

Turning Point Leicestershire and Leicester

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:

- Interview rooms were fitted with alarms. Staff had the option of carrying personal alarms. CCTV cameras were in all public areas of the building at Eldon Street.
- There was access to doctors and a team of 27 accredited voluntary peer mentors.
- The service was meeting their referral to assessment targets of three weeks. Treatment started immediately following assessment. There was no waiting list. The service was able to see urgent referrals within 24 hours.
- Managers and staff held weekly meetings to discuss new referrals, complex cases, and clients who had not attended for their appointments.
- There were robust systems and processes for reporting, investigating, tracking, and monitoring

Summary of findings

incidents, complaints, and safeguarding alerts. The service had a comprehensive audit programme. The provider had a comprehensive and ongoing programme of service improvements.

- Staff used encrypted laptops to work remotely away from base. This meant that staff could update care plans and colleagues could see the information in real time.
- Ninety percent of staff had completed mandatory training, 97% of staff had received an ongoing personal review (annual appraisal) and 100% of staff had to date supervision.
- Carers and family members had access to facilitated support groups. The service operated extended opening hours.
- Clients had designed the reception area and chosen the furnishings at Eldon Street with a proposal to have a coffee bar located in the reception area.
- Staff discussed alternative treatment options with clients including plans in the case of unexpected exit from treatment.
- The organisation had a clear vision, set of values and a definition of recovery that was understood by staff and clients.
- Senior managers, hub managers, and team leaders demonstrated the skills, knowledge, and capacity to lead effectively.
- The service recognised staff achievements through the Turning Point Inspired by Possibility Awards 2017 and Inspiring Leicestershire awards.

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

- The ligature audit for Eldon was not complete.
- Staff had not labelled clinical waste bags in accordance with guidance and protocols.
- Staff had not checked first aid boxes. Staff could not produce maintenance certificates for the stair lift at Granby Street.
- The needle exchange service at Loughborough was located in the reception area of the building. Therefore, staff could not assure clients' privacy and confidentiality while using this service.
- Staff had not updated the original risk assessments in 14 out of 20 records we reviewed. However, they had updated the daily care notes with changes to a client's risk and the risk management plans. This meant that not all risk information was readily available. Managers were aware of this issue and were addressing it with the staff concerned.
- Some staff believed they could not carry out mental capacity assessments and were referring these cases to doctors and GP's.
- The provider was not offering a community detoxification service or comprehensive physical health care. Both of these activities are considered best practice for a recovery focussed substance misuse service.

Summary of findings

Our judgements about each of the main services

Service

Rating

Summary of each main service

**Substance
misuse/
detoxification**

We do not currently rate standalone substance misuse services.

Summary of findings

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Turning Point Leicestershire and Leicester

Services we looked at

Substance misuse/detoxification

Summary of this inspection

Background to Turning Point Leicestershire and Leicester

Turning Point is a national organisation with 750 healthcare and residential services nationally.

In July 2016 Turning Point, took over eight separate and pre-existing drug and alcohol services operating around Leicester, Leicestershire and Rutland to form the current independent substance misuse service registered as Turning Point Leicestershire and Leicester.

The service provides community based substance misuse interventions to 3,366 young people and adults across Leicester City, Leicestershire and Rutland. The service also holds the contract for Leicester prison drug and alcohol services.

The service operates through seven clinical teams working out of five hubs. The main hub in Leicester City Centre known as Eldon Street accommodates three teams, City North East with Market Harborough; City South West; and the Criminal Justice team. The Loughborough hub covers Loughborough, Melton and Rutland areas; the Coalville hub covers Coalville and Hinckley areas; and the Young People's team based at

Granby Street hub in Leicester City Centre covers the Leicester City, County and Rutland areas. The prison in reach team who are based at Leicester prison, were not part of this inspection.

In addition to the clinical teams, there is a data performance and administration team, an engagement team, a partnership team, and a senior management team all based at Eldon Street Leicester.

During the inspection, we inspected all of the above clinical teams, with the exception of the prison in reach team, and held discussions with representatives from the non-clinical teams.

Leicester City Council, Leicestershire County Council, and the Office of the Police and Crime Commissioner commissioned the service. Turning Point Leicestershire and Leicester registered with CQC in July 2016. It is registered to provide treatment of disease, disorder or injury. The service has a registered manager, Lucy Kennedy.

Turning Point Leicestershire and Leicester has not previously been inspected by CQC.

Our inspection team

The team that inspected the service comprised CQC inspector Debra Greaves (inspection lead), two other CQC inspectors, an assistant inspector; a specialist advisor

nurse, and an expert by experience. An expert by experience is a person who has personal experience of using, or supporting someone using, 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.

Summary of this inspection

How we carried out this inspection

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

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

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

During the inspection visit, the inspection team:

- visited four hubs for this location, looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with 18 clients and four carers
- interviewed four senior managers, the registered manager and four team leaders

- spoke with two doctors and two independent nurse prescribers
- spoke with 13 other staff members employed by the service provider, including nurses, senior therapists, recovery workers and administrators
- spoke with three volunteer peer mentors, one on site police officer and a health champion
- received feedback about the service from two commissioners
- attended and observed two multidisciplinary meetings, three therapy intervention groups, a new starters clinic and the needle exchange service
- collected feedback using comment cards from 41 clients and carers
- looked at 20 care and treatment records, for clients
- reviewed ten staff files
- Looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

- We received 41 comment cards, and spoke with 18 clients and four carers.
- Positive comments included how the service had been easy to access and the staff treated clients with respect. Clients felt staff were knowledgeable about substance misuse had a caring attitude, and they could trust them to give good information.
- We received six negative comments from four separate clients and carers about the service. Two comments related to difficulties getting hold of key workers outside of appointment times. Two comments related to delayed prescriptions. One client told us they did not feel the health screening was very good, and another client told us communication between the service and their GP was not good.
- Clients stated staff were not judgemental, understood the problems their addictions caused and how these problems affected their family, work and social lives. Clients said staff were prepared to be flexible with appointments, offering times to fit in with work and family commitments.
- Clients we spoke with were all aware of their recovery plans, could recall when they last had a care review, and knew who their key worker was.
- Two carers told us they had been as involved as they had wanted to be with their family member while in treatment with the service.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We do not currently rate standalone substance misuse services.

