profiles (TOPS) with clients. These outcomes measure substance misuse, social needs, physical health, mental wellbeing and overall quality of life. However, not all case notes seen included a TOPS form which meant we did not see if staff had measured any change or progress in the key areas of the lives of people being treated.
- Clinical staff carried out regular clinical audits. Staff said feedback from these audits were sent out via email, but staff were not always sure where this information had come from.

Skilled staff to deliver care

- The provider employed a range of staff of different disciplines to support clients, including, doctors, nurses, non-medical prescribers, recovery practitioners and volunteer counsellors. There was a psychiatrist and psychologist to assists clients with mental complex needs.
- Staff said they accessed training online and face-to-face. Staff told us they had substance specific training, training in safeguarding and dual diagnosis. Staff told us they could request this through continued personal development. Several staff were trained in acupuncture and were supported to learn alternative treatments. However, records reviewed showed managers did not always record training.
- Managers inducted new staff and the process covered mandatory training and shadowing other staff to help learn their role. We saw one month's performance reviews had taken place.
- Supervision records were poor across the locations. We reviewed 22 staff files of various disciplines across the service. There were gaps with the dates in six files, which meant managers had not supervised some staff monthly. We saw some signatures and dates were

missing and general notes were poor. There was no evidence of regular clinical supervision for registered nurses, which meant that registered nurses might not be receiving appropriate support for their personal and professional development or opportunity to reflect on their practice.

- The provider informed us their staff had not all had a yearly appraisal. However, the provider had reviewed their supervision process to include regular objective updates in supervision.
- No staff were subject to disciplinary action. There was a robust system in place to manage staff sickness and absence.

Multidisciplinary and inter-agency team work

- Each location in Turning Point held morning meetings, where all staff on duty attended. For example recovery workers, managers, doctors, nurses, the psychologist and psychiatrist (if present). Each location had weekly team meetings and managers held monthly full team meetings.
- The provider manages the Criminal Justice Intervention team (CJIT) who offered support alongside the recovery workers at each location. The CJIT offered drug testing in custody, coordination of prison releases and accepted court referrals into treatment for a Drug Rehabilitation Requirement or Alcohol Treatment Requirement. CJIT workers attended the weekly hub meetings to discuss clients and share information.
- The provider offered services for young people. The youth team worked with clients up until their 19th birthday, but would offer support up until the age of 25 if there were additional needs. The youth team saw young people in a location where it was suitable for them engage in recovery. They saw clients on a one to one basis and offered education on drugs and alcohol. They also gave up to date factual information and advice, supported clients to cut down or stop using substances and provided access to other services.
- Staff held handovers and discussed case management in the morning and weekly team meeting. The minutes of meetings showed workers were assigned a task and this was updated the following day to ensure staff worked effectively as a team.
- Staff developed working relationships with their sub-contractors and other agencies. We saw a clear referral route for clients who wished to gain recovery skills through sports and fitness (AIRsport). We saw referrals made by staff for clients to social services. Staff worked with a social worker and the client together.

Adherence to the MHA

- Staff working in substance misuse services did not work with people detained under the Mental Health Act (MHA).
- The service did not include Mental Health Act training in their mandatory training; therefore, compliance rates were not available.
- Staff said they were not sure how to refer a client to Independent Mental Health Advocate if needed, despite information being available. However, the service had experienced clinical staff trained in the Mental Health Act who could offer staff support and advice when needed.

Good practice in applying the MCA

- Fifty-nine per cent of staff had completed combined training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Mangers
- Staff recorded clients consent to treatment at the start of their treatment, records showed this was not always regally reviewed. Staff could describe principles of the MCA.

Equality and human rights

- The service supported people with protected characteristics under the Equality Act 2010. Eighty per cent of staff had completed mandatory training in safeguarding, equality and diversity.
- The provider's locations were not easily accessible for people requiring disabled access or facilities. However, recovery workers would go out to meet clients at a suitable location.

Management of transition arrangements, referral and discharge

- We saw records for one client who had been internally transferred, the process was effective and the client received support in a timely manner.

