

Glasgow Drug Crisis Centre (Turning Point) Care Home Service

123 West Street
Glasgow
G5 8BA

Telephone: 01414 206 969

Type of inspection:
Unannounced

Completed on:
26 July 2021

Service provided by:
Turning Point Scotland

Service provider number:
SP2003002813

Service no:
CS2003000942

About the service

The Glasgow Drug Crisis Centre provides support to 12 people. The service is aimed at people who are no longer coping in the community and may be at risk due to their chaotic substance misuse. This is a short-term crisis intervention service with a maximum stay of 21 days, after which people are supported back into the community or to other drug and alcohol services which offer longer term support. The provider is Turning Point Scotland.

There are several 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. People using the service can access these as and when they wish, and people are generally admitted through 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 substance misuse less problematic and achieve a better quality of life."

This was an unannounced inspection by two inspectors to evaluate how well people were being supported. We evaluated the service based on key areas that are vital to the support and wellbeing of people experiencing care.

What people told us

To gain the views of people experiencing care, we spent time speaking to six residents during the inspection visit. People said that they were happy with their care and spoke positively of the staff and the support provided. Comments included:

"Most of the staff are at 100% and even those that aren't are at 90%."

"The staff are so supportive and easy to talk to. I also feel respected which is really important to me."

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our care and support during the COVID-19 pandemic?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

We evaluated how well the service supported the wellbeing of people experiencing care. We concluded that there were several important strengths which, taken together, outweighed areas for improvement. However, improvements were required to maximise wellbeing and ensure that people consistently have experiences and outcomes which are as positive as possible. We concluded the performance of the service in this area to be good.

People living in the Glasgow Drug Crisis Centre experienced compassion, dignity and respect. We observed staff using their knowledge and skills to deliver care and support in a compassionate way with warmth and kindness.

We reviewed staff training records in subjects that supported people's wellbeing, such as professional boundaries, adult support and protection and trauma informed practice. We found that most staff had completed training in some of these areas. To safeguard people and ensure that appropriate standards are maintained, we asked the manager to ensure that all staff undertake and complete training in these subject areas. (See area for improvement 1.)

People could be confident that Covid-19 symptoms would be identified. Appropriate escalation of any concerns to health professionals was made so that people received the right treatment at the right time.

People should have a personal plan aligned to best practice guidance that reflects their current needs and directs staff to meet those needs. Overall, people could be confident that their personal plan was being continually evaluated to ensure that it was kept up to date. The service used an outcome tool to measure people's progress. We saw examples of how effective this was as a visual aid to show progress and give people motivation to continue in their journey. People were involved in reviewing their care plans to ensure that they continued to meet their needs.

People have the right to get the most out of life and at the service. There was a three-week programme designed to provide meaningful activity for people. This programme gave people the opportunity to reflect, learn, grow and develop the necessary skills to be successful in keeping themselves safe, and consider further options to support them in their recovery.

Very good links with partners in health helped facilitate positive outcomes and opportunities for people who may otherwise experience barriers in accessing universal health services. We found very positive links with health professionals, ensuring people's physical and mental wellbeing were cared for. The service had registered nurses and a medical officer who oversaw people's detoxification and other health complications linked to drug use.

The service followed the Scottish Government's Open with Care guidance to support visits. This included indoor visiting in line with people's wishes. People living in the service spoke of the positive impact that this had on their wellbeing.

The service adhered to current Covid-19 information and guidance around the admission of people, in respect of testing and isolation.

Areas for improvement

1. To safeguard people and ensure that appropriate standards are maintained, the manager should ensure that all staff complete training in the areas of professional boundaries, adult support and protection and trauma informed practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

"I have confidence in people because they are trained, competent and skilled, and able to reflect on their practice and follow their professional and organisational codes." (HSCS 3.14)

How good is our care and support during the COVID-19 pandemic?

4 - Good

7.2 Infection control practices support a safe environment for both people experiencing care and staff.

We evaluated how well infection control practices supported a safe environment for people experiencing care and staff. We concluded that there were several important strengths which, taken together, outweighed areas for improvement. However, improvements were required to maximise wellbeing and ensure that people consistently have experiences and outcomes which are as positive as possible. We concluded the performance of the service in this area to be good.