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

- The ligature assessment for Eldon Street was not complete, some ligature points had been omitted.
- The Loughborough needle exchange clinic was located directly off the reception area, this meant that staff could not ensure clients' privacy and confidentiality would be maintained.
- Staff had not labelled clinical waste bags as per guidance.
- Staff had not updated the electronic risk assessment forms in 14 of the 20 risk assessment records we viewed. They had however updated changes to clients risk in the daily care notes. This meant that not all current risk information was readily available.
- Staff had not checked expiry dates, or replenished stock in first aid boxes. Staff could not produce maintenance certificates for the stair lift at Granby Street. This meant staff could not be sure if the chair lift was safe to use or not.

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

- There were sufficient accessible rooms to carry out therapeutic interventions. With exception of the Loughborough hub, there were separate and discreet needle exchange clinics.
- Clients had access to nurses, recovery workers, counsellors, doctors and a team of 27 accredited voluntary peer mentors. Managers advised they had only used agency nursing on three occasions during the previous nine months to cover periods of leave
- Ninety percent of staff had completed mandatory training.
- There was no waiting list for the service at the time of inspection.
- Managers and staff held weekly meetings including flash meetings to discuss risks associated with new referrals, complex cases, and clients who had not attended for their appointments as part of the providers "Faltering engagement policy". In addition to this there were robust systems for reporting, investigating, tracking, feedback and monitoring incidents, complaints, and safeguarding alerts.

Summary of this inspection

- Staff we spoke with were aware of the early warning signs of deterioration in a client's mental state and told us how they would access advice and support from one of the doctors or nurses.
- Doctors and nurse prescribers issued electronic prescriptions to local pharmacists for fulfilment and collection by the clients. There were good lines of communication between the service and pharmacists including when clients' failed to collect their prescriptions
- The provider had policy and guidance relating to safeguarding of vulnerable adults and young people. Eighty one percent of staff had completed safeguarding level 2 training. The service had a dedicated safeguarding lead, who monitored the services compliance with safeguarding and offered staff advice about safeguarding.
- Managers and staff were aware of their duty of candour and the need to be open and honest with clients when things go wrong.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff ensured care plans were holistic and comprehensive. All care records contained plans if the client chose to exit treatment unexpectedly.
- Staff reviewed care plans with clients, and discussed them with their manager as part of the supervision process. Staff had updated 17 of the 20 care plans we reviewed in a timely manner.
- Staff used encrypted laptops allowing them to work remotely away from the team base. This meant that staff could update care plans and colleagues could see the information in real time.
- Client records showed staff worked with other agencies to implement social inclusion and supported clients to access work, training, and education.
- Policies and procedures followed National Institute for Health and Care Excellence guidance in prescribing, and guidelines on needle and syringe programmes.
- Staff were familiar with guidance in the Drug misuse and dependence – UK guidelines on clinical management, also known as the “orange book for substance misuse”.
- Clients could access wellbeing nurses who provided general health screening, blood borne virus advice and support to make positive lifestyle choices.

Summary of this inspection

- The service had a mixture of skilled staff. Ninety seven percent of staff had received an on going personal review (annual appraisal) and 100% of staff were up to date with supervision.
- Eighty eight percent of staff had trained in Mental Capacity Act 2005.
- Staff working in the young people's part of the service were aware of the Children's Act 1983. They were aware that for children under the age of 16, Gillick competence governed the young person's ability to make decisions.
- The service supported people with protected characteristics, such as age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and maternity under the Equality Act 2010.

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

- Staff informally assessed clients capacity to consent to treatment and recorded this in the clients daily care notes. Seven of the 15 staff we spoke with believed it was the responsibility of the doctors or GP to carry out mental capacity assessments. Not all staff were aware of the provider's guidelines known as CURB (communication, understanding, retention, and balance) for assessing clients' mental capacity themselves.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients told us staff were interested in their wellbeing, understood their needs and were approachable, polite, and compassionate. Clients said staff had given them information about their treatments and or care in a way they had understood.
- Staff demonstrated good understanding of how some of the treatments and interventions they offered could affect their clients' emotional and social wellbeing.
- Staff reported they felt able to raise concerns about disrespectful, discriminatory, or abusive behaviour and attitudes, and knew how to report these.
- The provider had clear confidentiality policies in place that staff and clients understood.
- Carers could access family and carers support groups offering information, advice and emotional support, during and after their family member was in treatment.

Summary of this inspection

- Clients confirmed they felt involved in their care planning, and their care plans reflected their thoughts about their treatment and goals. When staff had offered clients copies of their recovery plan, they recorded this in their notes.
- Clients had opportunity to give feedback to managers either through the web site, or via comment boxes. Managers reviewed comments and suggestions at their team meetings.
- Clients had designed the reception area and chosen the furnishings at Eldon Street with a proposal to have a coffee bar located in the reception area.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The provider had clear acceptance, referral and admission criteria agreed with relevant services and key stakeholders.
- The provider was meeting their target from referral through acceptance to initial assessment of three weeks. Staff saw the majority of clients within 7 – 10 working days.
- At the initial assessment, staff allocated clients to key workers and the treatment pathway was determined through joint discussion. Treatment pathways started immediately.
- Clients who did not meet the criteria for acceptance to the service, or who decided the service was not for them, were signposted to alternative care pathways and staff advised referrers of this decision.
- Staff discussed alternative treatment options with clients if they were not able to comply with specific treatment requirements, including plans in the case of unexpected exit from treatment.
- The service was able to see urgent referrals within 24 hours.
- Clients could access specialist services, additional support from staff and peer mentors and urgent care when required.
- Staff had identified potential discharge plans with measurable goals focussing on the client's strengths, beliefs, and values.
- All hubs had a range of rooms and equipment to support treatment and care. Interview and clinic rooms had adequate soundproofing and privacy.
- Recovery plans reflected the diverse and complex needs of the client, including clear care pathways to other supporting services e.g. maternity, social care, housing, or community mental health services.
- The service operated extended opening to accommodate those clients who worked or had other weekday commitments.

