

Turning Point - Hoole Road

Quality Report

27 Hoole Road

Hoole

Chester

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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:

- The service provided a programme of therapeutic groups, one-to-one sessions and counselling. Clients participated in the daily running of the service, which included cooking and cleaning. Clients were provided with information about the service as part of the assessment process, and they signed their agreement with this. This included abstinence from drugs and alcohol and compulsory attendance of groups. All clients had a detailed assessment and a recovery plan developed from this. All clients were registered with the local GP. All clients had a risk assessment completed on admission, and the recovery plans took account of these.
- There were enough staff to provide care and support for clients. There had been changes in management and an increase in staffing levels during the 4-6 weeks before the inspection. Clients and staff were positive about the change in the service. Staff were on site up to 6pm each day. After this time there was a member of staff on call. Clients knew how to contact the on-call staff by phone, and the member of staff would attend the service if necessary.

Summary of findings

- Staff received supervision and training, and there were lone working procedures.
- Clients were involved in their care and the day-to-day running of the service. Clients were involved in the development of their recovery plans. Clients had a weekly meeting where they identified issues or problems, and then invited the manager into the meeting to discuss these. Clients were positive about the support they received from the service, and told us they felt able to approach staff if they had concerns.
- The building was generally clean and well maintained. Clients were responsible for the cleaning as part of the therapeutic community, and this was overseen by staff. Clients had access to the kitchen at all times. There was outdoor space.
- Medication was stored and administered correctly.
- The provider monitored the quality of the service. There was a monthly meeting of Turning Point's

substance misuse services in the North West, which reviewed and acted upon information from individual services and fed into the wider Turning Point group. The meeting included reviewing incidents, complaints, staffing levels and training. Staff knew how to report and escalate incidents.

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

- The window restrictors were not fit for purpose, which created a risk of falling.
- There was no schedule for cleaning high or inaccessible areas of the building.
- There were no areas of the building or bathrooms that were designated specifically for men or women.
- Not all staff had had an appraisal.
- Information was not available for clients in accessible formats.

Summary of findings

Our judgements about each of the main services

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

Summary of findings

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Turning Point – Hoole Road

Services we looked at

Substance misuse services

Summary of this inspection

Background to Turning Point - Hoole Road

Turning Point - Hoole Road provides a rehabilitation programme for people with an addiction to drugs or alcohol. The service has 10 bedrooms, and can provide a residential rehabilitation service for up to 12 clients (two of the bedrooms can be used as double rooms). It also provides a day rehabilitation service ("day hab") for clients who are unable to stay in the service. For example, because they have caring responsibilities. They follow the same programme as the residential clients, but return to their homes in the evenings and weekends.

Clients have already completed a detoxification programme before they come to Turning Point - Hoole Road, and agree to abstinence from drugs and alcohol. Clients typically stay at the service for 12 weeks, but this can be extended to 24 weeks. A mix of therapeutic and recovery activities are provided during the programme. Staff are on site from 9am to 6pm during the week, and 10am to 6pm at weekends. There is an on-call service outside these times, mainly by telephone but staff can attend if required. This is part of the therapeutic community model which promotes personal responsibility and trust.

Most clients are funded by local authorities, with or without a top up payment that they pay themselves. Some clients are privately funded. Most of the residential clients are from outside the Chester area. The day hab clients are usually from within the local area, as they travel to the service each day.

At the time of our inspection there were four men and four women using the residential service, and two women using the day hab service.

Turning Point – Hoole Road is one of over 80 registered services provided by Turning Point. Turning Point provides two other residential rehabilitation services in the North West that work with the same model of care and support. The registered manager of Turning Point – Hoole Road was also the registered manager of Turning Point – Leigh Bank in Prestwich, Manchester.

Turning Point – Hoole Road was last inspected in July 2013. No breaches of regulations were identified during that inspection.

Our inspection team

The team that inspected the service comprised CQC inspector Rachael Davies (inspection lead) and a CQC inspection manager.

