

Turning Point Chatham

Quality Report

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

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- The service environment was safe for clients and staff. All rooms were well maintained and equipped for staff to be able to safely facilitate groups, monitor clients' physical health and provide a secure needle exchange service.
- The service had appropriately qualified staff to provide an integrated drug and alcohol misuse service. They were competent in assessing and recording clients' risk. Staff had manageable caseloads with good oversight and support from managers.
- Staff were provided with mandatory training that was relevant to their roles. Completion rates for training were high across the board. Staff were trained and knowledgeable in safeguarding issues and in how to report incidents. This was backed up by processes that allowed the service to maintain oversight in these areas.
- The service completed checks and audits to ensure that medicine was managed, prescribed and administered safely. Staff were trained in giving Naloxone (a medicine used to reverse the effects of opiate overdoses) and the service was committed to sharing this knowledge with relevant external agencies.

Summary of findings

- The service offered enough clinics to ensure that people were offered comprehensive assessments in a timely manner. Staff had safe protocols in place to allow them to offer assessments outside of the main hub.
 - Clients and staff worked collaboratively to produce meaningful care plans that addressed the clients' needs. Staff effectively recorded all client information effectively on the service's electronic care records system.
 - The service used evidence-based psychosocial interventions to support their clients. These were backed up by recognised outcome scales so clients' progress could be monitored whilst they were receiving treatment.
 - The service provided staff with comprehensive induction and supervision arrangements. This ensured they were prepared, monitored and supported to carry out their roles effectively. Staff attended regular meetings to maintain oversight on clinic and operational issues.
 - The service actively audited its clinical and operational practice. Senior management delegated auditing responsibilities to the most appropriate members of staff. Outcomes of audits were discussed and used to improve practice.
 - The service engaged with a number of external agencies that were used by its clients. They demonstrated a commendable approach towards equality, diversity and human rights and had set up links to support clients from marginalised groups.
 - Clients felt supported by the service and staff treated them with dignity and respect. Clients had responded positively to the service's bounded approach and felt involved in their care and treatment.
 - The service offered support to clients' families and carers. Structured carers support was available and details of this were displayed around the hub.
 - Clients had opportunities to become involved in the service via a structured peer mentor programme and volunteering opportunities. The service acted on feedback given by clients.
 - Clients were able to access the service easily. The service was able to respond to clients who required prompt such as people being released from prison without prior notice. Staff demonstrated flexibility and were able to respond to clients who were running late for appointments.
 - The service was available to clients, who found it difficult to access the main hub, via satellite sites; the use of a mobile vehicle; and by providing evening and weekend opening times. The service provided dedicated engagement staff to support clients who were not engaging with the service.
 - The service had a comfortable waiting area that provided information relevant to clients. The service had facilities that catered for clients with reduced mobility and who did not speak English as a first language.
 - The service had a clear vision and values. Staff morale was high and they were committed to supporting clients to make positive changes to their lives. They had confidence in their senior managers and agreed with their plans for the service.
- However, we also found the following issues that the service provider needs to improve:
- The service supported many clients and this led to them regularly attending or phoning the service. We observed one occasion where the reception area was not sufficiently manned to respond to client demand.
 - The service did not have equipment, and staff did not have training, to respond to medical emergencies. Clients who required emergency medical assistance relied on response from generic emergency services.
 - Staff used ongoing personal reviews as a way as setting objectives. Reviewing these objectives was expected to be included in monthly supervision. We found that the reviewing of these objectives was being overlooked in some cases.
 - Supervision arrangements and competency monitoring for peer mentors was unstructured. They told us that they received good support from their line manager. However, we found no documentation to confirm this.

Summary of findings

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Turning Point Chatham

Services we looked at

Substance misuse services

Summary of this inspection

Background to Turning Point Chatham

Turning Point Chatham is commissioned by Medway council to provide community-based substance misuse services for people living in Medway.

They operate an integrated drug and alcohol service from two locations. The main base is in Chatham town centre, the other base in Gillingham offers after care services. This base was being refurbished at the time of our inspection and was not visited.

The service also operates from a number of satellite locations, including a mobile outreach service, within the community to ensure accessibility.

The service was previously registered with the Care Quality Commission at the Gillingham base on 28 July 2014 and had not previously been inspected.

Our inspection team

Team leader: Scott Huckle, Care Quality Commission inspector.

The team that inspected the service comprised of three Care Quality Commission inspectors and a nurse 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.

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, asked other organisations for information, and gathered feedback from people who used the service.

During the inspection visit, the inspection team:

- visited the main community base and looked at the quality of the environment and observed how staff were caring for clients;
- spoke with four clients who were using the service;
- spoke with the operations manager, deputy operations manager and team manager;
- spoke with 14 other staff members, including doctors, nurses, psychologists and recovery workers;
- spoke with four peer mentors;
- attended and observed a hand-over meeting, a multidisciplinary meeting, and two clinical client contacts;
- collected feedback using comment cards from 23 clients;
- looked at 10 care and treatment records, including medicines records, for clients;

Summary of this inspection

- looked at 14 staff records and eight peer mentor records (including training, supervision and disclosure and barring service (DBS) records);
- looked at policies, procedures and other documents relating to the running of the service.

Information about Turning Point Chatham

Start here...

