

Littledale Hall Therapeutic Community

Quality Report

Littledale Hall
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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

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.

Overall summary

We do not currently rate independent standalone substance misuse services.

- During our comprehensive inspection in April 2016, we found Regulations 12 and 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014 were not being met.
- During this most recent focused inspection in February 2017, we found that the services had addressed the issues that had caused us to issue two requirement notices following the April 2016 inspection.

- Littledale Hall Therapeutic Community was now meeting Regulations 12 and 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection, we found:

- The provider had introduced a new policy and procedure in relation to medicines management. Audits had been implemented in relation to medicines management and risk assessments were in place for clients who were able to self-administer medicines.

Summary of findings

- A ligature policy and audit had been completed.
- Systems and processes had been established and operated to maintain an accurate and complete contemporaneous record in respect of each client.

- All staff had received training on the Mental Capacity Act and the Deprivation of Liberty Safeguards.

And this means that the provider was no longer in breach of regulations.

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 - see main summary

Summary of findings

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Summary of this inspection

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Littledale Hall Therapeutic Community

Services we looked at

Substance misuse services.

Summary of this inspection

Background to Littledale Hall Therapeutic Community

- Littledale Hall Therapeutic Community is a 31 bed residential addiction treatment centre providing accommodation for both male and female clients over the age of 18. At the time of our visit, there were 23 clients.
- The Hall is situated on the outskirts of Lancaster within the Lancashire area, set within large grounds and open spaces.
- A large percentage of the placements are funded by statutory organisations, although clients are able to self-refer.
- They are registered to provide accommodation for persons who require treatment for substance misuse.
- There is a registered manager in place.
- The service was last inspected in April 2016 and on that inspection, there were two requirement notices associated with this service. These have now been met and the breaches no longer exist.

Our inspection team

The team that inspected the service comprised of a CQC inspector, Lisa Holt (inspection lead), and another CQC inspector. The inspection was unannounced and was a focused inspection.

Why we carried out this inspection

We undertook this inspection to find out whether Littledale Hall Therapeutic Community had made improvements since our last comprehensive inspection in April 2016.

When we last inspected in April 2016, we did not rate the service and we have still not rated Littledale Hall Therapeutic Community. Following the April 2016 inspection, we told the service it must make the following actions to improve:

- The provider must ensure audits are documented and implemented in relation to medicines management and ensure their practice is reflective of the policy in place. Risk assessments must be in place for service users who are able to self-administer medicines. This is to ensure service users receive and are provided with self-care and treatment in relation to medicines management.
- The provider must ensure a ligature audit is completed. This is to ensure that all that is reasonably practicable to mitigate any ligature risks is in place to ensure the premises are safe to use for their intended purpose.
- Systems and processes must be established and operated to maintain an accurate and complete contemporaneous record in respect of each service user, including a record of the care and treatment provided.

These related to the following regulations under the Health and Social Care Act (Regulated Activities) Regulations 2014:

Regulation 12 Safe care and treatment

Regulation 17 Good governance

Summary of this inspection

- We stated that the provider should improve staff training on the Mental Capacity Act, as staff did not have a full understanding of their responsibilities to work within the Mental Capacity Act 2005 or the Deprivation of Liberty Safeguards.
- We also stated the provider should review the appropriateness of all restrictions in place for all clients at all stages of treatment.

How we carried out this inspection

The inspection was a focused unannounced inspection and we asked:

- Is it safe?
- Is it effective?
- Is it well led?

Before the inspection visit, we reviewed information that we held about the location and reviewed the action plan, which the provider submitted to us following the last inspection in April 2016. During this inspection, we focused on those issues that had caused us to issue requirement notices for the safe, effective and well led. We also identified areas for improvement at the last inspection, which we also followed up during this inspection.

During the inspection visit, the inspection team:

- spoke with two clients
- spoke with the registered manager
- spoke with three other staff members employed by the service provider
- looked at six care and treatment records
- looked at four medicines records
- looked at policies, procedures and other documents relating to the running of the service
- looked at three staff training records.

What people who use the service say

We spoke to two clients during our visit and both spoke positively about the service and staff as well as the support they were receiving.

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 practice:

- The service had implemented a new medicines management system, which staff were following.
- A policy and procedure had been developed and implemented to assess, address and manage any ligatures that had been identified throughout the building and grounds. A risk assessment tool and associated action plan had been completed in October 2016 to manage any identified risks.
- Prior to clients' admission, staff identified any potential risks and suitability of the placement.
- The manager had implemented a monthly audit to review all aspects of client's risk assessments.

Are services effective?

We found the following areas of practice:

- All staff had received training on the Mental Capacity Act and the Deprivation of Liberty Safeguards and had an understanding of the application of these.
- Staff we spoke to were able to describe in detail a recent capacity case and how this was appropriately managed. Staff knew to involve client's external care managers who would assess and maintain oversight of the capacity process.

Are services caring?

Since the last inspection in April 2016, we have received no information that would cause us to re-inspect this key question.

Are services responsive?

Since the last inspection in April 2016, we have received no information that would cause us to re-inspect this key question.

Are services well-led?

We found the following areas of practice:

- Managers had introduced routine and regular audits, which included medication management audits and individual medication client audits.

