

SASS-Residential - Steade Road

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location

Are services safe?

Are services effective?

Are services responsive?

Are services well-led?

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

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

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

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

Summary of findings

Overall summary

We found the following areas of good practice:

- The provider had taken action to address the issues that we identified at our last inspection.
- The provider had implemented a form to record clients' consent to sharing information with the National Drug Treatment Monitoring Service. We found this form was being used in care and treatment records when clients were consenting.
- The provider had implemented a new risk assessment and risk management plan tool and all the clients' records we reviewed contained a risk assessment and risk management plan. Staff involved clients in the development and review of these regularly.
- The provider had made changes to care planning processes. Staff used a new care plan tool which was holistic and recovery orientated. Staff involved

clients in developing and reviewing their care plans. Staff measured clients' outcomes and progress through their treatment using the changes in care plan scoring.

- Staff had a working knowledge of the Mental Capacity Act.
- Staff knew how to report incidents and understood the provider's incident reporting policy.
- Staff encouraged clients to resolve issues with other clients informally. Clients understood they could submit complaints and how to do this. Staff understood the provider's complaints policy.

However, we also found the following issue that the service provider needs to improve:

- Where clients did not provide their consent to share information with the National Drug Treatment Monitoring Service, staff did not place a record in the clients file. This resulted in a blank consent to sharing information form in the records.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services		Inspected but not rated.

Summary of findings

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Summary of this inspection

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SASS- Residential Steade Road

Services we looked at

Substance misuse services

Summary of this inspection

Background to SASS-Residential - Steade Road

SASS – residential – Steade Road is a residential alcohol rehabilitation services provided by Sheffield Alcohol Support Service. Steade Road accepts up to five clients either through self-funded placements or placements funded by statutory organisations.

The service is registered with the Care Quality Commission to provide regulated activity of accommodation for persons who require treatment for substance misuse. Steade Road has a registered manager.

Staff deliver a therapeutic programme based on cognitive behavioural therapeutic approaches to

changing thought patterns and behaviours to manage addiction. The service also aims to provide individualised support to build on recovery capital. In addition clients have access to peer support, are involved in running the accommodation and receive support with transition back into community living. The service also provides aftercare services to encourage and support training, volunteering, employment and community networks.

We have inspected SASS – residential Steade Road once before in October 2015.

Our inspection team

The team that inspected the service comprised Honor Hamshaw (inspection lead) and one other CQC inspector.

Why we carried out this inspection

We undertook this inspection to find out whether Sheffield Alcohol Support Service had made improvements to SASS – residential Steade Road since our last comprehensive inspection in October 2015.

At our last inspection we told the provider that it must take the following actions to improve:

- The provider must ensure that staff complete a comprehensive risk assessment of clients, produce a risk management plan and review and update regularly.
- The provider must ensure that staff produce comprehensive, holistic and recovery-focused individual care plan for each client and review it regularly with them.
- The provider must obtain the consent of clients in order to share information with the National Drug Treatment Monitoring Service.

We also told the provider that it should take the following actions to improve:

- The provider should ensure that staff follow policies and procedures for reporting incidents.
- The provider should ensure that staff have working knowledge of the Mental Capacity Act.
- The provider should ensure that staff document informal complaints raised in 'feelings' meetings and their outcomes.

Following our last inspection we issued the provider with three requirement notices in relation to breaches of the following regulations of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014:

- Regulation 9 Person centred care
- Regulation 12 Safe Care and Treatment
- Regulation 17 Good governance

Summary of this inspection

How we carried out this inspection

To understand the experience of people who use services, we ask the following five questions about every service:

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

This inspection focussed on the issues we told the provider that they must and should take to improve from our last inspection in October 2015.

This inspection was unannounced which meant that the provider did not know that we would be visiting.

During the inspection visit, the inspection team:

- visited the service and observed how staff were caring for clients
- spoke with three clients
- spoke with the registered manager and the deputy manager
- looked at three care and treatment records for clients
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

During our inspection we spoke to three clients who were using the service. Clients provided positive feedback about their experience of using the service. They told us that they thought that staff were great and the service was brilliant. They told us that they thought that the treatment programme provided met their needs and they

thought that the service felt like home. However, two of the clients that we spoke with told us that the service had a curfew of 7pm each night. They told us that they would prefer this to be later in the evening.

