

East Kent Substance Misuse Service

Quality Report

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Date of inspection visit: 7-9 November 2016
Date of publication: 01/03/2017

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

Overall summary

We found the following areas of good practice:

- The hubs and clinic rooms were clean, tidy and well equipped to meet client's needs. All appropriate health and safety records were in order.
- Turning Point's ethos was to offer a person centred service to clients, with the aim to empower clients to be successful and take control of their lives. We saw evidence of this in how staff respected client's views and wishes, as well as actively seeking client feedback. Clients told us that staff were respectful, supportive and non-judgemental.
- Clients received a comprehensive assessment of their needs and a care plan was formulated jointly with their recovery worker. The hubs had an experienced staff team and clients spoke of having regular key work sessions.
- Clients and carers spoke positively about the care and support they received from staff.
- The organisation worked jointly with other agencies in order to offer a service to all clients and respond to clients individual needs.

- There was an effective clinical governance process in place which ensured audits were undertaken and learning was disseminated across the hubs.
- Staff received regular supervision and appraisals. The hub managers were very approachable and available to staff and senior managers visited the different hubs regularly.
- The organisation operated a peer mentoring scheme for former clients offering training and the ability to develop skills.

However,

- There was not a robust alarm system available at the hubs we visited. The services in the South Kent Coast (SKC) area had some alarms in rooms but Thanet did not have any. Hand held alarms were available but this was inconsistent. We brought this to the attention of the provider and they recognised the risk this posed to staff. Senior management addressed this whilst we were on our inspection and were looking at different alarm systems and requesting quotes.

Summary of findings

- Basic life support training was not part of the mandatory training for staff. This meant that not all staff were equipped to respond to an emergency situation.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services		

Summary of findings

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Summary of this inspection

Background to East Kent Substance Misuse Service

East Kent Substance misuse service is a community integrated drug and alcohol service run by the Turning Point. They were commissioned to offer this service in April 2013. There are five hubs, Canterbury (registered location), South Kent Coast, Thanet, Swale and Ashford. We inspected the Canterbury, Thanet and South Kent Coast (Dover) hubs.

The service also operated satellite services across multiple sites and locations in order to meet clients' needs and to ensure they provided an accessible service for all clients.

The service had a registered manager.

Turning Point was registered with the Care Quality Commission (CQC) on 1st April 2013 to provide the following regulated activity; treatment of disease, disorder or Injury.

Our inspection team

Team Leader: Joan Hallifax Inspector, Care Quality Commission.

The team that inspected the service comprised three CQC inspectors, one CQC pharmacist, who joined the team for one day and three specialist advisors who were senior nurses with experience of substance misuse and mental health.

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?

Is it responsive to people's needs?

Is it well led?

Before the inspection visit, we reviewed information that we held about the location.

During the inspection visit, the inspection team:

- visited three service locations, looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with 19 clients and four carers
- spoke with the registered manager and senior management
- spoke with a commissioner from Kent County Council

Summary of this inspection

- spoke with 28 staff including a prescribing doctor, two qualified nurses, recovery workers, senior staff, a clinical psychologist and three administration staff
- spoke with two peer mentors
- attended and observed a medical review, initial appointment for a client, health and well-being reviews, focus group, welcome meeting for new clients and attended staff meetings and a clinical management meeting
- collected feedback using comment cards from 32 clients
- looked at 15 care and treatment records, including medicines records, for clients
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

All the clients we spoke to and feedback from the 32 comment cards received spoke positively about the staff. Clients stated they felt safe and that staff were very caring and supportive.

Carers spoke about the commitment and compassion of staff. Both clients and carers spoke about the quality of the time given by the staff and that this was never rushed.

From the comment cards and with the clients and carers we spoke with they spoke of staff responding to specific needs stating that they not only supported the client individually but offered support to the carers and

families. They worked with them as a family to enable an understanding of addiction and what to expect as the individual seeks help for their substance misuse or alcohol withdrawal.

Clients highlighted that they felt comfortable accessing the service and they were not made to feel embarrassed and marginalised due to the problems they were experiencing this was mentioned on many of the comment cards as an area very important to them as clients in need of a service.

Many clients and carers spoke highly of staff's ability to respond to individual needs visiting them at home if required.

