

Turning Point Roads to Recovery - Gloucester

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

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

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

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

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

Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- Staff monitored clients' safety regularly throughout the treatment period. Staff were skilled and experienced and had a good understanding of individual risks. Safeguarding was a high priority and staff referred clients with safeguarding risks to appropriate agencies and monitored them. There were clear safeguarding adults and children policies and procedures in place and staff received mandatory training for this.
- All the locations had experienced and supportive managers. The service had an approachable and knowledgeable registered manager and senior operations manager. The senior management team provided excellent oversight supported by robust governance systems at local and national level.

Summary of findings

- An experienced clinical consultant led a dedicated team of medical and non-medical staff. There was good multiagency working. The service worked closely with other agencies, for example GPs, to ensure they addressed and identified individual needs.
 - The service prescribed medicine following 'Drug misuse and dependence: UK guidelines of clinical management' (2007) and National Institute for Health and Care Excellence (NICE) guidelines. Psychological therapies clients received also followed these guidelines. Dedicated staff monitored and audited prescriptions, and staff carried out prescribing reviews on a three monthly basis or more frequently if needed.
 - The service provided support for issues associated with substance misuse. These included health checks such as testing for blood borne viruses and electrocardiograms (ECGs) for clients on high doses of methadone.
 - Staff completed holistic, personalised recovery care plans with the clients. Staff collaborated with clients to identify their strengths and wishes and to set goals. Goals were individualised to ensure that the client's recovery journey was unique and relevant to them.
- However, we also found the following issue that the provider needs to improve:

- Rooms in the Gloucester and Stroud offices lacked sufficient soundproofing which could affect clients' confidentiality.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services		See overall summary.

Summary of findings

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Location name here

Services we looked at

Substance misuse services

Summary of this inspection

Background to Turning Point Roads to Recovery - Gloucester

Turning Point Gloucestershire Roads to Recovery provides support to people suffering from drug and alcohol problems across six geographical areas within the county from six hub offices (where the team that provided the service in each area are based). The service was commissioned to provide an integrated specialist drug and alcohol service for adults in Gloucestershire.

The service provided care from offices in Gloucester (Imperial Chambers, which is the main registered location), Cheltenham (Bramery House), Cinderford (St Annal's House), Cirencester (Gloucester House), Stroud (Brunel Mall) and Tewkesbury (Barton Street).

The service provides substitute prescribing (drugs and alcohol), access to community detoxification and residential rehabilitation treatment. They provide support to family members and carers of people affected by drug and alcohol use.

The Care Quality Commission (CQC) registered the service to provide the regulated activity of Treatment of Disease, Disorder or Injury. They have a registered manager in post.

The CQC has inspected two of the services prior to this. They inspected Cheltenham on 13 November 2014. At that time, we found areas of concern regarding the provision of care, treatment and support that met people's needs, issues regarding staffing and the quality of management oversight. CQC inspected Cinderford on 27 July 2015 and had no concerns at that time. Staff completed robust and comprehensive risk assessments and the service had a system staff used to escalate and manage concerns about increasing client risks.

From 1 January 2017, drug and alcohol services in Gloucestershire are transferring from Turning Point to a new provider following a tendering process to provide these services.

Our inspection team

The team that inspected the service comprised a CQC inspector Colin Jarratt (inspection lead), two further CQC inspectors and two professional advisors with a background in substance misuse services.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme to make sure health and care services in England meet the Health and Social Care Act 2008 (regulated activities) regulations 2014.

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?

Summary of this inspection

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 six hub offices, looked at the quality of the physical environment and observed how staff were caring for clients
- spoke with seven clients and four peer mentors
- spoke with the registered manager and the manager or interim manager of each hub office.
- spoke with the service clinical lead
- spoke with the senior operations manager
- facilitated a staff discussion group
- spoke with 29 other staff members employed by the service provider, including doctors nurses, non-medical prescribers, recovery workers and administration staff.
- spoke with one carer of a client
- spoke with three volunteers at the service
- attended four meetings including a risk review and daily flash meetings
- observed three client group sessions and a client assessment
- collected feedback using comment cards from 54 clients
- looked at 41 care and treatment records
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with seven clients who used the service and one carer of a client. They told us that they were very happy with the service they received. They stated that the staff were always supportive, helpful, treated them with respect and made them feel safe.

The majority of the 54 comment cards we collected contained very positive feedback about the service and the staff. Clients stated that they felt staff supported them

in their recovery and that they helped them to achieve their goals. They felt staff treated them as individuals and with respect. Concerns clients raised included lack of psychology input for clients at the end of their recovery and occasional difficulties with the staff's approach to them. Clients also raised concerns about how the service provision may change following the change of provider in January 2017.