Why we carried out this inspection

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

How we carried out this inspection

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

- Is it safe?
- Is it effective?
- Is it caring?

Summary of this inspection

- 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 other organisations for information.

During the inspection visit, the inspection team:

- looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with four clients
- spoke with the manager and a senior manager
- spoke with two other staff members
- looked at three care records and eight medication records
- went through the medication procedures with a member of staff
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

At the time of our inspection there were four men and six women using the service. Eight clients were resident in the service, and two clients attended the 'day hab' service each day.

The clients we spoke with were positive about the service and the staff and said they found the staff approachable. People were at different stages of the recovery pathway – some people had been at the service for several months, and others only for several days or weeks. People who had been there for some time said there had been staff shortages, and this had made the group programme unreliable. However, over the past month or so this had improved as the staffing levels had increased. Clients told us they felt safe in the service.

Clients told us they felt involved in their care. This began during the assessment process, and continued throughout. Clients accepted the restrictions that were placed on them, and said these were explained to them before and on admission.

There were weekly client meetings that were led by clients, where they could raise issues and plan the week ahead. They then invited staff into the meeting to take any issues forward. Clients were involved in day to day decisions about the service. New sofas had been bought which were not suitable, but now clients had been consulted on this and the unsuitable ones had been returned and new ones ordered. Clients told us their main problem was the lack of wifi which led to expensive mobile phone bills. They had raised this with staff, and had had feedback that the provider was trying to resolve this as there were technical difficulties in the environment.

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:

- Many of the window restrictors had been removed, or were easily detached, so that windows above ground floor level were wide open. This was a breach of a regulation. You can read more about it at the end of this report.
- There was no schedule for cleaning high or inaccessible areas of the building. Some areas of the building were clean but the décor was tired.
- Staff were monitoring the temperature of the medication fridge, but were not clear about how to correctly use the thermometer, or what action to take if the temperature was out of range.
- There were no areas of the building or bathrooms that were designated specifically for men or women. Although all clients had their own room which they could lock with a key.

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

- There were routine environmental and cleanliness checks. The building was generally clean and maintained. Waste was disposed of appropriately.
- There were enough staff to provide care and support for clients. There had been low numbers of staff in the unit up to four weeks before the inspection, but the gaps had now been filled. There were no staff on the premises after 6pm, but there was a staff on call rota and clients were able to contact staff by phone. There were lone working procedures for staff.
- Staff knew how to report and escalate incidents, and these were reviewed and any action taken.
- All clients had a risk assessment completed on admission, and actions taken in response to these. Clients were tested each morning for alcohol consumption.
- Medication was checked on admission, and was administered and stored correctly.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- All clients had a detailed assessment completed on admission, from which a recovery plan was developed. Clients were

Summary of this inspection

involved in developing their plan of care and support. All clients were registered with a local GP who prescribed medication and responded to any healthcare needs. Electronic and paper records were kept of each client's ongoing progress and support.

- All clients attended a compulsory programme of therapeutic groups, had one-to-one sessions with their keyworker, and had access to counselling if required. Clients were part of a therapeutic community, which included cleaning the building and cooking for one another.
- Staff had completed training about the Mental Capacity Act. Clients were made aware of the restrictions and signed their consent to participate in the programme before and when they came to the service. For example that they would abstain from alcohol, and participate in groups and the communal running of the house.
- Staff received supervision, and had access to training.

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

- Not all staff had had an appraisal.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients were positive about the staff and the service. They found the staff and service supportive and helpful in their recovery.
- Clients were provided with information before they came to the service, and participated in their assessment and care planning.
- Clients had a weekly meeting where they planned the following week, and identified any areas of concern which they presented to staff. Clients participated in the communal running of the house which included cooking for one another and cleaning.
- Clients felt able to raise concerns about the service. Where issues were identified, these were responded to and the issues resolved or progress reported.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

Summary of this inspection

- Clients were assessed and invited to visit the service, before they made a decision about whether to join the programme. The service liaised with the client and their care manager regarding funding and the client's progress.
- There were adequate facilities. There was access to the kitchen with food and drinks at all times. There were rooms for groups and for individual one-to-one sessions. There were communal areas for watching television, and outdoor space which included a smoking area.
- Clients were able to raise their concerns. Clients and staff were aware of the complaints process, and information about this was on display in the service. Clients had a weekly meeting where they identified and raised any concerns.
- A day rehabilitation service was available for clients for whom a residential service was not suitable.