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 areas of good practice:

- All clinic rooms were well equipped and had the necessary equipment to carry out physical examinations. Equipment was monitored and checked regularly and there was a checklist for completing this. All three hubs were clean and tidy. The appropriate health and safety records were present and in order.
- The organisation had an experienced staff team and clients spoke of having regular key work sessions. They did not use any agency or locum staff. However, there had been a high turnover of staff which had been attributed to the re-tendering.
- New staff completed an induction programme and were reviewed against a competency framework.
- Staff were up to date with their mandatory training. There was a training matrix available on the shared computer drive. All staff had access to the matrix.
- The organisation had a safeguarding lead and safeguarding champions within the hubs.
- Staff knew how to report incidents. Learning from these incidents were shared in relevant staff meetings.

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

- There was not a robust alarm system available at the hubs we visited. South Kent Coast (SKC) had some alarms in rooms but Thanet did not have any. Hand held alarms were available but again this was inconsistent and staff told us that the use of these was sporadic. We brought this to the attention of the provider and they recognised the risk this posed to staff and were addressing this whilst we were on inspection.
- Basic life support training was not part of the mandatory training for staff. This meant that not all staff were equipped to respond to a health emergency.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Care plans were completed with clients and regularly reviewed.
- Staff received regular supervision and yearly appraisals.

Summary of this inspection

- There were regular staff meetings.
- Regular reviews of care plans and weekly audits of records were undertaken to improve services.
- There were good partnership working arrangements with other agencies, and providers. Joint ventures had been established to support clients, for example those who were pregnant.
- There was a robust clinical governance process in place and audit outcomes were monitored and action plans put in place to improve services.
- Yearly audits were completed to analyse and review compliance under the National Institute for Health and Care Excellence guidance (NICE).

Are services caring?

We do not currently rate standalone substance misuse services.

- Clients and carers told us that they felt staff treated them with respect and were very caring. Some clients gave examples of staff going the extra mile to support their individual needs.
- We observed staff showing dignity and respect towards clients.
- The organisation had a five steps programme running for carers where support would be given as a group and time would be given individually.
- Clients stated that they knew how to raise concerns. There were leaflets and posters in the hubs giving information on this and there were forums where they could make comments or suggestions on service delivery and making improvements.

Are services responsive?

We do not currently rate standalone substance misuse services.

- Initial assessments were offered in a timely way and more immediately if required.
- The hubs were well equipped for their use and had lots of rooms to use for private one to one sessions and group work sessions.
- South Kent Coast and Thanet premises had appropriate adjustments made and were accessible for people with disabilities. Canterbury was accessible downstairs and staff were able to use other premises or home visiting if there was a further need.
- The organisation had good procedures and policies in place to follow up clients who did not attend and where there were concerns.

Summary of this inspection

- Clients were encouraged to make comments and suggestions about the service. There were regular client meetings and representation from peer mentors at meetings held by senior management.
- It was clearly displayed at the hubs on how to make complaints and how these would be dealt with. The organisation monitored and reviewed all complaints. There were customer feedback posters and leaflets available on display in the communal areas of the hubs we visited.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- There were clear frameworks in place for quality assurance. There were regular clinical governance meetings and regular audits were completed.
- Staff felt very supported by the service managers at the hubs. Staff told us they found managers to be very approachable and were happy to raise concerns with them. Staff knew who the senior managers were and they visited the hubs regularly. Staff were less certain about raising concerns directly with senior managers.
- Staff demonstrated a genuine passion to enable their clients move on. The re-tendering had put additional pressures on staff and left uncertainty about their jobs which affected staff morale.
- The organisation and senior managers actively sought feedback from clients. Peer mentors attended senior management team meetings and commissioners meetings.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

All managers and senior recovery workers had received training on the Mental Capacity Act and Deprivation of Liberty Safeguards (DOLS). Managers then delivered this training and learning to all staff in their teams.