Clients told us that they felt involved in their care and treatment. Clients attended weekly one to one sessions with staff where they discussed their care plans, goals, support needs and risk assessments.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The provider had implemented an updated risk assessment and risk management plan tool. All clients' care and treatment records contained a completed comprehensive risk assessment with a risk management plan. Records contained evidence that staff developed and reviewed these regularly with clients.
- Staff could explain the provider's incident reporting policies and procedures and provided an example of when this had been followed. They told us the changes that the provider had made to prevent this type of incident from recurring in the future.

Are services effective?

We currently do not rate standalone substance misuse services.

We found the following areas of good practice:

- The provider had implemented a new care plan tool. Each client's care and treatment records contained a recovery oriented and holistic care plan. Records showed that staff reviewed and updated clients care plans each week.
- Staff used scores generated from clients' responses to measure progress and outcomes against client goals.
- Staff had working knowledge of the Mental Capacity Act and knew where they could seek advice from within the organisation.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients attended 'feelings' meetings where staff encouraged them to discuss their thoughts and resolve issues with other clients informally.
- Clients knew how to submit a complaint and staff understood the provider's complaints policy.

Are services well-led?

We do not currently rate standalone substance misuse services.

Summary of this inspection

We found the following areas of good practice:

- The provider had implemented a consent form for sharing information with the National Drug Treatment Monitoring Service. Two out of three clients' files reviewed contained signed consent forms which showed that clients had provided their consent.

However, we also found the following issue that the provider needs to improve:

- One clients' care and treatment records contained a blank consent to sharing information with the National Drug Treatment Monitoring Service. This client had not provided their consent and staff were aware of this and did not share any information with the National Drug Treatment Monitoring Service. However, from the record alone this would not be clear.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

The Mental Capacity Act is legislation which protects and maximises an individual's potential to make capacitated decisions.

During this inspection we found that staff had a working knowledge of the Mental Capacity Act. Staff knew who they could contact within the organisation to seek advice about the Mental Capacity Act.

We did not review the Deprivation of Liberty Safeguards as part of this inspection.

Substance misuse services

Safe	
Effective	
Responsive	
Well-led	

Are substance misuse services safe?

Assessing and managing risk to clients and staff

After our last inspection in October 2015, we told the provider that it must take action to improve and ensure that staff complete a comprehensive client risk assessment and produce a risk management plan which is reviewed and updated regularly. During this inspection, we spoke to two staff members which included the registered manager. They told us that since our last inspection that the provider had created and implemented a different risk assessment and management tool and staff now used this document to assess, manage and mitigate risks to and from clients. We reviewed the risk assessment template and found that this featured: potential hazards, an initial risk rating, measures put in place to minimise risk and a final risk rating based on the risk management measures. The risk assessment was holistic and covered aspects including: past risks identified from the initial assessment, substance misuse, physical health, psychological health, social past and legal past. The document outlined that staff should review and if necessary update clients' risk assessments every month and the manager or deputy manager audited these each month to check that staff had completed this.

During our inspection we reviewed three clients' care and treatment records. We found that all records contained a completed risk assessment and risk management plan which had been regularly reviewed by staff. We spoke with three clients using the service and two staff members and they all told us that clients had weekly one to one meetings with staff where they discussed and reviewed their risk assessments and risk management plans. Clients and staff that we spoke with told us that staff encouraged clients to participate in formulating their own risk assessments and strategies for reducing and managing risks including those risks which had the potential to impact on their recovery.

Two of the clients that we spoke with told us that the service had a curfew of 7pm each evening. This formed part

of their contract for the placement. They told us that they would prefer this to be later in the evening however, they thought that a curfew was necessary to promote their recovery in treatment. We spoke two staff including the registered manager and they told us that they had staff on shift in the evenings to provide support and assistance with tasks from 7pm until 10pm and this was why they had implemented a curfew at this time. Staff also completed a breathalyser with clients between 7pm and 8pm each evening. Sheffield Alcohol Support Service provided information that stated that they believed that a curfew promoted clients to plan and structure their lives which promoted recovery. The registered manager told us that where clients requested to stay out later than the curfew this had been agreed previously on an individual basis and staff would do so in the future on an individual basis. This would be agreed if staff felt that this would be beneficial to complete or maintain an activity or session which would promote their recovery now and in the future when they leave the service.