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 areas of good practice:

- Staff were skilled and able to assess and manage risk. They completed comprehensive risk assessments and ensured they communicated risks to their colleagues.
- Prescribers followed procedures to a high standard. Staff reviewed clients' prescriptions on a regular basis throughout their treatment.
- The staff understood the importance of safeguarding vulnerable clients and their family members and worked within the service's policies and procedures to do this.
- Staff received mandatory training to ensure they were up to date and able to keep clients safe.
- Staff were confident about how to report incidents. Managers discussed incidents in meetings and supervision.
- Knowledgeable and dedicated administration staff managed the process of issuing client's prescriptions safely and securely.

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

- The service had not completed a risk assessment for a client accessible area in one of its offices.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clinical records contained comprehensive and holistic information. Staff completed individualised recovery care plans with the client, capturing their strengths, interests and goals.
- Staff supported clients in line with 'Drug misuse and dependence: UK guidelines on clinical management (2007)' and appropriate National Institute of Health and Care Excellence (NICE) guidelines.
- Staff regularly communicated with clients' GPs to ensure that they were aware of on-going physical and mental health issues and that treatment was appropriate.
- The service offered a comprehensive range of psychosocial interventions.

Summary of this inspection

- Staff had good working relationships with other relevant agencies.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff interacted with clients in a warm, positive, empathic and supportive way in all locations. Staff treated clients as individuals, with respect and worked to meet their needs whilst in recovery.
- Staff involved clients throughout their treatment. Clients told us they felt that they had a voice and that staff listened to their concerns and wishes.
- Staff and managers were committed to improvement of the care and support they provided by working creatively and innovatively.
- The service offered an excellent volunteer and peer-mentoring programme. This provided the opportunity for former clients to gain new skills and support new clients through any difficulties that they may have during treatment.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff identified that each client's recovery was individual and formulated discharge plans accordingly.
- The service tailored treatment options for clients dependent on their needs and social circumstances.
- Clients did not have to wait to access the service. There was no waiting list and the service had met the ten-day access target set by commissioners.
- The service worked to maintain contact with clients who did not consistently engage with their treatment.
- The service provided a wide range of information in a number of formats.

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

- Rooms in the Gloucester and Stroud offices lacked sufficient soundproofing which could affect clients' confidentiality.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

Summary of this inspection

- Robust governance structures ensured staff were aware of learning from incidents and complaints.
- Senior managers had provided positive leadership and support during changes to the service.
- Managers had driven changes to the service following recent CQC inspections and staff supported this.
- Staff felt confident about raising concerns and the service had promoted a national campaign to support “whistleblowing”.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Turning point provided staff with training in the Mental Capacity Act and Deprivation of Liberty Safeguards using a package of e-learning. Completion at the time of inspection was 96.3%.

The service presumed that all clients had capacity and were able to make decisions regarding their care.

Senior members of staff understood the principles of the Mental Capacity Act and how the use of substances may affect a client's capacity.

Recovery and support workers were less sure of the Act's principles. However, they understood how substances could affect a client's capacity. They discussed what action to take if they had concerns about possible changes in a client's capacity.

The service recorded when clients gave initial consent to share information with others.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- The hub offices were located in a variety of buildings throughout the geographical area. Gloucester, Tewkesbury and Cinderford were well maintained, welcoming and accessible. Stroud hub was well maintained but lack of space meant that staff facilitated group work at a different location. Cheltenham had a cramped reception area which staff told us caused stress to clients when busy and parts of the office area needed decorating. A landing, which the public had access to, divided the Cirencester hub. Keypad locks secured both sections and staff ensured that they made colleagues aware of where they were. Staff did not allow clients access to the needle exchange unless a second member of staff was present.
- Each hub had a clinical room that contained an examination couch and height and weight measuring equipment to enable staff to complete physical health checks. Staff cleaned clinical areas and recorded refrigerator temperatures daily. Staff had recently started recording room temperatures within clinical areas.
- Five of the services had up to date health and safety environmental risk assessments including fire risk assessments. Managers checked these monthly. Stroud office did not have a health and safety risk assessment for an outside roof space. However, the rest of the office had been risk assessed. This space was accessible to clients. It contained slip and trip hazards and high voltage electrical equipment. We raised this at the time of inspection and managers took immediate action.
- The service provided staff with training in first aid. There were procedures in place for managing medical

emergencies and staff could describe them. The staff had access to “grab bags” that contained Naloxone (a drug used to counteract the effect of opiates, used to treat people who have overdosed).

