

The Wiltshire Integrated Substance Misuse Service

Quality Report

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

Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- Staff monitored risk and safety throughout the treatment period. There was a clear approach to identifying and managing risk. The service worked well with other agencies to assess and manage risk.
- Safety was a high priority and there was an open culture around learning from incidents. There was an excellent commitment to learning and improvement in risk and safety with regards to review of client deaths. There were clear and comprehensive safety management systems in place particularly around prescription storage and monitoring.
- Safeguarding adults and children was a high priority. Staff were proactive in prevention of abuse or allegation of abuse. There was excellent engagement in local safeguarding procedures.
- The environment at each location was clean and well maintained and the layouts protected privacy. Information was freely available specific to substance misuse issues.
- The service was highly committed to reaching out to clients not within mainstream services or easily accessible, particularly within the festival circuit, isolated rural areas and with ex or currently serving military personnel.
- The service prescribed medicine following 'Drug misuse and dependence: UK guidelines of clinical management' (2007) and National Institute for Health and Care Excellence (NICE) guidelines. Psychological therapies also followed these guidelines. Staff carried out prescribing reviews on a three monthly basis or more frequently if required.
- Clients were involved in their care. Staff were committed to working in partnership with clients. Staff empowered people who used the service to have a voice and were determined to overcome obstacles to delivering care. Staff completed recovery care plans with clients that reflected their individual needs and preferences.

Summary of findings

- The service provided support for issues associated with substance misuse. These included health checks such as testing for blood borne viruses and electrocardiograms (ECGs) for clients on high doses of methadone.
- Staff ensured they completed personalised recovery care plans with clients. They identified their strengths and individual goals to ensure the client's treatment journey was relevant and personal to them.
- All the locations had supportive and experienced management and leadership. The service had a committed and knowledgeable registered manager. Robust governance systems supported the service to function effectively. Staff told us they were proud of their achievements. There was good multiagency working to ensure they addressed and identified individual needs and there were plans to improve this.

Summary of findings

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Summary of this inspection

Background to The Wiltshire Integrated Substance Misuse Service

The Wiltshire Substance Misuse Service is delivered by Turning Point and is a specialist community service providing support to people suffering from drug and alcohol problems across three geographical locations. These are Trowbridge, Chippenham and Salisbury.

Funding for treatment is through the commissioning team within Wiltshire Council who work very closely with the provider to ensure the service is supported and of high quality.

The Care Quality Commission (CQC) registered the service to provide the regulated activity of 'Treatment of disease, disorder or injury' in April 2013. There is a registered manager in place.

We inspected this service in March 2014 when we placed compliance actions (actions the provider must take) around care and welfare of people who use

services, management of medicines, supporting workers, assessing, and monitoring the quality of service provision. The service has completed work to meet all of these required actions.

The service offers collaborative recovery planning, counselling and group work (using the Model of psycho-social Interventions 2014 (MOPSI), a peer mentoring and volunteer scheme, medical reviews, well-being assessments and harm reduction support, community detoxification and community reduction support, access to inpatient detoxification or residential rehabilitation and comprehensive safeguarding interventions.

The service has good partnership working across the county with other agencies, including other organisations providing a range of services, probation, social services, GP's, police and pharmacies.

Our inspection team

The team that inspected the service comprised CQC inspector Susan Bourne (inspection lead), a CQC inspection manager and two specialist advisors; nurses with a background in substance misuse services.

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. This was an announced inspection.

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?

Summary of this inspection

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:

- visited all service locations, looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with 12 clients using the service
- spoke with the registered manager and team managers
- spoke with three external stakeholders
- spoke with 21 other staff members employed by the service provider, including nurses and support workers
- spoke with two staff members who worked in the service but were employed by a different service provider
- received feedback about the service from two commissioners
- spoke with two peer support volunteers
- attended and observed nine clinical or multi-disciplinary meetings
- collected feedback using comment cards from 27 clients
- looked at 29 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

We spoke with 12 clients, all of whom were positive in their feedback. They told us they felt the staff were kind, approachable and the service was easy to access. They said that staff were always happy to help them.

The comment cards we collected all contained positive feedback. They felt the overall service in all the locations was high quality and the staff worked hard to support them.

