

Turning Point - Croydon

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 did not rate this service.

We undertook this inspection to find out whether Turning Point Croydon had made improvements to their service since our last comprehensive inspection in June 2016.

This was a follow up focussed inspection. We found some areas which the provider needs to improve:

At our last inspection in June 2016, we found that staff were not undertaking appropriate physical health checks for clients using the service. During this inspection we found that the provider had put a number of measures in place to address this issue. These included the implementation of a new physical health screen for clients prior to receiving treatment and support for substance misuse and alcohol detoxification. However, although we saw records of new clients to the service that

showed they were receiving this new screen, we also saw records of older clients who had not yet received it. Staff explained that, because of the high number of clients using the service, it would take time to complete the review of all physical health checks.

At our last inspection in June 2016 we found that that staff were not appropriately communicating with clients' GPs to ensure that the service had all necessary information to safely treat them. During this inspection we found that the provider had put several measures in place to address this issue. These included the implementation of a new system to manage sending letters to GPs. This was supervised by a dedicated administrator and the service had introduced a new letter template. This enabled staff to communicate more

Summary of findings

effectively with GPs. However, while there was evidence of this new system improving staff communication with GPs in the majority of cases we looked at, we also found two cases where staff had failed to do this.

At our last inspection in June 2016 we found that staff did not always complete risk assessments with sufficient detail to identify the severity of those risks and did not always complete appropriate plans to manage those risks. During this inspection we found that the provider had taken actions to address this problem. These included ensuring all staff had completed risk assessment training and regularly monitoring clients' risk assessments and management plans to ensure they were fit for purpose and up to date. However, while inspectors found evidence of assessments of risk that were appropriately detailed and up to date, we also found four cases where staff had not updated a client's risk assessment for many months. Staff explained that, because of the high number of clients using the service, it would take time to complete the review of all their risk assessments and management plans.

Following the inspection in June 2016 we took enforcement action and served a warning notice on the provider. We serve a warning notice where we find evidence that a provider of a registered service is in breach of their legal duties and that these breaches constitute an immediate risk of harm to those who use their service. The notice contains a compliance date by which the provider must address our concerns. We then conduct a follow up inspection within three months of the compliance date to check the provider has done this work. The warning notice we served on the provider of this service had a compliance date of 4 October 2016.

After the current inspection we considered that the provider had addressed all the concerns raised in the warning notice by the required date. However, due to the large number of clients using the service the provider had not yet been able to fully complete all of the changes made and new systems introduced, and staff needed more time to review the care and treatment of all existing clients.

For that reason we issued a requirement notice in respect of the remaining concerns that the provider was in the process of addressing. We issue a requirement notice to a provider of a registered service where we find evidence that they are in breach of regulations, but people using the service are not at immediate risk of harm. The legal requirements that were not being met at the last inspection in June 2016 are detailed at the end of this report. The provider has sent CQC a report that says what action they are going to take to meet these requirements.

During the most recent inspection, we also found areas of improved practice:

At our last inspection in June 2016 we found that staff did not always appropriately monitor the physical health or withdrawal symptoms of clients receiving treatment for substance misuse or alcohol detoxification. During this inspection we saw that the provider had put several measures in place to address this, including reminding clinical staff through regular supervision to use appropriate tools to monitor clients' health and withdrawal during treatment. We reviewed four client records and found that staff were doing this in every case.

We will return at a later date to check that the provider has addressed all areas of concern, including other concerns identified at the inspection in June 2016 for which we issued requirement notices.

These notices were under two different sets of regulations. Firstly, under the Health and Social Care Act (Regulated Activities) Regulations 2014 the notices were given in relation to the following breaches of regulations:

- Regulation 9 (person-centred care)
- Regulation 13 (safeguarding service users from abuse and improper treatment)
- Regulation 16 (receiving and acting upon complaints)
- Regulation 17 (good governance).