What people who use the service say

Clients told us that staff were caring, support and understanding towards their needs. We received 23 comments cards from clients using the service. Of these, 18 were positive, four were neutral and one was negative. Positive comments were around staff and groups with many clients acknowledging that the service had saved their life. The negative comment mentioned that they thought that everybody knew their business.

Clients told us the service had improved recently by becoming more boundaried. This had helped them focus on their recovery.

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 found the following areas of good practice:

- The service operated from an environment that had appropriate checks in place to ensure it was safe for clients and staff. Rooms were well maintained and cleaned regularly.
- Staff had access to personal alarms and all rooms had viewing panels. This ensured they could summon support and could be monitored by colleagues when seeing clients alone.
- The service had appropriate clinic rooms where staff could undertake physical health checks. Clients could also access a needle exchange service from a safe environment within the building.
- Staff were provided with mandatory training that was relevant to their roles. Completion rates for training were high across the board.
- Risk assessments and management plans were present in clients' care records. They identified risks relevant to the clients and were updated regularly.
- Staff had a good understanding of safeguarding issues. They received appropriate training on the subject and all knew how to raise safeguarding concern. The service had a safeguarding lead who was able to offer support to staff. The service regularly discussed and reviewed clients who were known to have safeguarding concerns.
- Medicine was managed safely throughout the service. All medicines were in date and stored correctly. All medicines that were dispensed were recorded correctly and regular audits and stock checks were carried out.
- Staff were trained in giving Naloxone (a medicine used to reverse the effects of opiate overdoses). The service was proactive in extending the availability, and training in its use, to other agencies where people were known to use opiates.
- The service had robust lone working arrangements in place to ensure staff could safely see clients outside of the service's main hub.
- Staff knew how to report incidents. The service monitored all incidents discussed them in regular meeting in order to learn lessons from them. Staff were supported by the service if they had been involved in, or affected by, an incident.

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

Summary of this inspection

- The service supported many clients and this led to them regularly attending or phoning the service. We observed one occasion where the reception area was not sufficiently manned to respond to client demand.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The service offered enough clinics to ensure that people's needs were assessed in a timely manner. Assessments were comprehensive and included collection of relevant information; physical health monitoring; and gaining of clients' consent to treatment.
- The service had a full complement of appropriately qualified staff to provide an integrated drug and alcohol misuse service.
- Staff had manageable caseloads. Staff received regular supervision to support them in managing them effectively.
- Clients had comprehensive care plans that addressed the clients' needs. Staff took time to identify clients' strengths and what they wanted to achieve whilst in the service. Care plans were clearly recorded with evidence that clients had, or had been offered, a copy.
- Staff were competent in using the service's electronic care records system. The system included the ability for staff to upload paper files to individual client records.
- The service prescribed medicine to clients in line with guidance set out by The National Institute for Health and Care Excellence. Medical prescribers were aware of how to assess risks, and monitor them, in circumstances where clients' required high doses of medicine.
- The service provided evidence-based psychosocial intervention that supported people with substance misuse issues. This meant they could offer a service to clients who had issues with all substances, not only those which had treatment in the form of substitute medicines.
- Staff used recognised substance misuse scales to enable them to work out clients' levels of dependence and, in turn, what treatments may be best suited to them. Staff also used tools to measure clients' progress whilst they were receiving treatment.
- The service actively audited clinical and operational practice. Outcomes of audits were discussed and used to improve practice.

Summary of this inspection

- Staff received an induction that prepared them to carry out their roles. Within their first six months they worked through a range of competencies in collaboration with their line managers.
- Staff received regular structured supervision which included monitoring of caseload; training needs and personal development. Supervision records showed that staff felt confident discussing any personal stressors with their line managers.
- The service had regular meetings which allowed staff to discuss clinic and operational issues. Separate meetings took place where complex cases and clinical governance issues could be discussed.
- The service worked well with a number of relevant external agencies that had involvement with clients on their caseload.
- The service actively worked with clients from marginalised group. Staff were trained in, and had a good understanding of, equality, diversity and human rights.

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

- Staff used ongoing personal reviews as a way as setting objectives. Reviewing these objectives was expected to be included in monthly supervision. We found that the reviewing of these objectives was being overlooked in some cases.
- Supervision arrangements and competency monitoring for peer mentors was unstructured. They told us that they received good support from their line manager. However, we found no documentation to confirm this.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff treated clients with dignity and respect
- Clients felt supported by the service. They had recognised that recent boundaries, for example not tolerating clients congregating outside the building, had helped them focus on their recovery.
- Clients were fully involved in the planning of their care and treatment. Staff worked with clients, and their families, to make plans that met individuals' needs.
- Clients' families and carers were given offers of support. Structured carers support was available.

Summary of this inspection

- The service offered clients opportunities to become involved in the service via a structured peer mentor programme and volunteering opportunities.
- Clients had many opportunities to feedback on the service. The service listened and made changes to the location of a client led group based on feedback received.

