

Turning Point

Turning Point - City of London and Hackney Integrated Drug & Alcohol Service

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

Overall summary

Our rating of this location improved. We rated it as good because:

- The service provided safe care. The premises where clients were seen were safe and clean. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- Staff developed recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the clients and in line with national guidance about best practice.
- Staff engaged in clinical audit to evaluate the quality of care they provided. There was an improvement in the monitoring of the physical health care of clients on prescribed medicines.
- The teams had or were recruiting to a full range of specialists required to meet the needs of clients under their care. Managers ensured that these staff received training, supervision and appraisal. Managers had improved induction training and provided baseline training for all staff to ensure consistent ways of working. They had also developed further opportunities for career progression within the service. Staff worked well together as a multidisciplinary team and with relevant services outside the organisation.
- Staff treated clients with compassion and kindness, and understood the individual needs of clients. They actively involved clients in decisions and care planning.
- The service was easy to access. Staff planned and managed discharge well and had alternative pathways for people whose needs it could not meet. The service continued to use a public health van to take health services to rough sleepers.
- The service had more consistent and effective governance processes to ensure that its procedures ran smoothly. Managers had implemented significant improvements since the previous inspection in 2021.

However:

- Although most staff felt well supported, a significant proportion of recovery workers were unhappy with management support to cover their high caseloads. There had been issues with staff retention over the last year, with a third of staff leaving, and this had resulted in some staff morale issues, and had an impact on clients as they described frequent changes of key worker.
- Newer staff wanted to have more training in the service's electronic record keeping system.
- The alcohol detox community pathway had been paused for several months due to insufficient staff with the required competence to conduct this safely.
- Health and safety risk assessments for the service had not been reviewed recently. The environment of the service had been improved particularly in the reception area, but other areas of the service used by clients were still in need of refurbishment and redecoration.
- At the time of the inspection, there were no groups available to provide support or therapy for clients on Fridays. The service was not commissioned to provide any support for clients at weekends.
- The service did not have easily accessible information leaflets translated into locally used languages, at the time of the inspection.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services	Good 	Our rating of this service improved. We rated it as good See summary above for details



Summary of findings

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Summary of this inspection

Background to Turning Point - City of London and Hackney Integrated Drug & Alcohol Service

Turning Point - City of London and Hackney Integrated Drug & Alcohol Service provides advice, support and treatment to adults who misuse drugs and alcohol and live in the City of London and the borough of Hackney. The service had been operated by the provider since October 2020. The provider had experienced challenges in the implementation of the new service during the Covid-19 pandemic but continued to deliver care and treatment to clients.

The service's main hub is based on Mare Street, London which is used to hold clinics and deliver the group programme. The service had been through a period of transition and teams were being further restructured to align with the service's delivery model, based around neighbourhoods. The service provided care and treatment to clients in the community where clients would usually visit, such as the GP, community centres and hostels. The service comprised of several teams including a criminal justice team, neighbourhood teams (North and South), rough sleeping team and an assessment team.

The service worked in partnership with MIND, which is an independent mental health charity, and Antidote, a drug and alcohol support service that is run by people who identify as lesbian, gay, bisexual and transgender (LGBT). Both organisations provide specialist support to the staff and clients at the service and enabled them to support hard to reach communities.

The service was registered to provide the following regulated activity: Treatment of disease, disorder or injury. The service was commissioned by the London Borough of Hackney and City of London Corporation Public Health Team. There was a registered manager in place for the service.

The Care Quality Commission last inspected this service in October 2021, with a report published in January 2022. The service was rated as Requires Improvement overall, with ratings of Requires Improvement in Safe, Effective and Well-led, and ratings of Good in Caring and Responsive. Requirement notices issued at this previous inspection were found to have been met during the current inspection.

What people who use the service say

Clients were very positive about the service giving many examples of caring, compassionate practice. Clients said they felt comfortable going into the service and talking about their concerns. They described the reception area as welcoming and relaxing, and the receptionists as friendly, and keeping them updated whilst waiting to be seen.

Two clients described the service as being very quick to arrange medication when needed, compared to other services they had used. Clients singled out certain staff members for particular recognition including doctors and recovery workers, describing them as helpful, knowledgeable, and good at communicating with them.

Most clients we spoke with told us that they felt confident to talk to the staff about their treatment and care. Staff gave clients help, emotional support and advice when they needed it and supported clients to understand and manage their own care and treatment or condition.

Summary of this inspection

One client had raised an issue with the service regarding staff support, and this was addressed appropriately. The most frequently raised issue of concern by clients was frequent changes in their recovery workers, as a result of staff leaving.

Clients described their initial assessments as very thorough, with everything explained to them clearly. For example, staff explained the difference and health impact between cutting down on their alcohol intake and suddenly stopping altogether. They said that they received regular reminder emails for appointments to stay engaged with the service. They described the service listening to them, providing strong advice, and a positive influence, but empowering them to make their own decisions.

Clients said that staff were compassionate, and had a person-centred approach, tailoring the support to them individually. Clients spoke of working in partnership with staff. Several clients said that they had recommended the service to others.

One client spoke gratefully about how a member of staff had messaged them at a time when they knew the client might be struggling to keep their recovery on track, and that this had made a huge difference. Clients told us that staff had been particularly supportive, and that they could not have made the progress they had, without them.

How we carried out this inspection

We carried out a comprehensive inspection of this service to check it was safe, effective, caring, responsive to people's needs and well-led. We visited the service on 29 and 30 March 2023. Our inspection team comprised of three CQC inspectors, an expert by experience and a specialist professional advisor who was a nurse specialist in addiction psychiatry.

During this inspection we:

- spoke with the senior operations manager (and registered manager), operations manager, and clinical services manager.
- spoke with 22 other staff members employed by the service including nurses, doctors, recovery workers, team leaders, administrators, students, a social worker, and a clinical psychologist.
- reviewed electronic records detailing the care and treatment of 9 clients.
- attended a 'flash' meeting (daily catchup) and an allocations meeting.
- reviewed 4 prescription charts.
- reviewed prescribing and the medicines prescription process.
- looked at policies, procedures and other documents relating to the running of the service.

Following the inspection visit we:

- spoke with 8 clients and 3 relatives/carers.

Summary of this inspection

- spoke with a peer support worker, and a volunteer.
- spoke with 11 further staff members.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a service **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service SHOULD take to improve:

- The service should ensure that it considers feedback from all staff working for the service, in addressing issues in staff retention which impact on client continuity of care.
- The service should consider how support is provided to staff members with caseloads that are higher than that aimed for by the service.
- The service should ensure that all health and safety risk assessments are reviewed regularly to ensure that they remain up to date.
- The service should provide further training for newer staff in using the electronic clients record system.
- The service should ensure that support and therapy groups for clients are provided on each day of the week, and work towards providing some support at weekends if funding can be agreed.
- The service should continue to make improvements to the service environment for clients.
- The service should consider providing information translated into locally used languages for clients' use.






Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Substance misuse services	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Substance misuse services

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

Is the service safe?

Good 

Our rating of safe improved. We rated it as good.

Safe and clean environment

All premises where clients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose.