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:

- Staff assessed and managed risk very well. They completed comprehensive risk assessments and ensured risk issues were communicated with others.
- Medical and non-medical prescribers followed safe procedures. Staff reviewed and monitored prescriptions regularly.
- Staff received mandatory training, which was planned and kept up to date and monitored.
- Staff reported incidents. Managers reviewed and discussed incidents in meetings and supervision. Staff completed mortality reviews to an exceptionally high standard.
- Staff followed safeguarding procedures and their awareness and commitment to protect clients and others from abuse was high quality.
- Dedicated administration staff ensured prescription storage and management was safe and robust.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Client records contained comprehensive and holistic information. Staff completed individualised recovery care plans, which were completed and shared with the client.
- Staff supported clients in line with 'Drug misuse and dependence: UK guidelines on clinical management (2007)' and appropriate National Institute of Health and Care Excellence (NICE) guidelines.
- The service offered a comprehensive range of psychosocial interventions.
- Staff had good working relationships with other agencies, particularly the local authority safeguarding adults team.
- The service demonstrated successful outcomes for clients completing treatment.

Summary of this inspection

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff interacted with clients in a warm, positive supportive manner and treated them as individuals.
- The service had a very good volunteer and peer mentoring programme, which provided former clients the opportunity to gain new skills and support new clients in recovery.
- Clients reported to us that care and compassion was very high and that staff went out of their way to support them and find creative solutions to their problems.
- Staff involved clients in their treatment throughout the pathway.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff identified each client's recovery as individual and they formulated discharge plans around individual needs.
- Staff had processes in place to try to re-engage clients who were not attending the service.
- Each location had a large range of information available, including safeguarding, health issues related to substance misuse, advocacy, risks of injecting and local support networks.
- Staff completed assessments that considered age, gender, disability, sexual orientation and maternity status as well as co-morbidities and individual social or mental health needs.
- The service was committed to reaching out to clients not within mainstream services or easily accessible, particularly within the festival circuit, isolated rural areas and with ex or currently serving military personnel.
- The service had clear complaints procedures within a customer feedback policy.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Leadership and management was strong and visible in all locations and across the provider.

Summary of this inspection

- The service had robust governance structures with good assurance and auditing systems and processes in place.
- Staff had a clear understanding of the visions, values and direction of the service.
- Staff received regular supervision, training and appraisals.
- Managers carried out audits in all areas to ensure staff delivered a high quality service and maintained standards.

Detailed findings from this inspection

Mental Health Act responsibilities

The service was not registered to accept clients detained under the Mental Health Act. Staff were aware of the signs

and symptoms of mental health problems. If the mental health of a client were to deteriorate, staff were aware they could contact the mental health services and GP's for support.

Mental Capacity Act and Deprivation of Liberty Safeguards

The Wiltshire substance misuse service provided staff with training on the Mental Capacity Act and its implications for those accessing the services. Staff we spoke with had a good knowledge of how substances could affect mental capacity, and how this could trigger issues around consent or treatment.

