St. Richards of Chichester Christian Care Association

Sands

Inspection report

21-23
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

Sands Stonepillow Recovery Service is a 12-bed residential rehabilitation service for people with drug and/or alcohol problems. The service is designed for people who are abstinent from substances and require stabilisation, as well as for people who have completed a rehabilitation programme who request a second stage.

We rated this service as good because:

- The service provided safe care. The premises where clients were seen were safe and clean. The service had enough staff. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. Staff completed audits to evaluate the quality of care they provided.
- The team had access to the full range of specialists required to meet the needs of clients, with particularly good links to mental health and other substance misuse services. Managers ensured that these staff received training and supervision. Staff worked well together as a team and relevant services outside the organisation.
- Staff treated clients with compassion and kindness, and understood the individual needs of clients. They actively involved clients in their recovery planning.
- The service was easy to access. Staff planned and managed discharge well and had alternative pathways for people whose needs it could not meet. This included ensuring clients who had to leave the service early were supported to keep safe and avoid street homelessness or an overdose, or those whose mental health needs could not be safely met by the service.
- The service was well led and the governance processes ensured that its procedures ran smoothly. A strong audit and feedback cycle supported quality improvement based on client and stakeholder feedback.
- The service had a clear ethos of abstinence based recovery. This supported clients to participate in the '12 step fellowships' whilst giving clients free choice to choose other types of support.

However;

- Some areas of the building required updating and repair. For example, a communal toilet on the group floor was functional but needed repairing. Carpets were generally worn throughout the building, some curtain rails needed replacing, and one bedroom was out of action due to significant damp. The registered manager had escalated these issues to the landlord of the building, and clearly understood the impact of repair issues on both health and safety and the comfort and wellbeing of clients.
- Staff did not receive an annual appraisal at the time of the inspection. However, plans were in place to introduce appraisals in the near future.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Residential substance misuse services	Good	

Summary of findings

Contents

Summary of this inspection

Background to Sands

Sands Stonepillow Recovery Service provides second stage abstinence-based accommodation and support for adults aged 18 and over. Second stage means that clients have generally completed a detoxification programme prior to admission, and all clients are now abstinent from drugs and alcohol. The service is commissioned specifically for homeless people with substance misuse needs. The service was partly funded through the local authority public health budget for substance misuse and partly through clients' own housing benefit.

The service could accommodate twelve clients. At the time of the inspection, one room was out of use because maintenance works were being completed, and one room was vacant.

Clients were accommodated at the service on excluded licenses, a type of housing tenure, and provided one to one and group support, and individualised timetables of activity to promote recovery.

The team comprised a registered manager, a team leader, two day time support workers and two night support workers.

The service had been open since 2006 and was registered with the Care Quality Commission in 2020.

How we carried out this inspection

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

This inspection was carried out by two inspectors, one with a background in substance misuse.

Areas for improvement

The provider should ensure staff receive an annual appraisal of their performance.

The provider should ensure routine maintenance issues are addressed in a timely manner.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Residential substance misuse services	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Good

Residential substance misuse services

Safe	Good
Effective	Good
Caring	Good
Responsive	Good
Well-led	Good

Are Residential substance misuse services safe?

Good

We rated Safe as good.

Safe and clean environment

All premises where clients received care were clean and well equipped.

Staff completed and regularly updated thorough risk assessments of all areas and removed or reduced any risks they identified. Substances that posed a hazard to peoples' health were securely locked away. When lone working, staff wore safety alarms which were monitored by an external company.

All areas were clean and fit for purpose, although in many areas, décor was tired, and the carpets needed replacing. One bedroom was out of use due to significant damp and the provider was ensuring no clients used the room. The registered manager had escalated this to the landlord of the building and a plan for repair works had been agreed for the coming weeks.

Staff made sure cleaning records were up-to-date and the premises were clean.

Staff followed infection control guidelines, including handwashing. Signs were present to remind clients and staff about social distancing, and hand sanitiser was available throughout the building. In line with government guidance, mask wearing had become optional and masks were available. The service had a clear protocol in place to manage an outbreak of Covid-19.

Safe staffing

The service had enough staff who knew the clients. They received basic training to keep them safe from avoidable harm. The number of clients on the caseload of the teams, and of individual members of staff, was appropriate to ensure each client received the support they needed.

The service did not employ medical or nursing staff, as they were not required for the type of support provided. A registered mental nurse (RMN) was employed by the parent organisation and regularly attended the service to offer supervision to staff and support to clients to link up with statutory mental health services.

Good

Residential substance misuse services

Mandatory training

We reviewed mandatory training records which showed all staff were 100% compliant with mandatory training. This included fire, health and safety, safeguarding and the mental capacity act. The registered manager monitored mandatory training through a tracking spreadsheet and alerted staff when they needed to update their training.

