

# Turning Point Somerset Maltravers House






## Quality Report

Maltravers House  
1 Petters Way  
Yeovil  
BA20 1SP  
Tel: 01935 383360  
Website: [www.turning-point.co.uk](http://www.turning-point.co.uk)

Date of inspection visit: 4 - 6 September 2018  
Date of publication: 07/11/2018

This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

## Ratings

Overall rating for this location		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive?		Good	
Are services well-led?		Outstanding	

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

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

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

# Summary of findings

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

## Overall summary

We rated Turning Point Somerset as good because;

- Staff managed risk safely and effectively. Risk assessments and risk management plans were comprehensive, of a high standard and regularly updated. There were clear and robust policies in place for safeguarding adults and children.
- Staff were confident and competent at identifying when adults or children were at risk of avoidable harm and a robust system was in place for the management and review of safeguarding concerns.
- Prescribers followed “Drug misuse and dependence: UK guidelines on clinical management (2017)” and the relevant National Institute for Health and Care Excellence (NICE) guidelines to a high standard. Prescribers reviewed all clients every three months and their keyworkers communicated well with prescribers in-between reviews.
- Clients accessed prescribing appointments easily. Through use of the teleconferencing system, the clinical lead reviewed clients anywhere in the county when urgent appointments were required.
- Care plans were collaborative, person-centred and holistic. They contained information highlighted at assessments and were regularly reviewed. Discharge care planning was comprehensive and timely, with the option to be brought back into treatment three months after discharge if the client needed further support.
- The service had an approachable and experienced registered manager. The senior management team and risk and assurance team had created highly comprehensive governance systems and ensured processes were consistent across all teams.
- Staff morale across all sites was high and staff were exceptionally proud of the work they did.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services	Good 	

---

# Summary of findings

## Contents

### Summary of this inspection

	Page
Background to Turning Point Somerset Maltravers House	6
Our inspection team	6
Why we carried out this inspection	6
How we carried out this inspection	6
What people who use the service say	7
The five questions we ask about services and what we found	8

### Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards	11
Overview of ratings	11
Outstanding practice	20
Areas for improvement	20

Good 

# Turning Point Somerset

**Services we looked at;**

Substance misuse services

# Summary of this inspection

## Background to Turning Point Somerset Maltravers House

Turning Point Somerset provides support to people with drug and alcohol problems across five geographical locations. Services are provided from Yeovil (Maltravers House, which is the main registered location), Taunton, Bridgwater, Frome, Street and Minehead. Street and Minehead are part time hubs. Across the five locations the service provides care and treatment for approximately 1200 people at any given time. The service was commissioned by Somerset County Council in February 2014 as part of an integrated specialist drug and alcohol service for adults and young people.

The specialist drug and alcohol service is made of three providers, one of which is Turning Point, working in partnership to deliver one overall treatment service. The partner agency which handles the initial contact and engagement element of the service are also regulated by the Care Quality Commission but not inspected on this occasion. The second agency offers housing support. Turning Point specifically provides treatment for those accessing prescribing interventions.

The service offers substitute prescribing (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 engagement and re-engagement. The service also offers structured treatment for a very small cohort of young people. 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 is registered with the Care Quality Commission to provide the regulated activity of Treatment of Disease, Disorder or Injury. It has a registered manager in place. Somerset County Council is the lead commissioning partner. We last inspected this service on 13 April 2018 as a focussed inspection following a comprehensive inspection 20 – 23 September 2016. [Start here...](#)

## Our inspection team

The team that inspected the service comprised of an inspection manager with experience of working in

substance misuse services, 2 CQC inspectors (one with experience of working in substance misuse services) and a specialist advisor who was a nurse with a background in substance misuse services.

## 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?

# Summary of this inspection

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

During the inspection visit, the inspection team:

- visited four locations, looked at the quality of the environment and observed how staff were caring for clients;
- spoke with 17 clients who were using the service;
- spoke with the registered manager and four hub managers;
- spoke with 25 staff members; including doctors, nurses, non-medical prescribers and recovery workers;
- received feedback about the service from the commissioners and other stakeholders;
- attended and observed two prescribing clinics and three client group sessions;
- observed a staff training session;
- looked at 35 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

We spoke with 17 clients using the service. 15 out of 17 told us they were happy with the service provided. Two clients reported some minor concerns with the service, however when we raised this with the provider they had already been addressed.