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

- Information was not available for clients in accessible formats.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The provider monitored the quality of the service. There was a monthly meeting of Turning Point's substance misuse services in the North West, which reviewed and acted upon information from individual services and fed into the wider Turning Point group. This included reviewing incidents, complaints, staffing levels and training.
- The provider had audited health and safety practices in the service, and taken action to address areas that required improvements. This included improving lone working arrangements and ensuring staff were aware of relevant policies and practices.
- There had been changes in management and an increase in staffing levels during the 4-6 weeks before the inspection. Clients and staff were positive about the change in the service.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff had completed training about the Mental Capacity Act.

Clients were deemed to have capacity to make decisions. Any clients who required a detoxification programme completed it before coming to the service, so were not subject to the physical withdrawal symptoms from drugs or alcohol that may impair their judgement.

Clients were given information about what to expect from the treatment programme, and signed their agreement of consent to this. Clients understood and agreed to the conditions of the programme which included abstinence from drugs and alcohol, and taking part in groups, and cooking and cleaning of the service.

There were no clients subject to Deprivation of Liberty Safeguards.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

There were ten bedrooms, two of which could be shared, which provided accommodation for up to 12 clients. At the time of our inspection the shared bedrooms were used by one person only. There were no gender designated areas in the building. Staff told us that the shared bedrooms would only be used by clients of the same gender. All the bathrooms and toilets were used by both men and women. Clients had keys to their bedrooms, and told us that they felt safe.

An annual environmental risk assessment was carried out. This included the risk of falling from height, which the service had attempted to address by fitting restrictors on the middle and top floor windows. However, the window restrictors in most of the bedrooms did not ensure that the windows could only be opened a safe distance, which may put clients at risk of falling. There were three bedrooms on the top floor and seven on the middle. We saw nine of the bedrooms. Eight of the bedrooms had windows made up of two horizontal panes of glass, with a handle in the middle that opened the top half of the window. Two windows did not have window restrictors at all, and four had a restrictor that had been unhooked and the window pushed wide open. The remaining two windows had intact restrictors but were of the same design as those that had been unhooked. The remaining bedroom we saw (on the top floor) had vertical panes of glass, with two opening windows. One had an intact restrictor, and the other had no restrictor but was locked. The provider told us that following a CQC inspection of a similar service they had requested that the restrictors be repaired. However, they acknowledged that the design of the restrictors was not fit for purpose as they were easily unhooked.

Cleaning of the building was carried out by clients, and was part of their recovery programme. Staff oversaw this, and supported clients to challenge one another if the cleaning was not carried out. The service had initiated a deep clean of the kitchen, which was due to take place the Saturday after our inspection. Some areas of the building were tired and in need of refurbishment, but overall it was clean and maintained. There were cobwebs and damp patches on the ceiling on the top floor. The provider confirmed that there was not a schedule for high level or deep cleaning of the rest of the building. The bathrooms looked worn, but appeared clean. There were no visible signs of mould.

Staff carried out a weekly health and safety, and a housekeeping check of the building. This identified any maintenance required and the general cleanliness of the building. Turning Point's maintenance department carried out repairs to the building. Staff reported any repairs that were required, and the team attended. There were health and safety policies, and the necessary maintenance and testing had been implemented. This included of water, gas and electricity. When problems had been identified in the building these had been resolved, for example a leak had reported and repaired in March 2016. There were fire safety policies, and equipment was routinely checked.

Clients cooked meals together and for one another as part of the therapeutic programme. The fridge was full and food was stored correctly. Staff checked the fridge and freezer temperatures and checked for out of date food. The temperature of the fridge in the kitchen had been running slightly high, and a new fridge was due to be delivered the week of the inspection. All staff were due to complete e-learning food hygiene training by the end of August 2016.

