

Turning Point Suffolk Recovery Network

Quality Report

Sanderson House
17 – 19 Museum Street
Ipswich
Suffolk
IP1 1HE
Tel: 01473 220240
Website: www.wellbeing.turning-point.co.uk/suffolk

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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

Ratings

Overall rating for this location

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



Overall summary

We rated the service as good because:

- Staff completed a comprehensive initial risk assessment for all clients at the start of treatment. Risk assessments were regularly reviewed and updated. The quality of risk assessment was consistently good.

Summary of findings

- The service employed a range of staff to deliver treatment, including consultant psychiatrists, a speciality doctor, clinical psychologist, psychosocial lead, nurse manager, non-medical prescribers, recovery workers and senior recovery workers. Staff received specialist training for their role and were offered further opportunities.
- Staff responded well to sudden deterioration in client's health. The effects of medication on client's physical health was reviewed regularly. Clients were supported to live healthier lives and were sign posted to One Life Suffolk which offered support with weight loss, stopping smoking, health walks and provided health checks.
- The service followed good practice in managing and reviewing medicines including, following British National Formulary recommendations, and used recognised rating scales and other approaches to rate severity and to monitor outcomes. Staff provided a range of care and treatment for clients alongside prescribing services. Staff delivered a variety of interventions from alcohol and opiate detoxification, titration, maintenance and abstinence programmes. Clients were referred to clinics, delivered by the operational delivery networks, where vaccinations, health checks and medical reviews were also available to clients. The service offered blood born virus screening, safer injecting support, and a needle exchange. A secured medicine box system was in place for clients and was an area of good practise. Clients were offered Naloxone (an opioid antagonist that provides short-term reversal of an opiate overdose) and harm minimisation advice was given.
- Staff interacted well with clients, they were supportive, caring, and spoke to clients with respect. We observed on inspection how well staff supported clients during their visits. Feedback we received from clients and carers was very positive, staff went above and beyond to maintain contact and encourage engagement. Clients were supported to gain further qualifications and stay in employment.
- The service had a high-risk pathway in place with partner agencies. If a client was identified as being vulnerable or of high risk direct contact was made with the hub manager who had the ability to fast track the client. Staff worked in local hospitals supporting clients. The provider had a criminal justice team with a liaison role to help clients released from prison to engage in treatment. A young person and young adult pathway was in place offering engagement, recovery and change. The service had good working relationships with local agencies including GP's, hospitals, prisons, the local authority safeguarding team, mental health teams, and social services. The provider was also part of the Ipswich locality homeless partnership.
- Family and carers were involved with client's treatment and the service offered a family drop in session monthly. Carers were referred for further support to Suffolk family carers. The provider offered a wide range of leaflets in reception areas. There were posters and information throughout the premises, and events offered in the wider community.
- All locations had one to one interview rooms and all were adequately sound proofed. Clients privacy and confidentiality was respected when attending the service. However, there was a lack of private space in the drug testing area at the Ipswich site.
- The providers vision and values were displayed in all locations. Staff were fully aware of these and discussed them during appraisal and supervision. Staff had open communication with senior managers and the opportunity to email the chief executive officer. Staff were encouraged to have their say.
- Managers addressed poor performance promptly. Managers said they had sufficient authority to do their job, they had effective administrative support and human resources advice for clear guidance when required. Management of staff sickness and absence was effective and supportive to staff. Managers at location level held weekly meetings with teams to discuss and implement lessons learnt.
- Staff morale and job satisfaction was good. Staff worked well together. We observed very caring and cohesive teams. Staff and hub managers said they felt well supported by their senior managers who were visible in the service and approachable to all staff.

Summary of findings

However:

- The Bury St Edmunds hub had no hand washing facility's in the urine testing room. The Ipswich testing area was not fit for purpose. We found it was located at the bottom of a stairwell where we observed clients sitting on the stairs waiting for test results.
- Ninety two percent of clients across three sites were seen within the 21 day target set from referral to

assessment. We found waiting times had improved. At Lowestoft the target of 21 days was being met. At Bury St Edmunds the assessment team was given extra support which meant appointments were offered within 21 days. At the Ipswich site, targets were still not being met, however an action plan was in place to offer more assessments per week and we saw this had a positive impact on reducing waiting times.

Summary of findings

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Good



Turning Point Suffolk Recovery network

Services we looked at

Substance misuse services;

Summary of this inspection

Background to Turning Point Suffolk Recovery Network

Turning Point Suffolk Recovery Network provide substance misuse services across Suffolk. They offer a range of drug and alcohol services that help people recover from addiction and gain control of their lives. This is a national provider who have a contact point, a central engagement and screening service. This manages incoming referrals and completes a screening tool to assess the client's needs. The client will be signposted for assessment with the appropriate team. The provider still accepts referrals into the service locally from a GP and other professionals. Treatment is free to clients.