We saw clear examples of when and how staff discussed mental capacity during our inspection.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- We visited all three locations within the service. All the buildings and environments were clean, welcoming and well maintained. All three environments differed in size and type. For example, the building in Chippenham was a listed building so the environment could not be adapted. The Chippenham service also had a coach house building in addition to the main building for meeting or group work.
- All locations had scales for height and weight measurement and blood pressure machines for physical examination in clinic rooms. The clinic rooms were extremely clean and staff monitored clinical areas, refrigerator and room temperatures regularly.
- The clinic rooms all contained an examination couch, privacy screens, and stainless steel trolley for infection control, handwashing sink and personal protective equipment. Refrigerators held a stock of Hepatitis B injections and adrenaline in the event of an anaphylactic reaction following immunisation for Hepatitis B. There were also stocks of naloxone (used to treat an opiate overdose in an emergency) which staff checked to ensure they were in date. Due to the festive period, all the Turning Point substance misuse services in the South West had created a harm reduction initiative called 'naloxone crackers', where staff provided clients with Christmas crackers containing naloxone.
- All environments contained a medical emergency box that contained a spill kit, sharps bin, emergency kit containing adrenaline, syringes, needles, naloxone, small sharps box, examination gloves and facemask. All were within date.
- However, the services did not hold Pabrinex (an injectable medication that replaces vitamins lost through dependent use of alcohol and helps prevent cognitive damage through alcohol detoxification). Staff told us was because the nurse who managed and provided the training for Pabrinex had left, and once the nurse recruited to replace them was in post they would hold their own Pabrinex again. In Trowbridge and Chippenham clients accessed Pabrinex through their GP surgery instead.
- In the Salisbury service, the team could not access Pabrinex through their GP so had made arrangement to access it through the alcohol liaison nurse employed by the local acute hospital.
- All locations had a well-stocked needle exchange in all locations in line with National Institute for Health and Care Excellence guidelines (NICE52) needle and syringe programmes. There were needles, citric acid/vitamin c, condoms, stericups (sterile containers for urine testing) and sharps boxes all of which were in date. There were also leaflets for harm reduction and a DVD for overdose prevention.
- The locations provided drug-testing areas that supported privacy and dignity. We saw there was a lot of information about harm reduction and risk information around drug deaths. All reception areas had a television which provided information about the services and a 'you said we did' board. All areas had private rooms for consultation. We could not hear conversations taking place from outside.
- All the environments had leaflets and information about issues relating to drug and alcohol use on display, such as safeguarding, mental health and medication and treatment advice. In addition, there was information on NHS health campaigns such as long-term conditions, chronic obstructive airway disease (COPD) and blood

Substance misuse services

borne virus information and harm reduction. We saw information about lesbian, gay, bisexual and transgender (LGBT) youth groups. All information was available in different languages or easy read versions if requested.

- Staff did not keep controlled drugs in the clinics. We saw evidence that the service had a robust and safe system for the management of prescriptions that staff monitored, and we saw clear audits of this system. Clients had medication dispensed at a specific pharmacy.
- The service had detailed up to date health and safety and fire risk assessments which managers monitored and updated appropriately.
- All the environments had procedures for managing a medical emergency. Managers provided first aid training for staff. Staff had access to emergency 'grab bags' for service continuity which contained fluorescent jacket, first aid kit, torch, signs, a floor plan, business continuity plan and next of kin contacts.

Safe staffing

- Across the locations there were 51 permanent staff. In addition, a registered manager and operations manager provided support and strong leadership across the whole service. A governance risk and assurance team and assistant director of operations covered the Turning Point substance misuse services in the South West area and supported the Wiltshire team. The Wiltshire service had a total of 4% sickness overall.
- The service employed a consultant psychiatrist to take clinical responsibility and oversight for the service. They also employed nurses and non-medical prescribers who provided specialist prescribing and health related support to all the locations. The nursing team were skilled and knowledgeable and travelled to support any of the locations where there was a need. the service had access to a clinical psychologist.
- The Trowbridge team had 20 staff. This included a team manager, three duty managers, two administrators, eight recovery workers, a support worker, consultant psychiatrist, a nurse prescriber, counselling coordinator, nurse and a housing support worker. There were no vacancies.

- The total caseload for Trowbridge was approximately 344 clients. This was a combination of structured and unstructured treatments. Structured treatment consisted of comprehensive specialist drug and alcohol focussed treatments over a set period of time which could include prescribing and psychosocial interventions. Unstructured treatment was when treatment and support was provided on a less formal and programmed basis. The average caseload for structured treatments was 29 per caseload holder and unstructured was 34 per caseload holder.
- The Salisbury team had 13 staff. This included a team manager, two senior recovery workers, seven recovery workers, one support worker and two administrators. There had been a 0.5 whole time equivalent (WTE) vacancy that a service volunteer had recently filled.
- The total caseload for Salisbury was approximately 311 clients. The average caseload per worker was 30 structured and 37 unstructured.
- The Chippenham team had 18 staff. This included a team manager, administration manager, administrator, volunteer and peer mentor coordinator, volunteer, peer mentor, two senior practitioners, six recovery workers, psychiatrist, prescribing doctor, prescribing pharmacist and a general practitioner scholar. There were 1.5 WTE vacancies. One WTE was out to advertisement and 0.5 WTE had been offered to a current volunteer but they had not taken up post yet.
- The total caseload for Chippenham was approximately 221 clients. The average caseload per worker was 38 structured and 44 unstructured.
- We found the staff teams audited and monitored the caseloads closely, and there was sufficient staff to manage the caseloads. The managers worked closely with the service commissioners to ensure the staffing and caseload management remained safe by meeting and liaising frequently.
- Managers completed the Disclosure and Barring Service (DBS) process, which is a check that identified a conviction, caution or other concern. The service held the details electronically in a central location. We looked at staff files, which identified DBS numbers and saw any staff with a positive DBS would have a well-monitored risk assessment.