There was a dedicated bathroom for carrying out urine testing for drug screening. This had the correct bin for disposal of equipment such as urine pots, testing strips and gloves. There were the correct bags and bins for the safe disposal of sharps, clinical and pharmaceutical waste.

Substance misuse services

There was CCTV of communal areas of the building, and this was stored for six weeks. Clients and visitors signed themselves in and out of the building.

First aid boxes were routinely checked each month, and the items in them were in date. Staff had completed first aid awareness e-learning training, but not had face-to-face first aid training for appointed persons. The service had put in a plan for this. The provider's policy was for staff to call an ambulance or take someone to their GP if they were unwell.

Safe staffing

The provider, staff and clients told us that there had been problems with the staffing levels at this service. This had been addressed in the last six weeks with the introduction of a new manager and an increase in the numbers of staff. Clients and staff told us that this had improved. Clients and staff confirmed that prior to this it had been difficult to ensure that groups and activities always happened, but now this was a lot easier. The provider had employed bank staff across the substance misuse services so that any gaps were covered by regular staff. The provider had employed three peer mentors for Turning Point – Hoole Road. Two of these had been employed for about a week, and the third had not yet started. Their role was to provide support to clients which may include escorting clients, and offering support.

There were two staff on duty from 9am to 6pm from Monday to Friday. There was one member of staff on duty from 10am to 6pm at the weekend. Outside of these times staff operated an on call system. All clients had the on call phone number, and were encouraged to contact staff if they had problems or concerns. Clients also rang the on call number to 'check in' with staff when they went out and returned to the service, or to give feedback after they had been to appointments or activities. If necessary staff would come to the service out of hours.

Turning Point had a lone working policy. Staff told us they felt safe, and could contact their managers and staff in sister services if they needed support.

There were five permanent staff working within the service: two managers and three support workers. They had been working for Turning Point for some time, and had completed their mandatory training. The provider had carried out a training audit and identified areas where staff needed refresher training. Staff had subsequently

completed or been booked for training. The provider had identified other beneficial training for staff, and had requested this from Turning Point's training department. For example, three of the five staff had not completed training in mood management.

Assessing and managing risk to clients and staff

The provider had carried out a case file audit in July 2016 and identified where there were gaps in the records and when these needed to be addressed. This included risk and recovery plans. We looked at three care records. They all had a risk assessment, actions to take in response to those risks, and recovery plans. Risk assessments included the client's drug or alcohol use, mental and physical health, and social needs.

Medication was managed and administered safely. Medication was stored in a dedicated room adjoining the staff office. There were secure storage facilities for medication in each of the bedrooms. At the time of our inspection three of the eight residential clients were self-medicating.

Every morning all clients were breath tested for alcohol consumption before their medication was administered. Staff and clients told us that this used to happen through a hatch in the medication room to the corridor, but it was now carried out in the room itself so it was more private. Staff were aware of who may need additional supervision with medication. For clients who were not self-medicating, staff issued medication in dosette boxes for them to lock in their rooms to take at night. We looked at the medication records for all clients and these were completed correctly.

When clients were admitted staff checked their prescribed medication, and registered them with the local GP. Clients who needed regular blood tests because of the medication they were on, had these arranged with their GP.

Medication was delivered from a local pharmacy each week, and was checked by staff. Staff were clear about the procedures for managing and administering medication. Staff who administered medication had completed a competency assessment, which had been signed off by the manager. Staff were aware of what action to take in the event of a medication error.

Staff monitored the temperature of the medication fridge. Staff made a daily record of the temperature at the time of checking, and the minimum and maximum temperature of

Substance misuse services

the fridge (as shown on the thermometer) since the thermometer had last been reset. The records showed that although at the time of reading the fridge temperature had always been in range, the maximum temperature had been ten degrees for the four days prior to the inspection. Staff were not clear about how to reset the thermometer to ensure this was not showing a “historical” value, and they had not taken any action in response to the temperature being out of range. The items stored in the fridge were not required to be stored below eight degrees, so would not have been affected by the slightly higher temperature.