Staff we spoke with demonstrated an awareness of working with clients who did not have capacity and how they managed the risks to ensure appropriate care for clients.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- All clinic rooms we saw were clean, tidy and well equipped with examination couch, electrocardiogram (ECG) machine and blood pressure monitor. We saw evidence of a cleaning rota in the consulting rooms which was up to date.
- Medicines were stored securely and those which required refrigeration were kept at the manufacturer's recommended temperature. Records were available to demonstrate this. Staff carried out daily fridge and clinic room temperature checks. Records we reviewed showed that they were all in the correct range. All fridges and clinic rooms containing medicines were locked.
- Naloxone was available to take away. Naloxone is a medicine given to clients in an emergency for reversing the effects of opiate overdose. Staff spoke knowledgeably about Naloxone and told us they were trained on how to administer this and in turn they trained clients. Up to date policies were in place for prescribing medicines for clients as well as the day to day management of medicines.
- Fire escapes were clearly marked, Fire drills happened weekly on all the sites. On all the sites visited there were three fire marshals. It was clearly displayed who these staff were.
- There was clear infection control guidance above all sinks and within toilets on good handwashing principles. Soap was available in all areas.
- The service had a needle exchange which was fully equipped and complied with National Institute of Health and Care Excellence (NICE) guidelines. It was well

stocked and clean. A non-judgemental approach was conveyed from staff and through the leaflets available. There were posters displayed and advice given on safe injecting.

Safe staffing

- Staff sickness was 7%. Staff turnover was high at 43% as 31 July 2016. The high staff turnover may be due to the fact that the organisation was in the final year of its contract, therefore it was in the process of re-tendering. The organisation did not use any bank or agency staff.
- There were service managers in post at all the organisation's hubs and satellites. All three service managers we spoke with had been in post for many years and had substantial experience in substance misuse. Turning Point employed 85 staff across its five sites. This included three qualified nurses and two nurse non-medical prescribers (NMPs). There were two vacancies for a hub nurse and an NMP. There were no vacancies for recovery workers and Turning Point did not use any bank or agency staff.
- There was a stable and committed staff team in many of the hubs, despite recent staff turnover. This was against a background of much uncertainty for staff about their jobs and for the organisation whilst it was going through re-tendering. Some staff expressed a lot of anxiety, stress and concern about expectations from senior management to manage the caseloads in a particular way and adhering to all the audits which took them away from offering the time to clients and manage them safely.
- The caseload for recovery workers averaged over 50 for full time staff and less if staff were part-time. Case allocation and reviews were discussed within a weekly

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staff meeting as well as within staff supervision. Staff stated that the service managers were always available and they had regular supervision where they could discuss these concerns.

- The service had good access to medical cover and link workers who attended community mental health teams. We heard good examples given in clinical management and staff meetings we attended. Where a more immediate response and review by a doctor was needed, for a client discussed with a complex presentation, the doctor re-arranged appointments so the client could be seen urgently.
- Staff were up to date with their mandatory training and a training matrix was available on the shared computer drive. Staff all had access to the matrix. This was used by managers to review and monitor staff compliance. Mandatory training covered areas such as risk assessment, care planning and model of psychosocial interventions (MOPSI) training.
- New staff had a very structured induction programme. They were not allocated a caseload for the first month and shadowed an experienced worker. All new starters and Turning Point staff completed a competency framework.

Assessing and managing risk to clients and staff

- We looked at 20 risk assessments across the three sites. All had up to date risk assessments and an initial assessment completed on the clients first presentation.
- The organisation had a safeguarding lead and five safeguarding champions covering the five hubs. All new staff had one to one training with the safeguarding lead during their induction. Safeguarding was recorded specifically within clients recovery plans. Safeguarding was identified at the referral stage and is an agenda item on the staff meetings within the hubs. The safeguarding lead and champions met monthly.
- The organisation had a lone working policy in place. Staff recorded their movements on their outlook calendar and staff updated each other on their whereabouts at the daily allocations meeting. Two staff completed initial home visits. Administration staff kept a lone working notebook which staff had to sign in. On

visits and at satellite clinics staff phoned in and out of their appointments. If a staff member didn't call within an agreed timescale, this was then escalated to senior recovery workers.

- We observed that there were limited use of staff alarms. In South Kent Coast they had alarms in some rooms. Canterbury and Thanet had portable alarms that staff would take with them but we were told they were rarely used. In all sites we visited there were many rooms clients could be seen in isolation by staff. We were informed this was risk assessed and if required clients could and would be seen by two staff. Staff stated that they were happy with current arrangements and had managed potentially difficult behaviours and situations up until now. However this meant that if there was an incident or staff needed an immediate response when seeing a client, the alarm may not be heard and delay any response which put staff at risk.

