

Turning Point

Slough Treatment Advice and Recovery Service

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services well-led?

Good 

Summary of findings

Overall summary

The Slough Treatment Advice and Recovery Service provides advice, support and treatment for people with drug or alcohol problems in the Borough of Slough

Our rating of this service stayed the same. We rated it as good because:

- The service provided safe care. The premises where clients were seen were safe and clean. The number of clients on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each client the time they needed. Staff told us that caseloads rarely exceeded 40 clients, but that the level of complexity and need within a caseload could result in an adjustment.
- Staff assessed and managed risk well and followed good practice with respect to safeguarding. Of the 10 risk management plans we saw, all were comprehensive with clear actions to manage identified risks that were regularly reviewed. Information needed to ensure children were safeguarded was clearly documented and accessible to relevant staff, and it was evident that staff exchanged information with other services, including children's social care, as required.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the clients and in line with national guidance about best practice. This included key-work, group work, open access sessions and harm reduction work including the provision of safer injecting equipment. Staff engaged in clinical audit to evaluate the quality of care they provided. We noted improvements to care from these processes, including a review of referral processes for detox and residential rehabilitation services.
- The teams included or had access to the full range of specialists required to meet the needs of clients under their care. The team included a qualified nurse who held lead responsibility for Blood Borne Virus (BBV) screening, and other health promotion interventions. Managers ensured that these staff received training, supervision and appraisal, including clinical supervision. Staff worked well together as a multidisciplinary team and relevant services outside the organisation.
- The provider had a well-developed partnership agreement in place with a local GP surgery who delivered the specialist prescribing element of the overall treatment system. The agreement underpinned the close joint work between the provider and the GP surgery, with clearly defined roles and responsibilities and a robust governance structure, and was regularly reviewed by both parties. Working to this agreement enabled staff from both agencies to share knowledge, skills and expertise, and enabled clients of the service to experience seamless support despite the psychosocial and pharmacological aspects of their treatment being delivered by different providers.
- Staff treated clients with compassion and kindness and understood the individual needs of clients. They actively involved clients in decisions and care planning.
- The service was easy to access. Staff planned and managed discharge well and had alternative pathways for people whose needs it could not meet.
- The service was well led, and the governance processes ensured that its procedures ran smoothly.

Summary of findings

Our judgements about each of the main services

Service

Substance misuse services

Rating

Good



Summary of each main service

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Summary of findings

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Summary of findings

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Summary of this inspection

Background to Slough Treatment Advice and Recovery Service

The Slough Treatment Advice and Recovery Service provides advice, support and treatment for people with drug or alcohol problems in the Borough of Slough. The service is commissioned by the local authority public health team. Turning Point is the registered provider for the service. The service has been delivered by Turning Point since April 2017.

The service is registered to provide the following regulated activity:

Treatment of disease, disorder or injury.

There was a registered manager in place. As of June 2022, the service was supporting 350 clients, 180 of whom were receiving Opioid Substitution Therapy (OST).

The service offered psycho-social interventions through planned appointments, a drop-in service, criminal justice and mental health services. The service also offered peer support groups and a volunteer programme. The service worked in a longstanding partnership with a local GP surgery, or client's own GP, to deliver the prescribing elements of clients' treatment. The service accepted referrals from individuals requiring support or any other agency, online, via telephone or face-to-face. The service had referral pathways established with the probation service, the community mental health team and local housing services.

We last inspected the Slough Treatment Advice and Recovery Service in March 2019, when the service was rated Good.

We undertook this inspection as part of a random selection of services which have had a recent Direct Monitoring Approach (DMA) assessment where no further action was needed to seek assurance about this decision and to identify learning about the DMA process.

What people who use the service say

Clients we spoke with praised the staff and the support they provided. They described feeling welcomed, and understood by staff, for example, in times of relapse. They said they had maintained a connection with staff whilst Covid restrictions had prevented them coming to the building, and that they were glad to see people face to face again.

How we carried out this inspection

The inspection team comprised two Inspectors, one registered nurse and one with a background in community substance misuse services.