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

- The service did not have an appropriate system in place to notify staff when a room was in use. This meant that clinics and private conversation between staff and clients could be interrupted.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients were able to access the service easily. They could self-refer or be supported to make a referral from many different sources such as their GP, health services and social services
- The service were able to offer prompt response to clients being released from prison who required treatment. Staff worked within the prison to identify prisoners with planned release dates and specific appointment were available for prisoners who were released unplanned.
- Staff worked with flexibility. If clients arrived for appointments late staff would try to accommodate them being seen to avoid them having to rebook appointments.
- The service directly managed the funding for inpatient detoxification and rehabilitation services. This meant they had knowledge of the clients who were making applications for these services and were able to make informed decisions on the appropriateness of the applications.
- The service had many initiatives to allow people to access support. They ran many satellite sites, and use of a mobile vehicle, for people who found it difficult to attend the main hub.
- Staff had clear guidance on how to support clients who were not engaging. A dedicated engagement team were able to conduct home visits if they had concerns for clients or their children. The service opened two evenings a week to improve accessibility for clients who worked full-time.

Summary of this inspection

- The service had a comfortable waiting area that provided lots of relevant information to clients, such as local support groups; how to complain; and complementary therapies.
- The service was accessible by people with reduced mobility. The main hub had a lift to all floors and disabled toilet facilities. Interpreter services were available to clients who did not speak English as a first language.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The service was committed to the organisation's vision and values. Staff agreed with these and felt they helped define their roles around supporting people to make positive changes to their lives.
- Staff felt connected to the organisation and agreed with the direction that senior management were taking the service.
- The service had a good approach to auditing its practice. Senior management delegated auditing responsibilities to the most appropriate members of staff.
- Staff morale was high throughout the service. Staff collectively involved themselves in projects and challenges that brought the team together.
- The service was committed to being involved in projects that would bring improvements to their clients. These included sharing their expertise and knowledge with other agencies such as health services and the police.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

The service had access to the organisation's Mental Capacity Act and Deprivation of Liberty Safeguards policy, which had been updated in July 2015. The service also displayed a brief guide to The Mental Capacity Act which included the guiding principles on how to assess a person's capacity.

Staff had 100% completion rate for eLearning on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards with 85% having completed the additional face to face training.

Staff were instructed to gain clients' consent to treatment within the health and stabilisation clinics and we saw this happening. Staff we spoke with had a sound understanding of how they would assess a client's capacity. However, they told us that if they had concerns regarding capacity they would discuss this with the doctor or safeguarding lead.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- The service was located over three floors of a building with a small ground floor entrance / reception area. Everyone entering the building was given information regarding fire exits and the names of fire wardens were clearly displayed. A fire grab bag was located at reception which contained first aid equipment, spare keys and staffing lists with contact numbers. However, the code to open this bag was not readily available to reception staff. This was identified to senior staff who assured they would circulate the code to all staff via email.
- We were told the service kept two staff on reception at all times. At one point we observed one staff alone managing telephone calls and clients entering the building. Staff were summoned for support and we observed two staff on reception throughout the rest of our inspection.
- There were nine first aid kits located around the building which were checked regularly. The service did not have emergency resuscitation equipment on site. Staff were aware that the policy was to contact emergency services if necessary. Staff had 100% completion rate for first aid awareness eLearning, however, the service did not offer staff training in cardiopulmonary resuscitation.
- The building was clean and tidy throughout and cleaning schedules showed that the whole building was cleaned twice a day. Appropriate hand washing facilities were located throughout the building.
- All rooms used by staff to see clients were well-maintained with appropriate furniture. All rooms had viewing panels so staff could be monitored if there were safety concerns. Staff all used personal alarms when seeing clients alone.

- We found that all health and safety checks were up to date. These included records for fire safety tests; tests for portable electrical equipment; legionella water testing; environmental risk assessments; and procedures for clinical waste management; and control of substances harmful to health management.
- The service had access to two clinic rooms and a needle exchange room. Staff had equipment to carry out basic physical examinations, such as monitoring clients' vital signs, monitoring clients' weight and height and dry spot testing for blood-borne viruses. The service did not have an examination couch and staff told us that clients would be referred to their GP if they required procedures, such as an electrocardiogram.

Safe staffing

- The service currently had no vacancies and did not use agency staff. The teams consisted of a structured management team which included leads for recovery workers, nurses, administration, volunteer councillors and peer mentors and volunteers.
- The service had one full-time doctor and a GP who ran clinics within the service one and a half days a week. Three nurses were employed full-time and one of these was undertaking training to become a non-medical prescriber. A specialist hepatitis nurse and a respiratory nurse ran a clinic one morning a week from within the service. The service employed 25 recovery workers which included a dedicated engagement team of six staff and two prison link workers.
- Between 1 May 2015 and 30 April 2016, 12 staff had left the service. Within this same period staff sickness was at 5%. Managers had systems in place to ensure that staff took annual leave regularly throughout the year to avoid staff shortage during popular times, such as school holidays. This allowed the staff team to be able to adequately cover annual leave and sickness.

Substance misuse services

- The service had a current caseload of 805 clients. This equated to an average caseload of 32 for each recovery worker. We were told that some staff had caseloads approaching 50 as the service would often allocate clients based on issues such as presenting risk or staff speciality.
- Staff caseloads were managed within regular supervision. Staff told us they had adequate support with their caseloads. They were able to transfer clients to other staff via discussion with their line managers. Staff told us that they would be asked to give clear rationale of the need to transfer but felt they were not pressured to manage excessive caseloads. Staff were also required to discuss cases with line managers before closing them. This was to ensure they had made sufficient attempts to engage them before closure.
- Staff had access to appropriate mandatory training that included safeguarding for adults and children; drug and alcohol awareness; and Mental Capacity Act. We saw the training matrix and saw that staff had completed, or were booked onto, 100% of this training.