All areas of the clinical premises where clients received care were safe, clean, well equipped and well maintained. Staff carried out regular fire risk assessments, fire drills, and infection control audits. However, we found that some of the risk assessments for different areas of the service, had not been reviewed since September 2021. We brought this to the attention of the registered manager, who undertook to address this issue. The risk assessments were detailed, and outlined the likelihood, level of impact and level of risk.

Staff followed infection control guidelines, including handwashing. Staff made sure cleaning records were up-to-date and the premises were clean. Contract cleaners attended the service daily. Staff made sure equipment was well maintained, clean, and calibrated.

Some improvement had been made to the waiting area to make it safer and more welcoming to clients. There was closed circuit TV available in communal areas and panic alarm strips on the walls in all client areas. Staff members were allocated daily to respond to these alarms from the staffing areas. Staff also wore panic alarms on lanyards, although they told us these were rarely used. There was an intruder alarm at the staff entrance, and staff had fobs to access all doors. Pull cords were available within the service user toilet facilities to raise an alarm if assistance was needed.

There were five clinic rooms, two needle exchange rooms, a urine drug screening room, and a dry blood spot testing room, as well as six rooms for key workers to meet with clients. All clinic rooms varied in use and size but had the necessary equipment for clients to have a thorough physical examinations, and appropriate personal protective equipment. A defibrillator (in the event of cardiac arrest) and fibroscan (type of ultrasound to measure inflammation in the liver) were available for the service. The service held a well-stocked emergency grab bag including Naloxone to be administered in the event of an opiate overdose.

Substance misuse services

Safe staffing

The service had experienced significant turnover of staff, but at the time of the inspection had enough staff, who knew the clients and received basic training to keep them safe from avoidable harm. The number of clients on the caseload of the teams, and of individual members of staff, was higher than that aimed for by management to ensure that staff could give each client the time they needed.

Nursing staff

The service had enough nursing and support staff to keep clients safe. The service had reducing staff vacancies. At the time of the inspection the service had 7% vacant posts out of approximately 100 posts in all. In terms of registered nurses, there were two vacancies out of nine registered nurse posts, including a vacancy for one lead nurse (alcohol specialist) role to fill. Managers said turnover rates had been improving since November 2022, following a previous turnover rate of 33% vacancies in the last year.

Due to vacancies and turnover, staff had higher caseloads than the service aimed for, although these were lower than in some neighbouring boroughs. The service had active recruitment plans in place as well as using long-term agency staff to reduce the workload of staff. At the time of the inspection, 4.6 posts were filled by agency workers.

The provider estimated staffing numbers by taking into consideration the average caseload sizes per recovery worker as well as the number of sessions a client would require. The average caseload for recovery workers had reduced since the last inspection in 2021. Managers told us that they were aiming to bring caseloads down for most staff to approximately 40 clients, and for those working with rough sleepers to 20 clients. Caseloads for the neighbourhood teams averaged at around 50, with two recovery worker caseloads close to 60. However, recovery workers said that their caseloads had fluctuated significantly over the last year, particularly to cover new vacancies. Caseloads in the team supporting rough sleepers averaged at around 26 clients, with a highest caseload of 30. Some clients were cared for alongside their GP, which is known as GP shared care. Clients having this type of care do not require as intensive support from substance misuse services.

Managers made arrangements to cover staff sickness and absence. At the time of the inspection, sickness levels were relatively low, but there had been some long term sickness within the last year.

The number and grade of staff matched the service's staffing plan. Some of the vacancies in the last year had been a result of new posts being created within the service. The service was due to be restructured shortly after the inspection, with some changes to staffing roles. Managers recognised that in order to improve staff retention, they needed to improve recruitment procedures to ensure that new staff remained in post.

There was a full complement of four non-medical prescribers although two were agency staff. Non-medical prescribers are health professionals who can prescribe specific medicines. The service also employed a hospital liaison nurse and three wellbeing nurses.

Managers made sure all staff including bank and agency staff had a full induction and understood the service before starting their shift.

Medical staff

The service employed enough staff who were able to provide both clinical and medical support. The medical team was made up of a full-time psychiatrist who was the clinical lead, and two speciality doctors, one working full time, and one working two days weekly with the team supporting rough sleepers.

Substance misuse services

The service had recently recruited two new doctors to work at the service. During core working hours, recovery workers could get support from a psychiatrist or non-medical prescriber quickly when they needed to.

Managers could use locums when they needed additional support or to cover staff sickness or absence. They made sure all locum staff had a full induction and understood the service.

Mandatory training

Most staff had completed and kept up-to-date with their mandatory training. At the time of our inspection the mandatory training compliance rate was 93% compliance. The provider told us that they aimed for 85% compliance and had a workforce plan in place to support staff. Managers monitored mandatory training and alerted staff when they needed to update their training. The mandatory training programme was comprehensive and met the needs of clients and staff.

There were 15 mandatory training courses, including infection control (with compliance at 95%), basic life support (at 88%), and fire warden training (at 97%). With many new staff at the service, managers were concentrating on improving compliance in training in risk assessment. All staff completed training in supporting people who used opiates, and administering Naloxone (in the event of an opiate overdose). All staff had completed a training course in supporting clients who used alcohol, and were now working to complete a second training course in this area.

As recommended at the previous inspection in 2021, the provider had ensured that all clinical members of staff had received a competency-based assessment to ensure they could safely administer intramuscular Thiamine injections (Pabrinex) and other vaccinations. Pabrinex is a vitamin supplement that is administered via an injection to clients that are at risk of neurological problems due to their alcohol dependence. Clinical members of staff had also completed competencies in undertaking electrocardiograms (to check the heart's rhythm and electrical activity, dried blood spot testing (for Hepatitis B), and use of a fibroscan (a type of ultrasound to measure inflammation in the liver).

Assessing and managing risk to clients and staff

Staff assessed and managed risks to clients and themselves well. They responded promptly to sudden deterioration in clients' physical and mental health. Staff made clients aware of harm minimisation and the risks of continued substance misuse. Safety planning was an integral part of recovery plans.

Assessment of client risk

Clients received a comprehensive assessment using a recognised tool, when they first attended the service, and reviewed this regularly including after any incident. The initial assessment covered potential risks including current and historic substance misuse, forensic histories, caring responsibilities, and physical health. Staff had ensured that clients who held a driving licence were informed that they should inform the Driver and Vehicle Licencing Agency of their substance misuse and treatment in line with national guidance.

Staff could recognise when to develop and use crisis plans and advanced decisions according to client need. All clients identified as higher risk had face to face assessments. Other assessments could be in person or carried out remotely depending on need. If clients were identified as particularly vulnerable, and unable to attend the service, home visits could be carried out.

At the previous inspection in 2021, there were only two staff assessors available to triage new clients. The team now had 4.5 assessors, with a plan to have five in all, and further training for recovery workers in this area. This meant that new clients were being assessed more promptly, with those at high priority seen within five working days.

Substance misuse services

Management of client risk

Clients were discussed at a weekly multidisciplinary meeting and allocated to a keyworker depending on their risk and needs. As required at the previous inspection in 2021, there was an improvement in the level of detail recorded in clients' records. Staff were maintaining records detailing risk management plans for risks assessed, such as financial exploitation, or self-neglect. Staff recorded any contact with clients' GPs when relevant.

