CareQuality Commission

Turning Point - Stanfield House

Quality Report

4 Stainburn Road Workington Cumbria CA14 4EA
Tel: 0190065737
Website:www.turning-point.org.uk

Date of inspection visit: 18 October 2018
Date of publication: 28/12/2018

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

Ratings

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

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.

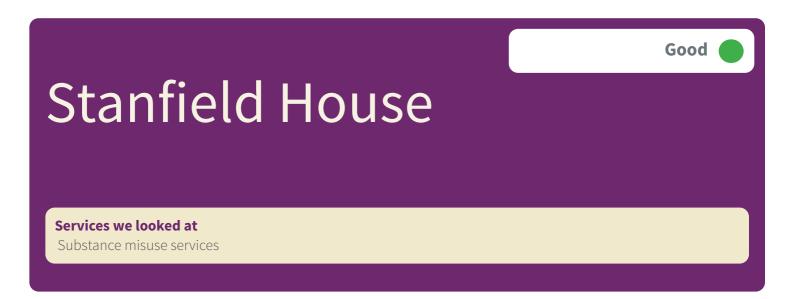# Summary of findings

Overall summary

- The service provided an environment that supported recovery. Service users were encouraged to engage in the daily running of the service, and took responsibility for shopping, cooking and cleaning. They were involved in decisions on the running of the service and their own care and treatment.
- There were enough staff to effectively meet the needs of service users. Staff had the skills and knowledge to deliver the programme and had good relationships with service users. Staff were supported by senior managers who were visible and approachable.
- Service users had their needs fully assessed and had recovery orientated care plans that were personalised and holistic. Service users were supported to maintain abstinence and were supported to engage in the wider community in preparation for discharge. Service users were safeguarded against abuse and discrimination.

- Service users were involved in an effective recovery programme which met their individual needs and were supported to access other services when required. This included any support for mental health issues or physical health. The programme continually prepared service users for discharge and living back in the community.
- Governance systems were in place which meant that incidents were recorded and investigated. There was evidence of learning from incidents and this was shared with staff to improve the service.
- Staff took part in clinical audits and complaints and compliments were monitored and acted upon.
- The service met the needs of all people who used the service and adjustments were made if required.
- Managers were visible and approachable; the vision and values were fully embedded and risk and performance were effectively managed.

Summary of findings

Contents

Stanfield House

Good ●

Services we looked at
Substance misuse services

Summary of this inspection

Background to Turning Point - Stanfield House

Turning Point Stanfield House provides rehabilitation and support services for people aged 18 to 65 who are recovering from the impact of substance misuse. The service provides both residential rehabilitation services and day services for people who are able to commute.

Funding for placements is provided by Local Authorities in the area people usually live.

Turning Point Stanfield House is registered with CQC to provide accommodation for persons who require treatment for substance misuse.

The service has 12 beds, one of which is accessible for people with mobility problems and can accommodate both male and female clients.

The service has been inspected on three previous occasions, November 2012, January 2014 and May 2016. On both occasions they were found to be fully compliant with the regulation.

Our inspection team

The team that inspected the service comprised of one CQC inspector and one assistant inspector.

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme.

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?

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

During the inspection visit, the inspection team:

- visited the service, looked at the quality of the environment and observed how staff were caring for service users

- spoke with five service users who were using the service
- spoke with the registered manager, operations manager regional head of operations, and senior quality advisor
- spoke with two other staff members
- received feedback about the service from three care co-ordinators or commissioners;

- attended and observed a group work session
- looked at five care and treatment records for service users
- looked at a range of policies, procedures and other documents relating to the running of the service.

Summary of this inspection

What people who use the service say

We spoke with five service users during the inspection. All five service users felt that the environment was safe and clean. Service users raised issues with staffing as a support worker had recently left the service. All service users spoke highly of the project worker and felt that the programme was helping them in their recovery. All service users felt involved in their treatment and able to raise concerns.

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?

Good ●

- The service provided an environment which was clean, safe and well maintained. There was a homely feel which encouraged service users to engage in daily living tasks.
- The service had enough staff to ensure service user safety and engagement. Staff were up to date with mandatory training.
- Each service user had an up to date risk assessment and risks were managed appropriately. Effective systems were in place to manage service users own medication.
- Service users were safeguarded against abuse. Staff knew and understood how to report incidents and there was evidence of learning.

Are services effective?

