Glasgow Drug Crisis Centre (Turning Point)
Care Home Service Adults
123 West Street
Glasgow
G5 8BA
Telephone: 0141 420 6969

Inspected by: Colin Goldie
Type of inspection: Unannounced
Inspection completed on: 20 November 2013
Contents

Summary 3
1 About the service we inspected 5
2 How we inspected this service 7
3 The inspection 11
4 Other information 23
5 Summary of grades 24
6 Inspection and grading history 24

Service provided by:
Turning Point Scotland

Service provider number:
SP2003002813

Care service number:
CS2003000942

Contact details for the inspector who inspected this service:
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Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

We gave the service these grades

<table>
<thead>
<tr>
<th>Area</th>
<th>Grade</th>
<th>Description</th>
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<tbody>
<tr>
<td>Quality of Care and Support</td>
<td>5</td>
<td>Very Good</td>
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<tr>
<td>Quality of Environment</td>
<td>4</td>
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<tr>
<td>Quality of Staffing</td>
<td>5</td>
<td>Very Good</td>
</tr>
<tr>
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<td>5</td>
<td>Very Good</td>
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What the service does well

We found that the manager and staff were motivated, experienced and familiar with clients lifestyle choices, support needs and preferences. We decided this after reading support files and talking to the manager, staff and clients.

We found that Glasgow Drug Crisis Centre (GDCC) made sure that everyone using the service was involved in designing their support plan.

Staff provide short term support, normally 21 days, to address issues arising from substance misuse and related problems. Under exceptional circumstances support can be extended to 28 days.

We saw that staff were friendly and respectful when working with clients.

When we read support plans we saw that staff support clients to start addressing addiction issues and make decisions about their lives.

What the service could do better

During the inspection the manager said the GDCC will continue to seek people’s views and opinions. The potential for involvement is limited due to the short period they use the service.
What the service has done since the last inspection
GDCC has continued to build on very good practice while putting the interest of client’s at the centre of their business.

The garden area has been developed to provide a secure and safe area to relax and socialise. To make sure everyone can use it there is ramped access.

Conclusion
Everyone spoken with during this inspection was very strongly committed to making sure that GDCC continues to meet people’s expectations and needs.

There is a strong emphasis on social interaction, group work and activities.

We found that clients were happy with the service and that they had their needs met.

Who did this inspection
Colin Goldie
1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com.

This care service was previously registered with the care commission and transferred its registration to the care inspectorate on to 1 April 2011.

Requirements and Recommendations
If we are concerned about some aspect of a service, or think it could do more to improve its service, we may make a recommendation or requirement.

- A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

- A requirement is a statement which sets out what is required of a care service to comply with the Public Services Reforms (Scotland) Act 2010 and Regulations or Orders made under the Act, or a condition of registration. Where there are breaches of the Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Inspectorate.

Glasgow Drugs Crisis Centre is a care home for 12 people with substance misuse problems. There are two shared bedrooms and no en-suite facilities.

Clients usually stay in GDCC for three weeks. Under certain circumstances this can be extended to four.

There are a number of related services such as a needle exchange and performance and image enhancing drug clinic based in the same building. Clients can access these as and when they wish.

The service aims to offer "a safe, confidential service which will support and encourage people to find ways of making their drug use less problematic and achieve a better quality of life".

Based on the findings of this inspection this service has been awarded the following grades:

- Quality of Care and Support - Grade 5 - Very Good
- Quality of Environment - Grade 4 - Good
- Quality of Staffing - Grade 5 - Very Good
- Quality of Management and Leadership - Grade 5 - Very Good
This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0845 600 9527 or visiting one of our offices.
2 How we inspected this service

The level of inspection we carried out
In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection
This report was written by Colin Goldie (Inspector) following an unannounced inspection which took place on Wednesday 20 November 2013.

During this inspection information was gathered from a number of sources:

We spoke at length with:

The manager, staff and clients.