Clients were supported to manage potential risks including opiate overdose, for example by keeping Naloxone with them at all times. The service kept a stock of Naloxone and monitored the distribution rates. In the last 12 months prior to the inspection, the provider had distributed kits to 60% of clients either via a pharmacy or the service directly. The provider had an action plan in place to ensure remaining relevant clients were offered a Naloxone kit.

Staff responded promptly to any sudden deterioration in a client's health. Staff described incidents when they had worked with clients at risk of self-harm or suicide, and how they had engaged with clients whilst waiting for emergency services to arrive. Staff continually monitored clients on waiting lists for changes in their level of risk, for example clients waiting for a detox programme, and responded swiftly when risk increased. Clients were prioritised according to risk, for example being classified as high risk if there was a risk of suicide, previous history of seizures, or dependents were involved. If high risk clients did not attend appointments, they would arrange for welfare checks to be carried out.

Staff followed clear personal safety protocols, including for lone working. They had a safety protocol before going out on home visits, which were always undertaken in twos, including carrying a safety application on their phones, and calling in before and after visits.

At the time of the inspection the alcohol detoxification community pathway had been paused, whilst vacancies in the team were filled. This was to ensure that this pathway could be delivered safely, with the recruitment of a new alcohol specialist nurse, and new protocols being put in place.

Safeguarding

Staff understood how to protect clients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it. Managers at the service were working to increase the number of safeguarding referrals made.

Staff received training on how to recognise and report abuse, appropriate for their role. Staff understood how to protect clients from abuse and the service worked well with other agencies to do so. Ninety-five percent of staff had completed safeguarding vulnerable adults and children level 1 training, and 76% of relevant staff had completed this training at level 2. Remaining staff were booked on sessions to undertake or update their training shortly.

The service had made 21 adult safeguarding referrals and 19 child safeguarding referrals in the last 12 months to 31 March 2023. Staff told us that the number of safeguarding referrals had been increasing, particularly with regard to alcohol use by adults with children, since the Covid-19 lockdown periods. However, the number of safeguarding referrals made was on the service's risk register, as there had not been sufficient referrals made in the last quarter. This was being followed up by individual line managers.

Staff told us that they used the Multi-agency Safeguarding Hub (MASH) consultation line. The service had developed links with the safeguarding partnership boards and attended the Multi-agency Risk Assessment Conferences (MARAC) every two weeks. Staff from the service attended parental substance misuse meeting on a monthly basis, as well as the high risk panel meeting with the local community mental health teams. They were planning to further develop the team's relationship with the local police.

Substance misuse services

Staff could give examples of how to protect clients from harassment and discrimination, including those with protected characteristics under the Equality Act. The service employed a variety of roles to support vulnerable clients, carers and their families. The service had a safeguarding manager who also led the family, friends' and carers team. The team supported families and women who had children or who were pregnant. The service also employed a woman's worker and held a perinatal multi-disciplinary team meeting twice a month to discuss clients who were pregnant and clients with children under the age of one.

Staff had opportunities to discuss safeguarding concerns at team meetings, and this was a regular item on team meeting agendas. Managers took part in serious case reviews and made changes based on the outcomes.

Staff access to essential information

Staff kept detailed records of clients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.

Client notes were detailed and all staff could access them easily. Staff stored all client information on a secure electronic case management system, to which all staff had access and received training to use. The system was quickly accessible to all staff and contained live information about all aspects of a client's treatment, including their prescribing regime if they had one.

When clients transferred to a new team within the service, there were no delays in staff accessing their records. Key risks, including dependents, were clearly flagged, as were clients who were due to have a review or were at risk of disengaging. Staff handed over key information through regular "flash" meetings, as well as via the care notes system. Some newer members of staff told us that they would like to have further training in using the provider's electronic case management system.

Medicines management

The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each client's mental and physical health.

Staff followed systems and processes to prescribe and administer medicines safely. Since the previous inspection in 2021, the service had improved the system in place to store and process prescriptions, ensuring that individual prescriptions that were no longer in use, were disposed of promptly. The service was conducting monthly audits of prescriptions to ensure that this took place.

Approximately 700 - 800 clients were prescribed medicines by the service, with approximately 60% of clients requiring supervised consumption. The service was aiming to reduce this by 10-12%. The clinical administrative team and non-medical prescribers completed checks to minimise the risk of issuing an incorrect prescription to a client or pharmacist. Prescription charts were stored securely. The prescription charts we reviewed showed that the prescribing of medicines followed national guidance. Non-medical prescribers had set times to review and write prescriptions. The service ensured that clients who had complex histories were seen by a doctor. When staff were unable to contact a client, they changed the client's prescription pick up arrangements, so that they had to visit the service to pick up the prescription in person. This provided an opportunity for the service to engage with the client.

Prescriber reviewed clients on prescriptions at least six monthly. The service was not providing cluster medication prescriptions (several days together), and as result there were no cluster overdoses recorded for the service. There were no prescribing incidents that had resulted in the harm of a client within the last 12 months.

Substance misuse services

Staff stored and managed all medicines and prescribing documents safely. All medicines needed for the service were collected from the pharmacy on a daily basis. Medicines, including vaccines, were stored at an appropriate temperature, with stock levels monitored. Staff reviewed each client's medicines regularly and provided advice to clients and carers about their medicines. Medicines records were accurate and kept up-to-date.

Staff reviewed the effects of each client's medicines on their physical health according to National Institutes for Health and Care Excellence (NICE) guidance. Since the previous inspection in 2021 the service had improved systems to ensure that all clients prescribed over 80mls of methadone or over, had regular physical health checks including an ECG.

Track record on safety

The service had a good track record on safety.

Reporting incidents and learning from when things go wrong

The service managed client safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave clients honest information and suitable support.

Staff raised concerns and reported incidents and near misses in line with the service's policy. Staff knew what incidents to report and how to report them. Staff were confident in recognising and reporting incidents, and there had taken steps to ensure that CQC were informed of all relevant incidents as required at the last inspection in 2021. In the year prior to the inspection, approximately 40 incidents had been reported. The service described a reduction in drug related deaths by 58% within the last year.

Incidents were routinely discussed at team meetings for all staff. Senior managers discussed incidents within their clinical governance meetings and at a dedicated meeting for death incidents. A report was completed within 72 hours of any serious incident indicating initial learning put in place. Staff were able to tell us about changes that had been made to the service as a result of learning from incidents. For example, learning included improving communication with clients' other health providers, and ensuring that crisis contact numbers are sent out to clients who are waiting for an assessment. The service had identified clients within the service who were at the highest risk. At the time of the inspection, these particularly included women with personality disorders, who were using alcohol. Staff told us that managers provided support and debriefing after incidents as needed.

Managers investigated incidents thoroughly, although they noted that there had previously been some delays in carrying out a full investigation, but this was improving now. Clients and their families were involved in these investigations. Staff said that they received feedback from the investigation of incidents and met to discuss ways to improve the service as a result.

Staff understood the duty of candour. They were open and transparent and gave clients and families a full explanation if and when things went wrong. Staff were able to provide examples of when they would offer support and apologise.