Good ●

- Service users had a comprehensive assessment completed when they entered the service. Care plans were personalised, recovery orientated and holistic.
- Staff had the skills and experience to deliver the service and were receiving regular managerial supervision.
- Staff delivered a programme of treatment that met service user's needs and helped to maintain abstinence and recovery.
- The service had good links with community teams, primary care and other local services.

Are services caring?

Good ●

We rated caring as good because:

- Staff treat service users with kindness, dignity and respect. Service users said staff treat them well and understood their needs.
- Staff involved service users in their own care and treatment and gave them opportunities to provide feedback on the service.
- The service had developed a kennel facility on the site in response to a service user needing somewhere to keep his dog while on the programme.

Are services responsive?

Good ●

We rated responsive as good because:

Summary of this inspection

- The service had clear criteria for admission which included being abstinent from drug and alcohol. The service worked closely with referring teams to ensure service users were prepared for the programme.
- The service had a range of rooms available to support service users on the programme. This included a communal kitchen, living room and private rooms.
- Service users had access to resources in the community and were encouraged to build a supportive network ready for discharge. Service users were supported to maintain relationships with family.
- The service ensured that the programme was inclusive of everyone.

Are services well-led?

We rated well-led as good because:

Good ●

- The service was well led at a local level with good support from senior managers.
- Staff were committed to the providers vision and values and there was a commitment towards continual improvement and innovation.
- The service was responsive to feedback from service users, staff and external agencies.
- Governance systems were in place to monitor the service locally and centrally by the provider.

Detailed findings from this inspection

Mental Health Act responsibilities

The service did not have any service users under the Mental Health Act.

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff had received training in the Mental Capacity Act and had a good understanding of the act. Staff assumed capacity and supported service users to make their own decisions. Service user's capacity was assessed before they came into the service and anyone without capacity would not be suitable for the service. This was reviewed throughout their stay and related to specific decisions.

Substance misuse services

Good ●

Safe	**Good**	●
Effective	**Good**	●
Caring	**Good**	●
Responsive	**Good**	●
Well-led	**Good**	●

Are substance misuse services safe?

Good ●

Safe and clean environment

Staff did regular risk assessments of the environment. The service had an externally commissioned fire risk assessment and an internal health and safety audit was completed annually. A grab bag was located at the entrance to the building in case of an emergency. A first aid box was accessible, this was checked monthly. There was an intercom entry system and service users and visitors were expected to sign in and out. Communal areas had CCTV.

All areas were clean, had good furnishings and were comfortable and well maintained. There were accessible rooms to see people. Cleaning records were up to date. A cleaning rota was in place and service users cleaned the service daily as part of the recovery programme.

Staff adhered to infection control principles, including handwashing. Service users prepared their own meals and the service had been awarded a five-star hygiene rating.

Safe staffing

The provider had determined safe staffing levels, which meant that there was always at least one project worker on site during the day between 9.00 and 17.00, other staff included a manger and an administrator. Cover arrangements were in place for sickness, leave, and vacant posts to ensure service user safety. The service had four substantive staff. Two staff members had left in the previous 12 months and there was a 39% sickness rate. This related to one member of staff who no longer worked at

the service. During the inspection we found that another staff member had recently left the service. Shifts were being covered by a member of staff from another project. The service used the provider's bank staff when required. All bank staff were made familiar with the service and were given an induction.

Staff had received and were up to date with mandatory training. This included 100% compliance for fire and safety awareness, health and safety, first aid, handling information, infection control, governance, mental capacity act, positive behavioural support, safeguarding adults and children. Staff completed substance misuse foundation learning programme.

The previous team leader had left the service and a manager from a similar service was covering this role. An on-call system was in place for evenings and service users were given contact numbers of who to contact out of hours if needed. We saw evidence during the inspection of where the on-call system had been used effectively.

Assessing and managing risk to Service users and staff

Staff completed a full risk assessment for each service user and updated it regularly or after an incident. The case management system automatically created prompts on the risk management plan which staff then completed for any risks identified during the assessment. Positive risk taking and least restrictive options were encouraged.

Staff responded promptly to sudden deterioration in a service user's health. There were good links with the local drug and alcohol service, mental health services and GPs.

Service users were given advice on reduced tolerance, harm reduction and overdose risk during their stay. This was further reinforced upon discharge (including

Substance misuse services

unplanned). Naloxone training was given to opiate service users at admission and again at discharge. Drug and alcohol testing protocols were in place. Any service user to be found using drugs and /or alcohol was supported individually to stay on the programme. This was assessed in the best interests and safety of the service user and the other residents. Where it was not possible for the person to stay then they were discharged and supported to access community services.