To complete this inspection the team:

- Visited the location and looked at the quality of the physical environment
- Spoke with six clients who were using the service
- Spoke with the registered manager
- Spoke with five staff, including the manager, two senior recovery workers, and a nurse
- Looked at 10 care and treatment records of clients, including care plans and risk assessments
- Looked at a range of policies and procedures

Summary of this inspection

- Reviewed records of staff training, supervision and appraisal
- Reviewed incident and accident information
- Reviewed minutes of clinical governance meetings, daily briefings, team meetings and contract performance reports

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

Outstanding practice

We found the following outstanding practice:

The provider had a well developed partnership agreement in place with a local GP surgery who delivered the specialist prescribing element of the overall treatment system. The agreement underpinned the close joint work between the provider and the GP surgery, with clearly defined roles and responsibilities and a robust governance structure, and was regularly reviewed by both parties. Working to this agreement enabled staff from both agencies to share knowledge, skills and expertise, and enabled clients of the service to experience seamless support despite the psychosocial and pharmacological aspects of their treatment being delivered by different providers.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Substance misuse services	Good	Not inspected	Not inspected	Not inspected	Good	Good
Overall	Good	Not inspected	Not inspected	Not inspected	Good	Good

Substance misuse services

Safe	Good 
Well-led	Good 

Are Substance misuse services safe?

Good 

Our rating of safe stayed the same. We rated it as good.

Safe and clean environment

All premises where clients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose. Hand sanitising stations were present throughout the building, and staff wore masks when moving around communal areas. The building was recently refurbished and all areas we inspected, including clinical areas, were of a high standard. Noise blockers were present in interview rooms to protect confidentiality.

Safe staffing

The service had enough staff, who knew the clients and received basic training to keep them safe from avoidable harm. The number of clients on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each client the time they needed. Staff and management told us that the parent organisation were working towards ensuring that caseloads did not exceed forty clients at any one time, although staff working with clients whose needs were more complex would have fewer. The service had a small number of vacancies, however had not required bank or agency staff or experienced unsafe staffing levels.

Nursing staff

The service employed one registered nurse who led on delivering healthcare interventions. The nurse received clinical supervision from an appropriately qualified person external to the organisation.

Mandatory training

Staff had completed and kept up-to-date with their mandatory training.

The mandatory training programme was comprehensive and met the needs of clients and staff.

Managers monitored mandatory training and alerted staff when they needed to update their training. We reviewed a training tracker that showed where staff were not in date with all mandatory training, it was booked and due to be completed soon, or it was due to long term absence like maternity leave. All staff had received mandatory training required for their role, however some staff suggested that new starters would benefit from more specialist and in depth substance misuse training.

Substance misuse services

Assessing and managing risk to clients and staff

Staff assessed and managed risks to clients and themselves well. They responded promptly to sudden deterioration in clients' physical and mental health. We reviewed notes of daily briefing meetings where staff could escalate concerns about clients' health, wellbeing, or disengagement from treatment. Staff made clients aware of harm minimisation and the risks of continued substance misuse, and provided advice and support to prevent and manage relapses. Safety planning was an integral part of recovery plans.

Assessment of client risk

Staff completed and regularly updated thorough risk assessments of all areas and removed or reduced any risks they identified. All care records we reviewed included clear management plans to minimise risks that had been identified at assessment or during the course of the client's treatment. This included risks specific to substance misusers, like overdose and relapse.

Staff completed risk assessments for each client on admission / arrival, using a recognised tool, and reviewed this regularly, including after any incident. Risk assessments we reviewed all included personalised risk assessment and evidenced immediate responses, for example, provision of harm reduction advice including overdose prevention and safer injecting. Safety alarms were present in all rooms used for direct work with clients, with lights to indicate a response was required rather than sound which could cause disruption and distress.

Staff used a recognised risk assessment tool in line with the policy of the parent organisation.

Management of client risk

Staff responded promptly to any sudden deterioration in a client's health. The service nurse was able to support responses to issues around physical and mental health, as well as alcohol misuse where this posed a significant risk. An incident tracker ensured that staff updated care plans and risk assessments following any change to clients' risk presentation.

Staff followed clear personal safety protocols, including for lone working.

Safeguarding

Staff understood how to protect clients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it. All staff we spoke with knew the service protocols for responding to concerns about abuse or neglect of children or vulnerable adults, and we reviewed the service safeguarding log and incident tracker that ensured all actions and referrals were followed up. Lock boxes were provided for clients to store medication, to prevent children from accessing it. The staff team included a dedicated safeguarding lead worker who carried out one-to-one monthly meetings with all staff to review their caseloads and provide guidance around safeguarding. Monthly safeguarding meetings evidenced robust discussion of live safeguarding cases and partnership work as well as audits and quality assurance.