Is the service effective?

Our rating of effective improved. We rated it as good.

Substance misuse services

Assessment of needs and planning of care

Staff completed comprehensive assessments with clients on accessing the service. They worked with clients to develop individual care plans and updated them as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.

Staff ensured that clients received a comprehensive assessment when they first attended the service or prior to treatment beginning. As recommended at the previous inspection, recognised assessment tools were being used depending on clients' needs. These included the Severity of Addiction Questionnaire (SADQ) and Alcohol Use Disorders Identification Test (AUDIT) for clients using alcohol, and the Clinical Opiate Withdrawal Scale (COWS) for clients using heroin, or other opiates. If these were not used, the rationale for this was recorded. Since the previous inspection in 2021, the service had improved the assessment process, with a larger dedicated team providing initial assessments, and use of a detailed allocations checklist to ensure that all relevant information was obtained. Allocations meetings took place daily and these were recorded, indicating the rationale for allocating clients in particular teams.

Staff developed a comprehensive care plan for each client that met their mental and physical health needs. Staff developed detailed recovery care plans for clients, including client re-engagement care plans for those who were not maintaining contact with the service. We saw good practice examples of staff positively reengaging with clients in a person-centred way. Staff made sure that clients had a full physical health assessment and knew about any physical health problems that clients had.

Care plans were personalised, holistic and recovery-orientated. Staff regularly reviewed and updated care plans when clients' needs changed. They printed out care plans for clients who wanted to have a copy. An audit of care plan and risk assessment reviews within the last 12 months, indicated that 89% were reviewed within the last 6 months, and 60% were reviewed within the last 3 months. The management team were working to improve performance in this area.

Best practice in treatment and care

Staff provided a range of care and treatment interventions suitable for the client group and consistent with national guidance on best practice. They ensured that clients had good access to physical healthcare and supported clients to live healthier lives.

Staff provided a range of care and treatment suitable for the clients in the service and delivered care in line with best practice and national guidance. They ensured that clients had good access to physical healthcare and supported them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes. Clients were prescribed medicines in accordance with national guidance, such as the National Institute for Health and Care Excellence (NICE). Clients who misused alcohol were prescribed thiamine, which is a vitamin that people dependent on alcohol are at risk of being deficient in. Where clients were at risk of significant neurological problems, staff administered intramuscular thiamine injections. Staff used a formal scoring tool to assess whether a client required oral thiamine or an injection. The service was also administering a medicine called Buvidal to treat opiate dependence. Prescribing protocols were in place for all of the medicines prescribed in the service.

Staff made sure clients had support for their physical health needs, either from their GP or community services. Clinicians ensured that when clients were first assessed in the service, they provided a urine sample to be tested for drugs to confirm what they were using. They requested that clients participated in a urine drug screen on a regular basis. Staff also ensured that relevant clients were routinely breathalysed to confirm their alcohol consumption. This meant that clients who were prescribed medicines could be monitored accordingly in line with Department of Health guidance (DH, 2007).

Substance misuse services

Staff supported clients to live healthier lives by supporting them to take part in regular screening programmes and giving advice. The service offered dry blood spot testing (DBST) to identify those clients with a blood-borne virus (BBV) such as hepatitis C. The service provided clinic space to nurses of the local operational delivery network who delivered treatment to clients who tested positive for BBV within the service.

As required at the previous inspection in 2021, the service had ensured that clients who required an electrocardiograph (ECG) were offered a test in a timely way. They continued to audit this practice to ensure that all clients who were prescribed over 80mls of methadone had an ECG in line with national guidance.

Staff participated in clinical audit, and benchmarking. The service carried out clinical audits including infection prevention and control, prescription management, client records, and clinical equipment audits. There was an annual schedule of audits for the service. Managers used results from audits to make and maintain improvements. In the last 12 months, prescriber reviews were conducted for 96% of clients, with 83% within 6 months, and 60% within the last 3 months. A recent audit of clients using opiates and clients over 65 indicated that GP information had been received for 33% of these clients. One of the service's doctors gave a staff a presentation on this issue, and together the team made a recommendation for service development in this area. The service was looking to improve the quality of aftercare for clients following detoxification and rehab, and had introduced a 'Prehab' group to prepare clients for rehab. The service was contributing to a national audit on the use of Pabrinex for clients using alcohol.

The service continued to use a public health van to take services to rough sleepers including use of fibroscan to determine liver health.

Following a pause in providing community alcohol detoxification within the service, the team were working to bring in an improved process, with attendance of the Prehab group, involvement of the GP in undertaking blood tests, ensuring that a carer was available throughout the process, recruitment of a new alcohol specialist nurse, and a new doctor to lead the pathway. They were planning to provide meals for clients during the week of their detox as they had identified this as an area of concern. They were planning to build up to providing community alcohol detox for 5-10 clients per month.

Clients were also able to access My Turning Point online, for information and support around substance misuse, with particular information flagged to indicate if a member of staff needed to contact the client.

The service provided a number of groups to clients, and were looking to expand on these. At the time of the inspection groups available included an introduction to change, crisis survival skills, recovery skills, mindfulness, an alcohol resolution clinic, managing anger and difficult emotions, prehab, managing alcohol, acceptance and commitment therapy, and radical self-care. There was also a group for family, friends and carers. However, at the time of the inspection, there were no groups available to clients on Fridays.

Skilled staff to deliver care

The teams included or had access to the full range of specialists required to meet the needs of clients under their care. Managers made sure that staff had the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

Substance misuse services

The teams included a range of disciplines required to meet the needs of clients under their care. The service employed psychiatrists, non-medical prescribers, a psychologist and dual diagnosis workers. The service trained and developed new staff members using the provider's internal competency assessment frameworks. The team recruited trainee recovery workers, to be trained and gain experience with support to become recovery workers.

Managers made sure staff had the right skills, qualifications and experience to meet the needs of the clients in their care, including bank and agency staff. They also supported volunteers and peer support workers to work with the service, with training and support provided. They gave each new member of staff a full induction to the service before they started work. Staff told us that the induction process had been improved considerably, to prepare staff for work within the service.

Treatment pathways were led by members of staff with specialist backgrounds. For example, a new alcohol specialist nurse had recently been recruited to lead on the alcohol pathway. A new polysubstance nurse and recovery worker were also being recruited. Staff received regular management and clinical supervision sessions. Staff told us that a year previously, there had been some gaps in supervision, but this was now happening consistently. Management maintained a log of supervision and appraisal frequency to ensure that it was taking place regularly. Non-medical prescribers received regular clinical supervision. Managers recognised poor performance, and attempted to identify the reasons and address these. Staff also spoke of new opportunities for career development which had been introduced within the service.

The service had identified specialist training that would provide staff with the skills and tools to carry out their role effectively. The leaders of the service had created a training calendar, which included sessions on specialist trauma informed care and crisis survival skills. All staff had undertaken 'reset' training in the last few months, to ensure that the whole team were working in line with best practice. The registered manager was planning to conduct an audit to check on staff members' understanding and integration of this training.