Reporting incidents and learning from when things go wrong

After our last inspection in October 2015, we told the provider it should ensure that staff follow policies and procedures for reporting incidents. At this inspection we spoke to two staff members. Staff told us that they reported incidents using an electronic incident report form. Staff could describe to us what types of events they would report as incidents following the provider's policies and procedures. We saw an example of a recent incident involving an accident on the premises involving a visitor. Staff explained the action they took immediately and explained that they recorded the incident on an incident report form which was sent to the provider. Staff explained that the incident was not foreseeable however, despite this the provider took action to prevent this incident from occurring in the future and staff could explain lessons learnt from this incident.

Substance misuse services

Are substance misuse services effective? (for example, treatment is effective)

Assessment of needs and planning of care

After our last inspection in October 2015, we told the provider it must make improvements to ensure that staff produce comprehensive, holistic and recovery-focused individual care plan for each client and review it regularly with them. Since our last inspection, the provider had made changes to the care plans used. The service used a care plan compass based on the principles of Acceptance and Commitment Therapy. Acceptance and Commitment Therapy is psychological based therapeutic approach which focusses on accepting events which are out an individual's control and committing to actions which lead to positive outcomes. The care plan compass covered a holistic range of areas including: family, intimate relationships, parenting, education, training and work, friends, physical self-care, mental health, recreation, community and spirituality. Each client record contained a care plan compass completed with basic information for each of the areas. We saw that clients' files contained one to one meeting notes which showed that staff discussed, reviewed and updated care plans with clients each week.

Best practice in treatment and care

At the beginning of treatment clients scored each area of their care plan compass on a scale of one to five based on importance, action and consistency. Following this, each week staff met with clients individually and reviewed the care plan compass for that week. They scored how important each area of the compass was, the action taken in the past week and how consistent clients' actions had been in line compared to how important the area was to them. This was done by creating an overall composite score which was a calculation of the importance score multiplied by the consistency score. Client scores throughout their treatment enabled staff to track client progress and outcomes.

Good practice in applying the Mental Capacity Act

After our last inspection we told the provider that it should ensure that staff have working knowledge of the Mental Capacity Act. During this inspection, we found that the registered manager had completed training in the Mental Capacity Act. The two staff that we spoke with had a

working knowledge of the Mental Capacity Act. They explained what the main purpose of the Mental Capacity Act was and described what circumstances or conditions meant that someone's capacity to make decision could be affected.

Staff told us that the provider has a Mental Capacity Act flowchart for guidance. Staff could identify points of contact within the organisation who they could seek advice from when needed.

Are substance misuse services responsive to people's needs? (for example, to feedback?)

Listening to and learning from concerns and complaints

After our last inspection in October 2015, we told the provider they should ensure that staff document informal complaints raised in 'feelings' meetings and their outcomes. During this inspection, we saw that each morning clients attended a 'feelings' meeting where they discussed their thoughts and feelings. Staff and clients told us that clients sometimes used these meetings to raise informal issues with other clients. They told us that this usually involved some aspect of living together in shared accommodation, for example, sharing out household tasks. Clients recorded their thoughts and feelings for the meeting on worksheets. Staff and clients told us that staff encouraged clients to try and resolve issues between themselves informally. Staff told us that this promoted independent living skills and developed clients' problem solving abilities.

Clients that we spoke with understood they had a right to complain and how they could do this. Staff that we spoke understood the provider's complaints policy and could describe the action they would take if someone wanted to submit a complaint.

Are substance misuse services well-led?

Good governance

After our last inspection in October 2015, we told the provider it must obtain the consent of clients in order to share information with the National Drug Treatment

Substance misuse services

Monitoring Service. At this inspection we spoke to two staff and they told us that since our last inspection the provider had implemented a consent to sharing information form with the National Drug Treatment Monitoring Service. Staff told us that they discussed information sharing with clients on admission to the service. Clients that we spoke told us that staff discussed information sharing with them and different people including, their GP and family members. Two out of the three clients that we spoke with could not recall whether they had consented to sharing information with the National Drug Treatment Service. One client told

us that they had provided their consent to share information. We reviewed three clients' care and treatment records and found that two records contained signed a consent form to share information with the National Drug Treatment Monitoring Service. One record did not contain a signed consent form, however, we asked staff and they told us that they did not share information regarding this client with the National Drug Treatment Monitoring Service because the client had not provided their consent. However, this record did not contain any other information to say that the client had not provided their consent.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

The provider should ensure that where clients do not consent to sharing information with the National Drug Treatment Monitoring Service that there is a record to confirm this in their care and treatment records.