Substance misuse services

- The provider had no set key performance indicators or targets. However, they were working with commissioners to set a reasonable discharge rate of five client discharges a month. This would ensure that clients who are in recovery could have all their objectives and care plan signed off and could leave the service as substance free.
- The provider had a protocol in place for clients who did not attend appointments. For example, they would call, text or contact the client in the best-agreed way to send a new appointment. If clients did not attend a third appointment, staff sent a letter explaining they would have to reengage if they wanted help. However, clients who were at risk of overdose or self-harm, may need additional support. We saw client notes saying a letter had been sent after a client had no contact with the service since presenting as suicidal. This meant staff could not be sure if the client was ok.
- The provider had clear referral pathways for people wishing to engage. Clients could self-refer into the service or be referred by their GP. The provider accepted prison referrals in order to support clients who were released from custody.

Are substance misuse services caring?

Kindness, dignity, respect and support

- Staff interacted with clients in a positive and supportive way. They showed an awareness of individual treatment needs and an understanding of client's individual behaviours. Staff spoke to clients with respect. Staff maintained clear appropriate boundaries to manage two clients who were angry and abusive toward staff.
- Clients told us staff worked hard and gave them support when needed. Clients felt inspired and encouraged for individual recovery. Clients were appreciative of the care and support they received.
- Clients explained they felt treatment was confidential and staff only discussed their case with managers and other staff.

The involvement of people in the care they receive

- Recovery plans did not have signatures of clients. Clients told us they did not have copies of care plans, but were given copies of group session handout's and recovery information if they wanted.
- The provider displayed information for clients about an Independent Mental Health Advocacy service. Staff said they would seek guidance if referring clients that may need additional mental health support
- Families and carers were involved with clients' treatment and given an option to sit in one to one sessions. One patient said that their family came to look around the building and to see what was happening. One carer said the staff had given them advice and support when they called the service.
- The provider involved people who used the service in making decisions about treatment by holding forums. We saw the service had made changes because of suggestions. For example, having a female only toilet and open community meetings chaired by clients. 'Your view' comment cards had been completed by clients. Clients said they liked group work and would like more groups and all information was useful. Clients could leave good or bad feedback anonymously if they wished.

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

Access and discharge

- Clients could go to the 'welcome café' and see the duty worker for any urgent issues. Clients would receive low-level interventions advice and information about how to reduce or prevent harm should they use substances and or alcohol. Staff gave information at that point of contact. Clients' said they felt welcomed and more confident to come into treatment.
- Across all locations, staff delivered a variety of interventions from alcohol and opiate detoxification, titration, maintenance and abstinence. Staff referred clients for blood borne virus checks, health checks and medical reviews.
- The provider offered interventions based on Turning Point's recovery model, where clients could be

introduced to other people also in recovery. Staff delivered psychosocial therapy groups that focused on acceptance and commitment to recovery. Clients accessed alternative treatments such as mindfulness, acupuncture and reiki. Clients attended Alcoholics Anonymous or Narcotic Anonymous meetings, service user groups and recovery skills groups.

- The services are able to make urgent referrals into the local community. Staff in Lowestoft explained they had regular contact with the crisis team and hospital should they need to send clients there. Staff said they would go to locations that suit client's needs. For example, at the GP surgery or alternative agency.
- The provider has a Criminal Justice Team as part of their integrated contract. They helped those clients who were released from prison to engage in treatment with addiction. There was a clear referral pathway for clients to be seen by a doctor and prescribed substitute medication if needed. The criminal justice workers could see clients from all locations. The criminal justice staff told us that sometimes the recovery workers' caseloads are busy and there is not time for a three way meeting. This meant client's would not benefit from working with two staff that could support them through transitioning from a criminal justice client to a community client. The criminal justice team had access to the electronic recording system, which helped keep clients' files updated and ensured that all staff had access to up to date client information.
- The provider employed recovery workers who offered advice, support and treatment for young clients. The younger service users said they felt supported and encouraged to set goals by their worker. Carers said staff had been good at talking to younger clients.
  The recovery workers also attended schools and offered advice.
- The provider offered support to clients from a large geographical area. Services operated from additional locations in Haverhill, Sudbury, Newmarket and Mildenhall to help engage those clients who could not travel and lived far away. The provider purchased a mini bus, which they intended to use as a 'rolling recovery vehicle' to engage clients in a rural area.
- The provider opened five days a week from 10:00am – 3:00pm for open access and 10:00am - 5:00pm for appointments. Each hub is closed for half a day for a team meeting. Ipswich are closed Tuesday morning, Lowestoft are closed Tuesday afternoon and Bury St Edmunds are closed Wednesday morning. In Lowestoft and Ipswich, the service was open on a Saturday from 10am – 2pm. This allowed the service to give later appointments to clients who were in employment or could not attend during normal business hours.
- Staff discussed low motivation and discharge procedures with clients at the start of treatment. This included what the best ways staff could contact them was and how staff could help them re-engage. Staff made contact via texting, calling or writing when people failed to attend appointments.