Summary of this inspection

- There was a robust and clear complaints procedure and policy, including processes to feedback to staff and implement lessons learned.

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

- Contact details for advocacy services were not readily available for clients. There was limited information available in other languages, unless requested.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The provider had a clear vision and values. Managers embedded the vision and values in policies, practice, team and individual objectives.
- Managers were developing the service in consultation with relevant stakeholders, including staff and client feedback. Services provided a high quality and sustainable service model, aligned to the wider mental health community including primary care, community mental health, and criminal diversion.
- The organisation had a clear definition of recovery. Staff, peer mentors and clients understood what the organisation meant by recovery.
- The service had key performance indicators, audits and other indicators to gauge the performance of the teams. There was a range of clear and robust quality assurance management and performance frameworks. Managers had integrated these across all organisational policies and procedures.
- Managers carried out internal case file audits and internal quality self-assessments to ensure compliance with the provider's policies and procedures.
- Senior managers, hub managers, and team leaders demonstrated the skills, knowledge, and capacity to lead effectively. The majority of staff held their managers in high regard, feeling they had managed the transition and service developments well.
- Managers and team leaders provided clinical leadership and supervision for their teams. Managers had monitored sickness and absence rates within the provider's policy.
- The organisation encouraged staff and managers to be creative and innovative ensuring that the service is using evidence based practice and new technology.
- All staff had supervision and appraisal objectives focused on improvement and learning.

Summary of this inspection

- Two managers had been nominated for, and successful in winning Turning Point Inspired by Possibility Awards 2017. Other recognitions included the inspiring Leicestershire awards; and the peer mentor accreditation training with 27 peer mentors graduated to date.
- The provider had a comprehensive and ongoing programme of service improvements.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

- Eighty eight percent of staff had trained in the Mental Capacity Act 2005.
- We reviewed 20 care records and found staff had recorded client's capacity in 18 of the records. However, staff recorded this in the consent to treatment section of the care record rather than on a designated form within the electronic record. However, we also saw evidence in daily care notes that staff were consistently seeking consent to treatment during one to one interventions.
- There was a Mental Capacity Act policy in place and managers told us staff were encouraged to use CURB (Communication, Understanding, Retention, and Balance) as a way of assessing and documenting capacity in clients.
- Staff we spoke with knew of the Mental Capacity Act policy, however only nine of the 15 staff and peer supporters confirmed they had completed training in the Mental Capacity Act. Seven of the 15 staff believed it was the responsibility of a doctor or the GP to determine a client's capacity to consent. Despite this lack of training staff we spoke with knew they should always assume the capacity of a person unless there was evidence to suggest otherwise.
- Staff explained that if someone attended the service lacking capacity due to intoxication, they would request that they came back later or if immediate assistance was required, the staff member could call on a member of the clinical team for help and second opinion.
- Staff working in the young people's part of the service were aware of the Children's Act 1983. They were aware that for children under the age of 16, Gillick competence governed the young person's decision-making ability. The concept of Gillick competence recognises that some children may have sufficient maturity to make some decisions for themselves.
- Staff we spoke with said they used the principles of Gillick to include the clients where possible in decision making regarding their care.

Substance misuse/detoxification

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse/detoxification services safe?

Safe and clean environment

- Interview rooms were fitted with alarms. Staff also had the option of carrying personal alarms. A local police officer was based at the Eldon Street hub. This ensured staff and clients safety and promoted a positive image of law enforcement officers.
- The ligature assessment for Eldon Street was not complete. Ligature points are places clients could use to hang themselves. Managers had identified most ligature points and mitigated the risk through individual client risk assessment and by always escorting clients in areas above ground floor. However, we found some ligature points that managers had not identified. These included those on the walls at the top of the staircase, and the fixtures used to secure blinds on windows in the group and therapy rooms.
- There were CCTV cameras in all public areas of the building at Eldon Street, and staff in the main offices could monitor the cameras. There was signage to advise users of the building that CCTV cameras were in use.
- Staff had not checked first aid boxes. We found some first aid boxes, which were damaged or not been re-stocked.
- There was a chair lift at Granby Street but staff could not produce records to show that the chair lift had been checked or serviced. This meant staff could not use the chairlift, as it may be unsafe.
- With the exception of Granby Street and the Coalville hub, all other hubs were clean, well maintained and their cleaning records were up to date. At Granby Street and Coalville hubs, the décor was tired and dated and did not look clean.
- Granby Street was located over two floors of a shared rented building and space was limited. This meant rooms, were untidy with paperwork and other stored items. There was very little natural daylight on the lower floor, this being located in the basement of the rented building.
- Eldon Street had sufficient accessible rooms to carry out therapeutic interventions, while the Loughborough and Coalville hubs had limited space for carrying out therapeutic interventions. To overcome this problem staff used rooms in other community buildings.
- Clinics were clean and had basic equipment to carry out necessary physical examinations. We saw receipts indicating that staff had purchased the equipment used in the clinic rooms within the previous year and did not require calibration certificates at this time.
- At all hubs, staff recorded the clinic room fridge temperature daily and were aware what to do if the fridge temperature went out of range. However, staff had not monitored the actual clinic room temperatures. This meant that medications requiring controlled temperatures could be compromised. Having raised this as a concern at Eldon Street staff removed the Naloxone medication to an air conditioned room.
- There were separate and discreet needle exchange clinics. However, the Loughborough needle exchange clinic was directly off the reception area and waiting clients could see other entering the needle exchange room. At all the hubs staff used the accessible toilets for urine testing, staff carried out this practice discreetly.