Turning Point has been registered with the CQC since March 2015. As part of this comprehensive inspection, we inspected the following locations:

Bury St Edmunds:

Bury St Edmunds is a community team which offer specialist support to people with complex drug and alcohol problems in the surrounding area. Staff complete a comprehensive assessment with clients that helps form a plan of care. The service has a doctor, non-medical prescribing nurses, psychiatrist and psychologist to help support those in recovery. The service can provide stabilisation, detoxification, one to one support to help people to stop using illicit substances and treat alcohol misuse. Staff assess clients for substance dependency and apply for funding to refer them to a residential rehabilitation facility for treating addiction. The provider offers services to both adults and young people.

Ipswich:

Ipswich Turning Point offers support to those people living in the Ipswich area who need help with substance misuse and addiction. This is also a community service,

which offered stabilisation, detoxification and maintenance for clients using illicit substances or alcohol. There is a multidisciplinary team of staff, such as a doctor, non-medical prescribing nurses, psychiatrist and psychologist. The community team also have young peoples recovery workers who see young people affected by substance use.

Lowestoft:

Turning Point Lowestoft is a community treatment centre, which offers help and support to those people wishing to recover from substance and alcohol abuse. The service has recovery meetings, one to one support and group work. These services are provided by a range of recovery workers, nurses, doctors, and a psychiatrist.

All three locations have a needle exchange where people wishing to use the service can drop in. Staff offer advice, information, make referrals and offer therapies. Turning Point has a Criminal Justice Team to support clients who have been given a treatment order from courts or have been released from custody.

At this inspection we found that this service had fully met and addressed actions from our previous inspection in May 2016:

- Regulation 12 HSCA (RA) Regulations 2014 Safe care and Treatment
- Regulation 18 HSCA (RA) Regulations 2014 Staffing

The provider is registered by the CQC to provide the following regulated activities:

- Treatment of disease, disorder or injury.

Our inspection team

The team that inspected the service consisted of CQC inspector Teresa Radcliffe (inspection lead), three other CQC inspectors, and one specialist advisor.

Summary of this inspection

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 and asked other organisations for information.

During the inspection visit, the inspection team:

- visited three community locations, looked at the quality of the physical environment, and observed how staff were caring for clients

- spoke with 19 clients
- spoke with three carers/family members of clients
- spoke with the medical director, registered manager, the lead nurse and all three hub managers
- spoke with 12 other staff members employed by the service provider, including nurses and recovery workers
- spoke with five peer support volunteers
- attended and observed one daily hand-over meeting
- looked at 18 care and treatment records, including medicines records, for clients
- observed medicines administration and prescribing to 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 19 people who use the service and three carers of clients.
- All clients we spoke with were positive about the service. Some told us that the service was lifesaving, many stated that they would no longer be around without the care and treatment they had received.
- Carers we spoke with were very complimentary about the service and the support given to them if required. Clients and carers said staff treated clients with respect and were very discreet with those who needed it. We saw staff had a caring attitude.

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 rated safe as requires improvement because:

- The Bury St Edmunds hub had no hand washing facility's in the urine testing room. The Ipswich testing area was not fit for purpose. There were also no hand washing facilities. Staff did have access to gloves and hand sanitiser at both locations however without proper facilities there was an increased risk that cleanliness could not be maintained to prevent any spread of infection.
- Positive behaviour support level one training was identified by the provider as a mandatory topic, however compliance was at 43%. The managers of the service were aware of this and there was an action plan in place and training dates had been set for staff.

However:

- Staff completed a comprehensive initial risk assessment for all clients at the start of treatment. We reviewed 18 care and treatment records and found that risk assessments were regularly reviewed and updated. The quality of risk assessment was consistently good across all locations.
- Staff were expected to complete mandatory training courses. There were 11 mandatory topics staff needed to complete. Ten of the courses completion rate varied between 81% and 100%, this was above the provider target of 80%.
- Ninety three percent of staff across the sites had completed training in safeguarding for adults and young persons. A further 86% had completed level two safeguarding. Staff knew how to identify adults and children at risk of or suffering significant harm. This included working in partnership with other agencies. There was safeguarding leads identified for all locations.
- Staff at all locations offered needle exchange to clients. All stock was correctly stored and in date. This service offered blood born virus screening and safer injecting support. All locations offered a secured medicine box system for client's (medication safety and storage), this was an area of good practise. At the Ipswich service there was a separate room for this with easy chairs. All clients were offered Naloxone (an opioid antagonist that provides short-term reversal of an opiate overdose) and harm minimisation advice.
- Staff responded well to sudden deterioration in client's health. Staff recognised the signs of concern, used the 111 service

Requires improvement



Summary of this inspection

appropriately and followed advice given. Staff reviewed regularly the effects of medication on client's physical health. We found good practise in this area. For example, the electro cardiogram results at the service were all sent to a cardiologist and reported on.

- Staff were debriefed and supported following an incident. We saw evidence of this at one of the locations we visited.

