Good

Turning Tides Homelessness

Turning Tides Recovery Project

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
1-215186182	Turning Tides Recovery Project	Turning Tides Recovery Project	BN11 2LL

This report describes our judgement of the quality of care provided within this core service by Turning Tides Homelessness. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Turning Tides Homelessness and these are brought together to inform our overall judgement of Turning Tides Homelessness.

Summary of findings

Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

Overall rating for the service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Outstanding
Are services responsive?	Good
Are services well-led?	Good

Mental Health Act responsibilities and Mental Capacity Act / Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Health Act and Mental Capacity Act in our overall inspection of the core service.

We do not give a rating for Mental Health Act or Mental Capacity Act; however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Health Act and Mental Capacity Act can be found later in this report.

Summary of findings

Contents

Summary of this inspection

Page

Overall summary 4

The five questions we ask about the service and what we found 5

Information about the service 10

Our inspection team 10

Why we carried out this inspection 10

How we carried out this inspection 10

What people who use the provider's services say 11

Areas for improvement 11

Detailed findings from this inspection

Locations inspected 12

Mental Capacity Act and Deprivation of Liberty Safeguards 12

Findings by our five questions 13

Summary of findings

Overall summary

The service was last inspected in 2016, at which time we did not rate independent substance misuse services.We rated Turning Tides Recovery Project as Good because:

- The service was well staffed with a range of well trained and experienced staff. Staff put into practice the service's vision and values. Staff had contact with managers at all levels of the organisation, including the most senior, who were supportive and visible.
- The service was clean and comfortable with a very good range of facilities. Effective systems ensured any issues with the building or facilities were rectified quickly.
- There was a proactive approach to understanding the needs and preferences of different groups of people, and to ensuring the service met these needs, promoting accessibility and equality. The individual needs of each client were considered carefully by staff, ensuring their individual preferences and needs were always reflected in how support was delivered.
- Staff managed risk well using effective systems and protocols, including clients at risk of relapse. All clients had holistic, personalised support plans, and were encouraged to take an active role in their own recovery and risk management.
- The organisation did not subscribe to any specific recovery model and would support any option that suited an individual. It also offered a unique managed withdrawal from alcohol programme, designed by the registered manager in partnership with colleagues from other disciplines. The service managers advised us that this programme had been independently evaluated by a medically qualified detoxification specialist, and approved by Public Health England.
- Incidents, complaints and safeguarding concerns were monitored to identify where improvements could be made.
- The community ethos of the organisation was very strong and effective. The organisation had very strong community links and a recovery pathway for people to move through. Support was available for as long as people needed it.
- The service had excellent links with partner organisations and the wider community, offering a broad range of opportunities to clients to engage, build relationships and undertake training, educational or employment opportunities.
- Clients told us they liked the feeling of inclusion, one example being the family feeling of Christmas-time, with gifts being exchanged and a full Christmas dinner prepared and eaten together.
- Clients were consulted on all aspects of the running of the service and participated in staff recruitment. The Partnership and Co-Production Team (PACT), which was a group of clients and ex-clients, were significantly involved at all levels of the organisation, including budgets and policy changes, and met regularly with the trustees.

However:

- Although the service had an appropriate Mental Capacity Act policy which formed part of the induction, not all staff knew or understood the legislation, how it applied to this service or how to use it appropriately. This may have been because some of the staff were quite new.

Summary of findings

The five questions we ask about the service and what we found

Are services safe?

Good

We rated safe as Good because:

- Comprehensive systems ensured the building was safe, clean and comfortable. Managers and external auditors undertook appropriate reviews and checks. There were processes in place for ensuring issues were rectified.
- There was enough suitable staff at the service. Staff had training appropriate to their roles, and were well supported. When the service used staff from agencies, managers ensured they were familiar to the service, or, if they were new, enough time was set aside to provide orientation and support.
- Risk assessments were comprehensive, detailed and regularly updated, and staff used recognised assessment tools. Staff worked very effectively with other professionals to ensure clients were kept safe. We saw evidence that clients were involved in their recovery, and encouraged to participate in managing their own risks, especially around relapse.
- Each client had a personalised relapse plan, on which they worked with staff to develop strategies to manage risks and reduce the likelihood of a relapse occurring.
- Where appropriate, clients carried Naloxone, which is a treatment to rapidly reverse the effects of an opioid overdose. All staff, and clients who needed it, received training in the use of Naloxone. Naloxone was also easily accessible in the staff office.
- Systems were in place to keep people safe from abuse and harm. Managers had good relationships with the local authority and the service had a full-time social worker, who supported clients to build and maintain effective relationships with their family and children.
- Staff managed medicines safely, and followed clear protocols in line with national guidance. Effective systems ensured staff were competent to administer medicines to clients safely.
- Systems were in place to ensure incidents were managed safely and the service learned from incidents to improve practice.

Are services effective?

Good

We rated effective as Good because:

- Each client had a comprehensive, highly personalised support plan. These were regularly reviewed and evidenced client involvement. Where appropriate, their care-coordinator was identified.