- Hubs that provided immunisation for Hepatitis B had stocks of adrenaline staff administered in the event of a client suffering an anaphylactic reaction. Each hub also held a stock of Naloxone that staff distributed to clients as a harm reduction strategy. We saw evidence that staff checked the dates on medications monthly to ensure they were in date. The hub in Gloucester acted as the central stockholder to ensure that each hub had appropriate stocks of emergency medication.
- All hubs had private rooms for medical consultations. Hubs also had private areas available for clients to have blood and urine screening in privacy.
- The service did not keep controlled medication in the clinics. The service had a clear and effective system for the management of clients’ prescriptions. Nominated administrative staff ordered prescriptions using a closely controlled stationary request form. Staff maintained a register of all prescription forms the doctors issued including voided prescriptions that staff destroyed. We saw clear audits of this process. These were regular, up to date and signed by two members of the administration team.
- Clients chose a specified pharmacy to dispense their medication. Their drug and alcohol worker contacted the pharmacy to confirm that they could accommodate the client. The service had 107 dispensing pharmacists at the time of our inspection.

Safe staffing

- Across the whole service, there were 121 substantive staff. There had been 16 staff leavers in the previous 12 months, equalling a staff turnover of 13%. Managers

Substance misuse services

advised us that a high number of staff left following changes to the service after the previous CQC inspection. Fifteen staff had accepted internal promotions within the organisation. There were no vacancies and the overall sickness rate for staff was 5%.

- The service employed a consultant psychiatrist as clinical lead to provide clinical oversight and leadership. They also employed four other doctors to provide clinics and support in prescribing and with health conditions. The service had experienced nurses and non-medical prescribers who provided specialist support to staff at each of the hubs.
- The Gloucester team had 33 staff. This included a hub manager, four senior recovery workers, 19 recovery workers, two clinical staff (nurse, non-medical prescriber or doctor), one support worker and six administration staff.
- The total caseload for Gloucester was 439. The average caseload was 26. However, they ranged from one to 48.
- The Cheltenham team had 25 staff. This included a hub manager, three senior recovery workers, 17 recovery workers, one clinical staff member, one support worker and two administration staff.
- The total caseload in Cheltenham was 338. The average staff caseload was 26. However, this ranged from six to 37.
- The Stroud team had 15 staff. This included an interim hub manager, two senior recovery workers, eight recovery workers, one clinical team member, one support worker and two administration staff.
- The total caseload for Stroud was 250. The average staff caseload was 22. However, this ranged from one to 36.
- The Cinderford team had ten staff. This included a hub manager, one senior support worker, six recovery workers, one clinical team member and one member of administration staff.
- The total caseload for Cinderford was 135. The average staff caseload was 26. However, this ranged from six to 32.
- The Cirencester team had seven staff. This included a hub manager, one senior recovery worker, three

recovery workers, one support worker and one administration staff member. Clinical staff attended the hub to provide clinics and support other staff when required.

- The total caseload for Cirencester was 79. The average staff caseload was 18. However, this ranged from six to 23.
- The Tewkesbury team had seven staff. This included a hub manager, one senior recovery worker, three recovery workers one support worker and one member of administration staff. Clinical staff attended the hub to provide clinics and support other staff when required.
- The total caseload for Tewkesbury was 64. The average staff caseload was 20. However, this ranged from 12-25.
- The service provided mandatory training to staff. Staff received courses as a mix of e-learning and face-to-face training. The service had a training completion target of 85% for all subjects. Out of 21 subjects, staff completion of two topics had not reached this target. These subjects were child protection training at 74% and prescribed medication training at 83%. The service had arranged training sessions in child protection to ensure all remaining staff had received this training.

Assessing and managing risk to clients and staff

- Staff used an electronic system for the clients' records. All records we saw contained a completed risk screen. This covered topics including risk to self and others, use of substances, physical health conditions and access to children that may cause safeguarding concerns. Staff transferred risks identified to comprehensive risk management plans and client focussed recovery care plans.
- Staff communicated risks on a daily basis during flash meetings (a team discussion at the start of the day about planned activities and any risks to be aware of). Staff documented these meetings. Staff also had the opportunity to discuss any increased risks or changes in presentation during "clinical huddles" (a meeting where staff discussed concerns about clients) facilitated by the clinical lead for the service or another doctor. Staff documented any decision made or changes in risk within the client's written record. If the keyworker was

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not present, they received an email concerning the discussion. Staff we spoke with were confident about managing risks and displayed a good knowledge of their clients and potential risks.