Secondly, we issued a requirement notice for the following breach of Care Quality Commission (Registration) Regulations 2009:

- Regulation 18 (notification of other incidents)

Summary of findings

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Turning Point - Croydon

Services we looked at

Substance misuse/detoxification;

Summary of this inspection

Our inspection team

The team which inspected this service comprised two inspectors and a specialist advisor who had experience of working in a substance misuse and alcohol detox service.

Why we carried out this inspection

We undertook this inspection to find out whether Turning Point Croydon had made improvements to their service since our last comprehensive inspection on 7 – 10 June 2016.

The previous inspection in June 2016 had identified areas of concern regarding the safety of the service. Inspectors found several breaches in relation to the Health and Social Care Act (Regulated Activities) Regulations 2014: Regulation 12 Safe care and treatment. Those breaches included:

- **Lack of assessment of client's physical health**

Client's medical assessments and reviews did not include a physical examination. This was in contradiction to UK guidelines on the clinical management of clients using substance misuse and detoxification services.

- **Lack of correspondence with general practitioners**

The service did not correspond with clients' GPs in a consistent manner. This increased clients' level of risk regarding their physical health and prescribed medicines, because staff did not always know about clients' medical history or what medicines were prescribed by GP.

- **Poor clinical risk assessment and management**

Staff did not assess the risks to clients in sufficient detail to identify the likelihood and severity of those risks. Plans to manage identified risks also lacked appropriate detail. Staff did not record risks consistently.

- **Unsafe monitoring of community alcohol detoxification**

Staff did not always appropriately monitor clients' withdrawal symptoms or physical health during periods of detoxification. This created the risk that staff would not be able to identify when clients were becoming unwell during detoxification.

As a result of these breaches the Care Quality Commission served the provider with a warning notice, requiring them to become compliant with regulations by 4 October 2016.

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

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

We looked at information provided to us on site and requested additional information following the inspection visit relating to the service.

During the inspection visit, the inspection team:

- interviewed the registered manager of the service
- interviewed the clinical lead of the service
- interviewed the operational lead of the service
- interviewed one nurse, responsible for prescribing medication

Summary of this inspection

- interviewed one administrator, responsible for supervising the correspondence with clients' GPs
- spoke with one client who was using the service
- looked at the physical health care records relating to 10 clients
- looked at assessments of risk relating to 10 clients
- looked at how staff had corresponded with the GPs of 10 clients
- looked at the treatment records of four clients receiving support for detoxification
- looked at a range of policies, procedures and other documents relating to the running of the service

Information about Turning Point - Croydon

Turning Point - Croydon provides advice, support and treatment for young people and adults with drug and alcohol problems within the London Borough of Croydon.

The service had been operating for just over eighteen months. Prior to this there had been five separate services operated by different providers. The service has the following teams:

Recovery team – The largest part of the service providing substitute opiate prescribing, community alcohol detoxification, key-working, counselling, alternative therapies, benefits and housing advice, a needle exchange, blood borne virus testing and vaccinations.

Young person's team – Provides support for young people using alcohol or drugs.

Engagement and outreach team – Engages with clients who might have difficulty in accessing services, such as people who are homeless. Provides harm minimisation advice, support and access to substance misuse treatment.

Criminal justice team - Provides assessments to people in custody, prepares reports for the court, and provides key-working, support and treatment to clients who are subject to court orders with a substance misuse requirement.

All adults using the service are also able to access a psychosocial group programme operating six days per week. Young people access their own programme.

Turning Point – Croydon is registered to provide: Treatment of disease, disorder or injury. The service is commissioned by the London Borough of Croydon and Croydon Clinical Commissioning Group. There is a registered manager for 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 did not rate this service.

The provider was in the process of addressing concerns identified at the previous inspection.

