Glasgow Drug Crisis Centre (Turning Point)  
Care Home Service

123 West Street  
Glasgow  
G5 8BA

Telephone: 0141 420 6969

Type of inspection: Unannounced  
Inspection completed on: 26 October 2016

Service provided by:  
Turning Point Scotland

Service provider number:  
SP2003002813

Care service number:  
CS2003000942
About the service

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

The service is aimed at people who are no longer coping in the community and may be at risk due to their chaotic drug use.

This is a short-term crisis intervention service with a maximum stay of twenty-one days after which people are supported back into the community or to other drug and alcohol services which offer longer term services.

There are a number of related services such as a needle exchange, one stop service (24 hour advice, information and support on substance misuse and related issues), naloxone programme and performance and image enhancing drug clinic based in the same building. Clients can access these as and when they wish and people are generally admitted via the one stop service.

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”.

What people told us

The views and opinions expressed by people using the service were generally positive. People felt it was a vital service with many saying it had ‘saved their life’. People we spoke to were very positive about the staff and how they interacted with and supported them.

We have taken account of service users views when commenting on each of the quality themes.

Self assessment

The Care Inspectorate received a completed self-assessment from the provider. The provider identified what it thought the service did well and gave some examples of improvements across some areas. The self assessment could be improved to provide a greater focus on the areas for service development, more specific information on what outcomes have been achieved for service users and the evidence to support this.

The self assessment could be developed further by documenting how the people who used the care service had taken part in the self-assessment process and how their feedback directed the development of the plans for continuous service improvement.

From this inspection we graded this service as:

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<th>Quality of care and support</th>
<th>4 - Good</th>
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<tr>
<td>Quality of environment</td>
<td>3 - Adequate</td>
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<td>Quality of staffing</td>
<td>4 - Good</td>
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<td>Quality of management and leadership</td>
<td>4 - Good</td>
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Quality of care and support

Findings from the inspection

We concluded that the service is working at a good level in relation to the quality of care and support.

It was good to see that the service has continued to develop their medication processes and encourage a greater emphasis on clinical governance and professional accountability.

Medical assessments were now clearer and available in people’s files. Assessment tools are being used as standard, such as COWS (Clinical opiate withdrawal scale) to assess severity of withdrawal symptoms and determine an appropriate course of treatment.

We observed that despite previous recommendations from an independent investigation and suggestions made by ourselves, the keys for the medication cabinet and controlled drugs cabinet had not been split. This appears to be an error in communication as the managers had sought advice from professionals and had various communications with nursing staff about the need for this and it’s practical application.

We saw in some of the support plan files that the period of observations on admission varied and did not always correlate with the assessed risk the person presented. Some observation periods were as little as 16 hours rather than the stated 48 hours. We felt that further information should be provided on the minimum observation times and reason for ending this early and who was involved in that decision. We also found that the recording of information in the daily notes needed to be improved to give an accurate reflection of the persons presentation (for example mood, physical presentation, engagement and support/treatment received).

The groupwork programme continues to be developed but does appear to have improved since the last inspection. There is a wider range of sessions available over the course of the programme to support people develop their knowledge and skills, especially around harm reduction. We discussed with the manager the need for improved co-ordination of the programme as currently managers, co-ordinators, support staff and a groupwork facilitator all deliver the sessions with no one identified for coordinating and developing the programme, collating and evaluating feedback from the sessions and supporting consistency. Whilst we feel that the service has met the recommendation we made in the last report, we feel that this is an ongoing area for development.

Although there continues to be a range of methods available for people using the service to feedback about their support, we discussed with the manager the need for better collation, analysis and recording of the feedback gained and evidence of actions taken.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 3

1. Where feedback is gained from service users, relatives or stakeholders, the manager should ensure that there is a system in place to collate and disseminate responses and evidence where and how these have been
actioned. This is to enable people to see where the service has responded to comments and feedback and how this has influenced service development.

National Care Standards Care Homes for People with Drug and Alcohol Misuse, Standard :9 - Expressing your views

2. The manager should ensure that the medication cupboard key and controlled drugs medication key are separated as per previous recommendations and best practice guidance. This is to ensure safe medication processes are adhered to.

National Care Standards Care Homes for People with Drug and Alcohol Misuse, Standard :13 - keeping well - medication.

3. To ensure an accurate reflection of the presentation of individuals and support received, improvements should be made to the daily recording of information. Managers should ensure that all relevant information is recorded and to a consistent standard.

National Care Standards Care Homes for People with Drug and Alcohol Misuse, Standard :5 - support arrangements.