Track record on safety

- The organisation had no serious incidents in the 12 month period leading up to our inspection. There was an incident reporting computer system for the organisation which was reviewed by senior managers. All incidents were discussed and lessons learnt were discussed in team meetings.

Reporting incidents and learning from when things go wrong

- Staff we spoke with were clear about how to report and record incidents. Staff discussed incidents with their line manager and in weekly staff team meetings.
- The organisation had an incidents and accidents policy and incidents were reviewed and signed off by managers. Learning from these incidents was shared in relevant staff meetings. However the organisation reflected openly at the inspection that they are striving hard at evidencing this better, to improve how they support staff and disseminate the information. An example was given about learning from an incident where a child accidentally got hold of a parents medication. From this the organisation ensured that child resistant closures were secure for the take home dispensing boxes and ensured these were signed for by

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staff on their computer data system. At the Canterbury hub following an incident with a client being abusive, staff were not alone in the building at the end of the day. Two staff always locked up and left together.

Duty of candour

- The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify clients (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person.'
- There were notices at the Hubs we visited about the organisations commitment to Duty of Candour. Staff we spoke to commented that there was an environment of being open and transparent clients and carers we spoke with stated that staff were very honest and sought to respond and apologise when clients did not feel supported.

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

Assessment of needs and planning of care (including assessment of physical and mental health needs and existence of referral pathways)

- Initial assessments were completed by a key worker on a standard form developed by the organisation. Information included the clients past history, current substance misuse, and involvement of other services. During the inspection we observed several assessments and medical reviews. During an initial assessment that we observed, staff took time to complete this together with the client, and were clear with them about follow up appointments and medical reviews to look at physical and mental health. Permission was asked with regards contacting the persons GP. We were informed that GPs were contacted for all clients with alcohol misuse which was explained to clients.
- We looked at 16 care records, which were up to date and had evidence that a comprehensive, holistic assessment had taken place alongside the client. Staff had documented past history and a care plan was formulated in collaboration with the client.

- The organisation submitted quarterly reports to the commissioners, who provided funding to deliver the service, reporting on development and challenges. The commissioners also visited to conduct audits. As part of the inspection we spoke with commissioners. Concern had been raised that there had been a lack of focus on recovery and very little identified about clients aspirations within care plans. On a return visit by commissioners they told us that this had been addressed.

Best practice in treatment and care

- The organisation compiled several yearly audits to measure itself against National Institute of Health and Care Excellence (NICE). This is a national organisation that recommends best practice on evidence they have collated and been provided with. Funders and organisations use the recommendations to measure themselves against and evaluate good practice. For example, Drug misuse: opioid detoxification, this is covered under clinical guidance number (CG52). It covers support and treatment clients, families and carers can expect. The organisation collated and monitored statistics on its ability to offer treatment to people undergoing
- Following an initial assessment a medical review was booked within seven days and clients had a full review of their physical and mental health and drug or alcohol history. Clinical staff assessed people's height, weight and blood pressure. The psychiatrist in the organisation had access to further care pathways if required and all staff joint worked with mental health services. Health trainers that attended the hubs from the National Health Service provided further health checks and monitoring before prescribing.
- The organisation offered Blood Borne Virus (BBV) testing and vaccinations. This was routinely offered to all clients, and we saw information displayed about this. Staff were proactive in supporting clients to undertake BBV testing and vaccinations.
- The organisation offered a range of therapies as recommended by NICE, MOPSI consisting of Introduction to Change, and Recovery Skills Programme. The therapies and methods look at changing thinking patterns, enabling clients to look at

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barriers and effective ways to move on positively in their lives. The organisation had a clinical psychologist who saw clients with complex situations or circumstances for one to one therapy sessions.

- There was lots of evidence of partnership working with organisations such as homeless services in each area. Many of the satellite services were set up within job centres.
- Clinical audits were planned on an annual calendar and covered case file audits, monthly notes, staff files, medication, SAFE assessments (safety of service eg, fire, and infection control), internal quality assessment tool and NICE guidance. Staff spoke about routinely auditing case records every week.