All staff undertaking specialist clinical procedures, such as using the fibroscan machine, administering vaccines, or Bupivacaine, were assessed for competency, and this was recorded. Staff said that they were generally happy with the training provided, although some new staff members said they would like more training in the electronic clinical records system. Managers were planning to provide training in supporting clients who used Spice, working with clients with mental health conditions, and to arrange training for staff in phlebotomy (taking blood samples). They were also planning for the doctors to undertake Attention Deficit Hyperactivity Disorder (ADHD) training to assess and diagnose clients with this condition.

Managers made sure staff attended regular team meetings and gave information to those who could not attend. Reflective practice sessions had been introduced for staff on a weekly basis, supported by a psychologist.

Multidisciplinary and interagency team work

Staff from different disciplines worked together as a team to benefit clients. They supported each other to make sure clients had no gaps in their care. The teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.

Staff held regular multidisciplinary (MDT) meetings to discuss clients and improve their care. The teams came together every morning to hold a meeting to discuss clients, incidents and handover general information. We observed a morning meeting and found staff openly discussed their opinions and provided support for their colleagues. A standing

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item on the agenda was to highlight areas of good practice, and we observed staff highlighting the good work recovery workers had carried out working with a client in distress. Other standing items for the morning meetings included staff available, any staff sickness or leave, training, clinical waste and stock checks, panic alarm responders, duty managers, fire wardens, first aiders, any recent incidents, safeguarding, prescriber cover, urgent clinical issues, and home visits.

The team held MDT meetings throughout the working week to ensure that colleagues with specialist backgrounds were able to provide support. For example, staff attended a perinatal MDT meeting, a safeguarding and complex case meeting, a criminal justice multi-agency meeting, and a meeting to discuss clients who were homeless.

The service had built links with external organisations and had employed members of staff to improve relationships with community services. The service was working to improve the work they undertook with local GP practices, in providing GP shared care to clients. At the time of the inspection there were 2 shared care workers. This area was highlighted as a risk area for the service with plans in place to improve communication with GPs, and provide a more structured approach. The service was offering a training session to local GPs to reintroduce the service, and refresh the Royal College of General Practitioners training in this area.

The service had built a good working relationship with the local hepatitis C operational delivery network, who deliver treatment to clients with a blood borne virus (BBV). The service provided free clinic space to the nurses of the network to carry out treatment for BBV as well as offering clients a liver screen whilst they were in the clinic. The team included a hospital liaison worker who was based within the local acute hospital and attended the service's MDT meeting to provide support to staff and handover clients who may require an intervention.

The MDT within the team included recovery workers, doctors, nurses, health care assistants, non-medical prescribers, a social worker, and psychologists. There were 6 peer support workers and 2 volunteers (with experience of using substance misuse services). The service had an autism lead, and there was a plan for the doctors to provide training to all staff in supporting autistic clients. There was a national lead for neurodiversity within the provider organisation, and managers planned to appoint a local lead. The team also included staff employed by the local council to support clients in accessing education and employment. Eleven staff were employed by a local mental health charity, and one staff member was employed by a local charity aimed at improving the health and wellbeing of the LGBTQ+ community in London.

At the time of the inspection the senior psychologist post had just been recruited into, and there were plans to recruit a dual diagnosis worker (with experience of working with clients with mental health problems and substance misuse issues) to support the rough sleepers team. The psychologists trained staff to facilitate psychology groups. At the time of the inspection they were not providing any one to one interventions to clients, but this was planned. In the last year some of the psychology groups, such as the mindfulness session, had stopped due to staffing vacancies, and there had been no groups provided on a Friday. However, with new recruitment the service was aiming to reinstate these, and was commencing groups on all working days in May 2023.

Staff made sure they shared clear information about clients and any changes in their care, including during transfer of care.

Good practice in applying the Mental Capacity Act

Staff supported clients to make decisions on their care for themselves. They understood the service's policy on the Mental Capacity Act 2015 and knew what to do if a client's capacity to make decisions about their care might be impaired.

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Staff received and kept up-to-date with training in the Mental Capacity Act. At the time of the inspection 97% of staff had completed training in this area. There was a clear policy on the Mental Capacity Act, which staff understood and knew how to access.

Staff could describe examples of clients being intoxicated and this being a reason to review their capacity to consent. The clinical team and consultant psychiatrist would conduct a capacity assessment when this was considered necessary, and recorded this. Staff gave clients all possible support to make specific decisions for themselves before deciding a client did not have the capacity to do so. When staff assessed clients as not having capacity, they made decisions in the best interest of clients and considered the client's wishes, feelings, culture and history.

Is the service caring?

Good 

Our rating of caring stayed the same. We rated it as good.

Kindness, privacy, dignity, respect, compassion and support

Staff treated clients with compassion and kindness. They understood the individual needs of clients and supported clients to understand and manage their care and treatment.

Staff were discreet, respectful, and responsive when caring for clients. Most clients we spoke with told us that they felt confident to talk to the staff about their treatment and care. Staff gave clients help, emotional support and advice when they needed it and supported clients to understand and manage their own care and treatment or condition. Clients said staff treated them well and behaved kindly. Tea, coffee and biscuits were provided in the reception area for clients coming into the service. There was also a coffee morning open to all every Monday.

Clients were very positive about the service giving many examples of caring, compassionate practice. Clients said they felt comfortable going into the service and talking about their concerns. They described the reception area as welcoming and relaxing, and the receptionists as friendly, and keeping them updated whilst waiting to be seen. Two clients described the service as being very quick to arrange medication when needed, compared to other services they had used. Clients singled out certain staff members for particular recognition including doctors and recovery workers, describing them as helpful, knowledgeable, and good at communicating with them.

One client had raised an issue with the service regarding staff support, and this was addressed appropriately. The most frequently raised issue by clients was frequent changes in their recovery workers as a result of staff leaving.

Clients described their initial assessments as very thorough, with everything explained. For example, staff explained the difference and health impact between cutting down on their alcohol intake and suddenly stopping altogether. They said that they received regular reminder emails for appointments to stay engaged with the service. They described the service listening to them, providing strong advice, and a positive influence, but empowering them to make their own decisions. They said that staff were compassionate, and had a person-centred approach, tailoring the support to them individually. One client who had issues with attending group sessions, noted that their keyworker respected this, but offered gentle encouragement, which eventually enabled them to participate in groups, finding them beneficial. Clients spoke of working in partnership with staff. Several clients said that they had recommended the service to others.

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Staff understood and respected the individual needs of each client. We saw examples of staff going the extra mile to support clients, for example making urgent arrangement for a prescription for a client who was due to travel on one day. One client spoke gratefully about how a member of staff had messaged them at a time when they knew the client might be struggling to keep their recovery on track, and that this had made a huge difference.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards clients and staff. They directed clients to other services and supported them to access those services if they needed help. Staff followed policy to keep client information confidential.

Involvement in care

Staff involved clients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that clients had easy access to additional support.

Involvement of clients

Staff involved clients and gave them access to their care plans. Staff involved clients in care planning and risk assessment and actively sought their feedback on the quality of care provided. All clients we spoke with felt that staff carried out a comprehensive assessment. They felt listened to, fully involved in their care and that they had control over what happened to them in the service.