Substance misuse/detoxification

- Staff had access to emergency naloxone (used to reverse the effects of opioids) and adrenaline. Senior managers had made a decision to not have automated external defibrillators or oxygen stored on their community sites.
- Maintenance records for most of the buildings were in order. However, at Granby Street managers had not been able to get building repairs carried out in a timely manner. We saw correspondence showing they had escalated this issue to organisational level.
- All hubs had designated, health and safety representatives, fire wardens, and first aiders Portable appliance testing stickers were visible and in date where applicable.
- Staff adhered to infection control principles. The service displayed hand-washing posters at each sink within the service. Hand sanitizer was available in the clinic rooms and reception areas.
- Staff were not labelling clinical waste bags as per safe disposal of clinical waste guidance.

Safe staffing

- The service had two staff vacancies, one whole time equivalent nurse and one whole time equivalent receptionist. The service had recently appointed two whole time equivalent nurse managers to the prison drug and alcohol part of the service. This had enabled other nurses within the service to spend more clinical time within the hubs.
- Managers advised they had only used agency nursing on three occasions during the previous nine months to cover periods of leave. On all other occasions, they had been able to cover team absences with existing resources. However, managers did acknowledge that nurse staffing for the prison contract had to take priority over community services and on several occasions, this had resulted in only one nurse being available for the county areas.
- The medical team, based within the hubs were always available for advice and support.
- Managers covered sickness and annual leave absences within the existing team. The service reported a total staff sickness rate of 11% percent over the last 12 months and a turnover rate of 21%. Managers told us

the sickness rate was due to some long-term sickness. They managed this in line with the provider policy. Staff turnover was due to some staff leaving the service shortly after the takeover and merger between July and December 2016.

- Caseloads were averaging 58 cases per worker. The national average for similar services is 50 – 60 per worker. Managers were aware of staff concerns about caseload numbers and how some staff had reported feeling stressed.
- Managers told us of plans they had in place to help staff manage their caseloads. Plans included:- discharge identification and safeguarding as part of supervision; brief and targeted recovery and skills based group work provided by the engagement team to reduce the demand on key workers; therapeutic group work; on line recovery modules to supplement one-on-one work; peer support work; and the new starter's clinic to enhance the initial assessment process.
- Eighty five percent of staff had completed mandatory training that included incident reporting, infection control, equality, and diversity, safeguarding adults and children level 2 and 3 depending on grade and role within the organisation, and positive behaviour support.

Assessing and managing risk to clients and staff

- The service had a lone worker policy. Staff used a buddy system, and mobile phone check in while lone working or working away from base. In an emergency staff operated use of a code word phrase when conducting outreach visits, although most clients' appointments took place either on site or in local GP practices.
- The service had effective policies, procedures, and training relating to medication and medicines management including prescribing and detoxification. Medications apart from emergency use naloxone and adrenaline were not stored on site.
- Doctors and nurse prescribers issued electronic prescriptions to local pharmacists for fulfilment and collection by the clients. There were good lines of communication between the service and pharmacists including when clients' failed to collect their prescriptions.
- We reviewed 20 electronic client care records, including risk assessments. Nineteen of the records we viewed

Substance misuse/detoxification

had full and comprehensive risk assessments recorded at the point of access into the service. One electronic record related to a new client, and staff were still updating the record at the time of the inspection.

- However, staff had not updated the original risk assessment forms correctly. In 14 of the 20 records we viewed, staff were recording and updating ongoing risk assessment outcomes and plans in the daily care notes. This meant that other staff might not always be aware their colleagues had updated the risk assessment and plans.
- Managers were aware of the problem with updating risk assessments and told us they were exploring ways of resolving the issue. This included the introduction of additional risk assessment and management plan training, requiring team managers to submit fortnightly compliance reports, and carrying out enhanced case file audits to assess the quality of risk assessments.
- Managers had introduced a risk rating system as part of the multidisciplinary allocations process. This ensured that where staff had identified specific risks at the point of referral, staff prioritised further assessment and treatment for that client.
- Staff we spoke with were aware of the early warning signs of deterioration in a client's mental state and told us how they would access advice and support from one of the doctors or nurses. Staff made clients aware of the risks of continued substance misuse. Harm minimisation and safety planning was an integral part of the clients recovery plan.
- Clients we spoke with were aware of where and how to access emergency support and advice if they felt they required this. We saw this information recorded in the client's crisis and risk management plans.
- We saw evidence in care records of inter-agency team working and communication in regards to sharing of safeguarding and client risk management. We saw safeguarding information displayed on the walls in the reception area for clients to refer to.
- The provider had a policy and guidance relating to vulnerable adults and young people safeguarding. The service had a dedicated safeguarding lead, who also monitored the services compliance with safeguarding and offered staff advice about safeguarding.

- During the period, 01 March 2017 to 16 June 2017 there had been eight safeguarding concerns or alerts reported to CQC. Data spreadsheets showed that managers had dealt with concerns and alerts in accordance with the providers, and CQC policy and guidance.
- Data provided at the time of inspection showed that in the 12 months prior to inspection there had been 30 notifications of unexpected death and one expected death, and four notifications of abuse. Managers had recorded, reported, investigated, and dealt with all the reports in accordance with policy and guidance. Managers had identified the lessons learned and fed back to staff through hub meetings and supervision sessions.
- Eighty one percent of staff were up to date with safeguarding training. Staff we spoke with were aware of what constituted a safeguarding alert and how to escalate and report any safeguarding concerns.

Track record on safety

- The service had an Incident Management policy and incident reporting was part of the provider's mandatory training. Managers made us aware of one additional serious incident, a death, during the inspection.
- Managers explained the governance processes in place for all serious incidents and how the senior management group reviewed them at organisational level. The learning from these reviews was then cascaded to all local service managers for feedback to their teams.
- We saw evidence that managers had investigated all the death reports and made changes to the service accordingly, for example, amending the "did not attend" processes.

Reporting incidents and learning from when things go wrong

- Staff knew what an incident was and how to report it. Staff understood their responsibilities for reporting incidents and accidents. The service used an electronic reporting system that staff could populate from their own secure laptop. This meant that staff could record incidents in real time and other colleagues could see them as they occurred.