Clients reported that staff involved them when reviewing their care plans and that staff are competent at assessing needs. All clients said that staff were non-judgemental, compassionate and delivered effective treatment.

# 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 utilised a whole team approach when identifying, managing and reviewing safeguarding concerns. These systems were robust and well embedded across all teams.
- Staff were proactive in anticipating and managing risk. A register of clients with complex needs and high levels of risk was kept and regularly reviewed by all teams. This enabled staff to plan and evaluate their actions and enabled the whole team to review harm reduction plans.
- Staff completed comprehensive risk assessment and risk management plans collaboratively with clients at assessment. These were reviewed regularly.
- Safety was a priority in all teams. Daily 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.
- Staff demonstrated openness, honesty and confidence when reporting incidents and near misses. Managers reviewed incidents in governance meetings and involved staff in discussing the learning from incidents and implementing change.
- Managers produced an annual learning from incidents report. This was shared within the organisation as well as with the commissioners of the service.
- Managers ensured there were enough staff to manage caseloads. Staff turnover and vacancy rates were low.
- However
- Insufficient numbers of staff had received safeguarding training at level 2 and positive behaviour support.
- At the Frome Hub, staff reported that they wanted increased medical support with individuals with complex physical health needs.

Good



### Are services effective?

We rated effective as good because;

- Clients received high quality assessments of physical and mental health prior to assessment for treatment. Clients also had their mental and physical health reviewed every three months along with their prescriptions.

Good





# Summary of this inspection

- Care plans were completed by clients with staff. They were individual and holistic and contained information highlighted by the assessment process, including risks.
- Treatment pathways followed “Drug misuse and dependence: UK guidelines on clinical management (2017)” and the relevant National Institute for Health and Care Excellence (NICE) guidelines.
- Clients could choose their treatment from a range of available interventions, including; choices in medication for detoxification and aftercare and different psychosocial interventions.
- Teams worked well with other agencies including local mental health teams following the development of their dual diagnosis pathway.
- Staff were confident in using the Mental Capacity Act and documenting client’s capacity to make specific decisions.

## Are services caring?

We rated caring as good because;

- Staff supported clients in a friendly, compassionate manner and understood their individual needs. Clients were positive about the care they received from staff.
- Clients had the opportunity to feed back to the service through comment boxes, a service user forum and customer satisfaction surveys.
- The service provided a successful peer mentoring scheme. Former clients were trained to volunteer and support new clients during their treatment.

**Good**



## Are services responsive?

We rated responsive as good because;

- There were no waiting lists for treatment. Clients consistently started structured treatment within 10 days of referral.
- The service was flexible with appointment times and offered evening clinics.
- The clinical lead used a teleconferencing system to deliver urgent appointments to clients anywhere in the county.
- Staff followed a positive reengagement pathway for clients who repeatedly did not attend their appointments.

**Good**



# Summary of this inspection

- Discharge and aftercare planning was robust and there was an effective system in place to make sure that these were in place for all clients. Recovery check-ups were completed three months after discharge to see whether clients required further support.
- The service offered support with transport to hubs through community transport and refunding of public transport fares for those receiving benefits.
- Information was available in other languages at all hubs. One hub was located in an area with a prominent Polish community and many of the posters displayed were in Polish.

## Are services well-led?

We rated well-led as outstanding because;

- All staff across all sites knew and demonstrated the service's values and were exceptionally proud of the work they did.
- There were good levels of staff satisfaction across all sites and they spoke highly of the excellent culture which had developed over the previous year.
- Senior managers were highly visible across all sites and staff told us they could raise concerns with any of the senior management team. Hub managers told us the registered manager was consistently responsive and supportive.
- Governance systems were very robust and of a very high standard and managed centrally through the risk and assurance team.
- Staff received regular and meaningful supervision from their managers and clinical supervision for the therapeutic work they delivered.
- Managers were committed to continuous learning and improvement. Staff felt able to have input into service delivery.