Visitors were welcome at the service and service users could have home leave which was assessed on an individual basis.

Safeguarding

All staff were trained in adults and children's safeguarding, this involved safeguarding awareness and safeguarding level two. Staff knew how to make a safeguarding alert. Staff knew how to protect service users from abuse and there were good links with local authorities. There had been one safeguarding concern reported to CQC in the previous year.

Staff access to essential information

The service used an electronic record system. All information needed to deliver service user care was available and in an accessible format to all staff.

Medicines management

Staff had effective policies and procedures in place relating to medication management. Staff followed best practice when storing medication. Service users were responsible for their own medications which were stored in a locked safe in their bedrooms. Service users were assessed before coming into the service to determine whether they would be responsible for their own medication or if it should be stored in the main office. Any service user assessed as needing assistance could have their medication stored in a safe in the main office and was supported by staff to access this. Processes were in place to record service user's medications. Staff carried out weekly audits of service users' medication.

Track record on safety

There had been no serious incidents in the 12 months prior to our inspection.

Reporting incidents and learning from when things go wrong

Staff were clear about how to report incidents and understood the provider's policy on incident reporting. The main types of incident reported included relapses and people leaving the service unplanned. Staff understood duty of candour and were open and honest.

Managers investigated incidents and shared learning with staff. An electronic system was used to record incidents and this was reviewed by the senior quality advisor. Incidents were discussed locally and at the providers monthly clinical governance meeting. We reviewed incidents from the last six months. Although the number of incidents were low, we saw that these had been fully investigated and learning shared with staff. Staff understood their responsibilities around duty of candour and although the service had not made any reports, we found that staff were open and honest.

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

Good ●

Assessment of needs and planning of care

Staff completed a comprehensive assessment of each service user before they came into the service. Staff completed a basic physical health check and ensured that service users were registered with a local GP. Service users were supported to address any physical healthcare needs.

Staff developed care plans that met the needs identified during assessment. Care plans were personalised, holistic and recovery-oriented and identified the persons key worker. Care plans were updated at least every three months or when necessary. Individual risk management plans were regularly reviewed. The recovery star was used to monitor progress.

Staff worked closely with anyone identified as being at risk of leaving the service and supported anyone who left the service unplanned to access services back in their local area.

Best practice in treatment and care

Substance misuse services

Staff provided a range of care and treatment interventions suitable for the service user group. Staff delivered a psychosocial programme which had been designed using best practice and national guidance. The programme had been adapted to a residential setting by the providers clinical psychologist in consultation with service users, staff and stakeholders. The group work programme also included sessions on healthy eating, diet and nutrition, healthy sleeping patterns, and mental and physical wellbeing including techniques.

Staff participated in clinical audit which was managed by the providers risk and quality team. Staff collected information on service user outcomes.

Skilled staff to deliver care

Staff were experienced, qualified and had the right skills and knowledge to meet the need of service users. Robust recruitment processes were in place and all staff had a current DBS in place. The service did employ previous service users. The provider recruitment and selection policy outlined the process for identifying any additional risk assessments or support plans.

Managers provided new and bank staff with an appropriate induction and ensured that they were familiar with the service and service users before they did any shifts.

Managers provided staff with supervision and regular team meetings took place. Staff had received an annual appraisal.

Managers ensured that staff received the necessary specialist training for their role.

Managers dealt with poor staff performance promptly and effectively. The team leader had been supported to carry out their role after performance issues had been identified. The manager had subsequently left the service. Senior managers were currently supporting the service.

Multi-disciplinary and inter-agency team work

Staff had regular contact with service users' care coordinators in their local substance misuse teams. The service worked closely with social services, mental health services and criminal justice services. There was a multi-disciplinary approach to a service user's comprehensive assessment, which identified if the person was ready for the programme. Staff shared information about service users at effective handover and shared

information with other services involved with the service user. There were effective working relationships with community drug and alcohol services and community mental health teams.

The service discharged people after 12 weeks if the service user and staff agreed that this was suitable. Service users could apply for funding to stay longer if this was identified as part of their care plan. Staff worked with supporting agencies in the community to ensure timely transfer of information.

Adherence to the MHA and the MHA Code of Practice

There were no detained patents at the service.