Skilled staff to deliver care

- There were a range of disciplines and experience within the staff team. The teams included a psychiatrist, qualified nurses, clinical psychologist, safeguarding lead which were shared across all the hubs. The managers, senior recovery workers and recovery workers had a range of experience within substance misuse. Staff took lead roles or became champions in particular areas such as safeguarding, dual diagnosis or as the link worker who attended weekly community mental health team meetings. Staff were supported with training in these areas. The clinical psychologist offered additional support to staff.
- We looked at 15 supervision records across the sites and all showed regular supervision and reviews and discussions around continual professional development and further training required.
- Staff had to complete a competency framework. This meant they had to demonstrate competency in carrying out their roles by providing evidence of their work and witness statements following practice observations. Peer mentors also had their own competency frameworks which were used to review their development and goals, they met individually with managers of the hubs monthly.
- Staff we spoke with reported that they had regular supervision and good instant access to their managers as situations arose. There were regular staff team meetings.

Multidisciplinary and inter-agency team work

- In the hubs we visited there were weekly staff team meetings. We reviewed the minutes and observed a staff meeting where we heard good evidence of partnership working. In our conversations with staff they all spoke considerably about the other agencies they work alongside, such as probation, social care and housing departments.
- We saw and were told about good links with other agencies. In the South Kent Coast hub (SKC) a nominated staff member attended regular community mental health team meetings. There were representatives from the organisation at local level who linked with housing departments, housing associations and attended housing forums and panel meetings. Staff spoke of attending meetings at social services in relation to clients and their children and there was considerable joint working done with clients who were pregnant. The safeguarding lead took a key role in this and attended joint initiative meetings and safeguarding meetings.
- There were regular staff meetings, daily allocations, and clinical meetings. During the inspection we sat in on a number of these. Staff gave an update on clients and their progress if concerns were raised, then actions were identified that needed to be put in place as a response. For example, visiting people at home if necessary, or organising a joint visit with mental health services. Risk assessments were updated if required.

Good practice in applying the Mental Capacity Act (if people currently using the service have capacity, do staff know what to do if the situation changes?)

- All managers and senior recovery workers had received training on the Mental Capacity Act and Deprivation of Liberty Safeguards (DOLS) and were then delivering this training and learning to all staff in their teams.
- Staff we spoke with demonstrated an awareness of working with clients who at the time did not have capacity and how they managed the risks to ensure appropriate care for clients.

Equality and human rights

- The organisation had equality and diversity as a mandatory training and a national policy of which all staff had to read and sign up to as part of their induction process. An equality audit had been conducted in order

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to review access to services for all clients and ensure it was reaching out to those clients with protected characteristics. Turning Point had introduced a number of initiatives to address clients with protected characteristics. There were a number of satellite services set up within GP surgeries and pharmacies. For those who had a disability or experienced travel problems, home visits could be conducted. The organisation worked alongside other services such as community midwives and young person services in order to establish links and joint working.

Management of transition arrangements, referral and discharge

- The organisation had developed strong links with other agencies and there was lots of evidence of joint working. There was a joint working protocol between Addaction young person's service, the organisation and adult substance misuse services. Turning Point's psychiatrist provided advice and guidance on how to access community treatment and was able to refer into these services and jointly worked with the client, GP, mental health services and other support agencies in order to achieve this.
- There was considerable work with prisons and the organisations peer mentors took a lead by doing in reach work and also attended post release groups offering advice and information on services on what services were available. This was jointly worked with the health trainers and staff from a housing organisation.

Are substance misuse services caring?

Kindness, dignity, respect and support

- Staff were very respectful of clients confidentiality and included them in all aspects of their care. Clients and carers we spoke with told us staff were very approachable and respectful.
- Staff treated clients with care and compassion. Staff demonstrated respect and dignity when discussing clients with colleagues or during team meetings.

- Clients and carers spoke about the support received from staff and that this went above and beyond to meet their needs if they were not able to get to the hubs. The understanding of child care responsibilities were also much appreciated.

The involvement of clients in the care they receive

- Clients were encouraged to give feedback about the service they received; there were comment boxes at the hubs we visited. Feedback was logged on the organisations computer system.
- Clients told us that they were asked if they wanted family or friends involved in their care and treatment. Carers we spoke with spoke very positively about joint sessions and information and advice given by key workers in an easy to understand format of what to expect. Staff provided explanations of emotions a person going through detox recovery may experience.
- The organisation also ran a five step evidence based carer's group programme. We spoke with carers who attended this and they said they found it a very positive experience and that also there was the opportunity to have one to one time after if required.