Substance misuse services

- We observed that all the locations had highly skilled and competent staff. The prescribers were knowledgeable and able to assess and prescribe for alcohol and drug detoxification. All the staff we spoke with or observed were confident and knowledgeable about the complexities of drug use and their effects on physical and mental health. They were able to identify and recognise signs of deterioration during detoxification or withdrawal.
- The administration staff were competent and knowledgeable, supported by an experienced and dedicated administration manager. They demonstrated a good level of commitment to the service and particularly the clients. We saw evidence and staff told us that the administration team were very supportive. The storage and management of the prescription process fell to the administration team. They demonstrated a high level of competence in carrying out this important role, ensuring prescribing colleagues carried out their duties safely.
- The service provided mandatory training for staff. Staff received a mixture of face-to-face and electronic learning packages. Managers provided us with details of future training for the following year at the time of inspection.
- The service had a training completion target of 75% for all subjects. Only needle exchange training had not reached or exceeded this target with a completion rate of 53%. We saw dates were booked for this.

Assessing and managing risk to clients and staff

- Staff used an electronic system to record clinical interventions. All records we looked at contained thorough completed and reviewed risk assessments. This included risk to self and others, substance misuse, physical health risks and any safeguarding concerns including child protection or domestic abuse. Staff transferred risks clearly to risk management and recovery care plans.
- Staff communicated concerns about risk to a high standard. The teams had flash meetings (where teams discussed planned activities at the start of the day which included risk issues). We saw that these were documented. Staff also discussed increased risks during their 'clinical huddle'; this was a meeting where staff

discussed client concerns in detail. We observed this meeting and saw thorough and clear risk discussion taking place. Staff documented decisions in the clinical record.

- The teams also attended 'enhanced observation meetings'. This was to review and highlight risk and make recommendations for amendments to client care plans. The service structure identified three levels of risk and this meeting offered an opportunity to discuss those at the highest level of risk. We observed a meeting and saw a very high standard of clinical risk discussion. All notes from the meeting were recorded straight away onto the electronic system and actions agreed. There were nine clients across the three locations on this list.
- Staff demonstrated a very high level of knowledge and understanding of safeguarding and the impact of substance misuse on families. The teams had close links with the local authority safeguarding team.,
- They had safeguarding leads in all locations and from January would have a member of staff based with the local authority multi-agency safeguarding hub (MASH) to support with substance misuse issues and share learning.
- We looked at clinical records, policies and procedures around prescribing. We found safe prescribing practices throughout. Medical and non-medical prescribers prescribed medicine for opiate and alcohol detoxification. The nursing team were skilled in identifying and managing complex risk and healthcare issues, and the staff members gave information about risks involved with treatment to clients.
- The Care Quality Commission, HMI Constabulary, HMI Probation and Ofsted undertook a joint inspection of the multi-agency response to abuse and neglect in Wiltshire, between 31st October and 4th November 2016. This included a focus on the response to children living with domestic abuse. The substance misuse services were noted for their strong assessment process following referral to service, which gave the opportunity to identify those most vulnerable and that risk was well understood and followed through to support these families.