We found some areas which the provider still needs to improve:

- During our last inspection in June 2016 we found that staff were not always appropriately checking the physical health of clients, prior to starting them on treatment. On this inspection there was evidence that steps taken by the provider were delivering improved physical health checks for clients. However, we also saw that not all clients had received this new screen. Staff explained that, because of the large number of clients using the service it would take more time to complete this process.
- During our last inspection in June 2016 we found that staff were not always communicating with clients' GPs to ensure that they had appropriate information to provide safe care and treatment. On this inspection there was evidence that steps taken by the provider were delivering improved staff communication with GPs. However, we found two cases where staff had not attempted any communication with clients' GPs.
- During our last inspection in June 2016 we found that staff were not always appropriately assessing the risks relating to each client, or keeping those assessments up to date and did not always draw up appropriate action plans to address those identified risks. On this inspection there was evidence that steps taken by the provider were delivering improved staff assessment and management of risk. However, we found four cases where staff had not updated clients' risks assessments for many months. Staff explained that, because of the large number of clients using the service it would take more time to complete this process.

However we also found areas of good practice:

- At our last inspection in June 2016 we found that staff did not always appropriately monitor the physical health or withdrawal symptoms of clients receiving treatment for substance misuse or alcohol detoxification. During this inspection we saw evidence that the provider had taken steps to address these problems and that these actions were improving this aspect of

Summary of this inspection

care and treatment. We reviewed four records of clients receiving treatment for alcohol detoxification and found that staff were appropriately monitoring clients' physical health and withdrawal symptoms in every case.

Detailed findings from this inspection

Substance misuse/detoxification

Safe

Are substance misuse/detoxification services safe?

Assessing and managing risk to patients and staff

- During our last inspection in June 2016, inspectors found that staff were in breach of Regulation 12 of Health Social Care Act 2008 (Regulated Activities) Regulations 2014 by not ensuring that all clients received appropriate physical health checks. Because of this breach inspectors served a warning notice on the provider requiring them to improve clients' physical health checks and to be compliant with the regulation by 4 October 2016. On this inspection there was evidence that the provider had taken several steps to address this issue. These included the introduction of a new checklist for staff conducting clients' physical health checks to ensure that they assessed all appropriate areas of physical health. This checklist was to be used for all existing and new clients. For existing clients, staff planned to give the new assessment first to those they identified as a priority, in terms of the levels of risk relating to their health. At the time of this inspection, staff had made appointments for physical health checks for all the high risk and new clients. Senior managers also conducted audits to monitor the progress of these actions. However, at the time of inspection staff had not completed providing the new physical health check to those clients they identified as being a lower priority. Staff said this was because of the high number of clients involved. Managers said that they planned to complete the work of providing the new assessment to all 600 existing clients who needed them within 12 weeks of the inspection.
- During our last inspection in June 2016 inspectors found that staff were in breach of Regulation 12 of Health Social Care Act 2008 (Regulated Activities) Regulations 2014 by not appropriately communicating with clients' GPs. On this inspection there was evidence that the provider had taken steps to address this issue. These included the introduction of a new GP letter system to send standard letters to GPs to provide updates of clients' care and treatment and asking for information relating to their medical histories. A new medical administrator also worked one day a week at the service to supervise this system and to ensure that all new clients' GPs received appropriate letters. Where the administrator identified that communication with GPs was urgent this was done by fax, rather than by letter. However, when inspectors looked at the records of 10 clients who were receiving treatment and for whom it was appropriate for staff to communicate with their GP, we found that this had not happened in four cases. Two of these were new clients to the service.
- During our last inspection in June 2016 inspectors found that staff were in breach of Regulation 12 of Health Social Care Act 2008 (Regulated Activities) Regulations 2014 by not appropriately assessing and managing the risk to clients. On this inspection there was evidence that the provider had taken steps to address this issue. These included completion by all staff of risk assessment training and checks to review clients' risk assessments and management through daily review, staff meetings, staff supervision and quarterly audits. An updated audit showed that this work was not yet complete, with many clients still not having an up to date assessment or management plan in place. This was confirmed by the records looked at by inspectors, where four out of 10 showed that staff had not updated risk assessments and plans for periods exceeding the three month minimum set by the service. Managers explained that, because of the high numbers of clients that used the service, they hoped to have appropriate risk assessments and management plans for all clients in place by 12 weeks after the inspection.
- During our last inspection in June 2016 inspectors found that staff were in breach of Regulation 12 of Health Social Care Act 2008 (Regulated Activities) Regulations 2014 by not appropriately assessing and monitoring the physical health and withdrawal symptoms of clients receiving treatment. During this inspection we found that the provider had taken action to address this issue, including reminding clinicians through meetings and supervision to use appropriate monitoring methods. We also saw evidence that this action was effective. We looked at four client cases to see how staff were monitoring clients during treatment and detoxification and saw in all cases that staff did this appropriately