Are services effective?

We rated safe as Good because:

- The service followed good practice in managing and reviewing medicines including following British National Formulary recommendations. The provider introduced monthly clinical briefs for clinicians on medical prescribing topics. The psychosocial manager delivered Naloxone training to staff across all locations.
- Staff supported clients to live healthier lives through discussions in one to one sessions and group work. Clients were sign posted to the service One Life Suffolk which offered support with weight loss, stopping smoking, health walks and provided health checks.
- The provider used recognised rating scales and other approaches to rate severity of needs and to monitor outcomes. For example, alcohol use disorders identification tests, the severity of alcohol dependence questionnaire, the clinical institute withdrawal assessment for alcohol and treatment outcome profiles. The provider also used a substance use recovery evaluator tool for clients to help measure personal recovery from drug and/or alcohol use.
- The service employed a range of staff to deliver treatment, including consultant psychiatrists, a speciality doctor, clinical psychologist, psychosocial lead, nurse manager, non-medical prescribers, recovery workers and senior recovery workers.
- The percentage of staff who received management supervision was at 100%. Clinical supervision was at 94%. Psychology staff formulated groups within the service to provide further supervision forums. Monthly prescriber's meetings were held nationally as part of supervision.
- Staff received specialist training for their role. This was offered across all disciplines, staff said the provider was supportive and offered opportunities regularly. The non-medical prescribers at the service were trained by the provider. There were various other development opportunities. For example, a master's degree in cognitive behaviour therapy, and training in independent domestic violence advice, hepatic

Good



Summary of this inspection

encephalopathy (a spectrum of neuropsychiatric abnormalities in patients with liver dysfunction) and slavery. The council learning website was available to staff to access further training courses.

- The service had good working relationships with local agencies including GPs, hospitals, prisons, and the local authority safeguarding team. Managers attend monthly meetings with mental health teams, social services, homeless organisations such as Genesis an organisation for high risk clients. The provider was also part of the Ipswich locality homeless partnership.
- The provider had satellite sites for clients at Haverhill, Sudbury, Newmarket, Brandon, Leiston and Mildenhall. This was to address barriers for clients living in rural areas with limited transport links.

Are services caring?

We rated caring as Good because:

- Staff interacted well with clients and were supportive and caring. Staff spoke to clients with respect and supported clients at the service well.
- We spoke with 19 clients and the feedback we received was very positive. Clients told us that staff really care and are respectful and supportive. Staff went above and beyond to maintain contact and encouraged engagement. Clients in full time employment stated they supported them to gain further qualifications and stay in employment.
- Family and carers were involved with client's treatment and were given the option of one to one sessions. The service offered a family drop in session monthly. Carers were referred to Suffolk family carers for further support. family members felt involved in the care given. Appointments were flexible, private and staff were non-judgemental. Two further family members stated, It has been life changing for my child and one said, It had been life changing for them both.
- Peer mentors were involved in making decisions about the service when appropriate. For example, they were included on panels when recruiting staff.

Good



Are services responsive?

We rated responsive as Good because:

- The service had clear criteria for clients who were offered a service. The criteria did not exclude clients who needed treatment and would benefit from it.

Good



Summary of this inspection

- The service had a high-risk pathway in place agreed with partner agencies. If a partner agency identified a client as being vulnerable or of high risk, direct contact was made with the manager who had the ability to fast track the client into the individual service. This pathway had been introduced since our last inspection in May 2016.
- The provider offered a young person and young adult pathway. This offered engagement, recovery and change. This was delivered through psychosocial, clinical and recovery support interventions. The pathway offered aftercare through mutual aid, other agencies, and monthly check ins for up to three months following discharge.
- All locations had one to one interview rooms adequately sound proofed. Clients had privacy and confidentiality when attending the service. However, there was a lack of private space in the drug testing area at the Ipswich site.
- The provider offered a wide range of leaflets in reception areas. Posters were displayed and information was displayed throughout the premises on harm minimisation, substance awareness and healthy living. There were contact details available for recovery meetings other agencies, and events offered in the wider community.

However:

- Ninety two percent of clients across three sites were seen within the 21 day target set from referral to assessment. We found waiting times had improved. At Lowestoft the target of 21 days was being met. At Bury St Edmunds the assessment team was given extra support which meant appointments were offered within 21 days. At the Ipswich site, targets were still not being met, however an action plan was in place to offer more assessments per week and we saw this had a positive impact on reducing waiting times.

Are services well-led?

We rated well led as good because:

- The vision and values were displayed in all locations visited. staff were fully aware of what they were and discussed these during appraisal and supervision.
- Managers at location level held weekly meetings with teams where a clear learning plan was discussed. This included learning from incidents, reviews of deaths, complaints and safeguarding alerts across all locations. Staff had implemented recommendations from lessons learnt.