Summary of findings

- Staff used a good range of recognised tools to assess and manage risk, and measure outcomes.
- The service employed a range of professionals to ensure a holistic wraparound service was provided, including mixed complex needs workers, a social worker and a dual diagnosis worker.
- Staff followed best practice guidance including National Institute for Health and Care Excellence (NICE) guidance around the management of medicines.
- A training coordinator ensured all staff and volunteers were trained and competent for their role. Regular supervision and appraisals provided support and the opportunity to discuss personal development.
- All referrals were considered by a multi-disciplinary team, and no client was left on the streets as a placement option would be identified elsewhere in the organisation, or within a partner organisation if the recovery project was not suitable.

However

- Although the service had an appropriate Mental Capacity Act policy which formed part of the induction, not all staff knew or understood the legislation, how it applied to this service or how to use it appropriately. This may have been because some of the staff were quite new.

Are services caring?

Outstanding ☆

We rated caring as Outstanding because:

- There was a strong, visible person-centred culture. Staff treated clients with dignity, kindness and respect. They provided a holistic service which met the totality of clients' needs. Each client had a key worker with whom they had plenty of one to one time
- Support and treatment was highly personalised. Staff worked hard to empower clients to manage their own recovery and signposted them to other services as required.
- Clients told us that they felt staff cared about them and that they felt they mattered. Clients said staff made time for them when they needed it.
- Staff recognised the importance of building and maintaining support networks in the community and they were very strong in supporting people to do this.
- Staff and clients knew how to raise concerns and were confident to do so if they needed to.

Summary of findings

- Staff worked hard to ensure clients were involved in their care and treatment, offering a wide range of opportunities for them to have their say, such as meetings, feedback forms and surveys.
- A charter created for clients by clients, and an associated staff charter, set out agreements about how everyone should treat each other.
- Clients told us they liked the feeling of inclusion, one example being the family feeling of Christmas-time, with gifts being exchanged and a full Christmas dinner prepared and eaten together.
- Staff recognised that relapse was part of recovery and treated clients in a respectful non-judgemental way when they relapsed.
- The partnership and co-production team (PACT), which was a group of current and ex-clients was involved in every aspect of running the service, including budgets, policy changes, service reviews and audits.
- Clients participated in recruiting new staff, including interviewing and training.

Are services responsive to people's needs?

Good

We rated responsive as Good because:

- The organisation encompassed a full recovery pathway as clients' needs changed. Clients were fully supported by an inclusive, wraparound service which met the totality of their needs, and continued to do so for as long as necessary.
- The multi-disciplinary team consisted of a good range of professionals to ensure diverse and complex needs were fully met.
- The service had excellent relationships with partner agencies and the wider community in general. A broad range of activities, fellowships, groups, social events and other services offering employment, training and education opportunities was available to clients.
- The service was comfortable and well maintained with a very good range of facilities, including a family room where clients could build and maintain healthy relationships with their children, with the full support of a qualified social worker. Each client had their own room which they could personalise as they wished.
- Clients had access to a very wide range of activities, community services and support. The service had excellent links with the community, and provided education, training and work opportunities.

Summary of findings

- Staff gave new clients a range of information on admission. This information was also available in communal areas. Key workers and peer buddies were assigned to each new client to help orient and support them.
- The service had a very inclusive admissions policy and there was a proactive approach to understanding the needs and preferences of different groups of people, and to ensuring the service met those needs, promoting accessibility and equality.
- Staff welcomed complaints as opportunities to resolve issues, to learn and improve the service provided.

Are services well-led?

Good

We rated well-led as Good because:

- Managers had the skills, experience and motivation to do their jobs well. The organisation operated with a minimal management structure, and managers at all levels, including the trustees, were visible, accessible and supportive.
- Managers were provided with specific training, and annual away days for all staff ensured there was integration across the organisation and staff at all levels felt their voice was heard.
- A clear meetings structure ensured that learning and information was cascaded appropriately through the organisation. All staff we spoke with were clear about the organisation's vision and values and were aligned to them. Staff at all levels had the opportunity to contribute to changes and the way the service was run. This was evident in the way services were delivered.
- Staff were happy in their roles, were well supported and had access to their own support services if they needed it, such as counselling and occupational therapy. Staff also attended monthly reflective session facilitated by an external counsellor.
- The service had management systems in place to capture and collate various types of information including feedback and complaints, incidents, safeguardings and client outcomes. This was then analysed to see where improvements could be made.
- A range of internal and external targets and key performance indicators were used to regularly monitor and review the service.
- A risk register was maintained, 'rag' rated (given a red, amber or green priority rating) and regularly reviewed.
- Service managers had developed effective joint-working arrangements and information sharing protocols with a wide range of other professionals and stakeholders. The inclusive, community ethos of the organisation was very strong and effective.