We looked at:

Support files.
Review minutes.
Accident /incident records.
Training records.
Supervision records.
Team meeting minutes.
Client meeting minutes.
Returned self assessment.
Maintenance records.
Quality assurance questionnaires and audit.
Returned staff and clients/family questionnaires
Registration Certificate.

Grading the service against quality themes and statements
We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection
**Inspection Focus Areas (IFAs)**

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

**Fire safety issues**

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services’ responsibilities for fire safety at [www.firelawscotland.org](http://www.firelawscotland.org)
The annual return

Every year all care services must complete an ‘annual return’ form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

**Annual Return Received:** Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a ‘self assessment’ form telling us how their service is performing. We check to make sure this assessment is accurate.

We received a fully completed self assessment document from the manager.

We were satisfied with the way this had been completed and with the information provided.

The manager identified what the service did well, areas for development and any planned changes.

Taking the views of people using the care service into account

Care Standard Questionnaires returned by clients showed a high level of satisfaction with the service, commenting:

"It’s perfect."
"Hate to think where I would be without it."

Clients spoken with during the inspection spoke highly of GDCC and staff.

"Brilliant."
"Great food."
"A life saver."
"Always there for me."
Taking carers' views into account

No Care Standards Questionnaires were returned by family members.

This is understandable given the nature of the service.
3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support
Grade awarded for this theme: 5 - Very Good

Statement 1
We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Service strengths
At this inspection we found that the performance of the service was very good for this statement. The service consulted and encouraged participation very effectively. We spoke with the manager, staff and clients. We read support files, review minutes and the service’s end of stay and satisfaction questionnaires and subsequent audit/action plan.

Everyone spoken with said that GDCC could only develop if client’s views and suggestions are sought and acted on. We saw evidence of this when we read support plans and talked to people in the service. We saw that support plans were updated throughout the client’s stay to reflect their changing needs and wishes.

To make sure that GDCC will be right for them and before receiving support people are given information about the support that can be provided, how to complain and their rights and responsibilities.

GDCC uses a number of ways to find out how clients would like their support and the project to develop. This is outlined in Turning Point Scotland’s “IMPAQT” (Improvement, Measurement, Performance & Quality) procedure and “Service User Involvement” guide. This describes how the views of clients, families and external agencies are obtained, for example: using a suggestion box, Conversation Café, “You Asked” notice board, regular client forum, 1:1 time with key workers (practitioners), exit questionnaires, Peer Champions and reviews. This shows that the service is committed to listening to clients. Clients and ex-clients are invited to attend Turning Point Scotland’s “Connects Conference”.

Inspection report continued
Reviews and 1:1 meetings are used to discuss and agree the steps needed to help clients achieve their goals. We saw evidence of client comments being acted on when support agreements were modified.

Exit questionnaires ask for clients’ opinions about a range of matters including if they feel their stay has been helpful and if staff were supportive. We saw evidence that suggestions for improvement are acted on.

A Conversation Café is when staff and clients discuss how the service can develop. We saw evidence on the service’s “You said, We did” notice board of the action taken to address client suggestions and comments.

During this inspection we found that the service has a positive impact on people’s’ lives. Clients confirmed that staff are very approachable and respectful, that their opinions are always asked for and that the service acts on their wishes. This can be evidenced when client’s support plans are changed to meet new goals.

**Areas for improvement**

To continue to build on very good practice.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0
Statement 3
We ensure that service users’ health and wellbeing needs are met.

Service strengths
At this inspection we found that the performance of the service was very good for this statement. We spoke with the manager, staff and clients. We read support files, review minutes and risk assessments.

Turning Point Scotland has a range of policies addressing clients’ health needs. These include medication, food hygiene and fire safety. In conversation, staff had a very good knowledge of these procedures.

Clients said that the service helps in their recovery process by providing a safe haven, good food, company and support. Support can be provided either in individual sessions or through group work. Group workers were found to be experienced and knowledgable.