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

Access and discharge

- The organisation received referrals from a number of local services including hospital, prisons, GPs and probation. The majority were self-referrals. The organisation operated no delay in offering an initial assessment. There was a duty system in operation in all the hubs. Clients that were being discharged from hospital, had mental health issues, were being released from prison or women that were pregnant were prioritised. The organisation had a rapid prescribing policy and access to a medical review. There was a hospital discharge policy in place which identified whether the person required a home visit. This we heard about on our inspection within the allocation meetings at the hubs.
- Following the initial assessment, if a comprehensive assessment was identified this would be offered within

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one to two weeks. Appointments for a comprehensive assessment could be made at one of the organisations many satellites or be carried out at the person's home if that was an identified need. Clients we spoke with told us that appointments were available and the service was open at times that met their needs. Appointments were available during the hubs evening clinics.

- 1,769 clients did not attend (DNA), appointments, over a twelve month period up to August 2016, in response hubs began offering drop in clinics, also called information sessions. At the drop in sessions we observed peer mentors available to offer support and advice. We saw lots of evidence of clients being followed up who did not attend appointments and where there was concern. This was seen in notes and discussed in staff meetings we attended. When clients did not attend appointments, staff initially telephoned and texted clients and then followed up by a letter, if assessed as needed, staff contacted the referrer. Clients and carers spoke of staff going the extra mile to ensure they could access the service and be aware of their options.

The facilities promote recovery, comfort, dignity and confidentiality

- The hubs we visited had a range of rooms that could be used for group work and one to one sessions. The larger rooms were used for groups such as art, mindfulness and smaller confidential rooms were used for one to one sessions. They were all equipped well for their use.
- There were facilities designed to enable staff to carry out blood testing and urine screening whilst maintaining clients dignity.
- Throughout the hubs there were a wide range of information leaflets, posters and leaflets displayed, covering areas such as blood borne viruses, safer injecting, support groups, pregnancy advice, domestic abuse and how to access help confidentially.
- At the hubs we visited there were boards displaying clear information on how to make complaints.

Meeting the needs of all clients

- Both the South Kent Coast(Dover) and Thanet premises had appropriate adjustments made and were accessible for people with disabilities. In South Kent Coast and Thanet there was ground floor access with no steps. In Thanet they had a lift to access the service. Interview

and group rooms were accessible and like South Kent Coast they had disabled access toilets. In Canterbury due to the entrance of building being steep with lots of stairs, clients could only access the building at the rear. They could access the needle exchange, but they could not access interview group rooms and interview rooms on the first floor. In this case clients were either offered a similar therapy at another location or outreach satellite service.

- There were leaflets available in other languages and the hubs did have access to interpreters and access to language line.

Listening to and learning from concerns and complaints

- The organisation received ten complaints in the previous 12 months prior to inspection. Eight were informal complaints, the two formal complaints were fully investigated independently. One was not upheld and the other had one point upheld for which a client received an apology and responsive actions were put in place. All complaints and concerns were recorded on the online information system for the organisation.
- There were suggestion boxes in the hubs we visited and we saw it clearly displayed on how to make comments, complaints and how these are dealt with. Staff informed us that complaints were dealt with at a local level, by the service manager and were escalated to senior managers if required.
- The organisation reviewed the complaints received quarterly in a regional governance meeting, and then every six months at board level. Lessons learnt were then communicated to the managers of each service by senior managers.

Are substance misuse services well-led?

Vision and values

- Staff spoke knowledgeably about the organisation's vision and values. Staff were familiar with senior management in the organisation. Staff also added that the collaborative and resilient approach by staff teams enabled them to be effective within their work, against a

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background of much uncertainty around their jobs. This was due to the organisation needing to bid against other providers to continue to offer substance misuse services in east Kent.

- The hub teams clearly evidenced that the organisational vision and values were embedded in the day to day operation of the services. For example, the organisation offered an integrated service working alongside other services to support individuals and personalise clients recovery. Staff spoke how important it was to them to joint work with services such as probation, social services, GP surgeries and pharmacies so they could offer an accessible service for clients and a holistic meaningful care plan.