Summary of findings

- Service managers strove to be innovative, and participated in several research and learning groups to ensure services for people with substance misuse and homelessness issues improved across the local area.
- The service offered a unique managed withdrawal from alcohol programme, designed by the registered manager in partnership with colleagues from other disciplines. This was the only programme of its kind in the country, and service managers advised us that this programme had been independently evaluated by a medically qualified detoxification specialist, and approved by Public Health England.

Summary of findings

Information about the service

Turning Tides Homelessness recovery project is a residential recovery service for single homeless men and women with drug and/or alcohol addictions. The service does not provide detoxification, but works with partner agencies, including local substance misuse partner service Change Grow Live (CGL) who provide services such as detoxification and medical monitoring. CGL was not inspected during this inspection. The recovery service is run by Turning Tides Homelessness, which is a community led homelessness organisation, aiming to support individuals to overcome their addictions and live independent lives.

Most referrals are made via the Turning Tides Homelessness day centre, but referrals are also made by partner agencies such as CGL, the probation service and local authority commissioners. Clients need to be motivated to make positive life changes and committed to engaging positively with the service. The project adopts both harm minimisation and abstinence-based interventions to integrate clients back into the community. Clients can stay at the service for a maximum of 2 years.

The project is staffed 24 hours a day with a minimum of two staff on duty at any given time. All clients have their own room, with nurse call facilities in each room, with the use of shared communal areas including lounges, a large, fully stocked kitchen and a small gym.

Clients make a financial contribution to their stay at the service through their housing benefits. At the end of their treatment clients are supported into independent accommodation in the community or in one of the Turning Tides Homelessness community houses, with comprehensive support for as long as they need it.

The service was last inspected in August 2016and met all the requirements of the Health and Social Care Act. Turning Tides Homelessness is registered to provide: accommodation for persons who require treatment for substance misuse for up to 25 adults. At some point for a short period prior to this inspection, the service admitted one more client than their registration permits. This was an oversight on the part of the service and this has been fully rectified, and the service has committed to applying to increase capacity.

The service has a registered manager.

Our inspection team

The team that inspected the service comprised of one CQC inspector, one assistant CQC inspector and one specialist advisor who was a nurse with experience of working in substance misuse services.

Why we carried out this inspection

We undertook an unannounced, comprehensive inspection of this service as part of our routine programme of inspecting registered services.

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?

Summary of findings

- Is it responsive to people's needs?
- Is it well-led?

Before the inspection visit, we reviewed information that we held about the location.

During the inspection visit, the inspection team:

- carried out a tour of the building, including the staff offices, kitchen, communal areas, the garden and a client's bedroom
- interviewed the registered manager, the service manager and four members of staff
- spoke with eight current clients
- looked at eight client care and treatment files, including medicines records
- observed a handover meeting
- looked at policies, procedures and other documents relating to the running of the service
- looked at records relating to the running of the service including incident and complaints logs

What people who use the provider's services say

Feedback from people using the service was generally positive. Clients we spoke with felt that the staff cared about them and their recovery. One client told us the service was their safe space, and another told us the service had saved their life. Clients told us they felt safe, and that the property was clean and well maintained.

However, some clients we spoke with felt that the 'house rules', which were detailed in the agreement signed by all clients on admission, were not always followed, and that staff did not employ a consistent approach in dealing with this.

Areas for improvement

Action the provider SHOULD take to improve

The provider should ensure all staff have appropriate Mental Capacity Act training.

Turning Tides Homelessness

Turning Tides Recovery Project

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Turning Tides Homelessness	Turning Tides Recovery Project

Mental Capacity Act and Deprivation of Liberty Safeguards

The service had an appropriate mental capacity policy which staff were aware of. Staff ensured that clients consented to care and treatment and were involved in decisions, that this was assessed, recorded and reviewed in a timely manner.

Staff received training in the Mental Capacity Act as part of their safeguarding training. However individual members of staff's knowledge of the legislation and their duties around mental capacity was variable. This may have been because some of the staff were quite new.

Good

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Our findings

Safe and clean environment

- The service was in a large property near the seafront. It had communal spaces including a lounge, a family room, a kitchen, a garden with a designated smoking area with shelter and a heater, designated quiet area and a pond, a gym, a dartboard, an arts and crafts room and private spaces for meetings or confidential conversations.
- The property was very clean and comfortable at the time of the inspection. It felt homely and calm, with staff providing a visible but inconspicuous presence.
- Clients were responsible for keeping the house clean, and agreed a rota for the chores.
- Each client had their own bedroom which was furnished comfortably, and clients could personalise as they wished. The service was available to both men and women so referrals for vacant bedrooms would include an assessment of whether the available room was suitable based on a variety of factors, including consideration of the gender mix.
- Staff carried out regular health and safety checks of the building and any issues identified were logged on the maintenance spreadsheet, which was RAG rated. The organisation had three maintenance staff members, shared with other Turning Tides properties, who met weekly with the service manager to discuss, prioritise and update the spreadsheet. Where responsive or planned work to the property was of a specialist nature, outside contractors were employed.
- Other checks carried out regularly by outside contractors included fire risk assessments, fire brigade compliance and legionella. Managers completed regular control of substances hazardous to health (COSSH) audits, fire evacuation drills and checks of the nurse call system.
- The service had fire zones and clear instructions on what to do in case of an alarm. Regular fire drills were undertaken.

Safe staffing

- The service had enough skilled staff to meet the needs of clients. There were two recovery staff on all day and one at night. In addition, the service manager and deputy manager worked all day, including one day at the weekends. The lone night worker had access to the on-call person and could call on other Turning Tides service staff for assistance if needed.
- The staff team included residential substance misuse workers, a social worker, a dual diagnosis worker and a mental health worker. The local GP practice specialised in providing medical support to homeless people with substance misuse issues, and worked closely with the service.
- The service had a low staff turnover and low levels of sickness absence. Relief workers employed by Turning Tides could be used to cover shifts if needed, and occasionally agency staff were used, usually at night. Regular agency staff were used to ensure continuity, and any new agency worker was asked to come in one hour before their shift started so they could be inducted and oriented to the service.
- Turning Tides had a full-time training coordinator, who was responsible for ensuring all staff training was up to date. They were also responsible for sourcing, arranging and evaluating additional specialist training.
- All new staff had an induction, which was a mixture of online training, classroom taught and shadowing. Ninety-six per cent of staff had completed mandatory training requirements at the time of our inspection.
- Specialist training was also provided according to the needs of the client group. Examples of recent specialist training provided to staff were trauma training and prevention of suicide.

Assessing and managing risk to patients and staff

- Staff completed an initial assessment with potential clients to ensure the service was the most appropriate place for their recovery. This assessment established that the client had the motivation and desire to engage with the service and improve their life.

Good

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

- Following the initial screening assessment by a senior project worker, an assessment of key areas was undertaken by members of the team, including offending history, motivation and responsibility, physical health, mental health, substance misuse history, housing and expectations.
- The service used recognised risk assessment tools, such as CESI, a psychological and social profiling tool from the Texas Institute of Addictive Behaviour, and Hostel Opiate Overdose Risk Assessment Tool (HOORAT)
- For clients admitted for treatment with alcohol misuse issues, the Clinical Institute Withdrawal Assessment for Alcohol (CIWA-Ar) was used. This is a recognised and validated tool, and is a ten-item scale used in the assessment and management of alcohol withdrawal. Where appropriate a Severity of Alcohol Dependence Questionnaire (SADQ) was undertaken. This is a short, self-administered questionnaire designed by the World Health Organisation to measure severity of dependence on alcohol.
- A treatment plan was negotiated and agreed with clients. The service did not expect clients to follow any specific treatment plan, instead provided the flexibility to support whichever treatment plan was best suited to the individual.
- Each client had a relapse plan, which was individual to them. Relapse plans reflected an individual's triggers and likelihood of relapse. Staff worked with clients to create risk management strategies to avoid relapsing. After a relapse, staff would work with clients to ascertain why it happened, work out how to reduce the risk of it happening again and put risk management strategies in place.
- Where appropriate as part of their agreed support plan, clients underwent drug and alcohol testing. This was to measure recovery and identify risk of relapse.
- Risks for each client were considered at twice daily staff handovers, and rag rated so that staff starting their shift knew if any clients had elevated risks, and any additional checks or support were agreed. Risk assessments were subject to full review at least quarterly or more often if necessary.
- The risk of historical conflicts between clients emerging in the service were well managed by the clients' charter and the culture of respect and harmony staff worked hard to create. Where there were conflicts clients were encouraged to manage these constructively and staff would mediate.
- Where appropriate, clients carried Naloxone, a treatment to rapidly reverse the effects of opioid overdose, and clients were trained by CGL in the safe use of it. All staff were also trained in the use of Naloxone and supplies were freely available in the staff office to avoid delays in administering.

Safeguarding

- The service had a clear safeguarding policy which staff were aware of.
- The service had a safeguarding lead who was also the organisation's safeguarding trainer. The training programme was a full day and was aligned to the standards of the local authority.
- The safeguarding lead supported the local authority to establish the local Adult's Safeguarding Board's multi-agency audits, which helped to improve safeguarding practice across the county.
- All staff had safeguarding training as part of their induction and then regular refreshers.
- Staff worked effectively within teams, across services and with other agencies to promote safety including systems and practices in information sharing.
- The service had a full-time social worker who liaised closely with the local authority regarding any safeguarding concerns. The local authority had allocated two named social workers to the service for continuity.
- Staff demonstrated understanding of how to spot any safeguarding concerns and that they knew how to report them.
- Safeguarding was one of the items reported on to the senior management team and the trustees in quarterly quality reports.

Staff access to essential information

Good

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

- All essential information was held electronically, and each staff member had their own password protected access. Some basic information was still maintained on paper, but records were identical to those on the computer system.
- Each client's paper file had a front sheet which had essential information for staff to see at a glance.
- The service had enough computers for staff to use as they needed to, and they could access emails on their mobile phones.
- All policies, procedures and other organisation documents were stored on a shared drive which staff had access to.
- The electronic system tracked which reviews and updates were needed, flagging these to service managers if they were overdue.
- Staff were trained in using the systems, and supported on an on-going basis by service managers and a systems administrator.

Medicines management

- The service adhered to NICE best practice guidelines around the management of medicines.
- On admission to the service, clients gave all their medicines to staff, who would then liaise with the client's GP for a medicines review.
- All medicines were kept in securely locked cupboards in the staff office. Each client had their own individual locker. Staff audited medicines weekly.
- The controlled drugs were kept in a separate, locked cupboard which was appropriate for the purpose. A log was kept for the controlled drugs which was fully and properly maintained. Staff checked the log twice a day.
- The medicines and drugs cupboard keys were kept in the office, which staff told us was always either locked or manned. It is good practice for keys to be held by a specific named member of staff. We discussed this with the service manager who said he would address this.
- Staff worked with clients to ensure they gained as much independence with their medicines as possible, and at the time of our inspection, clients administered their own medicines with staff support. An assessment was undertaken to ensure clients were able to safely manage their medicines, with staff support being reduced over time to promote as much independence as possible.
- Naloxone was available and easily accessible if it was needed. This is good practice as it means staff can act quickly in case of a client overdosing. All staff were trained in the use of Naloxone.
- All staff were trained to administer medicines as part of their induction.

Track record on safety

- The service has had no critical incidents in the last year.

Reporting incidents and learning from when things go wrong

- Clear incident and critical incident policies were in place. Incidents were reported via the electronic system which flagged them to the service manager and the chief executive. The system tracked the incident to ensure necessary actions were taken in a timely manner.
- Staff liaised with partner agencies where appropriate, for joint working or information sharing, such as CGL and commissioners.
- Staff were able to give us examples of what incidents to report and how to report them.
- Records showed that incidents were appropriately managed and recorded. If any lessons could be learned from incidents these were shared with staff at team meetings and handovers.
- The outcomes of incidents were shared, if appropriate, with clients in house meetings.
- An example of learning following an incident is the review and improvement of policy and practice around monitoring online prescriptions, which meant clients could obtain additional medicines above their GP's prescription.
- The service had an appropriate duty of candour policy. This meant they were open and transparent, and gave people using the service and families a full explanation if something goes wrong.

Are services effective?

Good

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Our findings

Assessment of needs and planning of care

- During our inspection we reviewed eight care records. All were fully and appropriately completed, detailed and personalised, with clear evidence of client involvement. All reviews were completed in a timely manner, either quarterly or more often if needed.
- Clients were always offered a copy of their support plan and assessments.
- Staff undertook a two-stage assessment, using recognised tools, looking at multiple factors, such as offending history, motivation and responsibility, physical health, mental health, substance misuse history, housing and expectations.
- Staff worked with clients to develop recovery-oriented support plans that met the needs identified during assessment, with clearly identified goals.
- The support plans identified the person's key worker/ care co-ordinator.

Best practice in treatment and care

- The service did not follow any specific recovery model, but supported range of options dependent on what suited an individual's needs.
- The organisation was recovery focused and had a pathway for people to move through, support increasing or decreasing as people needed. With its community focus, the service had links with a wide range of other services, including CGL which was a local substance misuse support service, Emerging Futures, which offers services such as training, counselling and support for people trying to get back into the workplace, and social support via the Turning Tide Community Hubs.
- The service used recognised assessment tools such as CESI, a psychological and social profiling tool from the Texas Institute of Addictive Behaviour, and the Hostel Opiate Overdose Risk Assessment Tool (HOORAT), the Clinical Institute Withdrawal Assessment for Alcohol (CIWA) was used. Where appropriate, a Severity of Alcohol Dependence Questionnaire (SADQ) was undertaken. This is a short, self-administered questionnaire designed by the World Health Organisation to measure severity of dependence on alcohol. Assessments were undertaken in line with NICE best practice quality standards.
- The service used recognised outcome measuring tools such as the star tool. This is an evidence-based tool for measuring and supporting change when working with people, based on values of empowerment, collaboration and integration.
- All staff and most clients were trained in use of Naloxone. Clients at risk of opiate overdose carried their own Naloxone, and further supplies were easily accessible in the staff office.
- The service had a mixed complex needs team and a dual diagnosis worker to provide specialist support to clients with the most complex needs.
- Relevant and current evidence based best practice guidance, for example NICE guidance around relating to the management of medicines.
- The service referred clients to the GP or CGL for blood borne virus testing, in line with NICE best practice quality standards.
- There were leaflets and posters visible in the main hallway area of the service, with information about community health, methadone, employment opportunities, careers services, relapse prevention, volunteering and counselling, among others.
- On admission, clients signed an agreement outlining some basic 'house rules', pertaining to respect and safety. These were not always adhered to, and some clients felt that the service did not always act consistently in response to these instances. This meant some clients felt that others got more 'chances' than them. We discussed this with the registered and service managers who told us this was difficult to manage because of confidentiality issues in discussing individuals. However, they said they would consider more generic discussions they could have with clients to try to explain why this may appear to be the case to ensure all concerns are addressed

Skilled staff to deliver care

Are services effective?

Good

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

- The organisation employed a training coordinator who was responsible for ensuring all mandatory training was completed and refreshed as necessary. They also sourced, arranged and evaluated specialist training.
- All staff were given a comprehensive induction, with mandatory sessions including safeguarding and mental capacity, health and safety, fire safety, boundaries, confidentiality and medication training.
- Specialist training provided recently included trauma and suicide prevention.
- Managers identified the learning needs of staff through supervision, appraisals and client feedback, and provided them with opportunities to develop their skills and knowledge.
- All staff received regular supervision and annual appraisal from appropriate professionals. This included review of their development plan which was personal to each staff member.
- Poor staff performance was addressed promptly and effectively. The organisation operated a no blame culture and would support people as much as possible before resorting to formal processes. Support may have included additional training or a transfer to a role more suited to their skills. A human resources team supported managers in staff performance issues.
- The organisation had around 200 volunteers who were trained and supported for their individual roles. Volunteers might be ex-clients, friends or relatives of clients or people just interested and wanting to help. The level of support volunteers offered ranged from a high level such as several days a week, down to a few hours as and when needed for events.
- Staff attended monthly reflective practice sessions facilitated by an external counsellor.

Multi-disciplinary and inter-agency team work

- At weekly meetings, the multi-disciplinary team would look at referrals and make joint decisions about which potential clients may be the most appropriate for an initial assessment.
- Where appropriate, care coordinators were clearly identified, and effective joint working protocols were in place to ensure there was regular communication and proper information sharing.
- The service had effective protocols in place for the shared care of people who used their services. The service had very strong relationships with a wide range of other agencies and professionals. These included commissioners, the probation service, GP surgery, the local authority, CGL, Emerging Futures, the police, local pharmacies, the ambulance service and local domestic violence services. The registered manager was skilled at building relationships and ensuring the community ethos of the organisation is practiced fully and effectively.

Good practice in applying the Mental Capacity Act

- The service had an appropriate mental capacity policy which staff were aware of.
- Staff ensured that clients consented to care and treatment and were involved in decisions, that this was assessed, recorded and reviewed in a timely manner.
- Staff received training in the Mental Capacity Act as part of their safeguarding training. However, individual members of staff's knowledge of the legislation and their duties around mental capacity was variable.

Outstanding ☆

Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Our findings

Kindness, dignity, respect and support

- There was a strong, visible person-centred culture. During our inspection we saw staff interacting with clients respectfully, kindly and appropriately. We observed staff providing responsive, practical and emotional support.
- Clients we spoke with told us staff were visible and supportive, and that staff made them feel that they mattered. Clients had enough one to one time with their designated keyworker, and could request more if they needed to. Staff prioritised such requests, even at short notice. Private spaces were available for confidential discussions.
- Staff recognised the totality of people's needs and strove to find innovative ways to support them. Service managers referred regularly to providing a 'wraparound service', to ensure all needs were met. Staff recognised the importance of building and maintaining support networks in the community and they were very strong in supporting people to do this.
- Staff supported clients to understand and manage their recovery. Staff signposted clients to other services when appropriate and supported them to access those services.
- On arrival at the service, new clients would be assigned a buddy who would help orient them, show them around and help with any advice or questions in the initial weeks.
- Clients told us they liked the feeling of inclusion, one example being the family feeling of Christmas-time, with gifts being exchanged and a full Christmas dinner prepared and eaten together.
- Clear confidentiality policies were in place that were understood and adhered to by staff. Staff maintained the confidentiality of information about clients.
- Staff said they could raise concerns without fear of the consequences, although they had never needed to do so.
- The service had a client charter that was developed by clients for clients, and aligned with that they had developed a staff charter, both these documents set out expectations around behaviour and how everyone within the service committed to treating each other.
- The service recognised that relapses are part of a recovery journey, and treated clients with support, dignity and respect during a relapse.

The involvement of people in the care that they receive

- All risk and needs assessments, and resulting treatment and support plans were conducted and completed with the full input of the individual. Clients told us they felt very involved and in control of the treatment process.
- The partnership and co-production team (PACT), was a consultation group made up of client representatives from across Turning Tides Homelessness services. PACT conducted focus groups and client surveys, which were used to inform how the service was run and developed. PACT had input into any reviews of organisational policy and procedures, and were consulted on about service budgets. They also held monthly meetings with clients, staff and managers, including senior managers and the chief executive, to build and develop co production within the organisation. PACT had developed bespoke training which they delivered to senior managers and the trustees. The service actively encouraged clients to get involved with PACT.
- The service sought client feedback in a variety of ways. There were comments cards in the hallway and an annual written survey was conducted, in addition to the face to face PACT survey. Feedback was sought regarding keyworkers after each session, and this was used to monitor staff performance.
- Monthly house meetings were held, and were both chaired and minuted by clients. All issues relating to the running of the house were discussed and actions addressed as a result.
- Clients were involved in all recruitment for the service. They helped to create interview questions, sat on the interview panel and had a vote on decisions equal to that of other panel members. Clients designed and delivered training to new staff.

Outstanding ☆

Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

- Carers and families could feed back using the comments cards or by talking to staff.

Are services responsive to people's needs?

Good

By responsive, we mean that services are organised so that they meet people's needs.

Our findings

Access and discharge

- Turning Tides Homelessness recovery service had a clearly documented admission criteria. People needed to be homeless adults with substance misuses issues and be genuinely motivated to address those issues and improve their lives.
- Most referrals were made via the Turning Tides Homelessness day centre; however, some were also made by the local authority or the probation service.
- A multi-disciplinary team would look at referrals and make joint decisions about who was most appropriate for an initial assessment. Although the service had a waiting list, clients were never left on the streets, as a placement elsewhere within the organisation or with a partner organisation would be identified for people.
- Turning Tides Homelessness did not subscribe to any particular treatment model and would support any treatment plan that suited an individual's needs.
- Clients were supported through discharge, and their recovery included preparation for moving on. Many clients went onto the organisation's community homes, and all clients received community support for as long as they needed it.

The facilities promote recovery, comfort, dignity and confidentiality

- Each client had their own bedroom with a staff call bell for emergencies, and there were several shared bathrooms in the service. Each bedroom was comfortably furnished, and clients could personalise as they wished. Some clients had fridges and microwaves in their rooms.
- On admission, each client was given clothing and toiletries.
- The service had a shared lounge where clients could socialise or have movie nights, and there were spaces for arts and crafts, a gym, a dartboard and a pool table. There was a stocked kitchen that clients could access 24 hours a day.
- There was a bookable family room where clients could have visitors, including their children. This was subject to guidelines agreed in advance, and clients were supported by a family social worker around children's visits.
- There was a covered area with heaters for smoking in the garden.
- There were private rooms where people could speak confidentially with staff or their keyworker.

Meeting the needs of all people who use the service

- The service had an equality and diversity policy, which was part of the staff induction, and no referral was turned down because of any diversity related factor. The service operated in a non-judgemental manner.
- Managers and staff demonstrated an understanding of the potential issues facing vulnerable groups e.g. women, sex workers, people from a range of ethnic groups, older people, people at risk of domestic violence and people from the LGBTQ+ community.
- The hallways were wide enough for wheelchair users and the service had lifts and ramps for people with mobility needs. Bedrooms on the ground floor were suitable for people with mobility needs and wheelchair users, and one bedroom is adapted with accessible shower and facilities. If additional disability accessible rooms were needed the service would make further adaptations.
- The residential service considered referrals from pregnant women, and the organisation's day centre had a day designated for only female clients.
- Clients could keep their pets at the service, as clients highlighted that being unable to have their dogs at the service was a barrier to accessing residential recovery services.
- Staff supported clients to follow whatever faith they chose, and have also helped clients to find their faith if they needed that support.
- The service had supported transgender clients, including one person who underwent gender reassignment while in recovery at the service.

Are services responsive to people's needs?

Good

By responsive, we mean that services are organised so that they meet people's needs.

- Staff could access interpreters and signers if needed, and the communications team could provide information in a range of languages, large print or in braille. People with literacy needs would be supported by their buddy, keyworker or someone from PACT.
- The service met people's recovery needs in a way that suited them, supporting any approach clients felt would work for them. The service also used a unique managed withdrawal from alcohol program, which was tailored to an individual based on a range of factors, including severity of dependency, gender, weight etc. A personalised reduction plan was created, discussed and agreed with the client, which was then closely monitored by the staff team issuing correct and agreed amounts of alcohol at intervals set out in the agreed withdrawal from alcohol plan. The programme could be accelerated or slowed down depending on the client's reaction to the reduction, so each client would take a different duration to reach abstinence. The programme did not involve any prescribed medicines for withdrawal symptoms and was not medically monitored.

Listening to and learning from concerns and complaints

- A clear complaints policy and process was in place. Complaints were managed by an appropriate grade of staff member depending on the nature of the complaint.
- Clients were given information about how to make a complaint as part of their assessment, and there were information leaflets in the hallway.
- Someone from the PACT team would support clients during the complaints process if they wanted or needed it.
- Records showed that complaints were appropriately managed and recorded. If any lessons could be learned from complaints these were shared with staff at team meetings and handovers.
- The outcomes of complaints were shared, if appropriate, with clients in house meetings.
- Examples of changes made following complaints were; a canopy and outside heaters were installed in the smoking area outside following complaints from clients about being cold, and a new kitchenette area was created with stainless steel shelves and work surfaces following complaints that the kitchenette area in the dining room was becoming hard to clean.
- Managers reported on complaint activity to the chief executive and the board of trustees in their quarterly quality report.

Are services well-led?