**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. This was clearly and consistently documented in client's notes.

## Overview of ratings

Our ratings for this location are:

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

# Substance misuse services

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

## Are substance misuse services safe?

Good 

### Safe and clean environment

- Staff could call for help in an emergency using portable alarms. Staff either carried a personal alarm with them when they interviewed clients or there was a portable alarm available in the interview room. In the Yeovil and Frome buildings there were interview rooms available for clients that were particularly distressed. In these circumstances, staff observed the interview through the windows to ensure staff and patient safety.
- All clinic rooms were clean and tidy and were well stocked with the necessary equipment. Equipment was in date for calibration and portable appliance testing (PAT).
- In the Yeovil clinic room, we found two boxes of gloves and several bandages that were out of date and the sharps bin was overfilled. However, we raised this with staff at the time and these issues were immediately addressed.
- All areas of all buildings were clean and tidy. Some of the chairs at the Taunton office, although clean, had black cosmetic stains on the arms. Clients had raised concerns about the chairs with staff and staff had responded on the 'you say we did' notice boards which said they were looking to source replacements from other offices within the organisation. There were cleaning schedules in place from a sub-contacting cleaning company, all of which showed the environment was regularly cleaned.

- 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.
- All services had up to date health and safety environmental risk assessments, including fire risk assessments. There were individual evacuation plans in place for those with specific needs. These were checked monthly by managers. There was clear fire evacuation information displayed across all sites.

### Safe staffing

- The service had a whole time equivalent consultant clinical lead who worked across all sites and a deputy clinical lead to provide support to all prescribers. There was access to sessional GPs who run clinics across all sites. The service also had non-medical prescribers experienced in substance misuse offering clinics in all locations.
- The Yeovil team had a total of 17 staff which included hub manager, two senior recovery workers, six recovery workers, one support worker, a non-medical prescriber and an administration worker. There were no vacancies within the team.
- The total caseload in Yeovil was 315 clients and staff held average caseloads of 35-40 clients per worker.
- The Taunton team had a total of 17 staff including hub manager, three senior recovery workers, nine recovery workers, a locum doctor, a non-medical prescriber and an administration worker. There were no vacancies within the team.
- The total caseload in Taunton was 349. Staff held average caseloads of 40-45 clients per worker.

# Substance misuse services

- One team covered the Frome and Street hubs and had a total of 15 staff. This includes the hub manager, three senior recovery workers, 10 recovery workers and a non-medical prescriber. They had just appointed a member of staff who had not yet started but there were no other vacancies.
- The total caseload in Frome was 225. Most staff held average caseloads of 20-25 clients per worker however some staff held average caseloads of 35-40 clients per worker. The difference was due to the majority of staff in the Frome hub working part time.
- The young people's service worked within a peripatetic structure. It had three staff members, including a team manager, who provided a service to a small number of young people across the county.
- Prescribers worked across all sites providing clinics for clients and support for staff. Staff told us it was easy to book clients prescribing appointments and they had enough access to prescribers. However, staff at the Frome hub said they would like more support from a doctor specifically for clients with complex physical health needs.
- All the records we reviewed showed that each client had an allocated keyworker. The keyworker held responsibility for assessing, monitoring and reviewing clients on their caseload. All clinical staff in all hubs had the knowledge and skills to recognise when client's physical or mental health was deteriorating and when to escalate to a prescriber for further assessment.
- The training lead kept a mandatory training matrix for all staff. This enabled staff to see which training they needed to complete. Training was generally in date however safeguarding level 2 was only 61% completed and positive behaviour support was only 48% completed. Staff demonstrated high levels of competency and knowledge around safeguarding and managed client's behaviour well.

## 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. Each team had a spreadsheet identifying high risk clients. The information held on this spreadsheet included details of the risks, actions to be undertaken by staff and a date for it to be completed and reviewed. This spreadsheet was reviewed daily in team flash meetings.
- Staff completed a caseload management tool. The tool recorded clients across the county and their treatment information. Managers 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

- Staff used effective systems to ensure safeguarding was prioritised and well managed. Each team held two safeguarding spreadsheets, one for adult safeguarding

# Substance misuse services

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 daily in team flash meetings in Yeovil and weekly in the other teams. Client notes were also updated when information was recorded on safeguarding spreadsheets.