The facilities promote recovery, comfort, dignity and confidentiality

- All sites had a variety of rooms available for care and treatment, including group rooms, interview rooms and fully equipped clinic rooms. In Bury St Edmunds, the building was old and needed some refurbishment. The group room was small and could only be accessed via stairs. In Ipswich, there were rooms staff could use to have a one to one. Three large group rooms where one had a sofa area and easy access to a kitchen in which clients could make snacks and drinks. In Lowestoft, there were four large group rooms and some smaller one to one rooms. There was garden and kitchen where clients could make drinks and snacks. All areas were clean and displayed positive information about recovery.
- The provider offered a needle exchange at all three locations. However, in Ipswich the room was also used as a counselling room.
- In Bury St Edmunds and Ipswich, the drug testing area was in a hallway where there were no hand washing facilities or privacy.
- In Ipswich and Lowestoft, staff had one to one appointments in rooms that were adequately sound proofed. However, in Bury St Edmunds confidentiality could be compromised, as there were no blinds on the outside window.

- Staff displayed posters and information throughout the premises on harm minimisation, substance awareness and contact details for other recovery meetings and agencies.
- Each location displayed information on how to make a formal complaint. There was also a suggestion box and comment cards in reception for clients to complete.

Meeting the needs of all people who use the service

- The provider did not have easy access for disabled clients at the premises in Bury St Edmunds and Lowestoft. At the Ipswich site, there was a ramp for wheelchair access. However, this needed to be placed in the road and clients could only access the downstairs rooms. However, staff would see any client that had physical disabilities in the local GP surgery, other outreach location or somewhere that had wheelchair access. The building structures prevented clients being able to engage in group work.
- The provider had information available in different languages. In Ipswich, the service used a local volunteer translator and staff had access to 'language line' across the locations.
- The provider had invested in training clients to become peer support or mentors. The volunteer coordinator gave mentors training and support to carry out their role, whilst acknowledging they are on their own recovery journey. Staff said the mentors are encouraged to complete their own reflective diaries. Thinking about how their role affected them and has supervision to discuss their recovery.

Listening to and learning from concerns and complaints

- Data showed in the last 12 months, Ipswich received two complaints. Bury St Edmunds, one complaint and none received for Lowestoft. These complaints were investigated and none were upheld.
- Evidence showed that managers were addressing complaints on location. Records showed that managers dealt with complaints. The response was timely and issues addressed in an open manner. For example, one client did not feel the assessment questions related directly to their situation. The manager offered a timely apology and explained the rationale behind the questions to assist understanding.
- Clients told us they felt able to make a complaint. We saw Turning Point comment cards that had complaints on. Management had addressed and displayed ideas and outcomes on notice boards in the reception area.
- Managers fed back complaints in monthly team meetings and made staff aware of any outcomes.

Are substance misuse services well-led?

Vision and values

- Not all staff could describe the organisations vision and values; they could describe the recovery agenda. Managers had identified this was still an area of development. They informed us that they had planned a team day working on the provider's vision statement with staff.
- Staff said that senior managers visited the locations regularly and could see them at any time.