Staff made sure clients understood their care and treatment. This included providing information and advice sheets to clients and carers as needed. Clients said that they were signposted or supported to access opportunities within the community, and they could access advocacy services. One client told us that staff had supported them to access a local recovery group after discussions made it clear that Alcoholics Anonymous groups were not suitable for them. Clients described good support around financial/debt issues and completing Universal Credit applications. One client said that their keyworker had set up a team to support them, with their permission, involving and engaging their friends and family to help them. Another client said that they were supported to attend college on a vocational course, which they felt was a positive part of their recovery program.

Staff involved clients in decisions about the service, when appropriate. The service had a service user forum which met monthly, facilitated by people who used the service. The group maintained a partnership with The Tricky Period Project to improve period poverty, stocking free female sanitary products to offer to clients. Service user representatives participated in staff recruitment interview panels. The service user forum held events for clients on a quarterly basis.

The service had actively recruited peer mentors and volunteers. Clients were actively encouraged to stay engaged with the service and attend training to become peer mentors for the service. One peer mentor said that this had increased their confidence and commitment to their own recovery. Clients were able to undertake the provider's accredited peer mentor course. There was a nationally managed awards system for peer mentors and volunteers.

An away day was held for peer mentors, volunteers and service user representatives in March 2023. This involved looking at the successes of the service, including delivering service user involvement training, service user involvement in contract monitoring meetings, contributing to various advisory groups, and participating in development of peer led needle exchanges.

A team of client representatives and peer mentors reviewed the service's policies and practice. Some peer mentors delivered training to staff, including training in harm reduction, and Naloxone administration.

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Clients could give feedback on the service and their treatment and staff supported them to do this. There was a feedback box in reception, for clients and visitors to submit complaints, suggestions, or compliments. The most recent client survey was conducted in April 2023, with the opportunity to win a gift voucher. The service also asked for feedback through the service user forum. Changes were made as a result of feedback, for example, when clients said they were unable to attend appointments due to work commitments, evening sessions were offered to address this. Other changes as a result of feedback included improvement of the reception area in the service, with provision of plants, music, pictures, and refreshments, making it far more welcoming.

Involvement of families and carers

Staff supported, informed and involved families or carers. The service had a dedicated family, friends and carer team which was led by the safeguarding lead. The team supported young parents as well as carers and families who had a family member who misused substances. The team offered a five-week programme for carers that focused on coping strategies.

The service's carers group relaunched during the week of the inspection. It provided a closed group for carers/family, with support from peer mentors.

Relatives/carers that we spoke with felt supported and there was evidence of the service actively involving family in client's care. Carers described the family groups as supportive, informative and educating. One carer said they would like to see more follow-up from the service once the group ended. One carer said they did not get a prompt response from the online query system for the service.

Both clients and carers overall described the service as providing clear guidance on what to expect and easy to understand information.

Is the service responsive?

Good 

Our rating of responsive stayed the same. We rated it as good.

Access and waiting times

The service was easy to access. Staff planned and managed discharge well. The service had alternative care pathways and referral systems for people whose needs it could not meet.

The service's model of care focused on delivering services that members of the public could easily access. Staff provided a service within community buildings, such as GP surgeries, and community centres.

Clients could self-refer directly into the service, either by phone, online, or in person. Professionals could also refer directly into the service. The service had a system in place to ensure that clients could seek early support and help. Every day the service allocated a duty manager and duty worker who would be able to respond if a client required telephone support or attended the service.

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At the time of the inspection there were 1756 clients using the service, of which 1346 were in structured tier 3 treatment (high intensity interventions). Of these 64% of clients were primarily being supported with addiction to opiates, and 30% had a primary addiction of alcohol. In the last year prior to the inspection 41 clients had undertaken rehabilitation in a residential setting. The service's social worker arranged rehabilitation referrals, including transportation, and safety issues.

The service received approximately 200 referrals monthly, with a wait for assessment of just under 4 weeks at the time of the inspection, the highest that it had been since the service commenced under this provider. The service was working to reduce this waiting time to a maximum of 2 weeks, with the appointment of further assessors within the team (this had increased from 2 assessors to 4.5 assessors at the time of the inspection). Clients on the waiting list were prioritised according to risk, with high priority clients seen in the same week. Once assessed, if clients required a key worker, the allocated recovery worker would aim to contact them within 5 days. The service had plans to launch a new assessment process shortly after the inspection aiming to offer 192 assessments a month (12 clients a day).

There was a high rate of clients not attending appointments (approximately 50%) and staff were working to reduce this and ensure that all appointments times were used. Staff tried to contact people who did not attend appointments and offer support. Clients had some flexibility and choice in the appointment times available, and said that reception staff worked hard to ensure clients were given appointments to suit their availability.

The service was open to clients throughout the working week, operating during core working hours of 9am to 5pm, but also held evening clinics once per week. Clients told us that they felt they could ring anytime of the day and described feeling confident that staff would respond or get back to them when they were available. However, there was no service available at weekends, and this had not been commissioned, which left a potentially difficult gap in support for clients.

Staff worked hard to avoid cancelling appointments and when they had to, they gave clients clear explanations and offered new appointments as soon as possible. Appointments generally ran on time and staff informed clients when there were delays.

The service was managed as a single point of access, with separate pathways for rough sleepers and criminal justice clients. The service was closed on Thursday mornings for several months, whilst staff undertook Reset training. There were 12 GP shared care schemes, and a women only service. Every day a staff member from Turning Point based at the local hospital produced a list of clients with substance misuse issues who had presented at the hospital, so that they could be followed up. The service provided outreach work to homeless people's hostels and worked with a local GP practice to support homeless people's health needs.

The facilities promote comfort, dignity and privacy

The design, layout, and furnishings of treatment rooms supported clients' treatment, privacy and dignity.

The design and layout of treatment rooms supported clients' treatment, privacy and dignity. The service was located within the Hackney area and had a satellite space in the City of London area where staff worked on 2 days weekly.

The premises in Hackney were in a modern building that provided a full range of rooms and equipment to support treatment and care. There were five clinic rooms, two needle exchange rooms, a urine drug screening room, and a dry blood spot testing room, as well as six rooms for key workers to meet with clients. A discreet area of the ground floor was used for urine drug screening. This area had a client toilet and an adjoining testing room to ensure infection control standards were maintained.

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The provider had already made improvements to the reception area of the service, to make it more welcoming for clients. There were further plans to improve some of the basic furnishings and the décor within the building, with new furniture already on order. There were plans to create a neurodiverse room for clients' use, and to make the wellbeing room more comfortable and inviting. At the time of the inspection, we noted that the clinic rooms were at quite a low temperature to be comfortable for clients. We reported this to the management who arranged for oil heaters to be provided in each clinic room shortly after the inspection.

The service had a small range of leaflets and signposting information available to take away. Refreshments were available within the waiting area. There were stocks of basic items for vulnerable clients including period products, toothbrushes, and condoms.

Meeting the needs of all people who use the service

The service met the needs of all clients, including those with a protected characteristic or with communication support needs.