Good



Summary of this inspection






- Staff employed at the service had a disclosure and barring service certificate in place, with risk assessment of individual staff in place as appropriate.
- Management of staff sickness and absence was well documented with return to work interviews undertaken. Staff were offered an employee assistance helpline and occupational health services when required.
- Staff morale and job satisfaction was good. Staff told us that they worked well together. We observed very caring and cohesive teams in all locations visited. Staff were given opportunities for promotion and leadership within the teams. Staff and managers said they felt very well supported by their senior managers who were very visible in the service and approachable to all staff.
- Staff had access to up-to-date information by the provider through a staff intranet page and monthly newsletters. Managers continued to cascade information to staff via emails as well as meetings held.
- Operational managers engaged with external stakeholders and had regular contact with local commissioners, who were actively involved with the service.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Ninety-two- percent of staff had completed combined training in the Mental Capacity Act and Deprivation of Liberty Safeguards. When asked staff could describe the principles of the Mental Capacity Act.

Substance misuse services

Safe	Requires improvement 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Good 

Are substance misuse services safe?

Requires improvement 

- All locations completed environmental risk assessments for all areas. This included assessment for ligature points. This was adequate to mitigate risks, and clients were not left alone. We observed on inspection how well staff supported clients during their visits.
- The provider ensured all locations had personal alarms for staff. There was an up to date alarm system fitted in all rooms through the Bury St Edmunds and Lowestoft site. The Ipswich site had portable push button alarms in rooms that were being used to see clients. Control panels installed identified the location of the alarm, there were staff on site to respond. Alarm checks were conducted and recorded. All locations had closed-circuit television installed in client areas. This was an area of improvement since our last inspection in May 2016.
- The provider had well equipped clinic rooms to carry out examinations and meet the needs of clients at all locations. They were clean and temperatures were monitored and recorded. Emergency drugs and grab bags were stored appropriately and weekly checks carried out. Staff ensured blank prescriptions were kept secure across all locations. Since the last inspection, each service had put in place a local prescribers signature list.
- The consultant psychiatrist and doctors received advanced life support training. Staff received first aid training. Staff utilised the 111 services when appropriate. Staff would call 999 in the case of emergency.
- The Bury St Edmunds hub had no handwashing facility's in the urine testing room. The Ipswich testing area was not fit for purpose. We found it was located at the bottom of a stairwell where we observed clients sitting on the stairs waiting for test results, there were also no handwashing facilities. Staff did have access to gloves and hand sanitiser at both locations however without proper facilities there was an increased risk that cleanliness could not be maintained to prevent any spread of infection. Otherwise we observed staff adhering to infection control principles. Hand washing signs were present in all other areas.
- Cleaning records were up to date, all premises were cleaned regularly. Bury St Edmunds site had been refurbished since our last visit. Lowestoft building was an older building, and needed a replacement carpet in the corridor outside the interview rooms. However, all sites were bright and clean.

Safe staffing

- The service employed one consultant psychiatrist, a clinical psychologist, a speciality doctor, one nursing manager, five non-medical prescribers, senior recovery workers and recovery workers across the three sites.
- The provider had determined safe staffing levels by calculating the number and grade of members of the team. Managers could re-deploy staff to another

Substance misuse services

location if needed. The nurse manager supported locations when required with absence shortfalls. At the time of inspection, the staffing ratio met the needs of the clients.

- Managers assessed the size of caseloads of individual staff during supervision and supported staff to manage these effectively. Caseload sizes were at an average of 50 at the time of inspection. There was one caseload in Ipswich of 93 in the assessment team due to a staff member on sick absence, there was a plan in place by the manager to reduce this.
- The provider reported that over the last 12 months, there was a 20% turnover of staff.
- The provider reported that the sickness rate was at 32%. This figure appeared high due to a smaller staffing group at one location where two staff absent from work would show as a high percentage. This figure was up to August 2018. However, when we inspected the service sickness had reduced through effective sick and absence management and support for those staff.
- Staff were expected to complete mandatory training courses. There were 11 mandatory topics staff needed to complete. Ten of the courses completion rate varied between 81% and 100%, this was above the provider target of 80%. However, the positive behaviour support level one course which was at 43% compliance. The managers of the service were aware of this and there was an action plan in place and training dates had been set for staff.

Assessing and managing risk to clients and staff

- Staff completed a comprehensive initial risk assessment for all clients at the start of treatment. We reviewed 18 care and treatment records and found that risk assessments were regularly reviewed and updated. The quality of risk assessment was consistently good across all locations. However, we found one assessment at Ipswich where we identified a safeguarding risk on a care and treatment record. We raised this immediately with the provider who took immediate action.
- Staff during assessment documented advanced decisions regarding disengagement from treatment.
- Staff responded well to sudden deterioration in client's health. We saw an example of where a client had attended the service and appeared unwell. Staff used

the 111 services and followed their advice and ensured the client was taken to hospital. Clients were required to attend the service to collect prescriptions to ensure their health had not deteriorated or there were any further concerns.