Assessing and managing risk to clients and staff

- We looked at 10 client care records. All had risk assessments and risk management plans in place.
- Risk management plans were comprehensive and related to the risks identified in the risk assessments. Areas such as offending behaviour, violence and aggression, domestic abuse, and children were looked at. Previous substance misuse history was also documented. Risk assessments were reviewed and updated regularly by staff. For example, during our inspection an incident took place involving verbal aggression from a client. Staff updated the risk assessment and risk management plan the same day and updated the clinical team.
- We observed an incident whereby a client became aggressive outside the service due to perceiving that the service was not supporting him correctly. After they left they were contacted and offered a management review that day to discuss their behaviour and concerns. We spoke briefly to the client after the review and they informed us they were happy with the outcome and felt supported by the service.
- Staff had received training in safeguarding adults and children. The eLearning training had 100% completion rate, whilst 41 out of 43 legible staff had completed face to face safeguarding level two training with the

outstanding two having training booked for the following month. The service had a safeguarding lead who was available to all staff to discuss safeguarding issues. We attended the weekly clinical meeting where the teams allocated time to discuss at least two safeguarding cases. These were either new presentations or updates on existing concerns. The safeguarding lead kept a comprehensive safeguarding register which included clients who had issues with self-harm. We found it difficult to ascertain from the register which clients had current safeguarding concerns open to the local authority or get a clear overview of current high risk safeguarding issues. We discussed this with the deputy operations manager who told us that they had identified this within their internal quality assessment tool and planned to introduce a traffic light system to categorise risk.

- Medicines were securely stored within locked cupboards. The service had arrangements with local dispensing pharmacies which meant they did not store a large range of medicines on the premises, and no controlled drugs. All medicines on site were within their expiry dates and staff audited this regularly. Fridges were monitored twice daily to ensure they were at an appropriate temperature to safely store medicine.
- We saw that the dispensing of medicines such as Naloxone (a medicine used in emergencies of opiate overdose) and anaphylaxis injections was monitored. We saw records that showed which client was given these medicines, on which date, expiry date, batch number and running total. Staff and clients received training in administering Naloxone. The service had also provided training to staff in some external agencies, such as homeless projects, and had plans to extend this further.
- Staff from the engagement team would often carry out home visits to clients who were difficult to engage and this would be done in pairs to maintain safety. The service offered a number of satellite services around the area to give clients further opportunities to be seen in safe environments.

Track record on safety

- The service had made 14 notifications to the Care Quality Commission between 1 June 2015 and 31 May 2016. One was in relation to an unexpected death; two were in relation to expected death; six were in relation to a police incident; four were in relation to abuse or

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allegation; and one was in relation to a serious injury. All of these notifications had been closed which meant that the Care Quality Commission had been satisfied that the service had managed them effectively.

Reporting incidents and learning from when things go wrong

- The service had a sound approach to incident reporting and staff showed suitable awareness of what to report. They all had access to, and were competent in using, the electronic incident reporting system, Datix.
- The service used an appropriate system to rate the severity of incidents based on impact and likelihood. During the six months prior to our inspection the service had reported 129 incidents on Datix. Of these 51 were low severity, 66 were moderate severity, and 12 were high severity. All incidents were escalated to the appropriate clinical lead (clinical, safeguarding or operational) for investigation.
- Staff were able to discuss and learn from incidents. We observed that staff were given this opportunity within the daily allocations meeting. We saw minutes from the weekly clinical and business meeting and monthly clinical governance and complex case review meeting and saw that incidents were discussed and learning was identified. A recent example showed that the service had stopped recorded mailing prescriptions to pharmacies due to delays in a client being able to access medicine. They now allocated a team member to take them by hand.
- Staff all felt supported by managers and colleagues if they had been involved in incidents. They had opportunities to debrief and reflect on incidents within meeting or in more private forums, such as supervision.

Duty of candour

- Staff were aware of their responsibilities to apologise to clients when the service had made a mistake. They told us they had received guidance on this process by managers who would also support them if necessary. Managers told us that occurrences of duty of candour being used would be reported in the service's clinical governance meeting.

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)

- The service offered nine health and stabilisation clinics a week. These allowed new clients, or clients returning to the service, to have a full assessment of their needs. We were shown data for the previous three months that showed the average new presentations per month was 33. Therefore, the service was providing sufficient clinics to allow people to be seen in a timely manner.
- The doctor and lead nurse both told us that GP encounter summaries were obtained before any medical treatment was commenced, apart from in exceptional circumstances.
- We observed a new client being assessed in the health and stabilisation clinic. Staff gained consent to carry out the assessment by asking the client to read and sign a treatment agreement. The client had blood pressure, heart rate, temperature and body mass index monitored. Staff carried out a blood test for blood-borne viruses as the client had a history of injecting and completed the clinical opiate withdrawal scale which gives an indication of opioid dependence. Staff offered support in registering the client with the local GP surgery and also enquired around contact with children and needs of carers.
- We looked at 10 clients records. Care plans were comprehensive and covered important aspects of clients' lives. Rehabilitation pathways were identified so that appropriate support could be put in place. Staff keyworker roles were identified so that client knew who to contact. It was evident from the records that people who used services had been involved in decisions about their care. Clients' goals and strengths were identified, the support they needed, and how this was to be provided, were clearly recorded.
- The service used, CIM, an electronic system to store client care records. All staff had secure passwords to access this system. The system allowed paperwork such as care plans and assessments tools to be uploaded into clients' individual records.