The service worked in partnership with Antidote, a drug and alcohol support service and MIND which is an independent mental health charity. Antidote is run by people who identify as LGBT. The service employed one worker from Antidote who targeted their support at hard to reach communities. The worker also had specialist knowledge in chemsex and provided training to the team. Chemsex is the term for when people take drugs before sexual intercourse.

The service has a younger adults substance misuse worker for clients aged 18-24. The service also employed a female keyworker who worked predominantly with sex workers. The service had links with the sexual health service at the local acute hospital. The service provided outreach work in a mother and baby unit and local children's centre. Following the service user forum in September 2022, the service had introduced a women's only service, with sessions held in a venue where children could be brought. At the time of the inspection approximately five sessions had been held at weekly intervals.

The service employed a diverse communities engagement lead who worked with male clients who were from black, Asian and minority ethnic communities. Staff referred relevant clients to IRIE MIND a mental health initiative run by and for the African-Caribbean community in Hackney. Staff told us that they were attempting to develop relationship with a local Turkish community centre, and the local Charedi community through a local mental health charity. The service asked if clients were fasting during Ramadan in order to support them to adjust their medication regimes with their pharmacy if needed.

The service could support and made adjustments for people with disabilities, communication needs or other specific needs. The building in which the service was located, was accessible for people with disabilities. A suitable toilet was located on the ground floor. During a morning meeting we observed staff considering the mobility needs of a client and arranging for a taxi to be provided to bring them to their appointment.

Staff made sure clients could access information on treatment, local service, their rights and how to complain. At the time of the inspection, most leaflets available to take away within the service were in English. There were some leaflets on smoking cessation available in Turkish, but the service did not have a poster to let clients know that leaflets were available in other languages. Following the inspection, managers indicated that they were ordering leaflets to be available in the five most used languages by clients in the local areas. All members of staff we spoke told us how they knew how to request a language interpreter, and we observed that interpreters were being used regularly during the inspection. The service had an equality, diversity, and human rights lead.

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A local hospital attended the service to provide support on smoking cessation. Staff used a public health van to visit hostels and particular areas where rough sleepers could be found. The van included a clinic room, including a fibroscan machine.

The criminal justice team provided daily cover for police assessments, probation referrals, and anyone being released from prisons. There was also a prison link worker, working to build rapport with clients for when they were released, and a court worker.

Since 2021 the rough sleepers' team had been awarded additional funding. The service had satellites in hostels and held regular drop-in clinics for rough sleeping clients, including a rapid prescribing clinic.

The service provided good support and signposting to community involvement and additional activities to support clients' long-term wellbeing and recovery. The service had a community navigator who mapped all available support within the local area. They had information for clients about local opportunities including an outdoor theatre, sober barbeques, drama groups, the local recovery colleges, and creative spaces. Clients described good access to employment support, both to address any issues with current employers and to seek new opportunities. The service also provided or signposted them to holistic and wellbeing treatments to encourage a healthier lifestyle with good knowledge and information of alternative options. One client described having received good support to access creative classes in the community which helped them make friends and reduce the isolation caused by their substance misuse.

In order to engage people who had a barrier to accessing the service, staff distributed scratch cards to undertake an alcohol use assessment, with details of where to get support.

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.

Clients, relatives, and carers knew how to complain or raise concerns, and staff understood the policy on complaints and knew how to handle them. Complaints were acknowledged, and clients received feedback from managers after the investigation into their complaint. Staff protected clients who raised concerns or complaints from discrimination and harassment.

The service ensured clients understood how to feedback about the service and treated their feedback seriously. Managers shared feedback from complaints with staff and learning was used to improve the service. Learning from complaints was recorded at monthly senior clinical governance meetings and at monthly service wide governance meetings. Managers investigated complaints and identified themes and fed back to clients after the investigation into their complaint.

The provider had received 12 formal complaints in the year prior to the inspection. Most of the complaints were partially upheld, with some learning taken as a result including speed of contact, provision of information about groups, and staff response to a client when they were upset.

The waiting area of the service included a feedback box with a survey available, and information on how to make a complaint or suggestion.

Substance misuse services

The service used compliments to learn, celebrate success and improve the quality of care. The service had received 40 compliments in the year prior to the inspection, and passed these on to individual staff members when applicable, to celebrate their success.

Is the service well-led?

Good 

Our rating of well-led improved. We rated it as good.

Leadership

Leaders had the knowledge and experience to perform their roles, and a good understanding of the services they managed. They were visible in the service. Most staff were happy with the support they provided, but some recovery workers did not feel sufficiently supported.

In January 2023, CQC received anonymous whistleblowing concerns about the service. Amongst concerns raised were insufficient staff support after difficult situations, lack of support for clients when key workers were off sick, and a need for more staff training. CQC discussed these concerns with the service, who provided details of how these issues were being addressed.

Most staff we spoke with were positive about the leadership from senior managers in the service noting how this was much stronger than at the time of the previous inspection. However, 6 of 17 recovery workers we spoke with indicated that they were unhappy with the support they received from leadership in their role. Several of these recovery workers said they were not happy with how managers addressed issues such as work stress and burn out. Some described a degree of micromanagement, creating a stressful atmosphere at the service.

Many recovery workers described managers as being reactive, particularly in concentrating on different areas of practice on different weeks, which felt to them like shifting priorities. They described lots of recent changes, making it hard to remember all the new procedures, for example to refer clients to another team. Some staff said that they felt unable to speak up, for fear of being treated badly as a result. Several staff mentioned the terms of the staff contract with the provider organisation, with less annual leave than they thought they needed for the role, and concerns about the sickness policy. Staff were concerned about the number of staff who had left the organisation, and although they said that this had reduced recently, they were concerned that more staff may be leaving.

Over the last year approximately one third of staff had left working at the service, which inevitably had an impact on the remaining staff morale. Managers were aware of some staff relationship issues, and were also taking action to address some members' performance (particularly around client records) through performance plans or extended probation periods.

Leaders understood local issues and the needs of the diverse local population they served, as well as recognising the challenges within their service such as staffing issues. They had attempted to improve communication with staff throughout the team by providing a monthly question and answer session. They had also introduced a wellbeing hour to be taken by staff each week, although some staff said they could not always find the time for this. They had introduced further career progression opportunities within the team, with the introduction of advanced practitioner roles for experienced staff.

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They had arranged an away day for all staff in November 2022, and one for managers in January 2023, to improve team relationships and understand staff experiences. Outcomes from these away days included plans to provide Mental Capacity Act, and autism training for all staff, and develop a people plan for the retention of staff. They were also introducing 360 degree appraisals for the management team. They had taken action to streamline some of the staff meetings, reducing the number of meetings taking place.

Vision and strategy

Staff knew and understood the service's vision and values and how they applied to the work of their team.

The parent organisation, Turning Point, is a large national provider of health and social care services for people with learning disabilities, mental health and substance misuse issues. The organisation believes 'that everyone has the potential to grow, learn and make choices.' Staff knew and understood the vision and the values of the service and understood their own roles in achieving it.

The provider ensured that all staff attended an introductory session with a Turning Point senior leader which included information about the service delivery model and the support available for clients and staff. The service was undergoing a restructure shortly after the time of the inspection. The plans reflected the provider's vision and objectives for the service. The service aimed to strengthen treatment pathways and reintroduce a strengthened community alcohol rehabilitation pathway.