Assessing and managing risk to clients and staff

Staff assessed and managed risks to clients and themselves well. They responded promptly to sudden deterioration in clients' physical and mental health. Staff made clients aware of harm minimisation and the risks of continued substance misuse. Safety planning was an integral part of recovery plans.

Assessment of client risk

Staff completed risk assessments for each client on arrival using the provider's risk assessment tool, and reviewed this regularly, including after any incident. The risk assessment tool staff used was easily accessible within the electronic case management system. This system also prompted staff to update risk assessments within timescales and in response to incidents. We saw evidence of client risk assessments being updated regularly, for example, in response to illness or emotional difficulties which could precipitate a relapse.

Staff recognised when to develop and use crisis plans. For example, when a client had to be asked to leave the programme due to breaching the support contract around use of substances.

Management of client risk

Staff responded promptly to any sudden deterioration in a client's health, and supported clients to engage with medical professionals where appropriate. Clients lived independently within the service. Staff were present 24 hours a day and received first aid training and knew how to respond to emergencies.

Staff followed clear personal safety protocols, including for lone working. We reviewed the service risk assessment for lone working, which was robust and included 24 hour on-call management support, lone working devices, and mandatory training in safe lone working.

Safeguarding

Staff understood how to protect clients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.

Staff received training on how to recognise and report abuse, appropriate for their role. All staff were up-to-date with their safeguarding training.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. Flow charts providing guidance and contact details for local services were clearly displayed and staff understood the processes. Staff knew how to make a safeguarding referral and who to inform if they had concerns.

Staff access to essential information

Staff kept detailed records of clients' care and treatment. Records were clear, up-to-date and easily available to all staff.

Client notes were comprehensive, and all staff could access them easily. Although the service used a combination of electronic and paper records, staff made sure they were up-to-date and complete. Staff used paper documents where clients needed to sign forms and referral paperwork was stored in hard copy.

Good

Residential substance misuse services

Medicines management

The service did not prescribe or administer medicines. The medicines policy stated that all clients supported by the service administered their own medicines and took responsibility for their own medicines. Controlled drugs and drugs liable for misuse were not permitted on the premises, to support the abstinence based ethos of the programme. However, the registered manager was able to carry out individual risk assessments and permit the short term use of certain drugs on a case by case basis. Each bedroom had a lockable cabinet for clients to safely store medicines, and the house rules and support agreements clearly set out the expectations around medicines.

Staff were trained to deliver Naloxone and had access to kits on site. Naloxone is a life-saving medicine that is administered in the event of an opioid overdose to allow time for the person to be taken to hospital and receive further care.

Track record on safety

The service had a good track record on safety.

Reporting incidents and learning from when things go wrong

The service managed client safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service.

Staff knew what incidents to report and how to report them. The day before the inspection the registered manager had contacted the police to report a person who had been declined access to the service placing themselves and members of the public at risk of harm. This incident had been reported and well managed. Staff raised concerns and reported incidents and near misses in line with the service's policy, describing low numbers of incidents and the majority being minor and well managed. The case management system showed evidence that staff reported serious incidents clearly and in line with the service's policy.

The service had no never events.

Staff understood the duty of candour. They were open and transparent and gave clients and families a full explanation if and when things went wrong.

Staff received feedback from investigations of incidents, both internal and external to the service.

Staff met to discuss the feedback and look at improvements to client care at team meetings.

There was evidence that changes had been made as a result of feedback. For example, a structured system of warnings had been introduced to respond to clients who breached the house rules and put others at risk, and safety plans were used to ensure vulnerable clients were not left without support in the event that they had to be asked to leave.

Are Residential substance misuse services effective?

Good

We rated effective as good.

Good

Residential substance misuse services

Assessment of needs and planning of care

Staff completed comprehensive assessments with clients when they first arrived at the service. They worked with clients to develop individual care plans and updated them as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.

All clients were assessed for their suitability for the service and their support needs during their stay. Clients were supported to set recovery goals and meet them using the support the service provided, which included key-working, activities and access to a meditation group.

Best practice in treatment and care

Staff provided a range of care and treatment interventions suitable for the client group and consistent with national guidance on best practice. They ensured clients had good access to physical healthcare and supported clients to live healthier lives.

The service followed an abstinence based ethos which encouraged engagement with 12 step fellowship meetings like Alcoholics Anonymous (AA) and Narcotics Anonymous (NA). The 12-step approach is a set of guiding principles followed within an anonymous fellowship of others working to achieve abstinence from substance misuse or other addictive behaviours and is sometimes referred to as mutual aid.