- Staff demonstrated a good knowledge and understanding of safeguarding and the impact of substance misuse on the children of their clients. They were confident in identifying safeguarding concerns and in explaining the process of making safeguarding alerts. The service had close links with the local council safeguarding team. A social worker attended a monthly meeting at the service to discuss on-going cases of concern. A hub manager was now the safeguarding lead for the service. They were receiving training so that they could then train members of the service's staff to level two safeguarding. The service had made 22 safeguarding referrals in the 12 months up to 3 August 2016.
- We looked at clinical records, policies and procedures and spoke with prescribing staff. We found safe prescribing practices throughout the services. Doctors prescribed medicine for opiate or alcohol detoxification and staff gave clients clear information about the risks involved with the treatment. Staff discussed the client's responsibilities so they understood what these were throughout the treatment.
- Doctors completed the initial review and physical health checks before the client received a prescription for medication. Doctors completed the review in conjunction with a GP summary that confirmed any on-going prescriptions and physical or mental health concerns. A doctor, or non-medical prescriber, then reviewed each client's prescription every three months or more frequently if necessary.
- Records showed that keyworkers regularly reviewed clients and communicated risks to prescribers on an on-going basis. Staff assessed client's compliance with their medication regime in a number of ways including drug urine screening. Once staff assessed clients as safe to keep their medication at home rather than visit a pharmacy daily, the service provided them with a locked storage box and naloxone. Staff completed a care plan to confirm this. Pharmacies contacted staff if clients, on daily pickups, had not presented to collect their prescriptions. The service had a policy to manage this situation as clients were at increased risk of overdose if

they had not collected their prescription three days in a row. If clients did not respond to staff attempts to contact them, they would suspend the client's prescription until they had met with them to discuss the situation.

- To assist in reducing the risks inherent with substance misuse the service had a number of harm reduction strategies in place. Each hub had a needle exchange (where clients obtained clean needles for injecting substances). The service offered opiate users the option of training in how to administer Naloxone (a drug that reverses the effect of opiate drugs) in the event of them overdosing. The service provided clients with condoms, sharps bins and general harm reduction advice.

Track record on safety

- The service has reported no serious incidents in the 12 months prior to this inspection.

Reporting incidents and learning from when things go wrong

- Staff reported incidents using an electronic system. Managers initially reviewed the incidents and conducted investigations. Managers advised staff of any lessons learnt during team meetings or by email.
- Managers reviewed relevant incidents in mortality and morbidity meetings. Staff also reviewed them in complex case reviews, at the monthly clinical governance meeting and during daily flash meetings. Managers forwarded information from the clinical governance meeting further up the corporate structure if lessons needed to be learnt across the wider organisation.
- Staff we spoke with were confident in reporting incidents and they knew what incidents they needed to report. They confirmed that managers discussed incidents in meetings and during supervision. Managers recorded if lessons learnt affected staff practice and if improvements were required. We saw evidence in personnel files that managers monitored and reviewed the need for improvement and discussed it with the staff involved.

Duty of candour

Substance misuse services

- Duty of candour is a legal requirement that providers must be open and transparent with clients about their care and treatment. This includes the duty to be honest with clients when something goes wrong.
- Staff did not specifically use the term duty of candour. However, they demonstrated knowledge of the principles of the duty of candour. They recognised the need to be open and honest with their clients (or carers if appropriate) when things went wrong.

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

Assessment of needs and planning of care

- Client records were stored on CIM, an electronic information management system. Prescribers recorded appointments and outcomes on the electronic system and the client's prescribing pathway was clear and legible. The recording, monitoring and review of prescriptions were of a high standard at all locations. Dedicated administrative staff ensured robust overview of all the clients' prescriptions and audited them regularly.
- We looked at 41 electronic records across all locations. The assessments contained comprehensive information. Staff completed these at the initial assessment stage. Staff also completed care plans used for monitoring key performance indicators. For example, the service monitored patients' prescriptions. Staff completed further care plans with the client present and with their involvement. Staff then scanned the signed document onto CIM. Staff then shredded the paper document in line with the provider's information governance policy. Staff gave clients a copy of their care plan.
- Staff told us that when they received the initial assessment form they would send a request to the clients registered GP for their full medical history. This was consistent across all locations. Staff would include a request for the most recent physical health check. Staff told us they did not prescribe any medicines until they received this information. Records on CIM demonstrated that staff monitored complex physical health problems well. We saw evidence that staff recognised physical health needs within the clinical

review letters sent to the GP. We saw evidence of physical screening of conditions such as hepatitis where clients had physical health problems. Staff ensured all clients that received over 85 millilitres of methadone per day had an electrocardiogram (ECG). This was to check they were not experiencing a lengthened heartbeat cycle, which could result from receiving a high dose of methadone.