Substance misuse/detoxification

- We saw minutes of meetings, policy and protocols, and data spreadsheets showing the processes of reporting, reviewing, investigating, and feeding back outcomes from reported incidents. We saw hub minutes and the minutes of flash meetings where managers had shared with staff feedback from incidents.
- Staff told us they usually received de-briefs after serious incidents. One staff member told us how they been helped to access counselling following a serious incident they had been involved in.

Duty of candour

- Managers and staff were aware of the duty of candour principles and the need to be open and honest with clients when things go wrong. Managers and staff told us that the service supported them to be candid with clients.
- We observed staff interaction with a client where the staff member was being open and honest about why a client's prescription was missing. The staff member handled the situation well and the staff member corrected the error immediately.

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

Assessment of needs and planning of care

- We looked at 20 case files and found all clients had an up to date recovery focused care plan. Recovery plans included details of the clients' key worker. Staff ensured care plans were holistic and comprehensive. There were summaries of the clients' current situation written by staff.
- Care records contained initial risk management plans including what steps staff and clients needed to take if the client chose to exit treatment unexpectedly. Three clients we spoke with told us they could recall being given information at their assessment about the consequences of exiting treatment early or not complying with their medication regimes.
- Staff reviewed care plans with clients, and discussed them with their manager as part of the supervision process. Staff had updated 17 of the 20 care plans we

reviewed in a timely manner. Staff had updated the remaining three records within two weeks of the client and key worker discussion and following an internal audit.

- Care records were stored on a secure electronic database. Staff maintained their own electronic care records. Staff had encrypted laptops that allowed them to work remotely away from the team base. This meant that staff could update care plans and colleagues could see the information in real time.

Best practice in treatment and care

- Care records, staff, and client feedback showed clients were receiving holistic packages of care with a choice of treatments guided by needs assessments. Managers carried out internal case file audits and internal quality self-assessments to ensure compliance with the provider's policies and procedures.
- Policies and procedures followed National Institute for Health and Care Excellence guidance in prescribing, and guidelines on needle and syringe programmes. Staff were familiar with guidance in the Drug misuse and dependence – UK guidelines on clinical management, also known as the “orange book for substance misuse”.
- Clients could access wellbeing nurses who provided general health screening, blood borne virus advice and support to make positive lifestyle choices. An onsite health trainer helped client's access primary care services.
- Staff completed a basic clinical health assessment for each client who was engaging in treatment. The assessment included discussion around substance use, medication, family history, sexual health, and blood borne virus status where appropriate.
- Managers reported the service had not been able to provide community detoxification programmes, or more comprehensive physical health care, particularly in the county areas. Both of these activities are considered good practice in a recovery orientated, community substance misuse service. This was due to the service previously carrying nurse vacancies.
- Managers had identified this issue on their risk register and put in place contingency plans to address this. Plans included prioritising health care assessments for clients on the medical treatment pathway, upskilling

Substance misuse/detoxification

some senior recovery workers to carry out basic health checks, and using their shared care agreements with GP's. The service also used the skills of their healthcare trainer to help clients identify their own healthcare needs and access primary care services.

- The service provided a range of psychosocial interventions, as directed by the National Institute for Health and Care Excellence guidelines, including role specific training such as cognitive behaviour therapy, relapse prevention, harm reduction, introduction to family therapy and motivational interviewing. In addition, staff had trained to use mindfulness, and the service offered peer led support groups.
- We saw evidence of managers collecting outcome measure data for analysis, to inform ongoing practice and development. Outcome measures included treatment outcome profiles, national drug treatment monitoring system data, and monitoring of successful treatment outcomes and discharges.
- The service had a comprehensive audit programme. Staff had participated in audits of patient files, health and safety, infection control and medicines management. Following the completion of audits, we saw evidence of learning and staff had formulated action plans to address any shortcomings.

Skilled staff to deliver care

- The service consisted of service managers, and team managers. Doctors, registered general nurses, mental health nurses, clinical psychologists, senior recovery workers, youth workers, young people's counsellors, and recovery workers. There were also teams of peer mentor support workers, administrators, and analysts. All staff had, or were receiving support to gain the necessary qualifications and experience to fulfil the requirements of their roles.
- Staff attended a corporate induction programme when they started employment with Turning Point. This included all staff who had transferred from the previous provider's drug and alcohol services.
- Data provided at the time of the inspection showed 97% of staff had received an ongoing personal review

(annual appraisal) and 100% of staff were up to date with supervision. Staff interviews, supervision records, and focus groups confirmed that 1:1 supervision was taking place monthly.

- Staff said they were able to access specialist training to enable them to develop their skills for example solution focused brief therapy, motivational interviewing, hate crime and domestic abuse awareness.
- We saw evidence in the staff files of cases where managers had needed to use performance management in line with the provider's policies.

Multidisciplinary and inter-agency team work

- Minutes of team meetings showed that managers were holding regular multidisciplinary meetings with staff, and with the exception of the young people's team, this included twice-weekly flash meetings.
- Staff worked in conjunction with a range of services including probation, police, housing, pharmacy, general practitioners, commissioners, community mental health teams, accident and emergency department, and local authority safeguarding teams. We saw evidence of this joint working within client's recovery plans and the minutes of management and team minutes. We saw protocols for information sharing with other agencies.
- There was evidence in client records that staff worked with other agencies to implement social inclusion with clients. This supported client's access to work, training, and education.
- Staff knew how to refer clients to local crisis mental health teams and had done so for clients experiencing mental health problems. However staff also told us of examples where they had found it difficult to refer some clients with complex needs to statutory agencies. To help facilitate joint working the service had a partnership team, who linked with statutory and third sector agencies.
- A local police officer was based within the Eldon Street hub to support staff and clients safety and help forge positive links between clients and enforcement agencies.

Adherence to the MHA

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- The Mental Health Act is not applicable to this service, as they do not accept clients detained under the Mental Health Act.