- The service had personal safety protocols and a lone working policy in place. Staff were fully aware of these and could give examples in practise.
- Ninety three percent of staff across the sites had completed training in safeguarding for adults and young persons. A further 86% had completed level two safeguarding. Staff knew how to identify adults and children at risk of or suffering significant harm. This included working in partnership with other agencies. There was safeguarding leads identified for all locations.
- Staff had access to all information needed to deliver client care and this was in an accessible form. All care and treatment records were store electronically and where easily accessible. All locations had access to the spark intranet page where further information for their roles was available. The provider had signed up to the e-version of the Royal Marsden manual of clinical nursing procedures, all employees could access this, for additional information if required.
- The doctor and non-medical prescribers could give clients prescriptions to take away and collect medication. The service used 142 pharmacies across the county which were local to clients. Pharmacists supervised clients at the start of treatment. This was to ensure medication was taken correctly with no adverse effects. The pharmacist could raise any concerns with the service. There was a well-established agreement in place to manage this, links were effective and working relationships positive.
- All clinical waste was stored correctly. All clinical waste containers were labelled and completed correctly. This was an improvement from the last inspection in May 2016.
- Staff at all locations offered needle exchange to clients. All stock was correctly stored and in date. The service offered blood born virus screening and safer injecting support. All locations offered a secured medicine box system for client's (medication safety and storage), this was an area of good practise. At the Ipswich service

Substance misuse services

there was separate room for this with easy chairs. All clients were offered Naloxone (an opioid antagonist that provides short-term reversal of an opiate overdose) and harm minimisation advice.

- Staff at all locations followed guidelines in prescribing medicines. We observed a client with alcohol dependence access relapse prevention medication, this was prescribed in accordance with National Institute for Health and Care Excellence guidelines.
- Staff regularly reviewed the effects of medication on client's physical health. We found good practise in this area. For example, all electro cardiogram results at the service were sent to a cardiologist and reported on.

Track record on safety

- There were no serious incidents within the service in the previous 12-month period at this service.

Reporting incidents and learning from when things go wrong

- Staff knew what incidents to report and how to report them. Staff recorded incidents using an electronic system. All staff had access to this and could access the system appropriately. Managers monitored this locally, and a dedicated team monitored this at a central point for the provider.
- We viewed nine incidents in depth and found that managers had completed investigations and made appropriate changes. Lessons learnt were cascaded down to staff across all teams. We saw evidence of this in meetings held with staff.
- Staff were debriefed and supported following an incident. We saw evidence of this at one of the locations we visited.

Duty of candour

- Staff understood the duty of candour. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify clients (or other persons) of certain notifiable safety incidents and provide reasonable support to that person. Staff across all three locations understood the importance of openness and stated they would apologise to a client if something went wrong.

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

Good 

- We reviewed 18 care and treatment records across three locations and found all had the comprehensive risk assessment completed.
- Staff requested a physical health summary from the clients GP if prescribed treatment or staff had any physical health concerns. This would include, hepatitis B and C screening. HIV referral pathway to haematology specialist, liver function and blood tests all prior to detoxification and treatment.
- Staff completed care plans with clients at the start of treatment and these were recovery focussed. We reviewed 18 care plans and found patient involvement throughout. One example we viewed evidenced an assessment of mental health needs on the first assessment with the keyworker who supported and contacted the community mental health team. Care plans also showed evidence that when clients did not attend reviews, these were still held in their absence and non-attendance was explained. We found progress entry notes at Lowestoft were thorough. However, we found one care plan viewed was not reviewed appropriately, this was written by hand on A4 paper, very brief and a care plan review form was not completed.

Best practice in treatment and care

- Staff provided a range of care and treatment for clients alongside prescribing services. These included reclaim, introduction to change, alcohol and wellbeing, recovery skills programme, mindfulness based relapse prevention and rehab workshop. This was available across locations and included additional peer mentor groups.
- Across all locations, staff delivered a variety of interventions from alcohol and opiate detoxification, titration, maintenance and abstinence. Staff referred clients for blood borne virus checks, Hepatitis C clinics,

Substance misuse services

which were delivered by the operational delivery networks at two locations. Clients were offered vaccinations for Hepatitis B and C, health checks and medical reviews.