Best practice in treatment and care

Substance misuse services

- We spoke with the psychiatrist who was a specialist in addictions. We saw that their prescribing practice was in line with guidance set out by the National Institute for Health and Care Excellence. The service offered three titrations clinics each week. This enabled clients to be monitored whilst increasing medicine for management of opioid dependence, such as methadone and buprenorphine, to levels which managed their withdrawal symptoms. The service was able to arrange electrocardiograms at GP surgeries or hospitals for people who required higher doses of medicine. This ensured that potential heart abnormalities could be monitored.
- The service was able to exercise flexibility to meet the needs of their clients and in exceptional circumstances would provide holding prescriptions. These were used when a client needed medicine in emergency and a doctor was not available. The client would then be given an appointment for the following day to be reviewed.
- The service offered a range of therapies recommended by The National Institute for Health and Care Excellence. The recovery skills programme was offered twice a week at the service. This included cognitive behavioural therapy techniques that helped clients with relapse management; planning time effectively; dealing with others; managing stress and anxiety and gaining effective support. This was part of the organisation's evidence-based model of psychosocial interventions group therapy. The service also offered cognitive behavioural therapy based worksheet through the international treatment effectiveness project. This allowed staff to offer a more structured approach towards recovery. Clients were able to access mindfulness and acupuncture twice a week to help them deal more effectively with cravings.
- The service had good links with external agencies who could offer clients support with employment, housing and benefits. Staff had good knowledge of these agencies and were able to signpost effectively. Clients could also attend four satellite sites around the area where staff were available to give social support. Clients had voluntary work opportunities through the peer mentor program.
- All clients were offered physical health checks as part of their initial assessment. If they required further procedures, such as electrocardiograms, they were referred to their GP or local hospital. All clients were offered blood borne virus testing for hepatitis and HIV which were carried out by nurses on site. The service had responded to the needs of their caseload and offered nurse run clinics for clients with hepatitis and chronic obstructive pulmonary disease.
- The service used recognised substance misuse scales to rate the severity of clients' dependence on substances and guide treatment plans. These included the clinical opiate withdrawal scale and the severity of alcohol dependence questionnaire. Client outcomes were recorded using the treatment outcome profile which measured change and progress in key areas of clients' lives whilst in substance misuse services. The service policy was to complete the treatment outcome profile when clients entered treatment and every three months until discharge. Client care records showed good adherence to these targets.
- The service had a robust annual audit calendar to ensure it was monitoring key aspects of the service, such as safeguarding (quarterly), care records (monthly), caseload management (monthly) and prescribing (biannually). We saw minutes of quarterly clinical governance meetings that showed that outcomes of audits were discussed in detail. The deputy operations manager told us that the care record audit had alerted them to an issue with risk assessments and risk management plans not being completed. This brought about the introduction of a case management tool which required line managers to discuss completion of these tasks within staff supervision and record adherence. We saw data that showed within the last year, when this system had started, overdue risk assessments and management plans had decreased from 54% to 12% and overdue care plans had decreased from 65% to 7%.
- The service carried out a 'prescribing audit' in June 2016 to look at the timeliness of medical reviews for all patients receiving medicine on prescription. As per the service policy, all patients should be seen by a doctor for a medical review once every three months. The audit showed that out of 450 clients, 160 were overdue a medical review by up to three months. As a result of the audit the service took immediate action. Clinics were increased to two per week, which meant that the doctor could carry out 12 medical reviews per week. This meant that there was enough clinic time to ensure medical reviews could take place. The service further

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identified that no appointments were to be booked more than six weeks in advance, which helped to reduce the number of missed appointments due to clients not attending.

Skilled staff to deliver care

- The staff team included a specialist addiction psychiatrist, a GP, three nursing staff including a non-medical prescriber in training, a clinical psychologist, a counsellor and 25 recovery workers. The service was also supported by peer mentors, volunteers and volunteer counsellors.
- All permanent staff were required to complete an induction when they started work. We spoke with staff who had completed their induction and they told us they felt prepared and supported to carry out their roles effectively. All staff completed a six month probationary period to ensure they were competent to carry out their roles safely and to the best of their abilities. Staff had their competencies assessed in 12 key areas including, safeguarding, mandatory training, assessment and recovery planning and risk assessment and risk management.
- Caseloads were managed via regular individual supervision. The service manager and senior team had oversight of the total caseload management. During supervision staff self audited a selection of case records and discussed them with their line manager. The line manager would then follow up to ensure that any required actions had been taken following their own record checks.
- Staff received monthly line management supervision. Supervision was structured and looked at areas such as personal development, training, case management and safeguarding. We reviewed 14 staff files and found that most had comprehensive supervision records documented. Staff we spoke with told us that they felt extremely well supported both through formal supervision and informal discussions with colleagues and senior managers.
- Staff received appraisals through the use of ongoing personal reviews. These commenced in April and were reviewed every three months and discussed monthly in supervisions. Objectives were set and staff discussed with their line managers how they would meet the objectives and what support they would need. However, we found that the quality of the recording in supervision notes regarding ongoing personal reviews varied. Some

documented changes and progress made, others documented very little. This meant it was not always clear to see if progress against the set objectives was being achieved.