Track record on safety

Substance misuse services

- The service had reported no serious incidents in the 12 months prior to inspection.
- **Reporting incidents and learning from when things go wrong**
- Staff reported incidents using an electronic system and managers reviewed and conducted investigations. Managers discussed incidents and lessons learnt with staff in meetings, supervision and a bi-monthly newsletter.
- Managers reviewed relevant incidents also in mortality and morbidity meetings. We observed one of these and the standard of review was exceptional.
- Staff and managers also discussed incidents at monthly clinical governance meetings and flash meetings. Managers distributed information throughout the corporate structure if there were lessons to be learnt across the wider Turning Point organisation.
- **Duty of candour**
- Duty of candour is a legal requirement that providers must be open and transparent with clients about their care and treatment. This includes the duty to be honest with clients when something goes wrong.
- Staff we spoke with were able to tell us what duty of candour was and their responsibilities. There was a policy in place to support staff.

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)

- Staff stored client records on an electronic system. The system was clear and simple to navigate. Prescribers documented the client pathway clearly and updated the system when appropriate. Recording, monitoring and review of prescribing was of a high standard.
- We looked at 29 care and treatment records. All contained comprehensive assessments and client care

plans. Staff reviewed and updated all care plans and shared them with clients. Records demonstrated staff liaised well with GPs regarding physical monitoring and on going care and provided updates where necessary.

- We saw that staff carried out physical screening of conditions such as hepatitis. Nurses ensured all clients on higher doses of methadone (85 millilitres per day) had an electrocardiogram (ECG). This was to check they were not experiencing a lengthened heartbeat cycle which could result from this treatment.
- We observed a nurse assessment for alcohol detoxification. We saw a full and thorough assessment, clearly recorded quantity, units, frequency of alcohol use and full history. Blood pressure, height, weight and oxygen levels were recorded. The client completed an alcohol use disorders identification test (AUDIT) and severity of alcohol dependence questionnaire (SADQ) to measure alcohol dependence. The nurse and client set clear goals and made thorough arrangements for starting detoxification including contact with their GP and an appointment to see the clinic doctor. The nurse gave all the relevant safety and supporting information and made a request for blood tests.
- We saw good documentation of assessments including physical and mental health in all the records. Staff ensured they transferred risks to care plans with clear actions identified.

Best practice in treatment and care

- Staff provided treatment in line with 'drug misuse and dependence: UK guidelines on clinical management (2007)'. They followed the Turning Point policies and procedures around prescribing and monitoring which had been adapted using appropriate National Institute for Health and Care Excellence (NICE) guidelines.
- All locations offered oral methadone mixture, Buprenorphine and lofexidine for heroin and other opiates. Detoxification for alcohol disorders was also in line with safe and recommended pathways.
- The service offered residential or inpatient detoxification for opiate or alcohol for clients who they considered a higher risk. When staff identified someone who would benefit from these options, they presented

Substance misuse services

their case to a funding panel who agreed the admission. We saw evidence of a client who needed a more urgent funding agreement for inpatient detoxification and staff completed this quickly and confidently.

- Staff routinely offered testing and vaccination for hepatitis A and B. They also offered screening for hepatitis C and human immunodeficiency virus (HIV). The service liaised closely with GP's and social services. Staff had improved links with statutory mental health services.
- The service offered recognised psychosocial approaches alongside prescribing interventions and monitoring. This included brief interventions, outreach, group work and one to one therapy. The service followed the model of psychosocial interventions (MOPSI).
- All locations offered a peer mentoring and volunteer service to support clients. Peer mentors are people who have experienced substance misuse problems and provide support to current clients with their recovery.
- The senior management team and team managers carried out regular audits to ensure compliance and measure quality. This included mock Care Quality Commission inspections and file audits. We saw minutes of clinical governance meetings that managers discussed audits and created action plans. Managers followed these up with staff in supervision.

Skilled staff to deliver care

- The service had access to experienced medical and prescribing staff across the locations. There was a psychologist to provide support to all locations. The teams had access to experienced and knowledgeable nurses and non-medical prescribers who were mobile and therefore able to cover all bases. Each location had a range of staff with experience and skill in the management of substance misuse, including senior recovery and recovery workers.
- All staff completed the Disclosure and Barring Service (DBS) process. Staff files showed us managers carried out and reviewed the checks regularly.
- Staff had the knowledge and skills to recognise and identify deterioration in client's mental and physical health. We observed an example of where a senior recovery worker raised a concern over the mental health

of a client. They were confident and quick to act and liaised with the relevant agencies including the GP in order to support the client. Staff we spoke with were confident in telling us the actions they would take in the event of a crisis.