Good governance

- When Turning Point gained the contract, staff completed initial induction training and some mandatory training. Managers were addressing their system to reflect an overall training percentage and had said they would appoint a training lead to ensure this is coordinated in Suffolk.
- The provider had not provided regular supervision for all staff. There were gaps in notes and staff had not signed or dated four of the supervision notes we reviewed. The provider informed us they were working on ensuring all staff will be up to date with receiving supervision.
- Staff files were not clearly organised in accordance with the provider's guidance and some paperwork was missing. The provider could not be sure that managers had addressed performance indicators or developmental opportunities for all staff.
- Turning Point had been providing a service that was in its first contractual year. Therefore, not all staff had had a yearly appraisal. Managers had reviewed the appraisal process to include personal reviews which would be completed during supervision. The managers had scheduled upcoming appointments for completing staffs' yearly appraisal.

Substance misuse services

- The operations manager and service manager completed regular audits. These included client files, HR files, prescriptions and health and safety. We saw individual service action plans developed from these audits to help staff improve service delivery.
- Senior managers and the data manager developed performance management reports, which supported the hub managers in identifying both good and poor performance. There was a standard set of monthly reports and alongside those, managers had the ability to create ad hoc reports about areas of the service that required specific focus.
- Managers said they had enough authority to undertake their roles. Hub managers said they felt respected by senior management and when they were encouraged and supported to try new ways of working.

Leadership, morale and staff engagement

- Data showed sickness levels for the last 12 months were 48%. This was high and managers said this was due to a number of people deciding the job was not for them, stress, and long term sickness. Managers had addressed sickness and absence by supporting staff and followed the human resources policy.
- Staff described the whistleblowing policy. Staff knew how to report any concerns about illegal procedures of safety externally. People felt able to 'blow the whistle' without fear of victimisation.
- Staff said moral had improved since the service had taken on the contract. Staff said they enjoyed working together and liked their job and enjoyed working with clients in recovery. We received reports from partner agencies who said that Turning Point staff had been working well with them in the past year.
- Staff said they felt supported by management, respected and proud to be working in a recovery service.
- Turning Point gave opportunity for promotion and leadership within the team and for its volunteers. One volunteer was given a paid position in employment. Some workers had been made seniors. There was opportunity for recovery workers to become a lead. For example, there was a, safeguarding, health and safety and mentoring clients lead in Lowestoft. Managers supported the wellbeing nurse to complete non-medical prescribing qualifications.

Commitment to quality improvement and innovation

- The service advertised and encouraged clients to attend treatment for performance or image enhancing substances. In Lowestoft, some of the clients who attend the needle exchange were abusing anabolic steroids and staff on duty were offering basic harm minimisation and information specific to these clients' preferences.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure the guidelines for proper and safe management and storage for medicines are followed.
- The provider must ensure that people admitted for detoxification from opiates and or alcohol has an individual risk assessment detailing the care and treatment. These risk assessments must include information to ensure staff manages risks to their health and safety appropriately.
- The provider must ensure managers complete supervision records fully. The provider must ensure all staff receive appropriate support with clinical supervision and supervision for professional development.
- The provider must ensure staff store, and dispose of clinical waste according to the Code of Practice about the prevention and control of healthcare associated infections.

Action the provider SHOULD take to improve

- The provider should ensure that staff create holistic, recovery focused and time bound recovery plans.These plans should be reviewed regularly.
- The provider should ensure where alarms are fitted staff can view the location panel and staff have access to alarms that are regularly checked.
- The provider should ensure hygiene facilities are available for staff within the area drug testing.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014 Safe Care and Treatment Emergency medication was not stored in accordance with manufacturer's guidelines to ensure quality and safety for administration. The proper and safe management of medicines. Regulation 12(1)(2)(g)

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014 Safe care and Treatment Risk assessments were not up to date or appropriately completed Assessing the risks to the health and safety of service users of receiving the care or treatment. Regulation 12(1)(2)(a)

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 HSCA 2008 (regulated Activities) Regulations 2014 Safe care and Treatment

This section is primarily information for the provider

Requirement notices

Clinical waste was not disposed of securely or labelled for tracking.

Regulation 12(2)(h)

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2014 Staffing Staff had not had regular appropriate supervision and appraisals. Receive the appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. Regulation 18(2)(a)