- We saw good evidence of assessment of physical and mental health within the clinical records.
- Staff completed comprehensive and robust risk assessments with actions against each risk identified and transferred to care plans. Staff completed holistic and client centred care plans. Staff and clients discussed the client's strengths and recorded these. Care plans we reviewed included specific, measureable, achievable, relevant and time-based (SMART) goals with specific actions for either the client or the staff member to complete. These included a date for review of these actions. The client had signed the care plans we saw.

Best practice in treatment and care

- Medical staff prescribed medicine in line with "Drug misuse and dependence: UK guidelines on clinical management (2007)" during treatment. They followed the provider's own policies and procedures around prescribing and monitoring. All the guidelines for interventions and prescribing pathways had been adapted from appropriate National Institute of Health and Care Excellence (NICE) guidelines.
- The service offered clients oral methadone mixture, buprenorphine and lofexidine for heroin and other opiates. The teams offered detoxification from alcohol using chlordiazepoxide or diazepam in line with recommended pathways.
- The service offered a number of treatment options for detoxification. Clients had the option of accessing residential detoxification treatment at third party providers. The service also offered community detoxification from alcohol and opiates. The hub office in Gloucestershire had established an ambulatory opiate detox that lasted two weeks for clients that could not access residential treatment. This consisted of clients receiving medicine to detox from opiates whilst

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remaining at the hub during the day under medical supervision. The clients accessed psychological therapies during this time. Five clients had successfully completed a detox using this method.

- The service provided support for client's families and carers where appropriate. The service provided a "five step programme" to support families. This structured five-week course provided information and support for people that had a relative or loved one in recovery. In Cirencester, family members had requested further support for when the "five step programme" ended. In response, the hub office had started the "Harbour" group: a weekly drop in for families to access support from others who had experience of family members or loved ones in recovery.
- The teams ensured clients accessing the service for alcohol and opiate detoxification completed appropriate rating scales to assess, monitor and record the outcome of their treatment. These included the clinical institute withdrawal assessment of alcohol score, revised (CIWA-Ar) and the subjective opioid withdrawal scale (SOWS).
- Staff routinely offered testing and vaccination for Hepatitis A and Hepatitis B. They also offered screening for Hepatitis C and human immunodeficiency virus (HIV).
- If clients had physical health issues, clinical staff sent a letter to the relevant GP for follow-up. GPs referred clients to specialist services using the established local referral pathways.
- All locations used psychosocial approaches alongside prescribing interventions and monitoring. These included brief interventions, outreach to those who needed it, group work, individual therapy and one to one work. The provider lead clinical psychologist had developed a comprehensive range of psychosocial intervention. These followed the provider model of psychosocial interventions (MOPSI).
- The service provided different forms of preparation workshop for clients intent on detoxing from opiates. These included groups and 1-1 work for clients using what they called the "Samurai approach". This involved

clients completing a workbook of activities and 1-1 sessions with recovery support workers to enable clients to prepare themselves for the "battle" to detox from drugs.

- The service promoted the use of mutual support in line with NICE guidelines. They supported clients to access groups such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA).
- The service offered a peer-mentoring programme. We spoke with peer mentors, volunteers undergoing the training and the manager in charge of the programme. They demonstrated a high standard of knowledge, passion, enthusiasm and integrity.
- Managers and senior managers carried out regular audits to manage compliance and measure service quality. Senior managers also completed a programme of quality visits to each hub. Audits included prescribing practice, client case files, outcomes of mock Care Quality Commission inspections and peer reviews. We saw in clinical governance minutes that managers discussed audits and formulated improvement action plans. Managers also discussed audits and their outcomes in clinical supervision. We saw evidence that where audits highlighted individual areas for improvement for staff, managers followed these up in supervision and reviewed them regularly.

Skilled staff to deliver care

- A clinical staff of four doctors worked across all six locations. A psychologist provided support to all of the hub offices. The teams had access to nurses and non-medical prescribers allocated either to their office or through ad hoc support and running clinics. Each team had a range of senior recovery workers, recovery workers and support workers. Each hub had dedicated and experienced administration staff. The service also recruited and trained peer mentors to support clients. Some hubs had access to volunteers happy to contribute to the work they were doing.
- All new staff received a corporate induction. There was evidence in staff files that managers had completed induction packages with staff.