Staff supported clients to independently access health services, including registering with a GP. Where clients had long term health needs, risk assessments and support plans were put in place to support them to engage with healthcare providers.

Staff took part in audits and quality improvement audits, and managers used the results to make improvements. For example, weekly community meetings included a standing item of improvement suggestions from clients, and showed that improvements were made. One For example, clients had requested more organised activities like sailing.

Skilled staff to deliver care

The teams had access to the full range of specialists required to meet the needs of clients.

The staff team were skilled to deliver the support clients needed to live independently within the service. A registered mental nurse (RMN) regularly visited the service to provide training and support to staff in supporting people with mental health needs.

The registered manager and deputy had both completed training in trauma informed practice and psychologically informed environments (PIE).

The registered manager used a training matrix to ensure the team training needs were planned and met. Staff supervision took place every six weeks and included reflective practice and a focus on caseloads and direct work with individual clients.

Staff were not yet receiving annual appraisals. These were planned for the following months due to the appointment of a new human resources lead within the parent organisation.

All staff working at the service at the time of the inspection had been in post for a number of years. However, relief staff had been appointed to cover absences and they had received a structured induction covering all relevant areas to equip them to work safely.

Good

Residential substance misuse services

Multidisciplinary and interagency teamwork

Staff from different disciplines worked together as a team to benefit clients. They supported each other to make sure clients had no gaps in their care. The team had effective working relationships with other relevant services outside the organisation.

Staff worked in collaboration with system colleagues to meet the needs of homeless substance misuse clients, and linked effectively with other organisations. For example, we identified that comprehensive referral information was shared by the first stage treatment providers, where clients would undergo detoxification from substances, and the third stage or move-on teams. This effective joint working had enabled clients to rapidly re-access the service in the event they relapsed once living in independent accommodation.

The service had good links with a local university, and had secured training for both staff and clients. This included access to a bridging course that offered homeless people with few qualifications the opportunity to access higher education. One client had completed this and was undertaking a master's degree.

Staff liaised with other support providers in the area including Job centre plus, the housing options team and mental health support services. The service had good relationship with the local police.

Good practice in applying the Mental Capacity Act

Staff supported clients to make decisions about their care for themselves. They understood the service's policy on the Mental Capacity Act 2015 and knew what to do if a client's capacity to make decisions about their care might be impaired.

There was a clear policy on the Mental Capacity Act, which staff could describe and knew how to access. Staff understood that the most likely cause of fluctuating capacity within their client group was through intoxication, and described how they would manage this. To be admitted to the service, clients needed to be able to live independently and have capacity to make day to day decisions.

Staff knew where to get accurate advice on Mental Capacity Act, and information was accessible in a shared folder on the IT network for reference.

Are Residential substance misuse services caring?

Good

We rated caring as good.

Kindness, privacy, dignity, respect, compassion and support

Staff treated clients with compassion and kindness. They understood the individual needs of clients and supported them to understand and manage their care and treatment.

Staff were discreet, respectful, and responsive when caring for clients. Key-working took place in confidential spaces, and group meetings had clear boundaries around mutual respect and privacy.

Good

Residential substance misuse services

The service had a clear set of house rules which were shared with clients on arrival. Clients understood that adherence to the rules were a condition of their support agreement and their license agreement. Staff operated a warning system to provide clients with opportunities to modify any behaviour that put them at risk of being asked to leave. Decisions to end a client's placement were taken with careful consideration of their safety and the safety of other clients. Wherever possible, clients having to leave for breaching the house rules would be linked with an alternative service provider.

Staff gave clients help, emotional support and advice when they needed it. Night and day staff engaged with clients when they needed ad-hoc support, advice and guidance.

Staff supported clients to understand and manage their own recovery needs. Some staff had personal experience of recovery from substance addiction and used this experience to the benefit of clients.

Staff directed clients to other services and supported them to access those services if they needed help.

Clients said staff treated them well and behaved kindly. Clients said the valued the knowledge and frankness of the staff team and described them as "excellent" and "amazing".

Staff understood and respected the individual needs of each client. We saw that each client had a personalised recovery timetable with a mix of structured and unstructured time for them to work on their recovery.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards clients and staff.

Staff kept client information confidential. Paper files were stored securely, and electronic records were password protected and accessed by eligible staff in line with General Data Protection Regulations (GDPR).

Involvement in care

Staff involved clients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that clients had easy access to additional support.

Involvement of clients

Staff involved clients and gave them access to their support plans. Clients had signed their plans, and were offered a copy.