Good practice in applying the MCA

- Eighty eight percent of staff had completed Mental Capacity Act 2005 training including Deprivation of Liberty Safeguards.
- Despite this low training figure, staff we spoke with understood their responsibilities in relation to the Mental Capacity Act. Staff routinely and informally assessed client's capacity to consent to treatment, and recorded when they had done this in the clients daily care notes. Staff knew they should always assume the capacity of a client unless there was evidence to suggest otherwise.
- However, seven of the 15 staff we spoke with believed it was the responsibility of a doctor or the GP to determine a client's capacity to consent, and not all staff were aware of the providers capacity assessment tool known as CURB (Communication, Understanding, Retention, and Balance).
- We reviewed 20 care records and found 18 had recorded clients' capacity. Although staff had recorded capacity in the consent to treatment section of the care record rather than on a separate form within the electronic record. We saw evidence in daily care notes that staff were seeking consent to treatment as part of their interventions.
- Staff explained that if someone attended the service lacking capacity due to intoxication, they would request that they came back later. If immediate assistance was required, the staff member could call on a member of the clinical team.
- Staff working in the young people's part of the service were aware of the Children's Act 1983, and knew that the Mental Capacity Act did not apply to young people aged 16 or under. They were aware that for children under the age of 16, the young person's decision-making ability was governed by Gillick competence. The concept of Gillick competence recognises that some children may have sufficient maturity to make some decisions for themselves.

- Staff we spoke with said they used the principles of Gillick to include the clients where possible in the decision making regarding their care.

Equality and human rights

- The service supported clients with protected characteristics, such as age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and maternity under the Equality Act 2010. Ninety three percent of staff had completed mandatory training in equality and diversity and there was a policy relating to equality and diversity.
- With the exception of the hubs at Granby Street, and Loughborough, the service was accessible for clients requiring disabled access; this included adapted toilets on site. Granby Street and Loughborough hubs had accessible toilets, however some floors of the buildings and therapy rooms were not accessible for clients with mobility difficulties.
- Staff explained the alternative arrangements they made for clients with mobility difficulties visiting Granby Street and Loughborough.

Management of transition arrangements, referral and discharge

- Managers described how the current service model streamlined access to and transition through the drug and alcohol pathway by sharing staff expertise and providing a wider range of treatment options. Staff told us this had improved their understanding of each other's roles and subsequently the clients' experience of transitioning from a young person's key worker to an adult key worker if required. All key workers, both those working with young people and those with adults held joint meetings and discussed complex cases that required gradual transfer.
- The service had a robust referral process. Clients had commented on how easy it had been for them to access the service. Staff accepted verbal and written referrals from general practitioners, criminal justice services, health professionals, and self-referral.
- Administration staff processed referrals into the service and passed them to the engagement team. This team of

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experienced drug and alcohol workers screened all referrals and allocated them to the correct pathway or key worker based on any reported diagnosis, needs, history, and level of risk.

- Engagement team staff allocated new clients to a pathway or key worker within five working days. Referral logs showed that any inappropriate referrals were signposted to services that were more appropriate for the identified needs where possible.
- The multidisciplinary team discussed any complex or high-risk clients before allocating them to a pathway.
- Following allocation the first face to face meeting, whether individual or group, was within three weeks. Staff carried out further assessment of clients' needs including health screening, before formulating risk and care plans, and starting treatment.
- Care records showed staff had identified discharge plans with measurable goals that focused on the client's strengths, beliefs, and values. Eleven of the eighteen clients we spoke with said they were aware of their discharge plans. Four clients recalled having had conversations with their key workers about discharge, but were not aware of a written discharge plan. The remaining three clients were not sure what their discharge plans were.
- Managers had introduced a new case management audit as part of staff supervision. These supported managers and staff to identify those clients who were allocated to staff caseloads but in fact were not in receipt of any meaningful treatment. Managers and staff used this information to review caseloads and ensure timely discharge.

Are substance misuse/detoxification services caring?

Kindness, dignity, respect, and support

- We observed staff speaking with clients and interacting with clients in a respectful and caring manner.
- Staff we spoke with demonstrated good understanding of how some of the treatments and interventions they offered could affect their clients' emotional and social wellbeing.

- Clients we spoke with told us that staff were interested in their wellbeing, understood their needs, and were approachable, polite, and compassionate. All the clients we spoke with said staff had given them information about their treatments and care in a way they had understood.
- The provider operated an accredited peer mentor scheme. Peer mentors are people who have used the service in the past, and as part of their own recovery plans have trained to become peer mentors. The service had 27 peer mentors across their sites. Peer mentors had dedicated office space within the hubs and welcome new clients to the service, supported existing clients, and helped with group work programs.
- Clients said they could involve their families' friends and carers if they wished and staff supported this. Carers commented they had been involved in their family members' care planning where appropriate and after staff had sought permission. The provider had set up city and county family and carers support groups. These groups offered information, advice, and emotional support, to carers and family both during and after their family member was in treatment.
- The provider had clear confidentiality policies in place that staff understood. We saw confidentiality recorded in case notes and ten of the clients we spoke to understood the principles around confidentiality and the need for staff to share safeguarding information.

The involvement of clients in the care they receive

- During our observations of group and individual interventions, we saw staff supporting and encouraging clients to engage in the care planning process. Clients also confirmed they felt involved in their care planning and their written care plans reflected their thoughts about their treatment goals. When staff had offered clients copies of their recovery plan, they recorded this in their notes.
- Clients had the opportunity to give feedback to managers of the service either through the web site, or via comment boxes. Managers reviewed comments and suggestions at their team meetings. We also saw "you said we did" posters in the reception areas.

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- Clients had designed the reception area and chosen the furnishings at Eldon Street with a proposal to have a coffee bar located in the reception area.