Staff access to essential information

Staff kept detailed records of clients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care. Client notes were comprehensive, and all staff could access them easily through the electronic case management system that enabled staff to manage their caseloads effectively. Records were stored securely.

Substance misuse services

Medicines management

The service used systems and processes to safely prescribe, administer, record and store medicines. Most medication was prescribed by the partner GP, however BBV vaccines and some medication to treat dependent alcohol users were stored on site. The service stored controlled drugs in line with legislation and best practice.

Track record on safety

The service had a good track record on safety. We reviewed an incident tracker that showed that information and learning from incidents was shared internally and externally – for example, with the probation service, the police, or social services. We reviewed an incident tracker that showed that in the three months prior to the inspection the service experienced an average of 6 incidents per month, which included occasions where the police were contacted, prescription errors, and safeguarding referrals.

Reporting incidents and learning from when things go wrong

The service managed client safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave clients honest information and suitable support. When clients known to the service sadly died, the service participated in review meetings to identify and learning that could inform practice in the future.

Staff knew about incidents and how to report them, using the incident management system. There had been no 'Never Events' since the service opened, or Serious Untoward Incidents, however the service shared learning from other services.

We reviewed team meeting minutes that showed staff carefully considering clients' feedback and use it to improve care. We noted from a contract monitoring report that the staff had adjusted their approach to engaging clients who were not yet ready to engage in structured treatment to make it less pressured, finding that this aided motivation to engage.

Are Substance misuse services well-led?

Good 

Our rating of well-led stayed the same. We rated it as good.

Leadership

Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for clients and staff. Staff spoke highly of the registered manager and described having learned from them. Staff described the leadership of the service as transparent and supportive, which they said made for a non-judgemental culture within the team.

Vision and strategy

Staff knew and understood the service's vision and values and how they were applied to the work of their team. Staff received ongoing performance reviews which clearly showed how staff put the values of the organisation into action in their work with clients. Managers were working on plans to expand the service in response to new funding in ways that would enable the service to reach more clients and deliver a better service. Staff we spoke with were aware of this strategic direction of the service and spoke positively about it.

Substance misuse services

Culture

Staff felt respected, supported and valued. They reported that the service promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution. Staff knew about the whistleblowing procedure, but most said they would raise a concern with the registered manager or the regional manager if they needed to. Staff described a challenging period earlier in the year when the service was required to relocate to another building for a period while refurbishment works took place. The team were proud of having worked together and ensured that clients' treatment was not interrupted by the move. Staff also described pulling together during busier periods to support their colleagues and a learning culture being role modelled by management.

Governance

Our findings from the other key questions demonstrated that governance processes operated effectively at service level and that performance and risk were managed well. The service had a robust risk management system, with daily, weekly, monthly and quarterly meetings that cascaded information from front line staff to senior managers ensuring strong oversight and ensured that lessons learned were shared in a timely manner. Managers explained that although the service was one of the smallest substance misuse services delivered by the provider, it used the same systems and processes and had the same level of oversight and scrutiny from the central team.

We reviewed quarterly clinical governance meeting minutes that showed the provider shared national and local learning and reviewed policies and procedures accordingly.

The provider had a well-developed partnership agreement in place with a local GP surgery who delivered the specialist prescribing element of the overall treatment system. The agreement underpinned the close joint work between the provider and the GP surgery, with clearly defined roles and responsibilities and a robust governance structure and was regularly reviewed by both parties. Working to this agreement enabled staff from both agencies to share knowledge, skills and expertise, and enabled clients of the service to experience seamless support despite the psychosocial and pharmacological aspects of their treatment being delivered by different providers. Staff described this partnership as having been especially beneficial during the relocation to temporary premises, in providing satellite space and back office support.

Management of risk, issues and performance

Teams had access to the information they needed to provide safe and effective care and used that information to good effect. The case management system provided clear information on clients treatment journey, for example, prompting staff when care plans or risk assessments required review or when information was not complete.

Information management

Staff of different levels described the performance of the service with regard to national outcome targets and understood how their individual roles contributed to the success of the service

The case management system that staff used for client records provided dashboards to show activity levels and information about service activity, compliance and performance. This included numbers of referrals, open care plans, types of treatment being accessed, and discharge.