We found that GDCC has an experienced and knowledgeable staff team who focus on supporting clients to meet their goals and begin to address addiction issues. We decided this after talking to staff, clients and reading support plans. Staff spoke with respect and consideration of clients, acknowledging their individuality. Staff are strongly committed to making sure that individuals get the most benefit from the service.

We saw that GDCC promotes clients’ dignity and privacy and is committed to meeting people’s needs. We evidenced this by reading support plans and talking to clients.

When talking to staff it was apparent that they had a good awareness of clients’ physical, psychological and addiction support needs.

Staff are provided with training appropriate to the client group, for example Hepatitis C, Child and Adult Protection, Crack Cocaine, Understanding Alcohol and Drugs, rescue medication (Naxolone), Needle Exchange and Scottish Vocational Qualifications in Social Care. Training records showed that staff receive refresher training as required.

When we read support files we saw that staff encouraged clients to maintain a healthy lifestyle by eating healthily, addressing addiction issues and attending appointments. The service’s nurse liaise closely with a local GP practice to make sure that people are supported to reduce their drug/alcohol dependency in a measured and safe manner. There is a range of on-site resources that clients are encouraged to use such as a needle exchange and performance enhancing drug clinic.

When speaking to the cook we found that she had extensive experience and a good knowledge base. She was aware of the need to cook meals that would help people
regain their health. Specialised meals could be provided, such as vegetarian, reduced sugar or Halal. Clients commented very positively about the meals being provided.

Client files read during the inspection followed a standard format and contained a range of information including a “To do list”, support plan, risk assessments, outcome monitoring tool, daily notes and personal information. Plans show that support is provided to meet individuals’ needs aspirations and goals. There is a strong emphasis on achieving positive outcomes, for example continuing to address addiction issues and retain/gain a tenancy. We saw that staff support clients when they are dealing with other agencies such as social work, health, housing and education. Plans show that health issues are referred to the appropriate agency and that there are good relationships between the service and external agencies such as housing officers, social workers, health professionals and drug workers.

Given the short term nature of the service, the “To do list” sets out clear timescales for staff to follow. This makes sure that client’s needs are addressed in an efficient manner.

Clients are fully involved in writing and agreeing all aspects of their support plan. Nothing is acted on without their agreement.

Plans show that support and risk assessments are regularly reviewed, updated and agreed. Clients and key workers met regularly to check that the service is meeting their support needs and agree steps needed to achieve their goals.

There are daily staff handover meetings. At these, a range of matters is discussed including client support needs and appointments. Meeting minutes show that matters raised by clients are raised and actions to address these agreed. Minutes are clearly written and provide information about the clients’ planned day.

Staff and clients said that the manager has an “open door policy”. Clients said that all staff are approachable and always make time to talk and listen. This is important when people are in crisis or have reached a turning point in their life.

**Areas for improvement**

To continue to build on very good practice.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0
Quality Theme 2: Quality of Environment
Grade awarded for this theme: 4 - Good

Statement 1
We ensure that service users and carers participate in assessing and improving the quality of the environment within the service.

Service strengths
At this inspection we found that the performance of the service was very good for this statement.

Please refer to Quality Theme 1, Statement 1 for further details.

Areas for improvement
Please refer to Quality Theme 1, Statement 1 for further details.

Grade awarded for this statement: 5 - Very Good
Number of requirements: 0
Number of recommendations: 0
Statement 2
We make sure that the environment is safe and service users are protected.

Service strengths
At this inspection we found that the performance of the service was good for this statement. We spoke with the manager, staff and clients. We read incident report, accident records, maintenance check and looked round the building.

GDCC is based in a converted school that is shared with a range of other Turning Point Scotland services. These include a needle exchange and performance and image enhancing drug clinic.

There are two shared rooms. Without these the service would be unable to offer support to the number of clients that it does. We were informed that while, overall, the outcomes for clients from having these rooms was positive there were times when sharing raised people’s anxiety. Sharing is an unavoidable aspect of the service and a balance has to be found between privacy, the need for admission and possible tension. The manager said that the intention is to have a new building built to current expectations and standards.