Grade: 4 - good

Quality of environment

Findings from the inspection

The quality of environment continues to be graded as adequate. This is mainly due to the service still having two shared rooms which has been recognised as no longer being considered best practice. The National Care Standards states that "by 2007, you will be able to have a single room if you want to". Whilst we saw that before admission information is given to people explaining they may have to share a room, and that people can ask to move into a single room if one becomes available, some people do not have a choice but to share a room if they want to access the service. Some people we have spoken to have been okay with this but others have found it very difficult.

We observed that there had been some redecoration work undertaken in communal areas. Overall it has been recognised for some time that the building is no longer suitable and this is the subject of on-going discussions at an organisational level.

The service has a handyman who looks after the building and supports the completion of regular checks to ensure health and safety requirements are met. We saw that there are appropriate risk assessments in place and testing of systems and equipment is regularly undertaken.

We did note that although the handyman undertakes weekly checks of hot water temperatures, we saw that on the recording sheet, the maximum temperature was written as 47 degrees whereas information from the health and safety executive states it should be 44 degrees. This needs to be amended to ensure the correct maximum temperature is displayed. We also discussed the need for a system to be in place to ensure these checks are still
undertaken when the handy man is on leave, as we saw that currently if he is not there, these are not completed.

We observed that a number of the bedrooms did not have a means for the service user controlling the temperature of the room for example temperature controls on the radiators. We discussed this with the manager as that National Care Standards state that service users should be able to control the heating, lighting and ventilation in their rooms.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 2

1. The manager should ensure that the use of shared rooms is reviewed to ensure that the service adheres to best practice guidance and the underpinning principles of the National Care Standards.

National Care Standards Care Homes for People with Drug and Alcohol Misuse, standard : 3 - Your environment

2. The manager should ensure that there is a system in place to ensure that water temperatures are regularly checked even in the absence of the allocated individual and that correct maximum temperatures are displayed on recording sheets. This is to ensure the health and safety of individuals in the service and comply with good practice advice from the health and safety executive.

National Care Standards Care Homes for People with Drug and Alcohol Misuse, Standard : 3 - Your environment

Grade: 3 - adequate

Quality of staffing

Findings from the inspection

We found the performance by the service in this area to be good. We decided this after speaking to staff, the manager and service users and considering evidence relating to the quality of staff training, supervision and team meetings.

All staff had completed the necessary qualifications for registration with the Scottish Social Services Council (SSSC), the body responsible for ensuring that people working in social care services were suitably qualified. Staff were either registered or awaiting confirmation of registration with the SSSC. Nursing staff are registered separately with the NMC (Nursing and Midwifery Council).

We saw that there were some good training opportunities available to staff which reflected the changing needs of people accessing the service, however when we looked at training records it was difficult to see where some staff had undertaken training such as adult support and protection and blood borne viruses.
We discussed this with the manager and agreed that there were some staff who needed to attend and/or update their training and the records themselves required updating to ensure they accurately reflected the training required and undertaken.

We saw that there had been an improvement in the frequency and quality of supervisions, and appraisals were beginning to be planned.

Team meetings could be improved to include more opportunities for peer support and discussions around service users and best practice. Team meetings and supervision are important to support the personal and professional development of staff and as such need to include discussions of best practice which we did not see. Staff we spoke to said they were not familiar with The Quality Principles (recent best practice guidance) although we did see that this was available in the service.

We felt that overall the morale of staff in the service seemed to be better, staff in the service are motivated and passionate about the work they do and people were more comfortable with and had embraced some of the changes that have been made in the service.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 2

1. The manager should consider how the service can better evidence where best practice has been discussed, for example at team meetings or through supervision. This is to ensure that staff are being supported to access current, best practice guidance relevant to their service area.

National Care Standards Care Homes for People with Drug and Alcohol Misuse, Standard: 17 - Management and Staffing arrangement

2. The manager should ensure that there are accurate records of all training undertaken including dates when refresher courses are due. There should also be a training plan in place for the service and information available to indicate what training is mandatory and desirable for staff working in specific service areas. This is to ensure that staff working in the service are appropriately trained and training is updated as required.

National Care Standards Care Homes for People with Drug and Alcohol Misuse, Standard: 17 - Management and Staffing arrangement

Grade: 4 - good
Findings from the inspection

We found that the performance of the service was good in relation to the quality of management and leadership. We decided this after speaking to staff, service users, stakeholders and considering evidence relating to the monitoring and auditing of quality processes.

We were able to see that the service has progressed since the last inspection and there is a commitment to ensure the continuous development of the service.

We saw that stakeholder questionnaires had been introduced to enable the service to gain formal feedback from other professionals / stakeholders.