- We reviewed four peer mentor files. There was poor documentation to show that supervisions were taking place to support the peer mentors in their roles. It was not clear if peer mentors had their competencies assessed or what ongoing personal development was in place to support them as nothing was documented. However, we spoke with the peer mentors who confirmed that they felt well supported and did receive regular supervision.
- Staff we spoke with were appropriately qualified and experienced to be able to complete their roles. The service offered specialist training to recovery workers which included training in risk assessment and management, recovery planning, domestic abuse, suicide awareness and safer injecting. Completion rates for these had increased from 69% in July 2015 to an average of 85% in the six months prior to our inspection. The service had a training lead within the administration team who arranged training and identified who could attend. The service had recently responded to staff feedback and booked time management training.
- Managers told us that poor performance was normally addressed through informal discussions or within supervision. However, they were aware of processes that should be followed if the issue was more serious and gave us examples of scenarios when they would issue verbal warning or suspend staff.

Multidisciplinary and inter-agency team work

- The staff team had a weekly three hour meeting where clinical and operational issues were discussed. Once a month this meeting took a full day and incorporated clinical governance issues and complex case reviews. We saw minutes of these meeting which showed they had occurred regularly for the six month period prior to our inspection and that relevant issues were discussed.
- Staff met daily for 30 minutes to discuss the previous 24 hours. We observed this meeting and saw that new referrals were discussed and allocated to keyworkers and groups. Staff raised any concerns or safeguarding issues within the caseload, staff movement was recorded and daily duties were allocated.
- The service had formed good working relationships with the prison service, probation service, community mental

Substance misuse services

health teams and local acute hospital. For example, they had recovery workers dedicated to working with staff at the prisons to support clients due for release. The service ensured that prior to a client's release, assessments and had taken place and protocols and prescriptions were put in place to support the client and ensure their individual needs were met. The service had close links with a specialist clinic for women who used opiates prior or during their pregnancy.

- The service provided support, information and guidance on substance misuse to general practitioners and pharmacies.
- The service were actively part of the community 'safer radio system'. They worked collaboratively with the police, local community and other businesses to reduce crime and protect staff and the public from acts of physical violence, verbal abuse and offending behaviour. The radio system was a way of sharing information regarding incidents or concerns and requesting support if needed.

Adherence to the Mental Health Act

- The service was not registered to accept clients detained under the Mental Health Act. If a client's mental health were to deteriorate, staff were aware of who to contact. Some of the nursing staff had been trained as registered mental health nurses which meant that they were aware of signs and symptoms of mental health problems.

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?)

- The service had access to the organisation's Mental Capacity Act and Deprivation of Liberty Safeguards policy, which had been updated in July 2015. The service also displayed a brief guide to The Mental Capacity Act which included the guiding principles on how to assess a person's capacity.
- Staff had 100% completion rate for eLearning on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards with 85% having completed the additional face to face training.
- Staff were instructed to gain clients' consent to treatment within the health and stabilisation clinics and we saw this happening. Staff we spoke with had a sound

understanding of how they would assess a client's capacity. However, they told us that if they had concerns regarding capacity they would discuss this with the doctor or safeguarding lead.

Equality and human rights

- All staff completed equality and diversity eLearning. The service ran support group for both men and women. We were told about a transgender client who had been resistant to join the womens' group even though this was how they identified themselves. Staff supported them to gain confidence to engage with this group. The service user representative was planning a festival which would include representation from communities such as lesbian, gay, bisexual and transgender.

Management of transition arrangements, referral and discharge

- The service had processes in place to facilitate referrals to and from other substance misuse services. With client consent, staff were able to share clients' details with other services, including information regarding clients' history, potential risk and prescribing regime. This meant that clients moving in and out of the locality could have a smooth transition without risk of their treatment being interrupted.

Are substance misuse services caring?

Kindness, dignity, respect and support

- We observed a number of interactions where staff displayed a positive and responsive attitude towards clients. Clients who were knocking on the door before the service opened were spoken to respectfully by staff who calmly explained the service rules around opening times. Staff knew clients well and addressed them by their first names.
- Clients told us that staff were caring, supportive and understanding of their needs. Three clients felt the service had improved recently by being more boundaried and this had helped them focus on their recovery. We were told that staff no longer allowed crowds to congregate outside the building drinking alcohol.

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- We received 23 comments cards from clients using the service. Of these, 18 were positive, four were neutral and one was negative. Positive comments were around staff and groups with many clients acknowledging that the service had saved their life.
- Whilst we were observing a client being seen in a clinic, one member of staff came in to collect a testing kit, and another opened the door and then closed it on realising the room was in use. This meant that clients' privacy, dignity and confidentiality could have been compromised.