Staff were clear about the action to take in the event that a client consumed alcohol, drugs or wanted to leave. This was rare, but staff described examples of how they had dealt with these situations when they occurred. Each client’s initial assessment included identifying potential triggers, and how they might deal with these to prevent them drinking or using drugs again.

Staff had had safeguarding awareness training. If there were safeguarding concerns then staff would discuss these with the manager. Staff or the manager would then contact social services. There was information available for staff about what action to take in the event of a safeguarding concern.

Track record on safety

There had been no serious incidents at the service within the last six months.

Reporting incidents and learning from when things go wrong

Staff knew how to report incidents through the service’s electronic incident reporting system. This included the nature of the incident, the level of severity, and the action taken. In the period from 28 December 2015 to 15 March 2016 there were 18 incidents. Appropriate actions had been taken in response to the incidents recorded. All the incidents involved clients of a community service that used to be provided at Turning Point – Hoole Road but which had now moved elsewhere.

Incidents were reviewed by local managers and then corporately. All incidents were reviewed at the substance misuse governance meeting where the number of incidents per type, which included safeguarding, and any themes were identified. Any deaths elsewhere in the organisation were also discussed at the provider-wide “mortality

meeting”. Action had been taken in response to incidents. For example, there had been two false fire alarms – this had identified a faulty sensor in the system which had been replaced.

Duty of candour

Staff understood their responsibilities relating to the duty of candour. There were no recorded incidents of a level that met the criteria for a formal apology. Staff were open with clients about their care and treatment. Staff told us that if, for example, there was a medication error they would inform the client.

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

Assessment of needs and planning of care

We looked at three care records and eight medication charts.

All clients had a detailed assessment which included their alcohol and drug use, physical and mental health care needs, and social circumstances. All clients completed a recovery star, which was a visual tool for rating and recording a person’s progress in a clear way.

The assessment tool included a section for recording if staff had discussed blood borne viruses with the client. The provider acknowledged that this was not routinely completed, and had planned training for staff to give them the skills to discuss this with clients, which was due by October 2016. Blood borne virus screening was not carried out in the service, and the client went to their GP to do this.

Clients were shown round the building as part of their assessment. When clients were admitted staff went through the assessment process with them over the first couple of days. The first part included group rules, information about the service, consent forms, and risk assessments. The second part included developing star charts and recovery care plans. Clients were involved in their assessment and care planning. The service used a standardised assessment pack which was completed on paper, and then logged electronically. Clients were registered with the local GP to have their medication prescribed, and any healthcare issues addressed. Clients had a formal review of their care at six and twelve weeks.

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Clients' care records were stored electronically and in paper folders.

Best practice in treatment and care

Turning Point – Hoole Road provided a residential rehabilitation programme for people with drug or alcohol problems. Clients were expected to be abstinent from drugs and alcohol, and to have completed any detoxification programme prior to coming to the service.

The National Treatment Agency commissioned the Strang Report, published in 2012. This emphasised the need for drug and alcohol service to focus on recovery, which included supporting clients to improve their health and social functioning. The programme at Turning Point – Hoole Road included the development of recovery skills, mindfulness and mood management groups. These were 'taught' over several sessions each week, over a 12 week programme. The recovery skills programme used a cognitive behavioural therapy approach to work with clients to develop skills to manage their addiction. The emphasis was on developing skills to change behaviour. The mindfulness programme taught clients the skills that helped them dealing with urges and cravings, and managing anxiety and low mood. The mood management course was based on a dialectical behaviour therapy approach, which places emphasis on the use of language (dialectics). Clients had regular one-to-one sessions with their keyworker, which was usually at least once a week. A counsellor came to the service and provided counselling sessions with clients who required this.

The Strang Report also recommended the use of peer mentors to support clients with their recovery. Peer mentors were typically people who had themselves had problems with drugs and alcohol, and had been through the recovery process. Turning Point – Hoole Road had recently employed three peer mentors.