- The service followed good practice in managing and reviewing medicines including, following British National Formulary recommendations. The provider introduced monthly clinical briefs for clinicians on medical prescribing topics. The psychosocial manager delivered Naloxone training to staff across all locations.
- The consultants prescribed medication as described by Department of Health guidance drug misuse and dependence: UK guidelines on clinical management (2007) for alcohol and opiate detox. The detoxification protocol in place followed national guidance.
- Staff supported clients to live healthier lives through discussions in one to one sessions and group work. Clients were sign posted to the service One Life Suffolk which offered support with weight loss, stopping smoking, health walks and provided health checks.
- The provider used recognised rating scales and other approaches to rate severity of need and to monitor outcomes. For example, alcohol use disorders identification tests, the severity of alcohol dependence questionnaire, the clinical institute withdrawal assessment for alcohol and treatment outcome profiles. The provider also used a substance use recovery evaluator tool for clients to help measure personal recovery from drug and/or alcohol use.
- Staff completed clinical audits of medication and equipment, environmental risk assessments, care records, infection control, risk assessments and supervision regularly. We viewed six action plans and outcomes following these audits through to completion.
- We reviewed nine staff files and found that supervision was taking place in line with the providers policy. Staff files were maintained to a high standard and kept up to date. All staff had a record of supervision meetings; these were comprehensive, smart and time bound. Managers conducted substance misuse case file audits on staff caseloads and then discussed these in supervision. We saw an example of a new member of staffs' case file audit which identified the need for further development in risk assessments. Training was provided and the staff member felt supported and fully competent in their role.
- The percentage of staff who had received appraisals in the last 12 months was at 85%. The appraisal included targets and goals set in line with the providers vision and values.
- The percentage of staff who received management supervision was at 100%. Clinical supervision was at 94%. Psychology formulated groups within the service to provide further supervision forums. Monthly prescriber's meetings were held nationally as part of supervision.
- Managers identified learning needs of staff and provided them with opportunities to develop their skills and knowledge. We saw an example of this at Bury St Edmunds. The manager formulated a safeguarding questionnaire to follow-up face to face training to offer further development for staff.
- Staff received specialist training for their role. This was offered across all disciplines, staff said the provider was supportive and offered opportunities regularly. The non-medical prescribers at the service were trained by the provider. There were other development opportunities. For example, a master's degree in cognitive behaviour therapy, and training in independent domestic violence advice, hepatic encephalopathy (a spectrum of neuropsychiatric abnormalities in patients with liver dysfunction) and slavery. The council learning website was available to staff to access further training courses.
- Managers had addressed performance issues promptly. We viewed evidence of performance improvement plans

Skilled staff to deliver care

- The service employed a range of staff to deliver treatment, including consultant psychiatrists, a speciality doctor, clinical psychologist, psychosocial lead, nurse manager, non-medical prescribers, recovery workers and senior recovery workers.
- Managers provided new staff with an appropriate induction over a two-week schedule which included e-learning and shadowing. New staff were on a probation period of six months.

Substance misuse services

from beginning to end. Staff members had regular meetings with managers. Development needs were met in a timely manner. Staff were signed off when performance was improved.

Multidisciplinary and inter-agency team work

- Managers held regular and effective complex case multidisciplinary meetings.
- Staff shared information about clients at the daily handover meeting. We observed this on inspection, this included effective discussions of client issues, incidents and outcomes. Training needs and staffing levels. Any immediate risks to clients were managed.
- The service had good working relationships with local agencies including GPs, hospitals, prisons and the local authority safeguarding teams.
- Managers held monthly meetings with mental health teams, social services and homeless organisations such as Genesis, an organisation for high risk clients. The provider was also part of the Ipswich locality homeless partnership.

Adherence to the MHA (if relevant)

- Staff working in community substance misuse services did not work with people detained under the Mental Health Act.

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

- The service had a Mental Capacity Policy in place.
- Staff we spoke with had a knowledge of the Mental Capacity Act and how it related to the client group. Capacity was assessed as part of the admission process and recorded. Clients completed a mental health risk assessment matrix. Staff would raise concerns of capacity with the doctor for assessment.

Equality and human rights

- Staff were trained in equality and diversity as part of their mandatory training. During our inspection we saw evidence of staff recognising learning disability needs of a client and joint working with other agencies was put in place to meet those needs alongside drug treatment.

- In the Lowestoft area advocacy was a valued resource. The service helped the high population of clients in the area where English was not their first language.
- The provider had satellite sites for clients at Haverhill, Sudbury, Newmarket, Brandon, Leiston and Mildenhall. This was to address barriers for clients living in rural areas with limited transport links. This resource was also used for disabled clients, and young people.

Management of transition arrangements, referral and discharge

- The provider had a national contact point, which provided a central engagement and screening service. This managed incoming referrals and a screening tool was completed to assess the client's needs. The client was signposted for assessment with the appropriate team. The provider also accepted referrals locally from the GP and other professionals.
- The service criteria included six clear treatment pathways available to any young person or adult who wanted to address either their use of drugs, alcohol or both. Clients were allocated to an assessment worker for 12-weeks, if all the clients treatment needs were met they were discharged. Clients with further treatment needs were allocated a case manager. Clients referred presenting with a high level of substance misuse or complex needs would be signposted on to a hospital based detoxification. The provider accepted prison referrals to support clients released from custody.
- Staff discussed plans with those clients who disengaged. The service had a clear policy for disengagement from treatment. Clients were given information on harm reduction, overdose risk and where they could access support from community agencies. The GP and local pharmacy were informed. The staff would inform the client of their positive re-engagement pathway to encourage clients to remain in treatment.
- The provider had a protocol in place for clients who did not attend appointments. This was a three-step process of contacting the client through telephone, text and email. Letters were sent at each stage. Risk concerns were discussed and escalated. The provider liaised with pharmacists to stop dispensing and direct the client to contact the service. At the third non-attendance, a reduction plan may be required and the GP was

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informed. Supporting engagement was to ensure that the use of opiate substitute treatment pathways were restarted. We saw evidence of staff going above and beyond to re-engage clients in treatment and encourage attendance to the service.