Staff actively sought clients' feedback and actions were consistently followed up. This included repairs and maintenance requests and suggestions for food. Clients paid a weekly service charge and formed a communal food budget, and clients planned weekly menus and took turns cooking for each-other.

Involvement of families and carers

Staff actively supported clients to re-connect with their families where this was an identified goal of their recovery. Staff would facilitate visits from family members to discuss how they could support client's recovery where appropriate.

Good

Residential substance misuse services

Are Residential substance misuse services responsive?

Good

We rated responsive as good.

Access and waiting times

The service was easy to access. Staff planned and managed discharge well. The service had alternative care pathways and referral systems for people whose needs it could not meet.

The service had clear criteria to describe which clients they would offer services to and offered clients a place on waiting lists. Staff told us that waiting lists would fluctuate but often the wait to access would be to ensure the client had completed their detox in the first stage of treatment.

Staff tried to contact people who did not attend their assessment appointments and offer support. When a client attended and was unable to be assessed due to intoxication, staff managed this safely and with compassion, and the client would be offered further opportunities to attend if appropriate.

Clients had some flexibility and choice in the appointment times available.

Staff worked hard to avoid cancelling appointments and when they had to, they gave clients clear explanations and offered new appointments as soon as possible. Appointments ran on time and staff informed clients when they did not.

Staff supported clients when they were referred, transferred between services, or needed physical health care. We observed clients being supported in the transition from the service to move-on accommodation. Clients often returned to the service to share encouraging experiences of their recovery with peers.

The facilities promote comfort, dignity and privacy

The design, layout, and furnishings of treatment rooms supported clients' privacy and dignity.

The service had a full range of rooms and equipment to provide accommodation and support. There was a communal lounge, kitchen and dining room, and an accessible downstairs toilet. Each client had their own room as per their license agreement, and female clients were allocated en-suite rooms whenever possible to avoid people of mixed genders sharing bathrooms.

Interview rooms in the service had sound proofing to protect privacy and confidentiality.

Meeting the needs of all people who use the service

The service met the needs of all clients, including those with a protected characteristic or with communication support needs.

The service could support and make adjustments for people with disabilities, communication needs or other specific needs.

Staff made sure clients could access information on treatment, local service, their rights and how to complain. The complaints policy was up to date and was provided to all clients at admission.

Good

Residential substance misuse services

The service provided information in a variety of accessible formats so the clients could understand more easily. Managers made sure staff and clients could access interpreters or signers when needed, and had managed this with support of colleagues in other services when required.

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.

Clients, relatives and carers knew how to complain or raise concerns. There was a box for clients to share handwritten feedback anonymously with staff, and issues raised were discussed in community meetings

Staff understood the policy on complaints and knew how to handle them. One formal complaint had been made about the service in the 12 months before the inspection. This was robustly and courteously followed up and resolved.

Staff knew how to acknowledge complaints and clients received feedback from managers after the investigation into their complaint.

Staff did not systematically record or monitor compliments, although client feedback was noted in the minutes of weekly community meetings.

Are Residential substance misuse services well-led?

Good

We rated well led as good.

Leadership

Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for clients and staff.

The registered manager had been working in the service for a number of years and had a deep personal commitment to the ethos of the service. Staff described learning from the registered manager and valuing their support and knowledge.

Vision and strategy

Staff knew and understood the service's vision and values and how they applied to the work of their team. Staff were all committed to abstinence based recovery and able to actively support and direct clients to groups and services within the community to achieve this. Staff were aware of how the service fitted within the overall treatment and support system in the local area. We saw that the service was achieving its aim of providing safe and stable accommodation where clients could focus on their recovery from substance addiction.

Culture

Staff felt respected, supported and valued. They reported that the service promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution. Staff described an open culture, and pulling together as a team during busy times. Staff described being personally committed to the values of the service and a shred passion for supporting clients with their recovery.

Good

Residential substance misuse services

Governance

Our findings from the other key questions demonstrated that governance processes operated effectively at ward level and that performance and risk were managed well.

Quality audits were completed monthly by the registered manager and quarterly by senior managers, and had a clear emphasis on acting on feedback from clients. The registered manager had effective systems for overseeing the work of front line staff and the parent organisation actively supported the service to ensure systems and processes were consistent and effective.

Management of risk, issues and performance

Teams had access to the information they needed to provide safe and effective care and used that information to good effect. The case management system provided clear information on clients' treatment journey. For example, prompting staff when care plans or risk assessments required review or when information was not complete.

Information management

Staff collected and analysed data about outcomes and performance.

Information about service activity, compliance and performance were routinely analysed by staff. This included numbers of referrals, open care plans, types of treatment being accessed, and discharge. The registered manager monitored activity and outcomes and reported to commissioners and senior managers.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.