Clients agreed to compulsory attendance at groups. Clients were part of the therapeutic community in the service, which included cooking and cleaning for one another. As part of their rehabilitation clients were encouraged to maintain links with their families, and to participate in community activities. There were no staff on site after 6pm each day, though they were available by telephone. This encouraged clients to take responsibility for themselves and maintain their recovery "on trust", and with the support of their peers.

Skilled staff to deliver care

The permanent staff working in the service were all had experience of working within addiction services, and had worked within Turning Point – Hoole Road or other Turning Point services for several years.

Staff received supervision but the frequency had been variable. The manager told us that the intention was that staff would have supervision once a month. All staff had had supervision within the last month.

The managers had had an appraisal but the three support workers had not. An appraisal can be used to identify areas for staff development. Staff told us they felt supported by their managers, and were able to request additional training.

A trained counsellor provided counselling sessions for clients. This was in addition to the group sessions and one-to-ones provided by Turning Point staff.

Multidisciplinary and inter-agency team work

Staff told us they had good working relationships with the local GP and mental health services. Clients all registered with the same local GP practice when they came to Turning Point - Hoole Road. Most clients were from outside the local area, and their care managers and other professionals, such as in community mental health teams, were in the area the client had come from, such as Stoke-on-Trent or North Wales.

Staff told us that contact with care managers varied according to the individual care manager or team, but all were invited to the six and twelve week review meetings. Care managers were involved in discharge planning, and updated on their client's progress.

Staff completed a handover sheet each day that summarised activities and any issues or actions needed for each client.

Adherence to the Mental Health Act

Turning Point – Hoole Road did not admit people detained under the Mental Health Act.

Good practice in applying the MCA

All staff had completed training in the Mental Capacity Act and Deprivation of Liberty Safeguards. All clients were deemed to have the capacity to make decisions about their care. If clients needed to carry out a detoxification

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programme this was completed before the client came to Turning Point – Hoole Road. As such, clients were not subject to the physical withdrawal symptoms from drugs or alcohol that may impair their judgement. Clients were made aware of and agreed to the terms of the programme before they came to the service. This included not consuming drugs or alcohol, attendance in the group programme, and participating in cooking and cleaning in the service. There were other restrictions such as handing in their mobile phone during the day, and not going out alone for at least the first two weeks. If clients wanted to go out they would be escorted by staff or a peer mentor. Clients took responsibility for themselves, as staff were only on site until 6pm each day, so clients were trusted to abide by the restrictions they had agreed to outside of this.

Staff described an incident where a client had been intoxicated. When discussing options with the client, there had not been a formal capacity assessment, but staff had considered whether the client was able to understand and retain information when the options were being discussed.

Equality and human rights

There was an equality and diversity policy, and all staff had had equality and diversity training within the last year.

Management of transition arrangements, referral and discharge

Clients had routine reviews at six weeks, and before the end of the programme at 12 weeks. Some clients extended the programme for up to 24 weeks if this was deemed beneficial to help them manage their addiction. Care managers attended meetings at 12 weeks, and were invited to attend other reviews. Staff told us that finding suitable housing for clients following the programme could be difficult because of a general shortage of suitable and accommodation.

Are substance misuse services caring?

Kindness, dignity, respect and support

Clients were positive about the staff and told us they found them approachable. Clients were positive about the support they received from other clients using the service.

The atmosphere in the service was friendly and relaxed. The interactions were observed between clients and staff were friendly and respectful. Staff spoke about clients in a positive and person-centred manner, and had an understanding of their needs.

The involvement of clients in the care they receive

Clients were provided with an information booklet before they came to the service. This included information about what the client could expect from the service, and what the expectations were of the client. The booklet started the recovery process by asking clients to think about their goals and any existing support networks. Clients were part of the assessment process.

We observed that clients had free access to the kitchen and dining area, cooked meals, and offered each other and staff tea and coffee. Clients and staff sat with one another in the garden area in between groups.