- Staff members were confident and competent in identifying and reporting safeguarding concerns. We saw evidence of staff escalating a concern when they were not satisfied with the response from the safeguarding team, in line with the safeguarding policy. Clients were made aware of issues around safeguarding and confidentiality of disclosures. The client service user guide contained the service safeguarding policy which included issues around confidentiality.
- 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.
- All communication to and from the safeguarding team was sent through a single point of contact email address that was always monitored. This was in place to make sure that important communication was not missed if a worker was unavailable.

## 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. Staff had access to records kept by their partnership agencies and risk assessment information collected by the partnership agency was automatically transferred to Turning Point's 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 reviewed 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. Communication was good between staff and the community pharmacies. Staff provided the pharmacist with essential information prior to prescription starting.

- 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 have been no serious incidents in the last 12 months.

## 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. The national risk and assurance team looked at themes and learning outcomes from incidents. Serious incidents would be reviewed at the registered managers forum which looked at strategic learning outcomes. Incidents were discussed at monthly clinical governance meetings. Staff were debriefed following a serious incident that occurred within the team.
- Staff discussed client deaths at monthly mortality meetings, any incident which was particularly complex was analysed at the national mortality review meeting. The organisation completed an annual mortality review which was based on the monthly mortality review meetings..

## 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. This involved an initial assessment by a recovery worker, a wellbeing assessment by a nurse and

# Substance misuse services

if required a prescribing assessment with a qualified prescriber. All clinical records contained high quality assessments. Clients had a prescription review every three months where their needs were reassessed.

- 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 we observed a care planning group where clients were able to share their goals with each other. Clients spoke positively to us about this experience.
- Staff routinely monitored the physical health of clients. Following initial referral, staff contacted the GP for a medical history and prescriptions would not be offered until this was received. 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.
- 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 complete a Treatment Outcomes Profile (TOPs) with all clients every three months throughout their treatment. This is a measure of treatment effectiveness for each client.
- 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 did not administer Pabrinex on site to clients undergoing an alcohol detoxification. Pabrinex is an injectable medication that replaces essential vitamins that are lost through alcohol dependence. A Pabrinex protocol was in place and clients requiring Pabrinex would be supported to access this via their GP. Oral vitamins were prescribed across all teams.
- 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 being conducted on site by nurses in wellbeing clinics. Staff told us ECGs were analysed by the machine but were also reviewed by a doctor and copies were shared with the GP.
- 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.
- 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.
- The service employed a peer mentor coordinator who managed peer mentors across all sites. Peer mentors offered practical help to clients as well as supported with treatment.

## Best practice in treatment and care

- Staff supported clients in line with "Drug misuse and dependence: UK guidelines on clinical management (2017)" during their treatment. Staff also followed the providers policies and procedures, which were adapted from appropriate NICE guidelines.
- 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.
- All teams had met their target for successful completions in the previous month. Overall the service had consistently good outcomes for clients. The service consistently achieved the top quartile nationally for successful opiate discharges, which is reported to Public Health England (PHE).

## Skilled staff to deliver care

- Training was delivered through a mixture of face to face training and eLearning. A training lead was appointed



# Substance misuse services

for the service who delivered some of the face to face training in house. We observed a training session and found it to be of high quality. External training was also used when needed. Specific training was provided to staff for each therapeutic group program they were asked to facilitate.

- Staff told us that they felt able to request specialist training outside of the mandatory training package. All nurses employed by the service were non-medical prescribers. Turning Point had supported nurses to do their non-medical prescribing training in post. We spoke to one non-medical prescriber who told us that they had been supported well through their training. One staff member told us how he had been supported by the organisation to continue a course he had started prior to employment with Turning Point.
- Managers were completing supervision across all sites. Supervision rates were 100% completed for August 2018. Staff told us that their supervision was useful and meaningful. Appraisals for 2018 have not yet been completed, this is due to new appraisal paperwork being developed by the provider. They told us they aim to have all appraisals completed in October 2018.
- The deputy clinical lead, who was a non-medical prescriber, supervised all other non-medical prescribers.