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- Staff completed the DBS (Disclosure and Barring Service) process. The service held the details electronically in a central location. We saw details of DBS checks which managers held in staff files.
- The teams included prescribers who were qualified and experienced in assessing and prescribing medicine for drug and alcohol detoxification. Staff in the teams had the knowledge and skills to recognise and identify the signs of deterioration in mental and physical health during detoxification and withdrawal.
- The service allocated each client a keyworker. The keyworker had overall responsibility for assessing, monitoring and reviewing the clients on their caseload including those receiving prescriptions.
- Knowledgeable administration staff supported each team. They displayed a high level of commitment to the clients within the service and the staff that worked with them. Management of the prescription process was the responsibility of a specific member of each administration team.
- Managers carried out on-going staff competency assessments including observing staff practice. This was to ensure that staffs' professional knowledge and practice remained up to date.
- Staff received regular supervision and appraisals. Completion of monthly supervision at all locations was 100%. Cinderford and Cirencester had 100% completion for annual appraisals. The other locations had varying completion rates. Gloucester was 92%, Tewkesbury 88%, Cheltenham 84% and Stroud had a completion rate of 80%. Staff we spoke with stated that they found supervision positive, useful and supportive.
- Medical staff revalidation was 100% across the service. This showed doctors with a license to practice had demonstrated to the General Medical Council (GMC) that they were up to date in their practice and compliant with professional standards.
- Managers showed us examples of how they had managed poor staff performance. They had identified performance issues and provided support for staff to enable them to reach appropriate levels of achievement. We saw evidence of managers monitoring these issues and addressing them in supervision with the relevant staff.

Multidisciplinary and inter-agency team work

- The doctors held regular weekly meetings to discuss any concerns recovery workers raised regarding the clients on their caseload. The discussions led to staff formulating plans to manage potential increases in risk, lack of engagement or other issues. We observed one of these meetings and staff discussed patients in a professional and knowledgeable manner. Staff documented the outcomes of these meetings within the client's record. Recovery workers we spoke with felt supported and listened to within these meetings.
- The teams held daily flash meetings to discuss upcoming activities, potential increases in risk or other concerns with their manager and colleagues. We observed two of these meetings in different hub offices. We saw examples of the minutes staff had recorded for these meetings.
- Teams described good working relationships with other healthcare providers including GPs, pharmacists and local community mental health teams. They were positive about the input they received from local social services, both for adults and children, especially regarding safeguarding issues. The clinical lead confirmed they were attempting to identify new pathways for obtaining care for their clients. This included work to try to improve the access for clients with chronic obstructive pulmonary disease (COPD) to physical health care provision.

Good practice in applying the MCA

- The service provided Mental Capacity Act training through electronic learning. The completion rate was 96.3 %. Senior staff we spoke with understood the principles of the Mental Capacity Act. They identified how substances could affect a client's mental capacity.
- Recovery workers were less clear about the Act's principles. They did understand the impact that substance use could have on a client's capacity. They described what action they would take if they became concerned that a client's capacity had changed.
- Staff recorded client's consent to treatment in the clients' records. Staff also recorded the client's consent to share information including what could be shared and with whom.

Equality and human rights

Substance misuse services

- The service supported staff and clients with protected characteristics under the Equality Act 2010. The service had policies and procedures in place to protect human rights and avoid discrimination.
- The service had produced an equality and diversity action plan to improve knowledge of and links with underrepresented groups in the community. These included black or minority ethnic people (BME) and lesbian, gay, bisexual and transgender (LGBT).

Management of transition arrangements, referral and discharge

- The service managed and monitored closely all clients receiving treatment. Staff kept a detailed database of client activity and movement, including prescribing, assessments and discharge plans.
- Senior managers discussed and reviewed client activity in monthly clinical governance meetings.

Are substance misuse services caring?

Kindness, dignity, respect and support

- We observed interactions between clients and staff within groups and on an individual basis.
- We observed staff discussions about clients. Staff demonstrated a high level of knowledge and warmth when they talked about the clients on their caseloads. They displayed empathy and professionalism when discussing potential risks and possible ways of supporting their clients in accessing treatment to aid their recovery.
- Clients reported to us that the care and support that they received from the staff across all locations was exemplary. We saw clients individually and as a group. Clients said staff taught them life skills to help them return safely back into the community. Clients told us staff treated them with respect, as individuals and supported them to achieve their goals.