An “involvement board” was on display with a range of information for clients. This included the service user involvement plan, dated June 2016, and notes from clients’ meetings. There was a weekly client meeting. Clients had a meeting amongst themselves that identified any problems or concerns. Then the manager came in and the clients presented their issues to them. There was a service user representative who had had training from the provider to do this. Clients told us that staffing had been a problem, and this had meant that groups did not always happen as planned. However, this had improved over the last month and clients were now much happier. The main outstanding concerning was the lack of wireless internet access (wifi) in the building. There were apparently technical reasons for this, and the clients were aware that the provider was trying to resolve the problem. Clients told us they felt involved in their care. They felt that they were listened to and could raise concerns.

The clients met each week and discussed the plan for the week. Decisions about the day to day issues in the service were discussed as a group. Cooking and cleaning was carried out by clients, and they felt this worked. They had agreed that new clients don’t have to do chores for their first two weeks in the service. This was to give them time to settle in. Everyone was allocated jobs to do around the house. One of the support workers was the service user lead. An activity was planned for a group of clients to walk up Snowden the week following the inspection.

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The sofas in the lounge had been in need of replacement. New sofas had been ordered, but when they were delivered they were found to be unsuitable so were returned. Clients were then involved in the choosing of new sofas which were on order.

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

Access and discharge

The service had an admission criteria. Clients had to be over 18 years of age, be abstinent from drugs and alcohol, and to agree to engage in the treatment programme. If clients were undergoing a detoxification programme this had to be completed before they came to Turning Point – Hoole Road. Most of the time clients came to the service as soon as their detoxification programme had finished.

Clients were referred to the service by their care manager, and staff talked through what the service could provide and whether it could meet the client's needs. A phone or face-to-face assessment was arranged with the client. Where possible clients visited the service so they could make an informed choice about agreeing to come there. Most clients were funded by their local authority, often with a top up payment they had to pay themselves. Care managers arranged local authority funding. Some clients paid privately, and arranged the finances with the service themselves.

Most of the residential clients were from outside the Chester area. The service had links with and regularly took clients from Stoke-on-Trent and North Wales. Clients using the day hab service were from the Chester area, as they had to travel to the service each day.

Clients had review meetings at least every six weeks. These identified client's discharge needs. When clients were approaching discharge they were supported in this transition. For example, by increasing periods of leave.

The facilities promote recovery, comfort, dignity and confidentiality

The service had eight single and two double bedrooms. The double bedrooms were not being shared at the time of our inspection. Clients had their own rooms with a key, and secure storage for medication. Clients had personalised their rooms.

There was a kitchen and dining area where clients prepared food for one another. Food and drink was accessible at all times, and the kitchen and dining area was never locked.

There was a lounge, conservatory and counselling room. Groups took place in the lounge, and one-to-one and counselling sessions in the counselling room. When groups were not happening, the lounge and conservatory were used for relaxing. There was a television, DVDs, magazines, books and games available for clients to use.

There was an outdoor area with plants and flowers, and this included a smoking area. There were laundry facilities for clients.

Clients agreed to undergo urine tests for drug screening in line with Turning Point – Hoole Road's protocol. This was carried out in a dedicated bathroom away from the main communal areas of the building.

Clients had mobile phones. Clients handed their mobile phones into staff when they had their morning medication, and they were returned to them before staff left, or if the client went out. Clients agreed to this, and it was so that they were focussed on groups and the communal activities, and not on their mobile phones.

Meeting the needs of all clients

Staff told us that because of the group programme and the therapeutic community model, it would be challenging to provide a service to someone who was not fluent in English. Information was not readily available in languages other than English. Some of the clients came from Wales, but there was no information available in Welsh. The manager told us they were trying to have their information leaflets translated into Welsh.

Turning Point – Hoole Road was not accessible to people in a wheelchair.

Clients were asked about their religious beliefs as part of the assessment, and directed to local religious centres if required. There was a list of places to worship in Chester on display.