Are substance misuse services caring?

Good 

Kindness, dignity, respect and support

- Staff interacted well with clients and were supportive and caring. Staff spoke to clients with respect and supported clients at the service well.
- Staff all knew who their clients were and had a good understanding of their individual needs. Clients were directed to other services when needed by their keyworkers.
- We spoke with 19 clients and the feedback we received was very positive. Clients told us staff really care and are respectful and supportive. Staff went above and beyond to maintain contact and encouraged engagement. Clients in fulltime employment stated they supported them to gain further qualifications and stay in employment.
- Clients said they felt their treatment was confidential and their privacy and dignity was maintained during appointments at the services. All clients said they felt they could raise concerns without fear of consequence and staff would resolve these.

The involvement of clients in the care they receive

- Clients we spoke with said they were involved in their care planning and advanced decisions were discussed around disengagement from treatment. Clients said they could have a copy of their care plan if they wanted one.
- Family and carers were involved with client's treatment and were given the option of one to one sessions. The service offered a family drop in session monthly. Carers were referred to Suffolk family carers for further support, family members felt involved in the care given.

Appointments were flexible, private and staff were non-judgemental. Two further family members stated, It has been life changing for my child and one said, It had been life changing for them both.

- Peer mentors were involved in making decisions about the service when appropriate. For example, they were included on panels when recruiting staff.
- Clients and carers were given the opportunity to feedback to the provider through service user satisfaction surveys. We reviewed 11 surveys completed by clients and the overall ratings were between eight and 10 (10 being the highest rating). Clients had the opportunity to feedback on line to the provider regarding services they had received. Across all sites we saw evidence of thank you cards from clients to the service. These were displayed in each location.

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

Good 

Access and discharge

- The service had a clear referral criteria for clients. The criteria did not exclude clients who needed treatment and would benefit from it. The service offered treatment to both adults and young people. This included six clear pathways providing treatment delivery to dependant and non-dependant crack, opiate and alcohol users.
- Ninety two percent of clients across three sites were seen within the 21 day target set from referral to assessment. We found waiting times had improved. At Lowestoft the target of 21 days was being met.. At Bury St Edmunds the assessment team was given extra support which meant appointments were offered within 21 days. At the Ipswich site, targets were still not being met, however an action plan was in place to offer more assessments per week and we saw this had a positive impact on reducing waiting times.

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- The provider had small waiting lists for groups at Bury St Edmunds: the recovery skills programme had a 6 week wait, mindfulness a two week wait. However, the provider had ensured those clients were receiving one to one peer mentor support during this period.
- 'My turning point digital' had been developed as a further treatment. This was a menu of on-line treatment options that clients could access from computers, tablets or smartphones. Each option consisted of six sessions. The options available were understanding your drinking, reclaim and mindfulness. Clients had the option to work through the modules themselves, or with the support of a key worker. This was a valued resource by clients who could not attend services or were working professionals.
- Across all locations, staff delivered a variety of interventions from alcohol and opiate detoxification, titration, maintenance and abstinence. Staff referred clients for blood borne virus checks, Hepatitis C clinics, which were delivered by the operational delivery networks at two locations. Clients were offered vaccinations for Hepatitis B and C, health checks and medical reviews.
- The service had a high-risk pathway in place agreed with partner agencies. If a partner agency identified a client as being vulnerable or of high risk direct contact was made to the manager who had the ability to fast track the client into the individual service. This pathway has been introduced since our last inspection in May 2016.
- Staff from all locations worked in local hospitals supporting clients, and providing help to integrate them into treatment.
- The provider had a criminal justice team as part of their integrated contract. There was a liaison role within the service to help those clients released from prison to engage in treatment. There was a clear pathway for clients to be seen and prescribed substitute medication if required. The criminal justice liaison worker saw clients at all locations.
- The provider offered a young person and young adult pathway. This offered engagement, recovery and change. This was delivered through psychosocial,

clinical and recovery support interventions. The pathway offered aftercare through mutual aid, other agencies, and monthly check ins for up to three months following discharge.

- Clients preparation for discharge from treatment included ensuring aftercare support, providing harm reduction advice, and information on re-referral. Client were provided with mutual aid information for other agencies. Recovery check-ups were provided monthly for up to three months. This also included peer mentor led aftercare groups.