The involvement of clients in the care they receive

- Staff involved clients in care planning. For example, staff discussed with clients, in the event that they were to stop treatment, ways of supporting them to re-engage. In one client's record we saw that it had been agreed that in such an event the client had given permission for staff to contact family members. In another record we saw that the client preferred to collect their prescription from a certain pharmacy and was less likely to attend the hub. Arrangements were put in place to ensure that this was supported and the client agreed to be seen at the pharmacy.
- Clients told us that staff explored their social situation and offered support to their family and friends. We observed a client being asked whether their mother required any support during a clinic. The service offered a structured group for carers from one of the satellite services. It ran over five weekly sessions and was specific to people who had relatives or friends with substance misuse issues.
- Clients had access to an advocacy service and their details were clearly displayed around the service.
- The service offered many opportunities for clients to get involved in their treatment and make an impact on the service. They ran a structured peer mentor course every year, for previous clients, which offered induction and training. The service had recently recruited new peer mentors and currently had 12. We spoke with four peer mentors and all said they enjoyed their role and felt appropriately trained and supported by the peer mentor coordinator. The service kept a record of their contact details, disclosure and barring service (DBS) checks and activities/group they helped coordinate. One peer mentor told us that activities were not fairly distributed.
- The service ran a client led Saturday group which offered refreshment and food at the Gillingham hub.

Clients had decided to change the name and the location to meet their preference. Previously it had been called the Saturday free zone and was located at the Chatham hub.

- The client involvement lead helped produce a monthly newsletter and also arranged regular parties including music events. Clients were able to contribute to these via the Saturday group.
- Clients were able to give feedback on the service and we saw a number of feedback forms and boxes located around the service. The service responded to feedback and this was clearly displayed as 'you said, we did' on information boards and as a page on the client information screen in the waiting area. Clients were also able to give feedback and suggestions at the Saturday group. Improvements that the service had made following feedback from clients was displayed.
- Client forums took place approximately seven times a year. They were facilitated and led by the clients and peer mentors. Guest speakers were also invited to talk about certain topics, for example, harm minimisation.
- Client feedback was sought with regards to any planned changes within the service. The service consulted with clients when they planned to change the service delivery at their locations. Gillingham was once their main hub location and had recently become their recovery led aftercare service. Chatham became their main hub location. Staff spoke with clients prior to changes being made. Where clients identified concerns, alternative arrangements were put in place to support their individual needs. For example, some clients did not want to access the service hub in Chatham for support and treatment as it was an area that they had previously been involved in offending behaviour. Staff ensured that support was put in place and clients could be seen in satellite services which better suited their individual needs.

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

Access and discharge

- Clients were able to self-refer to the service. Other referrals sources were GPs, social services, health services, homeless hostels and prisons. The service

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provided enough clinics to ensure they could offer assessments, medical reviews and start of treatment within 24 hours of referral. We attended a daily allocations meeting and saw that clients were often seen on the day of referral.

- The service had no waiting times or delays from referral to treatment. Assessments, prescriptions and medical reviews took place the same day or the next working day.
- The service was able to respond promptly to people being released from prison. Two staff from the engagement team worked within the prison saw and could prearrange treatment for clients with planned release dates. This meant they had a smooth transition between services and their treatment was not interrupted.
- The service also offered emergency clinics twice a week specifically for clients being unexpectedly released from prison, discharged from hospital or presenting unannounced. On occasions where people could not be seen immediately the service would provide a holding prescription, so clients could get medicine, and book them into a clinic the following day.
- We spent some time observing staff who attended to reception. Phone calls were promptly answered and staff gave clear and appropriate advice. One client arrived 10 minutes late for their appointment. Staff communicated this to their keyworker immediately and the client was able to be seen.
- Clients and other agencies had access to an out of hours single point of contact phone line. This was manned by senior members of the service on a rotational basis.
- The service did not have exclusion criteria and would offer assessment for anyone with a substance misuse problem as long as they lived in the locality. The service had clear treatment pathways to support people presenting with opioid and alcohol issues.
- The service managed the funding for clients who required residential detoxification or rehabilitation. The operations manager sat on a panel with other professionals who reviewed applications for these treatments. They told us that clients would be expected to engage with the service's group programme to demonstrate their motivation for change.
- The service operated from a number of satellite sites where staff from the engagement team, peer mentors and volunteers offered outreach to clients who found it difficult to access the main hub. The engagement team were able to visit clients at home if required. They also had a 'roving recovery vehicle' to access clients in rural areas with poor transport links. This vehicle was able to provide services such as needle exchange.
- The service reported 3569 incidents where clients did not attend planned appointments or groups between 1 April 2015 and 31 March 2016. Staff were provided with guidance on how to re-engage clients who were not attending appointments. Staff were expected to make telephone calls or send text messages to clients; contact any other agencies who worked with the client; and send letters to the client to encourage them to attend appointments. We saw that clients who had not attended were discussed at the daily allocation meeting. We observed staff explaining to a client the services expectation regarding engagement and this was part of the treatment agreement they signed.
- The service operated a prescription collection service from the hub and local pharmacies. Short term scripts were provided to ensure that clients remained engaged in treatment and were either seen by staff at the hub when collecting their prescription or at one of the pharmacies.
- Clients did not report any concerns about cancellation or late running of appointments. Staff confirmed that this rarely happened and, if there were cancellations, all efforts were made to notify the clients beforehand by phoning them or contacting other agencies known to the client.
- The service was open two evening a week to offer support for clients who worked full-time. The Saturday group was also available to offer support for these clients.
- The service ran gardening and woodwork groups at a local fort. During our inspection they were in the early stages of offering clients a dedicated after-care service from the Gillingham hub. We saw a timetable that was to include mindfulness, after-care groups and keyworker appointments. Clients would also have access to activities such as photography and book clubs.