- Each client had a keyworker who was responsible for overseeing and monitoring their treatment, including prescription monitoring and collection. The service had introduced a psychosocial intervention checklist that staff completed when a client collected their prescription. This meant the staff could monitor health and wellbeing as well as oversee prescription collection.
- All locations had knowledgeable and committed administration staff. These staff managed the administrative prescription process and had good clear procedures for storage and safety.
- Managers provided supervision and appraisals. Staff received supervision four to six weekly. The service provided monthly group supervision for group facilitators. Staff we spoke with told us they found supervision useful and supportive.
- Medical staff revalidation was 100% across the service. This demonstrated doctors with a license to practice had shown the General Medical Council (GMC) that they were up to date with their practice and compliant with professional standards.

Multidisciplinary and inter-agency team work

- The service participated in morbidity and mortality review meetings. All senior managers and leads including clinical, safeguarding, governance and a member of the commissioning team attended these.
- We observed one meeting and looked at minutes of four others. Staff reviewed all clients' deaths, including those of clients discharged from the service, carefully, sensitively and with exemplary detail. Good clear outcomes resulted from the meetings and we saw staff had completed all proposed actions. For example, we saw good work around building liaison with local hospitals including visits and planned meetings with acute nursing colleagues.
- We observed good professional challenge between the staff during the meeting, there was respect for professional views and open candid discussion on how to improve the service.

Substance misuse services

- Complex case reviews or 'clinical huddles' were held monthly within team meetings. This provided a multidisciplinary approach to case management and a supportive learning environment for staff to develop.
- There was a weekly nurse led meeting where all alcohol assessments and follow up actions were reviewed. Here staff discussed clients escalated from the clinical huddles, reviewed clients receiving medicine titration (where staff reduce or increase the dose of medicine as clinically needed) and they reviewed clients on the enhanced observation log.
- All locations had good working relationships with other agencies including GP's, pharmacies and social services. There was an excellent level of engagement with the local safeguarding teams.

Adherence to the MHA

- The service did not accept clients detained under the Mental Health Act. Staff were aware of signs and symptoms of mental health problems. If the mental health of a client deteriorated, staff were aware they could contact the mental health services GP for support.
- **Good practice in applying the MCA**
- All staff received mandatory training in the Mental Capacity Act. We looked at training records and all staff had either completed the training or had been booked to receive this. Staff we spoke with had a good knowledge and understanding of the Mental Capacity Act, and how substances could affect mental capacity, and how this could trigger issues around consent to treatment.
- We saw clear examples of when and how staff discussed mental capacity during our inspection.

Equality and human rights

- All the locations supported staff and clients with protected characteristics under the Equality Act 2010. There were policies and procedures in place to protect human rights and to avoid discrimination, for example age, gender, disability, sexual orientation and maternity status if applicable.
- The service had plans in place to form better links with maternity services and to create better links with the Nelson Trust who work specifically with vulnerable sex workers.

Management of transition arrangements, referral and discharge

- The service managed and monitored all clients receiving treatment closely. There was a detailed database of activity and movement including prescribing, discharge plans and assessments. Managers reviewed client activity in clinical governance meetings.

Are substance misuse services caring?

Kindness, dignity, respect and support

- We observed groups, one to one sessions, client interactions with staff and spoke with clients using the service.
- We found that staff spoke with kindness, respect and warmth to and about the clients. We felt there was a genuine care and concern for their welfare and that the staff supported the clients with dignity and respect.
- We observed some difficult and challenging interactions and saw without exception the staff acted professionally, calmly and maintained warmth throughout.
- Clients reported to us that the care and compassion they received was excellent. They felt the staff went out of their way to support them and find creative solutions to their problems. Clients told us staff supported them to achieve their individual goals.

The involvement of clients in the care they receive

- Clients told us they were involved in their treatment pathway. We saw care plans that captured the client's views and were a joint agreement. Clients confirmed this when we spoke with them. Staff documented that they had offered clients a copy of their care plan and recorded when this was refused.
- Managers and staff sought feedback and views from clients on the service. We saw 'you said we did' boards. Staff offered clients many opportunities to give feedback, for example comment cards and boxes or during key work sessions. The service provided clients

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with a 'service user guide' and 'service user rights' leaflet which identified the avenues available to provide feedback. This was alongside the peer mentors and a local service user group.