Substance misuse services

Listening to and learning from concerns and complaints

The service had received one formal complaint in the twelve months up to the end of May 2016. There was a complaint that was being investigated at the time of our inspection. The provider had discussed this with the client, and action was being taken to address their concerns.

Turning Point had a complaints policy, and clients could make complaints at a local level or corporate level. Staff were clear about the complaints process, and how to support clients if they wished to make a complaint. Staff told us that they resolved issues at a local level where possible. Information was on display about how to make a complaint.

Clients told us they felt able to raise their concerns. Clients usually raised any concerns or complaints they had through the weekly clients meeting.

Compliments and complaints were a standing agenda item in the substance misuse governance meeting. The most recent minutes (15 July 2016) identified no complaints across Turning Point's four north west substance misuse services, and a number of compliments, though not which service they were attributed to.

Are substance misuse services well-led?

Vision and values

Turning Point is a social enterprise and states that its focus is on "improving lives and communities". It works with people with drug and alcohol issues, a mental health concern, or a learning disability.

Staff told us that the service was person centred and believed in treating clients with dignity and respect, whilst having honest and open discussions and challenging behaviours when necessary. This was reflected by the clients and staff we spoke with and our observations during our inspection.

The service had a folder of policies that incorporated Turning Point's values, and staff had signed these to confirm that they had read them.

Good governance

There was a clinical governance meeting for substance misuse services in the North West. They included standard

agenda items such as key performance indicators, incidents, complaints, staffing, training, audits, feedback from other governance meetings and national developments, health and safety, and complaints.

There was a clinical governance manual for the substance misuse services. This described how information about the performance of the service was fed into the other substance misuse services and ultimately to the wider Turning Point organisation. The information also fed into individual services, team meetings and staff supervision.

The provider had carried out a health and safety audit report in April 2016. This had identified a number of areas that required improvement including inadequate lone working procedures, staff not being aware of policies, and the health and safety risk assessments not signed off by the manager. These issues had now been addressed. Various risk assessments had been carried out which included of the building, lone working, and hazardous substances. The service had an action plan which was still being implemented, but progress had been made. There was evidence that changes and improvements had been made to the service.

There was an audit calendar for the service. This included a quarterly review of staff files, a monthly review of action plans, and reviews of health and safety and housekeeping.

Leadership, morale and staff engagement

A new manager had started less than four weeks before the inspection. They were the registered manager for Turning Point – Hoole Road and one of its sister services. This was due to be reviewed in October 2016 to ensure the effectiveness and feasibility of the post being across two sites.

Staff and managers told us they felt supported by their managers. Managers told us they felt they had the authority to do their job. The service had undergone significant changes over the past 4-6 weeks. Staff and clients (who had been in the service prior to this) all noted that the service had improved since the new manager had started, and staffing levels had increased.

Staff meetings had been sporadic, but had been once a fortnight over the last six weeks. Staff told us they felt able

Substance misuse services

to raise concerns. They told us they had felt under pressure when the staffing levels were low, but now this had improved they were able to get on with their job of supporting clients.

Commitment to quality improvement and innovation

The provider told us that the day hab service had been initiated in response to local need. It was aimed at providing a service for clients in need of an alcohol recovery programme, but for whom a residential setting was not practical. For example, because they had caring responsibilities.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that window restrictors are installed correctly and are fit for purpose.

Action the provider **SHOULD** take to improve

- The provider should review the provision of gender-designated areas within the building.
- The provider should ensure that staff are familiar with the procedure for correctly monitoring medication fridge temperatures, and know the appropriate action to take if these are out of range.
- The provider should review the cleaning of the building particularly with regards to periodic deep cleaning and hard to reach areas.
- The provider should consider making information available in accessible formats
- The provider should ensure that all staff receive an annual appraisal.

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
Accommodation for persons who require treatment for substance misuse	<p>Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment</p> <p>How the regulation was not being met:</p> <p>Restrictors to limit the opening of windows to a safe distance were missing, disconnected or not fit for purpose.</p> <p>Regulation 15(1)</p>