The facilities promote recovery, comfort, dignity and confidentiality

- All locations had a range of rooms including interview and group rooms, clinic and needle exchange rooms. There were kitchen facilities provided at each location for clients if they wished to use these. Lowestoft had a garden area which could be accessed by clients. All areas were clean and displayed positive information around recovery.
- All locations had one to one interview rooms which were adequately sound proofed. Clients had privacy and confidentiality when attending the service. However, there was a lack of private space in the drug testing area at Ipswich site. We found it was located at the bottom of a stairwell where we observed clients sitting on the stairs waiting for test results.
- The provider offered a wide range of leaflets in reception areas. Posters were displayed and information throughout the premises on harm minimisation, substance awareness and healthy living. There were contact details available for recovery meetings, other agencies, and events on offer in the wider community.

Meeting the needs of all clients

- At Bury St Edmunds and Ipswich there was disabled access to clients and disabled toilet facilities were provided. Clients could be seen on the ground floor level at all three locations. In addition, staff would see clients with physical disabilities at local GP surgeries and satellite sites. Staff were flexible to meet the needs of clients.

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- The provider had information available for clients in different languages. Staff had access to language line, and could access a sign language specialist when required. This service had been used recently for a client who was a complex case at the service.
- The provider regularly supported clients to become peer mentors and offered accessible training courses to facilitate this. All locations had peer mentors who were actively involved in the service and worked well with staff and clients' providing regular drop in support, and actively taking part in delivery of groups as part of the support they provided. Peer mentors had supervision to discuss their recovery.

Listening to and learning from concerns and complaints

- Data provided by the service showed that in the previous 12 months there were 17 complaints. All were investigated and resolved at an informal level with satisfactory outcomes. Evidence viewed showed that managers dealt with complaints appropriately. The response was timely and concerns addressed. Clients spoken with felt they could complain without any concerns and this would be resolved.
- The provider had a complaints policy and provided this to clients. There was information available on how to complain and feedback to the service at all locations.
- Managers feedback in monthly team meetings following complaints, and made staff aware of outcomes and lessons learnt from these.

Are substance misuse services well-led?

Good 

Vision and values

- The vision values were displayed in all locations visited. Staff were fully aware of what they were and discussed these during appraisal and supervision.
- Senior managers were not based at the services. There were regular visits made by the medical director. All staff knew they could have open communication with senior

managers and the opportunity to email the chief executive officer. Staff were encouraged to have their say. Staff said there had been occasions when other senior management team members had visited sites.

Good governance

- The provider held quarterly clinical governance meetings, and attended substance misuse business unit meetings bi-monthly. This was an opportunity for operations managers of services in Suffolk to cascade information up to a senior level, and back down to location level. Operational managers also attended Suffolk's drug related deaths multi agency strategic group, to promote learning and raise awareness.
- Managers at location level held weekly meetings with teams where a clear learning plan was discussed. This included, learning from incidents, reviews of deaths, complaints and safeguarding alerts across all locations. Staff had implemented recommendations from lessons learnt.
- Staff employed at the service had a disclosure and barring service certificate in place, with risk assessment of individual staff in place as appropriate.
- Managers at all locations addressed poor performance promptly. We saw well recorded evidence of performance improvement plans from start to completion with positive outcomes.
- Managers said they had sufficient authority to do their job, they had effective administrative support and human resources advice for clear guidance when required. For example, we saw evidence of a grievance process with a satisfactory outcome with lessons learnt.
- The management of staff sickness and absence was well documented, with return to work interviews undertaken. Staff were offered an employee assistance helpline and occupational health services when required.
- The service had business continuity plans in place for emergencies. Staff maintained and had access to the risk register for Suffolk services.
- Operational managers engaged with external stakeholders and had regular contact with local commissioners, who were actively involved with the service.

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Leadership, morale and staff engagement

- Staff were aware of the whistleblowing policy and told us that they would feel comfortable to raise any concerns to management.
- Staff morale and job satisfaction was good. Staff told us that they worked well together. We observed very caring and cohesive teams in all locations visited. Staff and managers said they felt very well supported by their senior managers who were very visible in the service and approachable to all staff.

- The provider gave opportunities for promotion and leadership within the teams. There were staff in acting up roles, with an opportunity for a permanent post.
- Staff had access to up-to-date information by the provider through a staff intranet page and monthly newsletters. Managers continued to cascade information to staff via emails as well as meetings held.

Commitment to quality improvement and innovation

- The provider was not involved in any national quality improvement schemes.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure the area for community based drug testing is fit for purpose with hand washing facilities.

Action the provider **SHOULD** take to improve

- The provider should assess the risk of, and prevent, detect and control spread of, infections when conducting community based drug tests.

- The provider should ensure clients are assessed within the specified timeframe.
- The provider should ensure that all mandatory training is completed by staff to meet the provider target level set.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment