

Unannounced Inspection Report: Independent Healthcare

Service: Glasgow Alcohol and Drug Residential
Recovery Service - Stabilisation

Service Provider: Turning Point Scotland

14–15 November 2023

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1 A summary of our inspection

Background

Healthcare Improvement Scotland is the regulator of independent healthcare services in Scotland. As a part of this role, we undertake risk-based and intelligence-led inspections of independent healthcare services.

Our focus

The focus of our inspections is to ensure each service is person-centred, safe and well led. We evaluate the service against the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, its conditions of registration and Healthcare Improvement Scotland's Quality Assurance Framework. We ask questions about the provider's direction, its processes for the implementation and delivery of the service, and its results.

About our inspection

We carried out an unannounced inspection with the Care Inspectorate to Glasgow Alcohol and Drug Residential Recovery Service - Stabilisation on Tuesday 14 November and Wednesday 15 November 2023. We spoke with a number of staff and service users during the inspection. We received feedback from seven staff member through an online survey we had asked the service to issues for us during the inspection. This was our first inspection to this service.

Based in Glasgow, Glasgow Alcohol and Drug Residential Recovery Service - Stabilisation is an independent clinic providing non-surgical treatments. This service is a social care service with residential accommodation for 16 service users that is regulated by the Care Inspectorate.

The inspection team was made up of two inspectors and an expert advisor. A key part of the role of the expert advisor is to talk to key members of staff about their area of expertise.

What we found and inspection grades awarded

For Glasgow Alcohol and Drug Residential Recovery Service - Stabilisation the following grades have been applied.

Direction	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>
Summary findings	Grade awarded
The provider had clear vision and purpose, with a comprehensive 5 year strategic plan and defined objectives for continuous improvement. A Governance framework was in place with visible and supportive leadership. A system to monitor and review is aims and objectives should be developed.	✓✓ Good
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
<p>Service user feedback was regularly reviewed and used inform improvement. Clear governance structures were in place, with systems and processes to monitor and improve the quality of the care delivered. A quality improvement plan was in place and regular staff meetings were held. Safer recruitment processes were followed for all staff employed in the service.</p> <p>Notifications must be made to Healthcare Improvement Scotland when required. The service must review and amend existing policies to make sure clear guidance is in place to support the safe delivery of care. The provider must implement systems for the management of medication, including the emergency bag. The service complaint policy and complaint information should be updated to include Healthcare Improvement Scotland. Audits should be fully completed with actions plans and responsibilities outlined.</p>	✓ Satisfactory

Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
The environment was clean and in good state of repair. Staff spoke positively about working in the service and demonstrated care and compassion. Appropriate cleaning equipment must be used, and cleaning schedules must be accurately completed. Patient care records must be fully and accurately completed. National guidance for cleaning should always be followed. Guidance for the assessment and monitoring of withdrawal symptoms should be further developed.	✓ Satisfactory

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

More information about grading can be found on our website at:
http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx

Further information about the Quality Assurance Framework can also be found on our website at:
https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.aspx

What action we expect Turning Point Scotland to take after our inspection

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the National Health Services (Scotland) Act 1978, regulations or a condition of registration. Where there are breaches of the Act, regulations or conditions, a requirement must be made. Requirements are enforceable.
- **Recommendation:** A recommendation is a statement which sets out what a service should do in order to align with relevant standards and guidance.

This inspection resulted in seven requirements and eight recommendations.

Direction	
Requirements	
None	
Recommendation	
a	<p>The service should develop a system to measure its progress with aims and objective set out (see page 13).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>

Implementation and delivery	
Requirements	
1	<p>The provider must notify Healthcare Improvement Scotland of certain matters as noted in the notification guidance and in specified timeframes (see page 24).</p> <p>Timescale – 25 January 2024</p> <p><i>Regulation 5(1)(b)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>

Implementation and delivery (continued)

- 2** The provider must review its policy for managing seizures and make sure staff are trained in the policy to allow them to manage these situations safely, including the administration of emergency medication (see page 24).

Timescale – 25 January 2024

Regulation 3(a)

The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

- 3** The provider must ensure that systems are in place to ensure emergency equipment and medication is always in place (see page 24).

Timescale – 25 January 2024

Regulation 3(a)

The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

- 4** The provider must amend its complaints procedure to include the full contact details of Healthcare Improvement Scotland and make it clear that service users can contact Healthcare Improvement Scotland at any stage of the complaints process (see page 24).

Timescale – 25 January 2024

Regulation 15(6)(a)(b)

The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

- 5** The provider must implement a more effective stock control system for medicines to make sure they remain in-date (see page 24).

Timescale – 25 January 2024

Regulation 3(d)(v)

The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

Implementation and delivery (continued)

Recommendations

b	<p>The service should develop a participation policy to document its approach to gathering and using feedback to demonstrate the impact of improvement (see page 20).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>
c	<p>The service should develop its systems to ensure it engages and captures feedback from staff on a range of issues (see page 20).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>
d	<p>The service should consider reviewing its clinical management and procedures guidance for staff to ensure it is concise and relevant to the service with reference to external guidance as appropriate (see page 24).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>
e	<p>The service should ensure that audits are fully completed with improvement action plans and those responsible documented (see page 26).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>
f	<p>The service should further develop its service improvement plan to include areas for improvement identified through feedback, audit, complaints and incidents (see page 26).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>

Results	
Requirements	
6	<p>The provider must:</p> <p><i>(a) only use appropriate cleaning equipment, including single use disposable mop heads, and</i></p> <p><i>(b) ensure cleaning schedules are accurately and fully complete to demonstrate all cleaning tasks have been carried out (see page 29).</i></p> <p>Timescale – 25 January 2024</p> <p><i>Regulation 3(d)(i)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
7	<p>The provider must ensure a record is made on the patient care records as closely as possible to the time of the relevant event, of the following matters:</p> <p><i>(a) the date and time of every consultation, with or examination of, the service user by a healthcare professional and the name of the health care professional</i></p> <p><i>(b) the outcome of that consultation or examination, and</i></p> <p><i>(c) details of every treatment provided to the service users including the place, date and time that treatment was provided and the name of the healthcare professional responsible for providing it (see page 29).</i></p> <p>Timescale – 25 January 2024</p> <p><i>Regulation 2(a)(b)(c)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendations	
g	<p>The service should ensure that clear and specific guidance for observations during withdrawal (or assessment for withdrawal) should be developed, this should include frequency, duration and reasons for stopping (see page 29).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14</p>

Results (continued)

- h** The service should consider developing a discharge policy with clear guidance on reducing the risks of unplanned discharges (see page 29).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:

www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx

Turning Point Scotland, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Glasgow Alcohol and Drug Residential Recovery Service - Stabilisation for their assistance during the inspection.

2 What we found during our inspection

Key Focus Area: Direction

Domain 1: Clear vision and purpose	Domain 2: Leadership and culture
<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	

Our findings

The provider had clear vision and purpose, with a comprehensive 5 year strategic plan and defined objectives for continuous improvement. A Governance framework was in place with visible and supportive leadership. A system to monitor and review its aims and objectives should be developed.

Clear vision and purpose

The clinic was situated in an alcohol and drug residential recovery service and comprised of 16 beds. Its main purpose was to provide support for people who require a period of stabilisation in their alcohol and or drug use. This included:

- 24-hour nursing interventions
- alcohol and drug harm reduction advice
- medically-assisted treatments
- psychosocial interventions to achieve stability in alcohol and/or drug use, and
- signposting to recovery supports.

The provider's vision was that 'everyone we support has a safe place to call home, positive relationships, a sense of belonging to their community and the opportunity to have valued roles.' We saw that this was clearly set out in a newly developed 5-year strategic plan (2023–2028), which outlined the provider's mission statement with clear objectives set to achieve this. All staff were provided with a copy of the organisation's vision and mission statement as part of their induction.

We saw that staff from all disciplines across the provider's organisation were invited to participate in the consultation of this new strategy. This included a staff survey, staff forums and service manager meetings where staff were asked to give feedback on what is important to them and priorities for improvement. We saw information gathered was reviewed by the provider's strategy

implementation group and used to implement the new strategy. The plan consisted of four areas of focus, which were:

- our development
- our people
- our services, and
- our voice.

A strategic progress report produced by the provider's strategy group helped to measure progress and achievements against the strategic plan.

The service had its own aims and objectives, which fed into the provider's vision. Examples include:

- Support and empower the people we support to carry out daily living tasks.
- Support will be person-centred, outcome focused, and evidence-based.
- Monitor, review and oversee implementation of risk assessment and management strategies in the service to ensure the wellbeing of individuals while promoting their choice.

We saw plans for an upcoming development day for managers. This was with a focus on the service's vision and how this aligned with the provider's vision.

What needs to improve

While the service had specific aims and objectives, we did not see evidence that these were measured to see if they had been achieved (recommendation a).

- No requirements.

Recommendation a

- The service should develop a system to measure its progress with aims and objective set out.

Leadership and culture

The service is part of Turning Point Scotland, a Scottish health and social care charity organisation. The provider's board comprised of:

- an executive team
- operational managers, and
- unpaid trustees.

The board was responsible for setting future strategies, finance and monitoring the performance of the service.

As part of the Glasgow City Alcohol Drug Partnership, the service worked with other agencies, such as Glasgow Alcohol and Drug Recovery Service (GADRS), third sector organisations and recovery hubs. Regular meetings were held with these organisations and the service had formal links in place with them. This provided opportunities for shared learning and peer support from other specialist alcohol and drug services. It also helped the service keep up to date with best practice, new Scottish Government strategies and changes in legislation.

The service had a diverse workforce of staff to reflect the complex needs, support and specialist interventions required of its service users. This included staff for:

- administration
- catering
- domestics
- registered nurses
- security and maintenance, and
- social care.

Other external professionals contributed to the service, including health and social care partners, such as:

- liver specialist nurse
- medical staff and prescribing pharmacist
- opticians
- podiatrists, and
- sexual health nurse

A governance system was in place that addressed safe practice. This included a care governance forum meeting every 3 months held with the provider's head of clinical governance and senior staff across the organisation. A clinical subgroup with input from the medical officer and pharmacist was held every 6–8 weeks and discussed areas such as nurse development, clinical audits and policy review.

We found that the service had a clear governance structure, effective leadership and accountability in place. The service manager attended a meeting every 3 months with the provider's head of service executive team along with other alcohol and drug service managers in the provider's organisation. This allowed the service manager to keep up to date with changes in the organisation, have access to peer support and share service updates with the provider.

Staff we spoke with spoke positively about senior management and proud to work in the organisation. This was evident from our discussions with staff during the inspection and from the results of our online staff survey. Comments included:

- 'Managers are accessible and approachable to speak with and get support and guidance from.'
- 'Management are in regular contact with staff at all levels, so it feels like they are connected to the day-to-day realities of the job and are easy to communicate with.'
- 'The leadership team at the stabilisation service lead by example and very approachable.'

The service manager held weekly management meetings with the senior nurse, service co-ordinator and assistance service co-ordinators. We saw these meetings had standing agenda items, such as:

- service improvement plan
- service user feedback
- staffing levels, and
- training.

These meetings were minuted with actions plans developed where appropriate. Staff meetings or staff interactive workshops were also held every week. Minutes from staff meetings and actions where necessary were shared on the service's shared drive.

Clinical staff attended a weekly multidisciplinary team meeting with external professionals, such as a prescribing pharmacist and medical officer. This meeting discussed possible admissions to the service. The pharmacist and medical officer told us they felt valued and their opinions were respected.

We saw a nursing handover document had recently been implemented. This helped to improve communication between staff at the beginning and end of each shift.

- No requirements.
- No recommendations.

Key Focus Area: Implementation and delivery

Domain 3: Co-design, co-production	Domain 4: Quality improvement	Domain 5: Planning for quality
<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>		

Our findings

Service user feedback was regularly reviewed and used to inform improvement. Clear governance structures were in place, with systems and processes to monitor and improve the quality of the care delivered. A quality improvement plan was in place and regular staff meetings were held. Safer recruitment processes were followed for all staff employed in the service.

Notifications must be made to Healthcare Improvement Scotland when required. The service must review and amend existing policies to make sure clear guidance is in place to support the safe delivery of care. The provider must implement systems to support the management of medication, including the emergency bag. The service complaint policy and complaint information should be updated to include Healthcare Improvement Scotland. Audits should be fully completed with action plans and responsibilities outlined.

Co-design, co-production (patients, staff and stakeholder engagement)

A variety of methods were used to gather feedback from service users, including:

- anonymous suggestion box located in the service
- feedback forms
- service user forums, and
- verbal feedback directly to staff.

The service displayed a 'you said, we did' poster, which detailed service improvements made as a result of feedback. These included:

- arts and craft equipment
- menu reviews, and
- plans for gym equipment.

As a result of feedback, we saw a senior member of staff had begun to attend service user forum meetings, which meant the service could make changes or address concerns immediately. We saw feedback was reviewed regularly and results were shared at manager meetings.

Service users had access to a range of groups and therapies to support and maintain their health and wellbeing. This included groups focused on:

- health
- recovery
- harm reduction, and
- yoga.

External community recovery services also regularly attended the service to provide support and prepare service users for discharge.

Service users were asked to complete a discharge questionnaire to provide feedback on the service. We saw this information was used to identify areas where it could further improve the service user experience. The feedback we reviewed was positive and this was also evident in the discussions we had with service users during the inspection. Comments included:

- ‘The staff were very supportive and helped me so much during my time here.’
- ‘They treat me with dignity and respect.’
- ‘They saved my life.’

Service users were referred to the service from multidisciplinary teams in the provider’s Alcohol and Drug Recovery Service. We saw good working relationships with community case managers and other services.

External partners, such as community care managers were encouraged to provide feedback. We saw the service had received positive feedback. The service manager reviewed results and recorded them in the service monitoring report.

The service engaged with staff in a variety of ways to communicate updates, gather feedback and discuss improvement suggestions. For example:

- a range of staff meetings were regularly held, and
- we saw staff received a monthly newsletter from the provider which shared the latest news and updates, and upcoming events.

Staff were encouraged to attend a meeting with the provider, which was held remotely every 3 months.

Staff could be nominated through a staff recognition scheme, which awarded achievements, such as going above and beyond their job role. The service encouraged and motivated its staff by recognising and rewarding long service with extra days off and financial awards.

We saw a team-building day with a focus on staff wellbeing had been organised for later in the year.

What needs to improve

While we saw the service actively sought, reviewed and audited feedback for service users and external agencies, this did not include an evaluation of how effective the improvement had been. A participation policy would provide a structured approach to evaluating and measuring the impact of improvements (recommendation b).

We saw the service sought staff feedback about particular topics in the service, such as through workshops or support and development activities. However, we did not see any methods in place, such as a staff survey to gather opinions on the service's development, areas for improvement or their job satisfaction (recommendation c).

Service users were provided with a service agreement on admission to the service. This set out what service users could expect from the service and also the expectations of them during their stay. The design and layout of this was a formal agreement that the service user and their keyworker signed. While this provided information about the service, a welcome pack would help welcome service users into the service and encourage them to be more involved in their care. We were told the service had planned to review and update this to make it more service user friendly. We will follow this up at the next inspection.

■ No requirements.

Recommendation b

- The service should develop a participation policy to document its approach to gathering and using feedback to demonstrate the impact of improvement.

Recommendation c

- The service should develop its systems to ensure it engages and captures feedback from staff on a range of issues.

Quality improvement

We saw that the service clearly displayed its Healthcare Improvement Scotland registration certificate and was providing care in line with its agreed conditions of registration.

Governance structures and comprehensive organisational and local policies helped support the delivery of safe, person-centred care. Policies were reviewed regularly or in response to changes in legislation, national guidance and best practice. To support version control and accessibility, policies were available electronically on the staff intranet. We saw policies for

- medicine administration
- clinical guidance and procedures including dealing with medical emergencies
- infection prevention and control, and
- safeguarding (public protection).

The service also had a range of local policies and procedures specific to the care and treatment it provided. For example, we saw guidance for managing withdrawals and stabilisation of opiates, alcohol and benzodiazepines.

Processes were in place to help make sure service users were safely admitted to the service. Before admission, an assessment was carried out to assess risk and if the service was suitable to meet the service user's needs. This included a review of past service user's medical history and current medication. No admissions would take place without this assessment and this was in line with the service's operating procedures. On admission, support staff, nursing staff and the medical officer or prescribing assessed service users. Facilities were available for physical examinations to be conducted and appropriate investigations, such as routing blood test and electrocardiogram (ECG).

Incidents and accidents were recorded and managed using an electronic incident management system, available to all staff on the internal staff intranet.

The service manager reviewed these and reported to the provider's head of clinical governance where necessary.

During the inspection, we discussed a number of medication errors reported to Healthcare Improvement Scotland prior to the inspection. We saw evidence that these had been appropriately managed. This included:

- a description of the incident and immediate actions taken
- an incident review and investigation by head of clinical governance
- an action plan for improvement, and
- sharing of lessons learned with staff.

The service had a detailed corporate complaints policy. This explained the process for managing a complaint and provided information on how service users could make a complaint to the service. All complaints were logged on an internal database and reviewed monthly which were shared at board meetings.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients when something goes wrong. The service had an up-to-date duty of candour policy, and a duty of candour report was displayed.

Patient care records were in paper format, as well as on electronic devices. We found all patient care records were stored securely in lockable filing cabinets or on password-protected electronic devices. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) to make sure confidential service user information was safely stored.

The provider had a Home Office license in place for controlled drugs which was reviewed every year. This allowed the service to stock controlled drugs. We saw the service last had its compliance visit in November 2023 and a new license had been issued.

All support workers were registered with The Scottish Social Services Council (SSSC) and professional healthcare staff were registered with their professional body, such as Nursing Midwifery Council (NMC). We saw systems in place to make sure registrations were checked and up to date.

The service's recruitment policy was in line with safer recruitment guidance. We saw evidence of appropriate recruitment processes in place to make sure necessary background and identity check were carried out, including:

- Disclosure Scotland background checks (PVG)
- identity checks
- professional registration status for all clinical staff, and
- references.

New staff had an induction period and shadowed a more experience staff member to gain practical experience before commencing their role. In line with the provider's training and development policy, the service had mandatory and optional staff training. All staff were allocated mandatory and role-specific online learning modules to complete.

Staff performance and personal development was monitored through supervision and yearly values-based appraisals.

The service held a variety of staff workshops for development and improvement. An example of a recent workshop we were told about included competent witness medication training. This helped make sure medication was safely administered and prescribed.

We were told a number of staff were completing further education and development as part of their specific role. For example, a number of support staff were completing Scottish Vocational Qualification (SVQ).

What needs to improve

We reviewed the service's medicines administration local guidance and standard operational procedure (SOP). The SOP did not make it clear that if controlled drugs were stolen, unaccounted for or critical controlled drug incidents occurred it should be reported to Healthcare Improvement Scotland.

Healthcare Improvement Scotland's notifications guidance is a list of specific events and circumstances which services are required to report to Healthcare Improvement Scotland, in specified timescales. During the inspection, we noted instances where notifications required to be reported to Healthcare Improvement Scotland and were not (requirement 1).

Service users accessing treatment for alcohol or drug detoxification are at risk of experiencing seizures. While the service had guidance available to support staff in the management of seizures, we were told the service was unable to access

buccal midazolam and staff would now administer rectal diazepam in an emergency. The policy stated that nurses need to be competent to administer rectal diazepam, however in discussion with senior staff it was unclear if staff had received training or support with this change of clinical practice. The guidance did not outline specific guidance for the medication and medication dose to be used when a seizure last more than 5 minutes. This could cause confusion for staff and increase risk to service users while dealing with an emergency (requirement 2).

An emergency kit was available to use in the case of a clinical emergency. A weekly checklist was in place to ensure correct equipment and medication was in place. However, during the inspection we found service user's own medication in the bag who was no longer receiving treatment in the service. We also found that weekly checks of the emergency bag had not been carried out. We discussed this with the service and advised that the emergency bag should be checked daily (requirement 3).

While a complaints policy and complaints information was in place, it must make it clear that service users can contact Healthcare Improvement Scotland at any stage of the complaints process. The full contact details of Healthcare Improvement Scotland must also be provided (requirement 4).

During the inspection we saw some medications which had expired in both the treatment room and in the drug storage room. We were told medication stock checks are carried out however, this was not documented (requirement 5).

The service had one medical and one pharmacy prescriber working in it. We saw appropriate specific guidance in place for managing withdrawal and stabilisation of opiates, alcohol and benzodiazepines in place. However, the service-specific guidance referred to other guidance, such as NHS Greater Glasgow and Clyde Alcohol and Drugs Recovery service documents. These documents are large, detailed and contain large sections not relevant to this service. Where staff are asked to reference several guidance documents, there is a risk of confusion (recommendation d).

We reviewed staff training and found the majority of staff training had expired and two staff had not completed mandatory training, for example adult support and protection (safeguarding). We also found that supervision was not carried out as frequently as it should be. We discussed this with the service who has identified this an area of improvement and saw plans had been made to review and manage all staff training. We will follow this up at the next inspection.

Requirement 1 – Timescale: immediate

- The provider must notify Healthcare Improvement Scotland of certain matters as noted in the notification guidance and within specified timeframes.

Requirement 2 – Timescale: immediate

- The provider must review its policy for managing seizures and make sure staff are trained in the policy to allow them to manage these situations safely, including the administration of emergency medication.

Requirement 3 – Timescale: immediate

- The provider must ensure that systems are in place to ensure emergency equipment and medication is always in place.

Requirement 4 – Timescale: immediate

- The provider must amend its complaints procedure to include the full contact details of Healthcare Improvement Scotland and make it clear that patients can contact Healthcare Improvement Scotland at any stage of the complaints process.

Requirement 5 – Timescale: immediate

- The provider must implement a more effective stock control system for medicines to make sure they remain in-date.

Recommendation d

- The service should consider reviewing its clinical management and procedures guidance for staff to ensure it is concise and relevant to the service with reference to external guidance as appropriate.

Planning for quality

The service's risk management process included a corporate and local risk register. These detailed actions taken to mitigate or reduce risk, these included:

- lone working
- manual handling
- slips, trips and falls, and
- violence and aggression.

An up-to-date fire risk assessment was in place. We also saw more specialist risk assessments for managing key building risks, such as legionella (a water-based infection).

The senior nurse was responsible for clinical audit programme which included audits on:

- infection prevention and control
- medicine prescription and administration
- patient care records, and
- the clinical room (including emergency drugs).

We saw results were shared with the healthcare team and reported to the head of clinical governance. Results were benchmarked against other services in the provider's organisation and reported in its clinical and infection control audit report 2022-2023.

An external pharmacist carried out an audit of controlled drugs. We reviewed a recent audit saw good compliance with this.

Non-clinical audits included:

- data management
- monthly environmental walkround, and
- yearly health and safety audit.

We saw the head of clinical governance and senior managers of the service carried out a compliance audit in January 2023. This looked at key aspects, such as medicines management, environment and organisational policy compliance. This was used to assess the service's performance with key areas relating to its registration with Healthcare Improvement Scotland and quality assurance activity. This audit identified areas of strengths, good practice and areas to be addressed for improvements.

A business continuity plan described what steps would be taken to protect service user care if an unexpected event happened, such as power failure or a major incident. An arrangement was in place with another service in the provider's wider organisation in case evacuation of service users became necessary.

A service improvement plan monitored and reviewed the progress of the service's quality improvement work. We saw evidence in the service improvement plan of staff being able to influence change in the service. For example, improved wi-fi internet connection throughout the building to make sure group work and community networks could be accessed. The provider's strategy was embedded in the service improvement plan with each identified area of improvement linked to the strategy. This provided the service with a structured approach to continuous quality improvement.

What needs to improve

While the service had a comprehensive programme of audits, we found audits were not always fully completed. For example, where improvements had been identified, actions plans with those responsible were not documented (recommendation e).

A service improvement plan was in place. However, if areas for improvement identified through feedback, audits, complaints and incidents were included in the service improvement, it would help monitor and demonstrate improvements made (recommendation f).

- No requirements.

Recommendation e

- The service should ensure that audits are fully completed with improvement action plans and those responsible documented.

Recommendation f

- The service should further develop its service improvement plan to include areas for improvement identified through feedback, audit, complaints and incidents.

Key Focus Area: Results

Domain 6: Relationships	Domain 7: Quality control
<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	

Our findings

The environment was clean and in good state of repair. Staff spoke positively about working in the service and demonstrated care and compassion. Appropriate cleaning equipment must be used and cleaning schedules must be accurately completed. Patient care records must be fully and accurately completed. National guidance for cleaning should always be followed. Guidance for the assessment and monitoring of withdrawal symptoms should be further developed.

Every year, we ask the service to submit an annual return. This gives us essential information about the service such as composition, activities, incidents and accidents, and staffing details. The service submitted an annual return, as requested. As part of the inspection process, we ask the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Assurance Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. The service submitted a comprehensive self-evaluation.

The treatment room was clean and patient equipment was maintained. Adequate supplies of cleaning products were available and the service had a good supply of personal protective equipment (such as gloves, masks and aprons). Single-use equipment was used to prevent cross-infection.

In the four patient care records we reviewed, we found assessment, documentation and validated assessment tools used were in line with current guidance. Medicines were clearly prescribed with appropriate recording of dispensing in place. We saw evidence of good practice, such as appropriate investigations carried out (for example, for routine bloods and blood borne virus screening). We saw treatment options were explored and relapse prevention medications were considered where necessary. We saw that service users were asked to consent to treatment and sharing of information.

Evidence of discharge-planning with effective communication with the service user's primary care team and community supports. This helped make sure that service users were safely discharged, with appropriate supports in place including continuity of prescribed medication.

We attended a medication round, where service users were administered prescribed medication. We saw good compliance with this, including checking service user's identity before medication was administered. We found service user dignity and confidentiality were respected.

We saw a generally good standard of care was provided. Staff we spoke with were motivated, showed care and compassion and demonstrated a level of highly specialist knowledge in caring for a vulnerable and at-risk service user group. During the inspection, staff also spoke of opportunities they had to develop their skills and knowledge. All staff who completed our online survey would recommend working in the organisation. Comments from our survey included:

- 'There is a good supportive environment where there are mixed skills and experience, guidance and observational learning.'
- 'it's a positive working culture... the work you do really matters to peoples lives.'
- 'I love working for Turning Point.'

What needs to improve

During the inspection, we saw some instances where the service did not comply with national infection prevention and control guidance for cleaning. For example:

- cleaning schedules were not always completed for the treatment room, and
- no cleaning schedules were available for the drug storeroom to demonstrate cleaning had been carried out, and
- re-usable mop heads were used to clean the floor (requirement 6).

Patient care records we reviewed were not fully completed. For example:

- clinical observations were discontinued without clinical rationale
- clinical discussions between staff and the medical officer or pharmacist were not documented
- continuation notes were not always documented
- initial assessments from the medical officer or pharmacist were not always documented, and
- withdrawal symptoms records were not always signed or dated (requirement 7).

During the inspection, we did not see detailed guidance on the use of withdrawal scales. However, we saw evidence that these were in use. While the clinical pathway document (alcohol management guidance) suggested 'half-hourly checks initially', what should be checked was not detailed. While there is direction on the use of symptoms rating scales in the service, it was not clear and necessarily in line with practice (recommendation g).

Service users who choose to leave the service in an unplanned way may present at higher risk. This is especially the case if service users are discharged at the weekend or with short notice to the service, when there are gaps in the provision of service users accessing medication (recommendation h).

Requirement 6 – Timescale: by 15 March 2024

- The provider must:

- (a) only use appropriate cleaning equipment, including single use disposable mop heads, and*
- (b) ensure cleaning schedules are accurately and fully complete to demonstrate all cleaning tasks have been carried out.*

Requirement 7 – Timescale: immediate

- The provider must ensure a record is made on the patient care records as closely as possible to the time of the relevant event, of the following matters:

- (a) the date and time of every consultation, with or examination of, the service user by a healthcare professional and the name of the health care professional*
- (b) the outcome of that consultation or examination, and*
- (c) details of every treatment provided to the service users including the place, date and time that treatment was provided and the name of the healthcare professional responsible for providing it.*

Recommendation g

- The service should ensure that clear and specific guidance for observations during withdrawal (or assessment for withdrawal) should be developed, this should include frequency, duration and reasons for stopping.

Recommendation h

- The service should consider developing a discharge policy with clear guidance on reducing the risks of unplanned discharges.

Appendix 1 – About our inspections

Our quality assurance system and the quality assurance framework allow us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this system to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.

Before inspections

Independent healthcare services submit an annual return and self-evaluation to us.

We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.



Before

During inspections

We use inspection tools to help us assess the service.

Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.

We give feedback to the service at the end of the inspection.



During

After inspections

We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: www.healthcareimprovementscotland.org

We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.

We check progress against the improvement action plan.



After

More information about our approach can be found on our website:

https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.aspx

Complaints

If you would like to raise a concern or complaint about an independent healthcare service, you can complain directly to us at any time. However, we do suggest you contact the service directly in the first instance.

Our contact details are:

Healthcare Improvement Scotland

Gyle Square

1 South Gyle Crescent

Edinburgh

EH12 9EB

Telephone: 0131 623 4300

Email: his.ihcregulation@nhs.scot

You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
Please contact our Equality and Diversity Advisor on 0141 225 6999
or email his.contactpublicinvolvement@nhs.scot

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