The involvement of clients in the care they receive

- Clients told us that they had been involved in their treatment pathway. We saw keyworkers had involved clients in the creation of their care plans. Clients had signed to confirm they agreed with the goals identified and the information recorded on all care plans that we

saw. Key workers had recorded clients' views on the appropriate documentation. Staff had documented on care plans that they had offered clients a copy of their care plan and if the client had accepted or declined it.

- Clients had been involved in the decisions made about their treatment plan. Staff engaged with client's families and carers and offered support to them.
- Staff and managers actively sought feedback from clients and families. The service had created service user forums and used "you said, we did" boards in all locations. Staff had regular meetings with service user representatives. Clients gave feedback using comment cards and suggestion boxes.
- An advocacy service was available if people needed additional independent support. Workers from this service held weekly drop ins at each of the hub offices.
- The volunteer and peer-mentoring programme provided the opportunity for former clients to support new clients through the difficulties of treatment. Clients told us that they acted as role models and provided them with valuable support. Peer mentors we spoke with were highly dedicated, motivated and felt valued by the service. They were extremely positive about the support and training they had received to complete their role and the opportunities it provided for them to work in drug and alcohol services. Some volunteers had applied for and been accepted into permanent paid roles within the service as support workers.

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

Access and discharge

- Commissioners had set a target of ten days for clients to access structured treatment from the point of referral. The police, probation, GPs and adult social services submitted referrals. Clients also self-referred. This comprised of five days for screening and assessment and then five days to complete a structured care plan. Many of the clients referred to the service were vulnerable and had needs that were complex. These

Substance misuse services

included physical health, mental health and social care needs. Staff completed skilled and comprehensive assessments to ensure that they identified and met all the clients' needs within the timescale stated.

- Organisations that referred clients to the service included the police, probation, adult social services and GPs. Clients self-referred to access the support the service provided as well. There were no waiting lists for treatment.
- When a client completed their treatment, staff discharged them from the service. The service had an ethos that each client's recovery is different. Clients and staff worked together to identify the goals that clients wanted to achieve from their treatment. These varied from client to client. For example, reducing the alcohol consumption of a client, to a client achieving abstinence from heroin misuse. However, discharged clients continued to attend for groups such as acupuncture and used the drop in service to obtain advice and support around social issues.
- If a client missed several appointments, Turning Point had a "faltering engagement policy". Staff attempted to make contact with the client on several occasions. If they were unsuccessful, the service contacted the client's GP and the pharmacy dispensing the client's medicine.
- When keyworkers planned discharge, they met with clients for a final session. This involved confirming the discharge in writing and requesting completion of a feedback form.
- At the time of inspection, the service had 1305 clients engaged in structured treatment throughout the six hub offices. Within the 12 months prior to the inspection, they had successfully discharged 828 clients from treatment.
- The service had a number of long term clients maintained on low dose opiate substitute maintenance regimes. Staff had identified these clients, who did not fit into the ethos of the service and managed them appropriately. Staff confirmed that they actively engaged with these clients to encourage them to reduce their use and achieve abstinence.
- All the locations were comfortable and welcoming and had rooms for one to one sessions, assessments, therapy, drug testing and treatment. Staff told us that the service had soundproofed these rooms. However, inspectors noted we could hear conversations occurring outside of the main therapy room in Gloucestershire and within an interview room at the Stroud hub office. We raised these issues with the provider at the time of inspection.
- The buildings used by the different hub offices were of varying ages and sizes. All were easily accessible apart from Cirencester where there were stairs but no working lift to access the office. The service had agreed with a local business to use an interview room on their premises if a client had mobility issues. All the services had the facility to visit a client at home if they were unable to attend a hub office due to ill health or mobility difficulties. The service had a lone working policy to protect staff in these situations.
- Each location had a wide range of information available for clients and carers in waiting areas, interview rooms and clinics. Information covered topics including safeguarding, harm reduction, risks of injecting, details of bad batches of drugs in the area, advocacy and treatment available at the service. Information was also available on what to do in an emergency and how to contact the service out of hours. Information was available in different languages and signs explained how clients could access an interpreter.
- All locations had display boards with information of other services that provided help and support. Staff signposted clients to organisations that could assist with specialised advice or support.

Meeting the needs of all clients

- The assessment completed by staff considered age, gender, disability, sexual orientation and maternity status where applicable. It also included information about the client's substance misuse and any existing co-morbidities (disease or disorder suffered in addition to the substance misuse).
- Due to the large Polish population in the area, all hub offices had information leaflets in Polish. These included

The facilities promote recovery, comfort, dignity and confidentiality

Substance misuse services

details on how to complain. The service had helped to arrange an Alcoholics Anonymous group for Polish speakers. The service used a dedicated language line if they needed access to interpreters.