An Occupational Therapy assessment of the building has been undertaken to see what aids and adaptations could be made to make sure that it is accessible to clients with mobility problems.

There is a good level of security throughout the building. The premises are bright and welcoming, being furnished, painted and maintained to a high standard. Domestic staff keep the service clean and tidy. There is a small, enclosed outdoor area that can be used in the good weather. This has been refurbished to a high standard and provides a secure and secluded environment.

There is a range of rooms for counselling, family contact, medical appointments and group work. To make sure that clients’ confidentiality is maintained a number of these rooms are away from the residential area.

Turning Point Scotland has a range of policies addressing accident & incidents, violence & aggression and risk assessments. These set out clear guidance for staff with regard to their own and clients’ safety. Accidents and incidents are recorded and the external manager informed. This helps identify any trends or patterns, showing that the service is aware of its responsibility to maintain clients’ safety.

Client files note what staff must do to keep people safe. This is written in an assessment noting what steps must be taken to avoid risk situations arising. These assessments are written in conjunction and full knowledge of the client and are regularly reviewed to make sure that they continue to be appropriate. Staff receive
training regarding avoiding and defusing conflict.

Any client found to be under the influence of alcohol or drugs is asked to leave the building, being able to return when not intoxicated. This shows that the service is aware of factors that could have a negative impact on a client’s recovery programme.

To make sure that clients are not tempted to take alcohol or drugs they are discouraged to talk about these. This is noted on the service’s occupancy agreement.

There is a range of regular audits looking at fire safety, health & safety, and the premises. These are available to staff and clients and are monitored by external management.

During the inspection, staff were seen to respect clients’ confidentiality, individuality and privacy. Visitors are required to show identification and sign in and out of the building.

**Areas for improvement**

While we found that the premises were clean and well maintained staff told us that the use of double rooms could pose a problem. There is a difficult balance between ease of access to the service, privacy and individual’s wellbeing. Staff said that there are times when a client may be asked to move from a single to double room to allow someone to come into the service. We were told that, for the majority of the time, clients agreed to move but there were times when it caused tension and disagreement. This is why this statement receives a grade of good.

The service is discussing the suitability of the premises with Glasgow City Council. The need for this to continue and concluded will be noted as a recommendation.

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 0

**Number of recommendations:** 1

**Recommendations**

1. A steering group with representatives from Turning Point Scotland, Glasgow City Council and NHS GG&C should be established to take forward all issues associated with the development of the service including the appropriateness of the building and shared bedrooms.

   This is to comply with National Care Standards - care homes for people with drug and alcohol problems - Standard 3 - "Your environment will enhance your quality of life and be a pleasant place to live."
Quality Theme 3: Quality of Staffing
Grade awarded for this theme: 5 - Very Good

Statement 1
We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

Service strengths
At this inspection we found that the performance of the service was very good for this statement.

Please refer to Quality Theme 1, Statement 1 for further details.

Areas for improvement
Please refer to Quality Theme 1, Statement 1 for further details.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0
Number of recommendations: 0
Statement 3

We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Service strengths

At this inspection we found that the performance of the service was very good for this statement. Turning Point Scotland and the manager work to make sure that staff are professional, trained and motivated. We spoke at length with clients and staff.

We found that there was a consistent and experienced staff team that had a range of experience and a sound knowledge base. The outcome of this was that people had the advantage of being supported by staff who knew them well.

In conversation staff spoke with respect and consideration of people, had a clear understanding of GDCC’s aims and objectives. They said that the service had a transparent, supportive and open culture. The benefits of this for clients is that staff feel confident raising issues of practice.

To make sure that staff work to the service’s expectation GDCC has a range of policies that support staff practice and development, including induction, learning & development, supervision and recruitment. When first employed new staff have induction training which informs them of the organisations’ expectations and their role in promoting and maintaining clients’ rights and individuality. A record of this training is kept in the individual’s file and is signed and dated by the staff member.