Good

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Our findings

Leadership

- Leaders had the skills, knowledge and experience to perform their roles. The registered manager had been with the organisation for 13 years and was instrumental in setting up the service. The service manager, who managed the day to day running of the service, provided consistent leadership to service staff, who were positive about his support.
- Last year all managers in the organisation underwent a training programme delivered over six days. Service managers told us this training was very effective.
- The organisation was in the process of developing a training programme, and as part of that, all Turning Tide Homelessness managers will meet at quarterly workshops where there will be relevant training and time for action learning groups to form and work on shared challenges.
- Leaders were visible in the service, and approachable for clients and supportive to staff. Senior staff were very visible throughout the organisation and service managers told us the chief executive was very supportive and visited the service regularly.
- The board of trustees, to whom the leadership team reported, was comprised of people with a diverse range of skills and experience. The trustees were also involved in the running of the service and accessible to staff and clients for feedback and discussions.
- A meetings structure was in place, with monthly senior leadership meetings, managers meetings and service staff meetings ensuring that information, developments and learning was cascaded through the organisation appropriately.
- Annual staff away days focussed on key issues and ensured that staff at all levels had the opportunity to input into the development of the organisation.
- The organisation had a clear definition of recovery and this was shared and understood by staff.

Vision and values

- Staff knew and understood the vision and values of the team and organisation and what their role was in achieving that. This was reflected in the way support was delivered.
- Staff had the opportunity to contribute to discussions about the strategy for their service, especially where the service was changing, and targets reflected these. Team meetings and staff away days focused on the organisation's values.

Culture

- Staff told us they were happy in their roles, and felt respected, valued and supported.
- The culture of the organisation and the service was open, and staff felt confident to raise concerns if they needed to.
- Staff appraisals included conversations about career development and how it could be supported.
- Staff had access to support for their own physical and emotional health needs through an occupational health and counselling services. Contact details for these services were on the back of staff identification badges and were therefore always accessible.

Good governance

- The service used a range of key performance indicators to monitor the service and measure outcomes. Some of these were set by the organisation and others by the commissioning authority.
- Quarterly contract review meetings were held with commissioners.
- There was a clear structure for senior management, management and team meetings, ensuring that essential information, such as learning from incidents and complaints, was cascaded and used to improve service provision.
- Service managers submitted quarterly quality monitoring reports to senior managers and the trustees. This report included safeguarding information, incidents and audit outcomes.

Management of risk, issues and performance

Are services well-led?

Good

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

- Staff maintained a risk register which was regularly reviewed. Items on the risk register were RAG rated for prioritisation purposes, and each risk had its' own action plan.
- The service budget included a contingency for repairs or the need for unexpected upgrades. An example of this was the fitting of new fire doors in response to a national incident.

Information management

- Staff had access to enough equipment and information technology needed to do their work. All information needed to deliver care was stored electronically and was available to staff who had their own password protected access to systems.
- Information governance systems included measures to ensure the confidentiality of patient records is maintained.
- Staff shared information with external bodies such as commissioners and other professionals as appropriate, however the CQC has not received any statutory notifications in the last year. We were concerned that the provider may not have been routinely sending notifications following reportable incidents as, given the nature of the service, it is likely reportable incidents may have occurred. This was discussed with the registered and service managers during the inspection, and they agreed to undertake a review of their process to ensure CQC is notified appropriately of any incidents.
- Service managers had developed effective joint-working arrangements with other professionals and stakeholders.

Leadership, morale and staff engagement

- Staff, clients and carers had access to up-to-date information about the work of the provider through regular meetings, PACT and bi-monthly newsletters.
- Clients and their representatives or carers had a variety of opportunities to give feedback on the service.
- Clients and staff could meet with members of the provider's senior leadership team to give feedback. The chief executive often visited the service and got involved in events, such as barbecues.
- The organisation engaged with clients formally through PACT, who had significant input into all aspects of the organisation, including policies and budgets.
- Service managers engaged well with an extensive rage of external stakeholders – such as commissioners, the probation service, GP surgery, the local authority, CGL, Emerging Futures, the police, local pharmacies, the ambulance service and local domestic violence services.

Commitment to quality improvement and innovation

- The service used an innovative managed withdrawal from alcohol programme, which was designed by the registered manager in partnership with colleagues from other disciplines. This was the only programme of its kind in the country and the service managers advised us that this programme had been independently evaluated by a medically qualified detoxification specialist, and approved by Public Health England.
- The registered manager was part of the West Sussex Reducing Drug Deaths Group and of the West Sussex Drug and Alcohol tier 4 governance group. This was a multi-disciplinary group, including the police, commissioners, the coroner, ambulance service and local pharmacies, which met bi-monthly and would undertake thematic reviews of significant deaths, to try to reduce the number of drug and alcohol related deaths.
- Turning Tides Homelessness was part of a Systems Leadership Programme that encouraged organisations and key decision makers from all parts of the system to come together to resolve complicated issues. A current priority was preventing discharge of people whose only alternative is the street.
- The organisation monitored and measured long term outcomes following treatment where clients were now living independently in the community.