- The service had identified a number of groups that needed services directed at them to increase levels of engagement. For example, clients who used alcohol to manage stress but would not necessarily feel that a service such as Turning Point was appropriate for them. Another example was the elderly and isolated members of society who may not feel that Turning Point had anything to offer them. The hub in Cirencester had fostered links with the local British Legion to engage with this client group.

Listening to and learning from concerns and complaints

- There were 32 complaints in the previous 12 months. The service investigated these complaints formally and upheld eight of them. The service received 93 compliments in the same period.
- The service had a complaints policy to monitor, manage concerns and respond to complaints. The risk and assurance team and senior managers monitored actions taken to ensure the service's compliance with the policy.
- Information about how to make complaints or raise concerns was available in all locations. Staff we spoke with described the complaints procedure and confidently told us what steps they took when a client raised a concern or complaint.
- Managers discussed the complaints and compliments the service received in team meetings and in individual supervision. We saw examples of this in team meeting minutes and supervision records.

Are substance misuse services well-led?

Vision and values

- Staff we spoke with described the visions and values of the service. They were positive about the changes they had made following previous CQC inspections and the improvements to the service.

- Staff we spoke with were disappointed about losing the contract to provide services in the county but were committed to delivering a safe and secure transition of care to the clients on their caseload. They expressed disappointment about the delay to potential improvements of the service until the change of provider was complete.
- All the locations were proactive in implementing change. Staff and managers were keen to provide care based on current care models and to drive improvements.

Good governance

- There was a robust and clear governance policy and system across Turning Point Roads to Recovery Gloucestershire. Good assurance and auditing systems and processes were in place. The system ensured clear monitoring of risk, quality and effectiveness of the service. The governance structure operated on several levels including staff level, service level and regional and business level meetings.
- Staff received regular supervision. They told us they were happy with the support and level of supervision received.
- All staff received an annual appraisal of their work and professional performance.
- Managers were monitoring and reviewing poor performance within the teams. They also recognised achievements. There were clear plans and actions to address staff performance issues. Staff told us managers supported them well to develop professionally; for example, the registered nurses in the service could access non-medical prescriber training.
- Staff provided information required for the national drug treatment monitoring system (NDTMS) - the system that provides national statistics about drug and alcohol misuse). Managers carried out audits on all areas to ensure high quality.
- The service had knowledgeable and effective administrative support in place.

Leadership, morale and staff engagement

Substance misuse services

- Staff praised the senior managers and the support and leadership they had provided since the announcement had been made of the change of provider. They felt that managers had kept them informed of changes and new information and they appreciated this.
 - Staff morale was good across all locations. However, the staff we spoke with were concerned about the imminent change of provider of drug and alcohol services. Staff we spoke with stated that the service's managers ensured that they were up to date with any changes to the service. Managers monitored stress and morale within the locations and provided support to the staff where needed.
 - Local hub managers knew their teams well. The clinical lead was knowledgeable and supportive, and had good clinical oversight of the locations and the prescribing. The registered manager had excellent oversight of all the locations including clients and staff. The senior management team demonstrated a sound and clear knowledge of the services, their achievements and areas needing to improve.
 - Staff confirmed they would feel confident raising concerns with managers. They also told us they were supportive of each other, there was a cohesive approach and they felt there was very little 'hierarchy'. We observed positive interactions between staff and managers, including senior managers.
 - Staff told us they felt supported to develop professionally and managers encouraged career development. Staff appraisals we saw confirmed this.
 - The service operated a 'speak up' campaign. This was a formal whistleblowing initiative, run by the central human resources department. Staff could discuss any concerns with someone independent of the organisation.
- Commitment to quality improvement and innovation**
- There was a passion and clear drive by staff and managers to provide high quality care. The management team were committed to continuous improvement and innovation. The provider was open to feedback and criticism from others in a drive to continue improving their services.

Outstanding practice and areas for improvement

Outstanding practice

- The service operated a peer mentor scheme to provide the opportunity for former clients to give extra support to existing clients. This provided the volunteers with training and experience working within drug and alcohol services that potentially led to employment opportunities for them. The standard of support given to the peer mentors by the service was of a very high standard. This enabled peer mentors to progress through the training programme and provide invaluable support to clients from people who had experienced substance misuse services.

Areas for improvement

Action the provider **SHOULD** take to improve

- The service should ensure that all health and safety risk assessments are completed and kept up to date.
- The service should ensure that all areas used for private consultations are adequately soundproofed to protect patient confidentiality.