Good practice in applying the MCA

All staff had received training in the Mental Capacity Act and had a good understanding of the act. Staff assumed capacity and supported service users to make their own decisions. Service users who lacked capacity would not be suitable for the service. This was reviewed throughout their stay and related to specific decisions.

Are substance misuse services caring?

Good ●

Kindness, privacy, dignity, respect, compassion and support

Observations and discussion with service users showed that staff treated service users with compassion and kindness. They respected service users' privacy and dignity, and supported their individual needs. Staff provided responsive, practical and emotional support.

Staff said they could raise concerns about disrespectable, discriminatory or abusive behaviour or attitudes without fear of the consequences.

Staff supported service users to understand and manage their care and treatment. Staff directed service users to other services when appropriate and if required supported them to access other services.

Substance misuse services

Staff supported service users to access mental health services if required and encouraged them to engage in mutual aid meetings. Staff supported service users to access the community which would support and maintain their recovery.

Staff understood service user's individual needs and maintained confidentiality. Policies had been explained and were understood by people who were using the service.

Involvement in care

Staff involved Service users in decisions about their care and treatment. They supported Service users with communication when needed and we saw examples of this.

The service empowered and supported access to advocacy and mutual aid in the community. Recovery and risk management plans were in place and service users had been involved in their development. Service users had a copy of their recovery plan.

Service users could give feedback on the service. Daily house meetings took place and service users were expected to take responsibility for the running of the house during their stay. A rota was in place for household tasks and each person was responsible for a different one each week. The Service users did their own shopping and meal preparation. New service users were supported by others on the programme.

Staff involved families when appropriate in a service user's treatment and care. Service users were supported to maintain contact with families and in many cases to regain contact after relationships had broken down.

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

Good ●

Access and discharge

The service had clear criteria for which service users would be offered a service. Service users needed to be abstinent from drugs and alcohol. The service worked with care coordinators in their local teams to ensure that service users were prepared for the rehabilitation programme.

Service users who were not abstinent but working towards a detoxification were placed on a holding list. There was no set time for being on this list as it was individual to the person who needed to complete their detoxification. Funding for rehabilitation needed to be agreed and in place from the persons referrer. The service actively engaged with commissioners, social care and the voluntary sector to ensure that services delivered and met the needs to people using the service. The length of the programme was 12 weeks but this could be extended if the service user and service mutually agreed a longer stay was required. Discussion took place with commissioner and care coordinators if an extended period of stay was required.

Staff supported service users who left the service in an unplanned way to access services in their local community. This included drug and alcohol treatment services and housing services.

Staff supported service users to access other services if required. This included access to mental health services and treatment for physical health.

The facilities promote recovery, comfort, dignity and confidentiality

The service had a range of rooms to support treatment and care. This included a communal living and kitchen area and private therapy rooms. Each Service user had their own bedroom, some had ensuite while others had access to a shared bathroom. All females were given rooms on the top floor which had ensuite bathrooms.

Service users' engagement with the wider community

Staff supported service users to access education and work opportunities. The service had developed a programme in partnership with Community Rail Cumbria called 'rail journey to recovery'. Their voluntary role was to support with the cleanliness, re-decoration and general maintenance of the local stations and in return residents are offered free travel. This partnership brings together many social outcomes of integration and engagement with the community.

Substance misuse services

Staff supported Service users to maintain contact with their families and facilitated home leave once service users were established on the programme.

Service users were supported to access mutual aid groups and develop and maintain links that would support their recovery once leaving the service. Some Service users had stayed in the local area once being discharged due to the links that they had formed.

Staff promoted working with new communities, areas, agencies, vulnerable groups and stakeholders through attendance at meetings, conferences, and their dedicated wellbeing cloud, marketing material and Tier 4 Newsletter. The wellbeing cloud was a virtual space which provided information to service users, families and agencies about recovery services.

Meeting the needs of all people who use the service

The service had a bedroom at the ground floor for anyone requiring adjustments. Staff supported Service users who had communication needs. Information was available in other languages when needed and there was access to interpretators and signers.

Listening to and learning from concerns and complaints

Service users knew how to complain or raise concerns. All comments, complaints and feedback were recorded locally and monitored centrally. Managers ensured that all comments and complaints were dealt with and that Service users received feedback. There had been five compliments and one informal complaint to the service in the previous 12 months.

The operations manager ensured that lessons learned were taken forward at a local level. Complaints were collated by clinical governance meetings on a quarterly basis and provided recommendations to implement change.