Staff receive a range of training tailored to clients’ support needs such as rescue medication (Naxolone), suicide prevention (ASSIST) and Scottish Vocational Qualifications in Social Care. The benefits of this training is that staff have the skills to meet people’s needs.

To make sure that staff work to the organisation’s expectations there is a programme of regular supervision and annual appraisal. This shows that the organisation is committed to making sure that staff adhere to good practice and the service’s ethos towards support. There is evidence that poor practice is identified and addressed. Staff have access to a range of counselling and relaxation therapies.

There are regular team meetings. At these, there is a programme of “Bite Size” training. This covers areas such as sexual health, values and recovery and is repeated at regular interval throughout the year. By doing this the service keeps staff up to date with developments and best practice guidelines.

Staff confirmed that there are very good opportunities for developing their ideas and interests.
Staff said that the manager “leads by example”, has a very open manner, encourages a supportive open culture and sets the service’s ethos.

Staff said that they feel comfortable discussing areas of their own and colleagues’ development.

When we spoke with clients they said that they feel secure speaking to staff if they have any concerns.

**Areas for improvement**
To continue to build on very good practice.

**Grade awarded for this statement:**  5 - Very Good

**Number of requirements:**  0

**Number of recommendations:**  0
Quality Theme 4: Quality of Management and Leadership
Grade awarded for this theme: 5 - Very Good

Statement 1
We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

Service strengths
At this inspection we found that the performance of the service was very good for this statement.

Please refer to Quality Theme 1, Statement 1 for further details.

Areas for improvement
Please refer to Quality Theme 1, Statement 1 for further details.

Grade awarded for this statement: 5 - Very Good
Number of requirements: 0
Number of recommendations: 0
Statement 4

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.

Service strengths

At this inspection we found that the performance of the service was very good for this statement. We spoke at length with clients, staff and the manager.

Clients said that they are aware of Turning Point Scotland’s Complaints Policy and their right to complain, saying they would feel comfortable doing so.

The service’s Health & Safety representative audits the environment. This looks at a range of matters, such as cleanliness and the general state of repair of the building. This is also applicable to Theme 2, Statement 2.

The manager submits a quarterly “Manager’s Report”. This covers a range of areas and the findings are analysed.

An “Outcome Monitoring Tool” is used by clients to measure if the service has had an impact on their lives and addiction issues. When we looked at these we saw evidence that the service was, in the clients view, having a positive impact on people’s lives.

The service manager and operations manager undertake regular audits looking at areas such as client files and staff supervision. These audits are to make sure that the service and staff are working to Turning Point Scotland’s expectations and policies. If any areas of development are noted these are highlighted and an action plan written. This shows what the service is doing to address any points raised. We saw evidence that areas of development are noted and acted on.

The manager submits annual returns, self assessments, notifications and action plans as expected.

It was evident during the inspection, and in conversation with clients, that Turning Point Scotland, the manager and staff are always looking for ways to improve the service.

Areas for improvement

To continue to build on very good practice.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0
4 Other information

Complaints
No complaints have been upheld, or partially upheld, since the last inspection.

Enforcements
We have taken no enforcement action against this care service since the last inspection.

Additional Information
N/A.

Action Plan
Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in the Care Inspectorate re-grading a Quality Statement within the Quality of Management and Leadership Theme (or for childminders, Quality of Staffing Theme) as unsatisfactory (1). This will result in the Quality Theme being re-graded as unsatisfactory (1).
5  Summary of grades

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<thead>
<tr>
<th>Quality of Care and Support - 5 - Very Good</th>
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<td>Statement 1</td>
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<td>Statement 3</td>
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<th>Quality of Environment - 4 - Good</th>
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<th>Quality of Staffing - 5 - Very Good</th>
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<td>Statement 1</td>
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6  Inspection and grading history

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<th>Type</th>
<th>Gradings</th>
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<td>Unannounced</td>
<td>Care and support 5 - Very Good</td>
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<td>Environment 5 - Very Good</td>
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<td>Management and Leadership 5 - Very Good</td>
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All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.
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