Whilst we saw that there are a number of quality assurance and audits being undertaken to support improvement in the service, it was, at times difficult to see the management actions taken. The manager needs to consider how they can better evidence where actions have been taken to address issues raised through quality assurance processes (including feedback from service users, staff and stakeholders) and the outcomes of these.

We felt that the manager also needed to have a better overview of the service in terms of their responsibilities as a registered manager. Where areas of the service have been delegated to others to manage on a day to day basis, the registered manager should maintain an overview of these and be fully informed about how individuals are meeting the required standards in each of these areas.

Staff and service users we spoke to were positive about senior staff and managers and felt that they were approachable and they would be confident to raise any concerns they had.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

What the service has done to meet any requirements we made at or since the last inspection

Previous requirements

Requirement 1

The provider must ensure that there is clear and detailed recording of any medical assessments and any subsequent treatments prescribed as part of the support planning process. This is to ensure that all those
supporting the person are aware of any relevant medical history and the planned course of treatment whilst in the service.

This is in order to comply with:

The Social Care and Social Work improvement Scotland (requirements for Care Services) SSI 2011 No 210. Regulations 4(1) (a) - Welfare of usersTimescale - Three months.

This requirement was made on 16 November 2015.

**Action taken on previous requirement**

The service has a database for the Visiting Medical Officers (VMO’s) to input their medical assessments directly onto the computer where they can be accessed by the nursing staff. A printer has been purchased for the medical room so that the medical assessments can be completed and printed immediately making them legible and accessible. Each service user has a health/medical file kept in the medication room for all relevant health and medical information including their medical assessments. We looked at a sample of these and found that all had printed, legible and signed medical assessments. The content of the assessments we saw were better than previously seen with more information about the person’s current state of health and any previous health issues.

The admission a paperwork has also been updated to provide clearer information about health and medical needs including medication.

This requirement has been met.

**Met - outwith timescales**

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**Requirement 2**

The provider must ensure that all staff are acting in accordance with legislation and best practice guidance in relation to the administration of medication.

This is in order to comply with:


This requirement was made on 16 November 2015.

**Action taken on previous requirement**

There have been a number of changes made to medication processes and systems which have improved the processes and made them ‘tighter’ and ‘more professional’. We saw that the organisation has continued to have clinical governance meetings to address some of the issues around medication and ensure that they are operating in line with legislation and best practice guidance. Nurses meetings are also being held quarterly so that the nurses are able to get together and discuss practice issues. We saw in the minutes of these we sampled that discussions had taken place around changes to medication processes and the medication errors that had occurred.

We observed that despite previous recommendations from an independent investigation and suggestions made by ourselves, the keys for the medication cabinet and controlled drugs cabinet had not been split. This appears to be an error in communication as the managers had sought advice from professionals and had various communications with nursing staff about the need for this and it’s practical application.
Met - outwith timescales

Previous recommendations

Recommendation 1
The manager should ensure that there is an effective groupwork programme operating in the service to support people manage their addictions and gain information about harm reduction.

National Care Standards: Care Homes for People with Drug and Alcohol Misuse problems: Standard 5 - Support arrangements.

This recommendation was made on 16 November 2015.

Action taken on previous recommendation
The groupwork programme has been updated - see body of the report for more information.

This remains an area for development but the recommendation has been met.

Recommendation 2
The manager should ensure that the use of shared rooms is reviewed to ensure that the service adheres to best practice guidance and the underpinning principles of the National Care Standards.

National Care Standards Care Homes for People with Drug and Alcohol Misuse, Standard : 3 - Your environment.

This recommendation was made on 16 November 2015.

Action taken on previous recommendation
The service is not currently able to provide everyone with the choice of a single room.

This recommendation remains unmet.

Recommendation 3
The manager should ensure that professional codes of practice and conduct are adhered to by all staff and appropriate action is taken where staff have not acted in accordance with these codes. This is to ensure that staff behave in a professional manner and maintain their professional registration.

National Care Standards Care Homes for People with Drug and Alcohol Misuse, Standard : 4 - Management and Staffing.
This recommendation was made on 16 November 2015.

**Action taken on previous recommendation**
We found during our visit that there had been an improvement to staff morale in the service and feedback from staff was things were moving forward in a positive way and the service was currently very settled.

Staff have all been given a copy of their relevant codes of practice and been asked to sign to confirm they have been given this. Ongoing work needs to be done to ensure staff understand the link between the codes of practice and their conduct and the implications for not acting in accordance with these codes but overall this recommendation has been met

**Complaints**

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

**Enforcement**

No enforcement action has been taken against this care service since the last inspection.

**Inspection and grading history**

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## Inspection report

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Care Inspectorate
Compass House
11 Riverside Drive
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