Culture

Most staff felt respected, supported and valued, but a significant proportion of recovery workers were unhappy with the culture in the service. Staff reported that the service promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. Most staff felt able to raise concerns without fear of retribution.

Whilst most staff felt respected and supported, they felt challenged by the high workload caused by the high number of vacancies. They described work related stress and feeling quite burnt out. Most staff described an improvement in the culture at the service since the previous inspection, with more consistent management in place. Staff described the staff team as friendly, and most felt able to speak up, and felt they would be listened to. Some staff described a hierarchical team, with insufficient positive feedback for good work undertaken, and too much focus on record keeping.

Approximately a third of recovery workers were unhappy with the staff culture and felt that there was too much pressure from senior leadership. All staff we spoke with told us that they were happy with the support provided by their immediate line manager.

Management had carried out a survey of staff who had started since August 2022, and response were generally positive indicating that staff were planning to stay working at the service. Staff requests such as for further training in mental health, and the electronic records manager system were being addressed. However, they had not carried out a similar survey form longer standing members of staff. Managers advised that they planned to carry this out after the planned restructure of the service which was due to take place shortly.

There was a staff suggestion box within the service, and staff were able to attend a regular question and answer session with the registered manager of the service.

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Governance

Our findings from the other key questions demonstrated that governance processes operated effectively and that performance and risk were managed well. Most staff thought that the service was governed well, but some staff expressed some concerns over how they or their colleagues were supported with their caseloads.

There had been significant improvements in the oversight of the service since the previous inspection. There had been improvements in governance and oversight of the service, and a quality and governance manager had been appointed who was responsible for notifying CQC of required incidents. There was also an improvement in staff discussion of learning from incidents, and providing staff with regular managerial supervision. The service had moved to a centralised governance meeting instead of many smaller ones. There was a named nurse monitoring clients needing electrocardiograms. Staff were being competency assessed, and there had been improved induction training and training for all staff, to ensure that they were working to the same protocols. There had also been improvements in the management of voided prescriptions to ensure that they were discarded appropriately.

The service had funding from 3 different streams, the Office of Health Inequalities Disparities (public health), the Rough Sleeping Drug and Alcohol Treatment Grant 2022, and Project ADDER (addiction, diversion, disruption, enforcement and recovery) sponsored by the Home Office and Department of Health. ADDER funding was aimed at reducing the rate of drugs related deaths.

Since the previous inspection, a clinical service manager had been recruited for the service. The service was due to restructure shortly after the inspection. It was also launching a new assessment process, and relaunching the community alcohol rehabilitation process, shortly after the inspection. Senior governance meetings were held locally, and senior operations manager meetings were held across the provider organisation. Managers carried out a mock inspection of the service, and an annual quality governance audit. There were awards for performance in certain key areas such as staff giving out the most naloxone packs, conducting the highest number of dry blood spot testing, and arranging the most medical reviews for clients prescribed medicines. There was a strategic lead in place for suicide prevention, particularly concentrating on work with clients who had a diagnosis of personality disorders. A high-risk panel was held monthly to look at ways of managing risks to the most vulnerable clients.

Managers had made adjustments to the meeting structure for the service, decreasing the number of meetings. They had introduced standard elements into team meetings including client feedback, complaints, incidents, health and safety, learning and development and staff feedback. In addition to daily planning meetings, they had introduced daily allocations meetings to ensure that all new clients were placed in the right pathways. Other meetings included monthly senior clinical governance, mortality and morbidity, and local team meetings, and a weekly multidisciplinary meeting for each team.

In the 12 months prior to the inspection, two formal grievances were submitted by staff, there were four disciplinary investigations, of which three proceeding to formal hearings. Some staff had been placed on individual performance improvement plans. Most staff told us that they were well supported by managers in the service, but six recovery workers said that they themselves, or colleagues were not given enough support when they struggled with their caseloads. The people plan developed for the service included leadership and management development, improved communication, staff engagement and culture, attraction and retention, training and improving the environment for staff.

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There was a service quality improvement plan in place for the service, which was reviewed fortnightly. The service was looking to improve its aftercare for clients following rehabilitation. There were further plans to improve the décor and furniture in client facing areas, and develop satellite locations in which they could meet with clients. There were plans to improve Hepatitis B vaccination rates, retention of staff (including an uplift in pay if possible), mental health training, and review and enhance the staff 'duty' function.

Management of risk, issues and performance

Teams had access to the information they needed to manage risks, issues and performance in the service.

Leaders of the service identified and escalated relevant risks and issues and identified actions to reduce their impact. The service had a local risk register in place which was reviewed monthly. The highest risks recorded were the need for a restructure of the GP shared care service, and the need to address a high turnover of staff. There was some dissatisfaction in current communication with GPs, and training provided, and the service was working to restructure the team to ensure that these issues were resolved. Managers were working to improve staff retention, with improved value based recruitment, induction, training and supervision being put in place.

Other risks recorded included facilities management, clinical administration cover (now supported by the new clinical service manager), staff vacancies particularly in the alcohol team, cover at hospitals, and mis-recording blood borne virus status, and providing results to clients promptly. Managers were aware of the risks involved, and planning for addressing client satisfaction with regard to the planned change from prescribing methadone to physeptone.

Staff were provided with levels 1 and 2 positive behaviour management training to address concerns about challenging behaviour from clients by de-escalation as far as possible.

The service's registered manager reported on a quarterly basis to the commissioners and ensured they were cited on the issues that affected the performance of the service. As part of the service's assurance framework the service carried out audits and specific pieces of work when leaders identified a theme or trend emerging.

Information management

Staff collected analysed data about outcomes and performance.

The provider routinely collected performance and training data. The service had systems in place that provided leaders with information about the running of the service. This enabled leaders to maintain clear oversight of the service and identify good practice and areas for improvement. The service monitored client treatment outcomes and reported these locally and nationally.

Staff were expected to report on client outcomes using the Treatment Outcome Profile (TOPs). The information was reported via the National Drug Treatment Monitoring System (NDTMS). To complete TOPs, staff were required to carry out an assessment at various intervals of a client's treatment. Some newer members of staff said that they wanted more training to be provided in using the electronic client record system, to record all necessary information.

Engagement

Managers actively engaged with local health providers and community organisations to ensure they met the needs of the local population.

Substance misuse services

Staff, clients, and carers had access to up-to-date information through the service website and notices within the service. Clients could get involved in the service user involvement forum providing access to senior managers within the service. Volunteers and peer support workers had opportunities for development, and there was a recent celebration of their work.

The service offered a community navigation service that supported clients to build relationships with community organisations. The service ensured that they gave staff and clients an opportunity to feedback about the service and be part of service development.

The service distributed scratch cards, to encourage members of the public to check if they had a problem with alcohol use, with details of how to obtain support in this area. There were also incentives for clients to encourage engagement with the service, for example a supermarket voucher was provided for people being tested for blood borne viruses.

Management worked in partnership with public health commissioners to assess local needs around substance misuse and to develop the service in response to this.

The service was participating in a research programme from a neighbouring hospital trust on contingency management.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving the service. The service was not a member of an accreditation scheme.