We found good levels of cleanliness throughout the service and the environment was fresh. Mattresses, chairs and tables checked were in good order and generally clean. We found that checks of people's bedrooms occurred each week. We asked that the process be developed to provide reliable assurance that hygiene and cleanliness are maintained, and to mitigate the risk of the transmission of infection. (See area for improvement 1.)

Communal areas, bedrooms and bathrooms were clear and free from clutter and equipment. This made the service easier to keep clean. There were appropriate measures in place to maintain social distancing and support people to move around safely, thus reducing the risk of cross-infection.

There were enhanced daily cleaning schedules in place and appropriate cleaning materials were being used in line with guidance. These included frequently touched surfaces, such as door handles and handrails.

Laundry was managed well, minimising the risk of cross-contamination. This ensured that standards of cleanliness were maintained and the risk of infection for people experiencing care was reduced.

We saw that staff wore personal protective equipment (PPE) in line with Health Protection Scotland guidance and clinical waste was managed and disposed of appropriately. PPE stations were located throughout the service and were well stocked.

All staff had received training in infection prevention and control and we saw this informed their practice. Staff practiced good hand hygiene and had access to handwashing facilities and alcohol-based hand rub. Throughout the service, there was guidance reminding staff how to effectively carry out handwashing and the use of PPE.

Overall, people experiencing care could feel confident that the service was reducing the risks of infection throughout the service.

7.3 Staffing arrangements are responsive to the changing needs of people experiencing care.

We evaluated how well the staff team had adapted to meet the necessary changes in their practice to keep people safe. We concluded that there were several important strengths which, taken together, outweighed areas for improvement. However, improvements were required to maximise wellbeing and ensure that people consistently have experiences and outcomes which are as positive as possible. We concluded the performance of the service in this area to be good.

Staffing levels were responsive to the changing needs of the people and were regularly assessed. This allowed for people to be supported throughout the service and facilitated additional measures to maintain good hygiene and infection control practices.

Staff told us that they benefited from a supportive and approachable management team. We saw that the service was very aware of the need to support staff wellbeing and resilience at this time.

Training had been provided in all key areas of infection prevention and control and staff said that they had found this training to be very informative and reassuring. Staff were also supported to keep up to date with current best practice.

We saw evidence that quality assurance processes for infection prevention and control had been implemented and that some staff practice observations had occurred. To enable people to remain confident that staff had the necessary knowledge and skills to support them during the pandemic, we asked the service to continue and develop this process of direct observation. (See area for improvement 2.)

The service had implemented staff testing for Covid-19 in line with current guidance. This followed best practice and assisted with the continued protection of people and staff from harm.

Areas for improvement

1. The manager should develop the quality assurance process for the infection prevention and control checks of people's bedrooms, to ensure that all equipment and the environment are clean, safe and intact. The quality assurance process must follow the latest available Scottish Government guidance and best practice guidelines.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state:

"I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment." (HSCS 5.22)

"I experience high quality care and support based on relevant evidence, guidance and best practice." (HSCS 4.11)

2. The manager should develop the process of direct observation used to assess and monitor staff competency regarding infection prevention and control practice in line with the latest available Scottish Government guidance and best practice guidelines. This would enable people to remain confident that staff had the necessary knowledge and skills to support them during the pandemic.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

"I have confidence in people because they are trained, competent and skilled, and able to reflect on their practice and follow their professional and organisational codes." (HSCS 3.14)

"I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes." (HSCS 4.19)

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

In order to protect people from risk of harm, people should receive treatment that is safe and effective. The service should ensure they have robust processes in place to prevent errors when administering medication.

This ensures care and support is consistent with the Health and Social Care Standards (HSCS) which state:

"Any treatment or intervention that I experience is safe and effective." (HSCS 1.24)

This area for improvement was made on 27 September 2019.

Action taken since then

We reviewed current arrangements for the administration of medication and found that these had improved since our previous inspection. This area for improvement had been implemented.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health benefits from their care and support	5 - Very Good

How good is our care and support during the COVID-19 pandemic?	4 - Good
7.2 Infection control practices support a safe environment for people experiencing care and staff	4 - Good
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	4 - Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.