The facilities promote recovery, comfort, dignity and confidentiality

- The service had a number of different sized rooms to be able to accommodate individual and group sessions. Two clinic rooms were available for medical consultations with the doctor or nursing staff.

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- All rooms were appropriately soundproofed although the service did not have a robust system in place to notify others when rooms were in use.
- Clients had access to a large waiting area on the first floor. The area displayed many noticeboards with information, relevant to clients, on subjects such as; local support groups; physical and mental health; safer ways to use substances; how to complain; and complementary therapies. The service also used a TV screen which provided rolling information to clients.
- Both clients and staff told us that the service had become more boundaried over recent months. A number of client comments cards mentioned how this had been a big improvement and had helped them focus on their recovery.

Meeting the needs of all clients

- The service was fully accessible by wheelchair users or clients with reduced mobility. The reception area was accessible from the road without steps and an appropriate sized lift served all floors of the building. Toilets appropriate for disabled clients were available on all floors.
- The service used a local interpreting service as required. They also had contact details for a telephone based service. Information on display was in English; however, we were told that if required the service could access their standard information in different languages.
- Staff were able to use flexibility in their communications with clients. Staff had work telephones so they could text clients if this was preferred. Appointment reminders were sent to clients via whichever means suited their needs best. For example, letter, email, text message service or a telephone call as a reminder.

Listening to and learning from concerns and complaints

- The service received 33 complaints with the last 12 months, two of which were upheld. One was in relation to a client complaining about how they were spoken to and the other was concerning confidentiality.
- Clients told us they knew how to complain and would feel confident in doing so. All clients knew who the service user representative was and how to contact him if they needed support in these types of matter. The 'you said, we did' board would contain feedback on client complaints and suggestions.

- The service had a customer feedback policy which outlined how staff should respond to complaints and the process expected by senior management if complaints had to be dealt with formally. We saw minutes that showed complaints were discussed at quarterly clinical governance meetings. Staff confirmed that they received feedback from investigations of complaints.

Are substance misuse services well-led?

Vision and values

- The organisation's vision and values were clearly displayed in staff areas. Staff told us they agreed with them and knew their roles were about supporting and encouraging their clients to make changes in their lives. Staff felt that managers demonstrated the organisation's vision and values and incorporated them into meeting, supervision and team away days.
- Our observations of interactions, meetings and care records, during our inspection, showed adherence to the organisation's vision and values
- Staff felt connected to the organisation and told us that senior members of the organisation, at both a regional and national level, had recently visited the service. Staff spoke highly of senior managers within their service and told us they were approachable and listened to their views. They felt that, collectively, the service had made significant positive changes recently.

Good governance

- The service carried out a self audit annually that comprehensively looked at its clinical and operational practice. This internal quality assessment tool mirrored the Care Quality Commission's five domains. The tool was also used to guide less intensive monthly reviews to update any action plans. During our inspection we found that areas such as training rates; regularity of supervision; incident reporting; and safeguarding procedures were of a high standard.
- The service had key performance indicators around clients in different treatment pathways (opioid, alcohol or other). They produced a monthly report that how many clients had finished treatment and whether this was successful or not. These reports were available to all staff and allowed them to monitor the service's performance in relation to annual targets.

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- Managers and clinical leaders told us they had the autonomy to make decisions about the service and had adequate support from administration staff. Senior managers had confidence in their staff and we saw that tasks, such as audits, were carried out by the most appropriate individual based on their role.

Leadership, morale and staff engagement

- Staff spoke positively about their senior management team and found them supportive and approachable. They agreed with the direction the service was moving and felt the more boundaried approach was beneficial to both clients and staff.
- Staff felt able to raise concerns with management. Staff were aware of the whistleblowing policy. However, some staff were unaware they could direct concerns to the Care Quality Commission as a means of maintaining their anonymity.
- Staff morale was high and this was reflected in the service they offered clients. The service encouraged staff to engage in well-being initiatives. An example of this was a recent pedometer challenge which staff took part in. We heard that staff enjoyed being competitive which

other and their results were displayed in the team's office. Staff were also made aware of local yoga groups that they could attend during lunch times and after work.

- Staff were able to give feedback on service delivery during regular team meetings and clinical governance meetings.

Commitment to quality improvement and innovation

- The service had piloted having an alcohol liaison nurse based in the local hospital. This nurse saw and assessed individuals presenting with alcohol issues. They gave advice and supported a referral to the service if the individual agreed.
- The service was actively supporting a police operation around child sex exploitation. Any concerns relating to this issue that involved clients on the caseload were reported to an identified police officer.
- The service was part of the multi-agency 'blue light project'. This was led by Alcohol Concern and aimed at supporting street drinkers. We were told that these clients were historically hard to engage, however, persistent support by the project had led to street drinkers to accept inpatient detoxification and rehabilitation.

Outstanding practice and areas for improvement

Outstanding practice

The service had an outstanding approach to linking in with other external partners to support and engage with their clients. They had vast knowledge of their client demographic and directed their resources into relevant initiatives and projects.

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure they have sufficient members of staff on reception to respond to clients attending or phoning the service.
- The provider should ensure that staff have regular opportunities to review objectives they have identified as part of their role development.
- The provider should ensure that all support given to peer mentors is structured and documented.
- The provider should adopt a system that ensures clients' privacy is maintained whilst they are being seen by staff.