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

Access and discharge

- For the period 01 January 2017 to 31 March 2017 Turning Point Leicester and Leicestershire received 1780 referrals. Of these 1208 new referrals attended their initial appointments, and 572 did not. GP's, children and family services, psychiatric services social services and youth offending teams recorded the highest number of non-attenders. The diversion team, prison, hospital, and education, recorded the highest number of attenders. Sixty six percent of self-referrals attended their initial appointments.
- Managers and staff held weekly meetings including flash meetings to discuss new referrals, and clients with complex needs.
- The provider had a faltering engagement policy. For clients who did not attend planned treatment appointments we saw evidence of staff having attempted to telephone, text or write to the client. Staff also attempted to contact clients via their GP or other healthcare professionals who may be in contact with them. Staff we spoke with told us that one of these methods usually worked. However, unless the multidisciplinary team had identified the client as high risk they did not have the resources to do further outreach work.
- Staff from the engagement team saw new referrals within the provider's three-week timeframe, and usually within one to two weeks of referral. Data records and clients we spoke with confirmed this. There was no waiting list for the service.
- Clients who did not meet the criteria for acceptance to the service, or who decided the service was not for them, were signposted to alternative services and staff advised referrers of this decision. We saw evidence of

staff having discussed alternative treatment options with clients if they were not able to comply with specific treatment requirements which also included plans in the case of unexpected exit from treatment.

- Staff demonstrated an understanding of the potential issues facing vulnerable groups. We saw evidence of partnership working to support vulnerable clients, such as those from the LGBT, and BME, communities, older people, people experiencing domestic abuse and sex workers.
- The provider had a clearly documented acceptance, referral and admission criteria agreed with relevant services and key stakeholders. Clients told us that access to the service had been easy.
- The service was able to see urgent referrals within 24 hours and often on the same day.
- Clients could access specialist services, additional support from staff and peer mentors and urgent care when required.
- Clients using services reported that staff very rarely cancelled or delayed appointments and on the occasions, this had happened staff explained the reasons and offered alternative appointments.

The facilities promote recovery, comfort, dignity and confidentiality

- All hubs had a range of rooms and equipment to support treatment and care.
- Interview and clinic rooms had adequate soundproofing and privacy. Although at Eldon Street we found some interview rooms had clear glass panels in the doors. This infringed client's privacy and confidentiality. Once pointed out staff immediately rectified this by obscuring the panels.
- Staff based treatment plans around clients using their own local community resources and activities as well as the resources offered through the hubs.

Meeting the needs of all clients

- There were no information leaflets about advocacy services, available in the reception areas, and two peer mentors we asked did not have the information to hand.

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Eventually a staff member was able to locate the contact details on her mobile phone. This meant the services did not provide clients with accessible information about advocacy services.

- There was limited information available in other languages in the reception area at Eldon Street. However, we did not see similar leaflets or information at the Coalville or Loughborough hubs. Staff told us they could access interpreters including language and sign language interpreters, by arrangement. Staff told us that in the Eldon Street hub they had a number of staff who were multi-lingual and whenever possible they would try to match clients with someone who spoke the same language.
- Staff and peer mentors scheduled peer support groups in the evenings and at weekends to accommodate those clients who worked or had other weekday commitments. Staff worked flexible hours to accommodate evening and weekend appointments to match the services extended opening hours.
- Management had made adjustments to accommodate staff and clients with faith support, offered extended opening times and flexible appointments. At Loughborough hub, the upstairs group room was not accessible to clients with mobility difficulties; staff told us clients who could not access this area of the building were accommodated in one of the other hubs.

Listening to and learning from concerns and complaints

- For the period 31 July 2016 to 29 March 2017 Turning Point Leicester and Leicestershire had received 35 complaints. Complaints had related to clients not knowing who their new key workers were, not being able to speak to their key worker between appointments, and not been able to access the same groups and programmes they had with the previous providers. Complaints also included delays with prescriptions being passed to pharmacists, and not being able to see a doctor when they wanted to.
- Managers had upheld three of the complaints and had not been required to refer any of the complaints to the ombudsman. Managers had responded to the complaints, and had updated or changed systems such as those for prescribing. Managers explained that many

of the complaints had been the result of the transitioning processes from the previous providers, and that since March 2017 they had only received two formal complaints.

- For the period 31 July 2016 to 29 March 2017 the service had received one compliment, and fifteen suggestions relating to the service via the suggestion box.
- There was a robust and clear complaints policy and procedure. We saw evidence of how managers had processed, discussed, and investigated complaints on spreadsheets and through minutes of team minutes. Managers had shared the identified lessons learned with staff, and made changes such as
- There were information leaflets in public areas telling clients how to make a complaint, and how to escalate their complaint to independent organisations.
- Clients and carers we spoke with reported they knew of the complaints system and how to access it.

Are substance misuse/detoxification services well-led?

Vision and values

- The service had a clear vision and set of values based on communication with authenticity; embracing change; delivering outcomes through new ways of thinking and working; believing that everyone has potential to grow and learn; and supporting people with respect no matter how challenging this may be. The services strap line was “inspired by possibility”. Staff understood the vision and values of the team and organisation and how their roles contributed towards achieving this.
- The organisation had a clear definition of recovery. Staff, peer mentors and clients understood what the organisation meant by recovery.
- Team meeting minutes, supervision, and annual appraisal records showed that both team objectives and individual objectives reflected the organisational values.
- Managers were developing the service in consultation with relevant stakeholders, including staff and clients. Managers had developed services to provide a high

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quality and sustainable service model. This model was aligned to the wider mental health community including primary care, community mental health, and criminal diversion.

- Staff knew who their senior managers were, and confirmed that senior managers visited the hubs periodically.