## Multi-disciplinary and inter-agency team work

- The clinical lead had developed an effective dual diagnosis pathway with a local NHS trust. This enabled all services to refer clients directly to local community mental health teams. Monthly meetings were held with community mental health teams, home treatment team, talking therapies team and other mental health teams across the area to discuss mutual clients and for staff to present clients that require assessment or support for mental health issues. Staff told us this pathway works very well.
- There were partnerships with local GP practices under a shared care agreement. GPs who were willing would prescribe to substance misuse clients with the support of specialist substance misuse prescribers. Staff from the substance misuse service also attended GP surgeries for reviews.

## Good practice in applying the MCA

- Staff were competent in assessing capacity in substance misuse clients. We saw clear documentation in client notes around capacity to consent to treatment. This was

decision specific. 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 delivers training on the Mental Capacity Act and all staff requiring training for their role had completed it.

## Are substance misuse services caring?

Good 

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

- We observed that staff across all sites responded to clients in a kind, supportive and compassionate manner. Staff were sincere and respectful when offering support to clients in one to one and group settings. Staff showed experience, confidence and compassion when dealing with challenging situations.
- All clients gave us positive feedback of the staff. They said that provided good treatment and were skilled at recognising unmet needs. We also spoke with clients that had completed treatment who reported regular supportive contact from their keyworker throughout treatment.

### Involvement in care

- Clients contributed to decisions made about the service. For example, all teams had a 'you say we did' board which was updated by staff following the service user forum. Clients had requested an art group at the Frome service. This had been included in the therapeutic schedule and many items had been purchased including paper, pencils and paints.
- Clients had also requested a late-night opening day which had been agreed. Clients had also been invited to deliver feedback in person from service user forums to team meetings at the Frome service. Peer mentors frequently sat on interview panels for potential new employees at all levels.
- Clients, their carers and relatives could feedback about the service they received. Suggestion boxes were on display in all services. Outcomes from customer satisfaction surveys were displayed in reception areas. In the Taunton service, staff had displayed a feedback tree which clients had contributed to. Clients that had



# Substance misuse services

graduated to become peer mentors were historically given a certificate. However, some clients had fed back through the service user forum that the completion of the peer mentorship programme should be celebrated on a larger scale. As a result, the organisation held a peer mentorship completion ceremony which families and friends were invited to.

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

Good 

### Access and discharge

- Clients could access treatment quickly. Commissioners of the service set a target of no more than 10 days from initial referral to start of structured treatment. This included initial assessment, a physical health assessment and a prescribing assessment. All teams were meeting this target. There were no waiting lists following initial referral to any of the teams.
- The referral pathway involved initial access through a partner agency that provided assessment and engagement work, such as needle exchange and harm reduction advice. Clients referred themselves or referrals were accepted from any other agency, such as GPs or probation workers. The partner agency referred to Turning Point when structured treatment was needed. Turning Point had a target of clients starting structured treatment within 10 days of receiving a referral, which they were consistently meeting across all sites.
- Staff completed discharge planning with their clients. Recovery workers completed a checklist of actions before discharge, including aftercare arrangements. Administration staff checked it was complete before the discharge was processed.
- Clients could access help quickly if they needed help after discharge. Recovery workers completed recovery check-ups three months after a client's discharge from structured treatment. If a client needed further support then they were brought back into structured treatment without needing to be re-referred.

- Teams offered community transport to help clients to access services. This was used frequently by clients, particularly in rural areas. The cost of public transport was also funded to clients receiving benefits.
- 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.
- The Frome team offered evening clinics to clients once a week who were unable to access services during working hours. This was implemented in response to a request through the service user forum.

### 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. Interview rooms were adequately sound proofed to ensure client's privacy was maintained.
- Information about a variety of topics were available to clients in each service. These included; physical health, domestic abuse, smoking cessation, anger, sleep issues and how to complain.
- All sites had private rooms for consultation. We could not hear conversations taking place from outside. Private areas were available for carrying out urine screening to ensure privacy and dignity of clients.
- Information leaflets relating to drug and alcohol use were on display at all sites. These included medication and treatment information, mental and physical health issues, safeguarding and risks relating to injecting drugs. Information was available in different languages and there was information available on accessing an interpreter.