Good governance

- There were clear frameworks in place for quality assurance and regular clinical governance meetings. The team managers and staff spoke about the regular audits that were completed for care plans, risk assessments and health and safety. Senior management were also involved with auditing staff files. These audits were reviewed regularly by managers and at the clinical governance meetings and action plans created as necessary. Senior management had worked hard at establishing a number of audits and involving staff in this, and to set performance indicators for the service to be measured against.
- Kent County Council (KCC) advised CQC that the only concerns that they were currently reviewing was related to the quality of the care plans, this was due to a recent audit. The Local Authority did though state that on a recent follow up visit the quality of care plans were in the process of being addressed. KCC were given quarterly feedback from the above audits and the organisations challenges and developments.
- Managers we spoke with stated they had sufficient authority to do their job and were provided with enough administration support.
- Clients and peer mentors were encouraged to attend clinical governance meetings to provide feedback.

Leadership, morale and staff engagement

- The organisation was going through a difficult time as they were in their final year of their contract and therefore in the process of re-tendering. All staff we

spoke with demonstrated a high level of professionalism and commitment to improving the lives of the clients they worked with. This was against a very uncertain background for staff as the organisation had been two years into its contract and was having to re-tender to try and continue offering a service.

- Staff morale varied across locations, some staff were happy and all felt supported within their teams. All staff spoke highly of their hub/service managers and felt senior managers were approachable. However some staff spoke of feeling disconnected from senior management and a misunderstanding about pressures they were under. Staff spoke about the management style from seniors, at times created an atmosphere of anxiety which caused unnecessary worry. Stress levels were high, which staff put down to high caseloads, the volume of paperwork they had to complete alongside also entering this in on their computer system which doubled their work. Staff were concerned that this could negatively impact the time given and quality of care to clients. All this combined impacted negatively on teams' morale. Management were planning on re-introducing staff engagement forums which may assist in addressing these concerns. In discussion with senior management they acknowledged the commitment and hard work from staff at a difficult time for the organisation.

Commitment to quality improvement and innovation

- We saw evidence of Turning Point actively seeking feedback from clients and peer mentors from their own monthly meetings and by direct attendance at meetings with managers, the senior management team and commissioners.
- The organisation were committed to the continuation and expansion of the peer mentor scheme. The peer mentors we spoke to demonstrated a real commitment and spoke positively about the opportunities the scheme had given. They were keen to build on this scheme to enable others to move on in their lives also. The peer mentors we spoke with were a credit to themselves and the organisation.
- Turning Point had identified areas for further development such as addressing the needs of an ageing substance misuse and alcohol client group. Nationally Turning Point audits and identifies areas of good practice, trends and actions to respond to these.

Outstanding practice and areas for improvement

Outstanding practice

- Within the particular hubs there were specific areas of work put into place to address demographics and needs in that community. In Thanet there had been a taskforce established to address the difficulties faced by vulnerable young people, mainly women who were being recruited by gangs coming to the area from London. Thanet substance misuse service worked jointly with other agencies such as the police to put a strategy and response together to try ensuring the protection of these young people.
- At the Canterbury hub they were actively involved in the University of Kent fresher week supported by staff from Canterbury, including peer mentors and client representatives. They were there for the whole period giving out information and advice and attended the students union in the evening and returned a few weeks later to the University for a follow up information session.
- In South Kent Coast (SKC) they had established partnership working in April 2016 with local National Health Service health trainers to offer physical health checks. They attended the hub weekly to deliver this service which was advertised and promoted through the information session/drop in.
- All of the hubs offered flexible appointments to meet the various needs of clients, for example those that were working, an evening appointment could be offered.
- For the whole organisation the peer mentor scheme offered an opportunity to develop new skills and training. Peer mentors were spoken of highly on our inspection. To date the organisation had trained up to 40 peer mentors and currently had 15 working across all the hubs.

Areas for improvement

Action the provider **MUST** take to improve

The provider must ensure that there is an adequate alarm system in place and an appropriate way of staff summoning help if required.

Action the provider **SHOULD** take to improve

The provider should introduce face to face basic life support training as part of the mandatory training for staff.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <ul style="list-style-type: none">The provider did not ensure risks were mitigated. The services in the South Kent Coast (SKC) area had some alarms in rooms but Thanet did not have any. Hand held alarms were available in the services but this was inconsistent. <p>This was in breach of regulation 12 (2)(b)</p>

This section is primarily information for the provider

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.