- These feedback avenues were also available to families or carers. The service actively worked with 'For Families' which was a commissioned carer support service. An advocacy service was available if a client needed independent support.

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

Access and discharge

- Commissioners set a target of five days from referral to assessment. The client would need to be in structured treatment within 21 days and under. Turning Point Wiltshire was meeting this target. Referrals could be made by agencies such as police, general practitioners (GP's), social services or the client themselves. There were no waiting lists for treatment.
- Many of the clients referred had additional complex needs such as mental health, physical health or social care problems, which made them more vulnerable. Comprehensive screening and assessments ensured staff identified and considered all these needs.
- If a client routinely missed appointments, the service tried to re-engage them by making contact. The provider had a 'faltering engagement' policy to support them in this. Discharge was the last resort however if this was necessary staff made careful plans to ensure safety.
- At the time of inspection, the service had approximately 876 clients in active treatment across the three locations. Within the 12 months prior to the inspection, they had discharged 253 in Chippenham (155 planned), 340 in Salisbury (225 planned) and 322 in Trowbridge (186 planned). The unplanned discharges were either clients who had dropped out or been discharged using the faltering engagement policy.
- The success rate of the discharges placed the Wiltshire substance misuse service in the top 25% for successful opiate and alcohol discharges reported nationally.

There was also a marked improvement in successful completion rates between April 2013 and September 2016. Opiate completions increased from 13.3% to 16%, alcohol from 40.3% to 45.6%, alcohol and non-opiate from 28.8% to 36.9% and non-opiate from 27.4% to 36%. There were clear procedures for following up clients who 'did not attend' (DNA).

The facilities promote recovery, comfort, dignity and confidentiality

- The locations all provided a comfortable and welcoming environment. There were rooms for counselling and assessments, private areas for urine drug testing and rooms had adequate soundproofing for confidentiality.
- The buildings used in each location varied in size and condition, but all were accessible and clean. Each location had a large range of information available. This included safeguarding, health issues related to substance misuse, advocacy, risks of injecting, local support and also had motivational information. For example, success stories and treatment completion data.
- All information was available in different formats and languages. Clients could access an interpreter if needed. Some of the staff were multi-lingual and due to the large Polish local population, there was excellent access to Polish literature and leaflets.
- All the locations displayed information to provide help and support on boards. Staff signposted clients to organisations that could provide extra help with specialised support needs.

Meeting the needs of all clients

- Staff completed assessments that considered age, gender, disability, sexual orientation and maternity status if applicable. Staff considered other relevant information such as co-morbidities (disease or disorder suffered in addition to the substance misuse) and individual social or mental health needs.
- The service had access to a vehicle for outreach work. This was a large van adapted as a comfortable and multi-functional mobile clinic. This meant staff could get out to more rural areas to support clients with poor

Substance misuse services

transport links. The service also visited music festival sites using the vehicle to provide brief interventions and advice to individuals. There were further plans to expand this to more festival sites in 2017.

- The service worked in partnership with a mental health charity supporting armed forces veterans. The charity funded two practitioners who worked in partnership with Turning Point; they were also involved in outreach work. Staff told us they valued this relationship highly and were proud of the work they did with this group. The outreach workers also worked with the serving armed forces and provided support and advice as well as engagement into the service.

Listening to and learning from concerns and complaints

- The service had clear complaints procedures within the customer feedback policy. Managers reviewed all complaints in regional governance meetings then quarterly at organisational level. Members of the service's board reviewed complaints every six months. This was to ensure managers shared lessons learnt throughout the wider provider.
- Clients we spoke with told us they knew how to complain if they needed to. There were signs displayed directing people to complaints procedures throughout the locations. Staff we spoke with were able to describe the complaints procedures and process.
- Managers discussed complaints and compliments locally with staff in team meetings and supervision. We saw examples of this in team meeting minutes and staff supervision records.
- In the previous 12 months there were a total of four formal complaints, all were regarding disagreement about treatment. There were two in Salisbury and two in Trowbridge. Managers upheld three. There were also 170 compliments received across the three locations. Staff collated these from written feedback forms.