Are substance misuse services well-led?

Good ●

Leadership

Leaders had the skills, knowledge and experience to perform their roles. The service had recently undergone a period of management change, as well as having a

member of the team on long term sickness absence. During this time the service was supported by the providers local and national organisational structures to ensure the safe running of the service.

The organisation has a clear definition of recovery and this was shared and understood by staff

Leaders had a good understanding of the service and were visible and approachable.

Vision and strategy

The provider had a clear vision and set of values that had been developed in consultation with service users and staff. Quality and safety were being top priority. Staff understood the providers vision and values and how they applied to the work of the service. The providers senior leadership team communicated the vision and values to staff and these were visible on notice boards. Staff could contribute to discussions about the service and were involved in how the service was delivered.

Culture

Staff felt respected, supported and valued. Staff felt positive about the service they were delivering. There had been some recent staffing changes which had resulted in staff leaving the service. However, the staff we spoke to were positive and satisfied with the service.

Staff were supported about career development and had access to support for their own physical and emotional health needs. Staffing issues with the service had been dealt with appropriately.

Staff felt able to raise concerns and understood the whistleblowing process. Managers dealt with poor staff performance. Recent staffing issues had been addressed by senior managers.

Equality and diversity was promoted within the service. The service supported service users to access the LGBT community, places of worship and any faith based organisations. Service users' needs were individually assessed and support provided from staff to access services in the community.

Governance

Governance policies and protocols were regularly reviewed by the provider. There was a clear framework in place so that staff and managers understood what needed to be

Substance misuse services

discussed and shared. Systems were in place which ensured that the premises were safe and that service users were supported. Staff undertook clinical audits locally and this were overseen by the providers central teams. All information was stored on the provider electronic system and so regional managers could access information remotely to oversee the service

Staff understood arrangements for working with other teams to support service users. A whistleblowing policy was in place.

Management of risk, issues and performance

There was a clear quality assurance management and performance framework in place. The service had effective systems for identifying risks and managed these effectively. A business continuity plan was in place. This covered plans for emergencies such as adverse weather, damage to the property and staffing.

Senior managers were addressing recent staffing issues. The issues were detailed on the provider risk assessment and a staff member from another project had been supported to do shifts at the service until the post was filled. Senior managers were also providing extra support to the service.

Performance information was submitted to Public Health England and the provider used activity reports alongside information from their own systems to monitor the performance of the service.

Information management

The service used systems to collect data that were simple and easy to use. Staff had access to the information and equipment they needed to do their work.

Managers had access to information to support them which included performance of the service. Managers could access information on the service remotely which meant

that audits and incident reporting could be effectively monitored. Webex video conferencing was used to allow managers to have face to face meetings to discuss and share information.

Information needed to deliver care was stored securely and was in an accessible format. Joint working processes were in place with other services. Confidentiality was maintained and explained including the reasons for sharing any information or data.

Engagement

Staff, service users and carers had access to up to date information about the provider and the service. Service users and carers could give feedback on the service and had access to information about the provider through regular newsletters and the intranet.

Service users were involved in the day to day running of the service and were involved in decision making. Members of the senior leadership team were visible and available to staff and service users.

Learning, continuous improvement and innovation

Staff were supported to look for opportunities to improve the service. Service users were asked for feedback at the service at three and six months post discharge.

A tier 4 growth and performance meeting took place to allow the providers an opportunity to share good practice.

Kennel facilities were available at Stanfield house. This was in response to a service user being referred who wanted to bring their dog. This meant that service users did not have to find new homes for their dogs whilst they attended rehabilitation. This also gave service users the chance to attend rehabilitation who might previously been unable to attend. The service users benefited from being able to walk the dogs.

Outstanding practice and areas for improvement

Outstanding practice

The service had been able to maintain two projects. These had been reflected upon in previous inspections and were the kennel facilities and the railway project.

The kennel facilities had been built in response to a service user being referred who wanted to bring their dog. This meant that service users did not have to find new homes for their dogs whilst they attended rehabilitation.

This also gave service users the chance to attend rehabilitation who might previously been unable to attend. The service users benefited from being able to walk the dogs.

As part of the railway project service users had a voluntary role to support with the cleanliness, re-decoration and general maintenance of the local stations and in return residents are offered free travel. This partnership brought together the social outcomes of integration and engagement with the community.

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.

Enforcement actions

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.