Good governance

- The service had key performance indicators and other measures to gauge the performance of the teams. Managers carried out a range of audits to support the delivery of good quality care. These included extended case management audits, and prescribing audits. These audits formed the basis of their monitoring feedback to commissioners and other stakeholder organisations.
- We saw evidence of a range of clear and robust quality assurance management and performance frameworks in place. Managers had integrated these across all organisational policies and procedures. Managers regularly reviewed their policies, procedures and protocols, which included equality impact assessments.
- There were newly developed databases for recording and tracking notifications, safeguarding incidents and deaths. The data was processed, discussed, recorded, and submitted to external bodies and internal departments as required. Managers had embraced the need for enhanced databases.
- The organisation had a range of boards and committees and we reviewed minutes of these meetings. The minutes confirmed that issues such as quality, safety, safeguarding, deaths, the patient experience, and complaints were being discussed. That relevant senior managers attended these meetings to represent the service, and were taking the learning from the meetings back into the work place.
- All staff had supervision and appraisal objectives focused on improvement and learning. Remote working enabled staff to work from any location through a secure electronic platform, thereby ensuring they had access to the most up to date information.
- Managers were exploring new ways of helping to support staff with their caseloads. This included the development of targeted brief intervention groups, a new starter's clinic, and an engagement team focused on the client experience at the front end of service delivery.
- We reviewed ten staff files, and found them complete and well organised with job descriptions and evidence of in date disclosure and barring service checks. Data provided at the time of inspection showed that 153 of the 157 staff had in date disclosure and barring service check, and all volunteer peer mentors had a valid disclosure and barring service check. Those staff without a disclosure and barring service check were either on maternity leave or long-term sick. Managers stated they would ensure completion of these checks before the staff member returned to work.
- The provider submitted details of a comprehensive risk register. We saw the original version on the electronic database at the time of inspection. Staff knew what the risk register was and how to submit items for this register via their managers.
- We saw minutes of senior management meetings where managers had discussed and evaluated quality of the service, sustainability plans, and impact of changes including financial matters. Managers had identified those issues that presented significant risk and put them on the organisations risk register.
- Managers engaged staff, clients, families, and carers in the planning, development and delivery of the service. This was done through, team meetings and staff away days, comment boxes placed in public areas, carers groups and forums, "you said - we did" exercises, and an on line feedback form.
- We saw minutes of management meetings that evidenced service managers and senior staff actively engaged with commissioners, social care, the voluntary sector, and other relevant stakeholders. Managers had produced a series of data analysis for commissioners

Leadership, morale and staff engagement

- Senior managers, hub managers, and team leaders demonstrated the skills, knowledge, and capacity to lead effectively. Management prioritised leadership development with the focus on managing change.

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- Managers had facilitated team building away days to enable staff to understand each other's roles and responsibilities. This promoted effective team working and communication between teams within the service.
- The provider had secured the services of an experienced change facilitator to mentor and guide the management team through the transition process. This ensured that managers were using the best possible methods to make the transition successful and sustainable.
- Managers and team leaders provided clinical leadership and supervision for their teams.
- We saw evidence in the staff records of how managers had monitored sickness and absence rates within the provider's policy.
- We heard about two reports of bullying and one of harassment. All three cases related to issues, around job satisfaction and high caseloads. However, the majority of other staff we spoke with denied there was any bullying, but did acknowledge there may be some staff who were not as happy as others. Staff felt this was about the introduction of new ways of working and changes to service delivery.
- Managers confirmed that promoting the new ways of working was an ongoing process. Some staff were more willing to take on board the changes than other staff, and this was an ongoing piece of work they were doing with all staff.
- Of the 23 team leaders, staff, and peer mentors we spoke with 17 said they felt positive about working for Turning Point Leicester and Leicestershire. They were positive about the management style and felt managers had supported them through the changes that had taken place by ensuring good lines of communication and honesty.
- Managers knew there were some dis-satisfied staff within the service, they had acknowledged and discussed this within their peer group and were

addressing the issues. Managers acknowledged that it had been challenging bringing staff from eight separate services together into one new service, and accepted they still had further work to do in this area.

- The service had a whistle blowing policy in place, and staff knew how to use this.

Commitment to quality improvement and innovation

- Managers had identified that the dual diagnosis pathway was in the process of further development. The providers' plans for this pathway included strengthening shared care relationships with mental health colleagues.
- The organisation encouraged staff and managers to be creative and innovative. This ensured the service was using evidence based practice and new technology. Examples of this included the planned introduction of recovery based electronic modules that clients could register for and access from their home computers and laptops, and a new electronic prescribing process.
- We saw evidence of two staff members being recognised for their contributions to dedicated leadership, and inspiring staff. The two staff managers had been nominated for and successful in winning Turning Point Inspired by Possibility Awards 2017. Other recognitions included the inspiring Leicestershire awards; and fully trained peer mentors. Twenty seven clients and ex clients had trained and graduated to become peer mentors.
- The provider had an ongoing programme of service improvements. These improvements included more detailed outcome measurements, embedding treatment pathways to ensure the right intervention to the right clients at the right time. A new community detoxification model, increased wellbeing clinics, specialist steroid provision, and developing the dual diagnosis pathway. Managers hoped these new initiatives would reduce their reliance on primary care services, thereby freeing up more GP time.

Outstanding practice and areas for improvement

Outstanding practice

Turning Point Leicestershire and Leicester showed outstanding practice in managing the transition from eight separate independent drug and alcohol services around the city and county to one integrated service. The provider had secured the services of an experienced

change facilitator to mentor and guide the management team through the transition process. This ensured that managers were using the best possible methods to make the transition successful and sustainable.

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that clinical waste is managed in accordance with guidelines.
- The provider must ensure that the stair lift at Granby Street is properly maintained.

Action the provider **SHOULD** take to improve

- The provider should ensure all ligature audits are complete and risk management plans are in place.
- The provider should ensure that client's privacy and confidentiality is maintained while using the needle exchange service in Loughborough.

- The provider should ensure that staff update and document all risk assessments.
- The provider should ensure that all building repairs and maintenance at Granby Street is carried out in a timely manner.
- The provider should ensure that staff regularly check and maintain first aid boxes.
- The provider should ensure they have the required staff to develop a community detoxification service and enhance their physical health care activities in line with best practice.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity

Regulation

Treatment of disease, disorder or injury

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

- Staff had not labelled clinical waste bags in accordance with guidance and protocols.

This is a breach of regulation 12.

Regulated activity

Regulation

Treatment of disease, disorder or injury

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

Staff could not produce maintenance certificates for the stair lift at Granby Street. This meant no one knew if the stair lift was safe to use or not.

This is a breach of regulation 15