Are substance misuse services well-led?

Vision and values

- Staff we spoke with were clear about the vision and values of the service. There was a sense of pride when staff described the service they delivered.

- Staff we spoke with had a very good understanding and belief in their service and achievements. Managers in the locations, including the registered manager, communicated well with the teams and actively encouraged positive morale, focussing on and celebrating the achievements of team members.
- All the locations were flexible and proactive with challenge. Staff and managers were keen to provide care based on up to date, best practice models of care and to drive improvements.

Good governance

- There was a robust and clear governance policy and system across Turning Point Wiltshire, with good assurance and auditing systems and processes in place. The system monitored risk, quality and effectiveness of the service. The governance structure operated on several levels that included service level, staff level and regional and business levels.
- Our previous inspection had highlighted some serious concerns around care and welfare of people who use services, management of medicines, supporting workers, assessing, and monitoring the quality of service provision. Managers had implemented the new governance system due to these concerns to ensure thorough monitoring and oversight.
- Staff received regular supervision and appraisals. Staff we spoke with told us they were happy with the level of supervision provided.
- The service was meeting contractual targets set by the commissioners. The commissioners worked very closely with the service and shared ideas, outcomes and concerns with clear mutual respect.
- Staff provided information for the national drug treatment monitoring system (NDTMS) – this system provided national statistics about substance misuse.
- Managers carried out audits in all areas to ensure staff maintained a high quality of service.
- The service had excellent administrative support in place.

Leadership, morale and staff engagement

- All the locations had supportive and experienced management and leadership. The service had a

Substance misuse services

committed and knowledgeable registered manager. Robust governance systems supported the service to function effectively. Staff told us they were proud of their achievements. There was good multiagency working to ensure they addressed and identified individual needs and there were plans to improve this.

- Staff we spoke with told us they achieved job satisfaction and were encouraged to achieve high quality work. They told us managers supported them and were visible and approachable. Staff often referred to the 'open door' attitude of the service leaders.
- Staff we spoke with confirmed they felt confident they could raise concerns with management. They did not feel intimidated nor unable to speak up or whistle blow if necessary.
- Staff we spoke with told us they felt supported to develop professionally. There was culture of promoting staff within the service and encouragement to achieve. We saw an example of a volunteer who the provider had offered a permanent full time position of recovery worker. Staff told us this was normal.

- Location managers, the registered manager and senior managers within the service had made clear and conscious efforts to support their staff following the outcomes of the previous inspection. They had embraced the outcomes and taken action to ensure they carried out all the required compliance action whilst supporting and maintaining morale. Staff we spoke with told us they felt appreciated, valued and proud of what the service had achieved.

Commitment to quality improvement and innovation

- We received highly positive feedback from two service commissioners. They told us the service leaders were innovative and creative, that they worked openly and cohesively and were always willing to improve the services offered. There was a culture of constantly looking at ways to improve and maintain the excellent outcomes for clients within increasing financial pressures.

Outstanding practice and areas for improvement

Outstanding practice

- The commitment to reviewing and acting on mortality incidents was exemplary. This included clients who had passed away some time following discharge from the service to see if the provider could take away learning from the incident. Although we would expect providers to review when a person unfortunately passes away when receiving services, and though uncommon, we saw the Wiltshire substance misuse service led reviews with a high level of professionalism, compassion and a drive to improve their practice. For example, reviews and actions from these meetings had led to improved liaison with local hospitals, closer links with police community support officers (they had a link officer in each region). The service had also created an agreement with the local authority safeguarding team and the local mental health primary care service, which allowed staff to make 'scenario calls' to talk through issues without referral or breaking confidentiality, in order to try to reduce the risk of unexpected deaths. These meetings had external oversight from the local authority.
- The service was committed to reaching out to clients not within mainstream services. This included working with ex and current military personnel, those who were geographically isolated and those attending festivals in particular. Staff were always looking for new and innovative ways to reach and support vulnerable people with substance misuse problems.