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that staff undertake an appropriate physical examination before commencing clients' treatment.
- The provider must ensure that staff appropriately correspond with clients' general practitioners.
- The provider must ensure that potential risks to clients and others are appropriately assessed. Clients must have risk management plans addressing identified potential risks.

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 9 HSCA (RA) Regulations 2014 Person-centred care

The care and treatment of service users was not always appropriate and did not meet their needs. Service user assessments were not comprehensive. Service users' medical assessments were inconsistent and dependent on who assessed the person. Assessments did not take account of services users' culture or religion.

This was a breach of Regulation 9(a)(b)

Regulated activity

Regulation

Treatment of disease, disorder or injury

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

The registered person did not always assess the risk to the health and safety of service users receiving care or treatment and did not do all that was reasonably practicable to mitigate any such risks.

The assessments of potential risks to service users were not detailed enough. All areas of potential risk were not assessed.

Risk management plans did not address all potential risks.

Service users did not have a physical examination before treatment commenced.

This section is primarily information for the provider

Requirement notices

There was a lack of correspondence with service users' general practitioners.

This was a breach of Regulation 12(1)(2)(a)(b)(i)

The registered person did not ensure that equipment used by the service provider was safe to use. The weighing scales, sphygmomanometer, breathalyser and blood glucose monitoring equipment used in the service had not been calibrated.

This was a breach of Regulation 12(2)(e)

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

The systems and processes established to prevent abuse and to investigate, immediately upon becoming aware of, any allegation of such abuse, were not effective.

Clients did not have potential risks related to financial or emotional abuse explored during assessment. The circumstances of a service user indicated that they were at risk of physical abuse. The service had not taken appropriate action to safeguard the service user.

This was a breach of Regulation 13(2)(3)

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

This section is primarily information for the provider

Requirement notices

The registered person had established a system for identifying, recording and responding to complaints but this was not fully effective. Three service users had made a complaint and had not received any response.

This was a breach of Regulation 16(2)

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems and processes were not operated effectively to enable the registered person to assess, monitor and improve the quality and safety of the services provided, or to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.

Children at risk of potential abuse were not always identified as such. Action to safeguard children was not always taken. The assessment and risk assessment forms did not include some important areas of potential risk. The service did not monitor the quality of client assessments, risk assessments and risk management plans. The service risk assessment and some policies had not been reviewed when they should have been.

Complaints, incidents and safeguarding referrals were not reviewed in sufficient detail by the management team. The medicines policy provided information which contradicted national guidance.

This was a breach of Regulation 17(1)(2)(a)(b)

Regulated activity

Regulation

This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury

Regulation 18 CQC (Registration) Regulations 2009
Notification of other incidents

The registered person did not notify the Commission without delay of incidents of abuse or allegations of abuse in relation to a service user, or of incidents reported to, or investigated by, the police. The service did not notify the Care Quality Commission of all incidents it was required to. When notifications were made these notifications were delayed.

This was a breach of Regulation 18(2)(e)(f)