### Clients' engagement with the wider community

- We did not find any specific examples of clients' engagement with the wider community during this inspection.

### 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 an entrance of the building. There was

# Substance misuse services

a lift in the Yeovil and Frome buildings but not at the Taunton 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 had access to an interpreter service for clients whose first language was not English. There was a card in each reception area which clients who did not speak English well used to identify which languages they understood. One hub had a local Polish community and their posters in reception were also in Polish.

## 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. Commissioners of the service oversaw the complaints procedure.

## 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 spoke highly of the monthly open surgery run by the registered manager and the regional head of operations. One staff member told us that a change was made after they had raised an issue through this forum. Staff told us that they felt comfortable raising concerns or whistleblowing to any hub manager or senior manager within the organisation.

## 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 regularly met in 'process meetings' to ensure continuity of services across the county.

## Culture

- Staff told us that the organisation was open to change. Staff felt that ideas for changes to service delivery were taken seriously and felt encouraged to make suggestions.
- Staff morale was very good across all locations. One hub manager told us morale had been low earlier on in the year but they had been putting strategies in place to improve this. For example, providing daily informal supervision to a new member of staff with a senior recovery worker.
- 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.
- There was a positive culture across all teams which has improved since the last comprehensive inspection in September 2016.

## 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 was 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. A risk register was maintained for the service.
- Staff received regular supervision. They told us that their supervision was useful and meaningful and that they had their appraisal last year. Appraisals had not been completed yet this year. Managers told us this was due to developing new paperwork and they would be completed in October 2018.
- All governance and risk assurance procedures followed a consistent format.

# Substance misuse services

## Management of risk, issues and performance

- Managers monitored staff performance within their teams. Performance management plans were in place where they were needed. Managers were also highlighting areas of good practice. One member of staff was nominated and won a national Turning Point award for “going above and beyond”.
- The service was meeting targets set by the commissioners of the service. Service performance was monitored by the commissioners of the service.
- Staff reported required data to the national drug treatment monitoring system (NDTMS). National statistics around drug and alcohol use are produced through this system.
- Managers and staff completed audits within their team. One team had a senior recovery worker who completed case load audits for the entire team and supported staff with required actions.

## 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.

## Engagement

- Staff gathered feedback from clients through various methods including the service user forum. Actions from this were displayed on ‘you said we did’ boards and included changes of opening times and changes to the group program. Senior managers told us they used the forum to discuss proposed service changes with the clients. One hub told us that they had invited clients to a team meeting as an opportunity to give feedback.

- Staff told us that they think communication is good between senior management and staff. Senior management ran open surgeries across all sites which staff said they had found useful. Staff told us they felt they could have impact on service delivery.

## Learning, continuous improvement and innovation

- Learning from incidents was shared with managers through governance meetings and staff teams through their team meetings. Staff told us that management regularly fed back to them learning from incidents but that they were particularly good at highlighting areas of good practice.
- A learning from incidents outcomes and actions report is produced annually and this is shared with commissioners of the service.
- The service had opened a new hub in Street. This was inside a community pharmacy who worked in partnership with Turning Point to dispense to clients receiving a prescription. This meant treatment begun on the day of assessment and promoted communication with the pharmacists.
- Managers investigated unexpected deaths and every three months all deaths were comprehensively reviewed at ‘mortality and morbidity’ meetings. Managers also reviewed drug related deaths in an annual multi-agency review meeting.
- The service had implemented a teleconferencing system to enable staff and clients to access the clinical lead and deputy clinical lead for urgent medication advice and client prescribing assessments wherever they were in the county.

# Outstanding practice and areas for improvement

## Outstanding practice

- 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.
- On completion of training, peer mentors were invited to attend a completion ceremony along with their families and friends. This was introduced following feedback that participants of the course would like to celebrate their success.
- Governance and assurance procedures are very robust, consistent and of a very high standard. The risk and assurance team had implemented effective systems across all teams. This included the governance around safeguarding concerns, high risk clients and prescribing interventions.