Summary of this inspection

- Systems and processes had been established to maintain an accurate and complete contemporaneous record in respect of each service user, including a record of the care and treatment provided.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff had received training on the Mental Capacity Act and the Deprivation of Liberty Safeguards.
- Staff we spoke to were able to describe in detail a recent capacity case and how this was appropriately managed. Staff knew to involve clients external care managers who would assess and maintain oversight of the capacity process.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- At the last inspection in April 2016, we found that staff were not assessing and managing the ligature risks around the building. On this inspection, we found that a policy and procedure had been developed and implemented to assess, address and manage any ligatures that had been identified throughout the building and grounds. We saw that a risk assessment tool and associated action plan had been completed in October 2016. The action plan identified the risks and had controls in place to manage any identified risks. This audit was to be reviewed yearly. Prior to clients' admission, staff identified potential risks and suitability of the placement. The manager had implemented a monthly audit to review all aspects of client's risk assessments.

Assessing and managing risk to clients and staff

- At the inspection in April 2016, we found that staff were not completing medicines records appropriately and there were gaps in the medicines management systems. On this inspection, we found that managers at Littledale Hall had developed robust procedures in place to manage medicines. They had a new medicines policy that reflected the practice at the service. Staff had received training and development sessions to update them about the new medicines policy in place. Minutes of these meetings were seen. All staff had completed their safe administration of medication training. Monthly monitoring meetings were held with staff to discuss their workload and update staff about their roles and responsibilities. This was also used to document and update staff on issues about medication management and any audit recommendations and actions. This was especially useful to update staff who worked at

weekends and for support staff. Records confirmed that staff received monthly group supervision and reflective practice sessions and issues around medicines management were discussed at these sessions.

- Clients were provided with an information sheet about the medication system in use and to inform them about self-administration and self-managed medication. Clients were provided with locked medication boxes when clients were self-administering their own medication. There were no clients who were self-managing their medication at the time of the inspection.
- Checks were in place to check client's current, prescribed medication on admission was correct.
- At the last inspection in April 2016, we found that staff were not carrying out adequate checks on the medicines clients were prescribed, to ensure safe medicines management. On this inspection, we found that audits had been introduced monthly to check medication management and an audit report was produced monthly by the manager with action points for staff to implement. Staff signed this document to confirm they had read it.
- We looked at four medication records for clients. Medication cards were completed with no gaps in recordings. A record had been made to indicate where a client had refused or missed their medication. The records contained photo identification and clients signed to agree to this. A section within all the medication records we looked at allowed staff to record any issues or changes following visits to their GPs as well as discussions that needed to be followed up with their GPs.
- Risk assessments had been completed for clients where medication was highlighted as a risk issue and would be completed where clients wanted to self manage their

Substance misuse services

medication. For example, one client needed to take their medication on a regular basis. The risk assessment addressed supporting the client to have a medication review with their GP if the client continually refused to take their prescribed medication.

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

Good practice in applying the MCA

- At the last inspection in April 2016, we found that staff did not have a full understanding of their responsibilities to work within the Mental Capacity Act 2005 or the Deprivation of Liberty Safeguards. On this inspection, we found that staff had received training on the Mental Capacity Act and the Deprivation of Liberty Safeguards. We saw three training record certificates, which confirmed this as well as a training monitoring plan for other staff employed. The staff training certificates confirmed that where staff had not achieved full marks in the test after completing both sets of training, they had been advised to review their incorrect answers. There was a policy in place that staff were aware of to support them in their understanding of the Act.
- Staff explained that the training focussed on how people could lack capacity and the importance of involving family members. Staff we spoke to were able to describe in detail a recent capacity case and how this was appropriately managed. Staff knew to involve client's external care managers who would assess and maintain oversight of the capacity process.

Equality and human rights

- At the inspection in April 2016, we found that staff read clients mail and monitored their phone calls. At this inspection, the staff no longer read clients mail or monitored phone calls. The manager told us that the resident handbook was under review and this was in progress. Where any house rules were applied then these were noted in the client's assessment paperwork which clients were made aware of and signed to agree.

Are substance misuse services caring?

Since the last inspection in April 2016, we have received no information that would cause us to re-inspect this key question.

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

Since the last inspection in April 2016, we have received no information that would cause us to re-inspect this key question.

Are substance misuse services well-led?

Good governance

- At the last inspection in April 2016, we found that there were no robust audits of medicines management and client's care and treatment records. On this inspection, we found that managers had introduced routine and regular audits, which included medication management audits and individual medication client audits. The manager also completed monthly audits against the completeness of client documentation required in individual files, building checks, catering audits, display screen assessments, vehicle checks, fire audits, and other checks to ensure group evaluation forms were completed and client feedback forms were collated into a report monthly.
- We found on this inspection that the service had implemented a new system for recording client's care and treatment, which meant that each client had one file containing all relevant information, with the exception of daily notes and medical information. Staff explained that the individual client files were not big enough to store all information in one place. Information from handover meetings was transferred into individual residential recording sheets stored at the back of the handover file. These were named alphabetically and labelled for each client. This made it possible to read and reflect over a client's progress over time. Staff explained they found this helpful and used this information to update recovery plans and risk assessments.

Substance misuse services

- At the last inspection in April 2016, we found that daily contemporaneous records for each client were not maintained. The handover record was the main care record kept, as staff did not complete daily contemporaneous records for each client.
- At this inspection, we looked at six client records and found that each entry in the handover notes

corresponded to an entry in the individual clients recording sheets. However, clients who experienced a period of stability and were therefore not discussed during handover did not have entries written in the individual residential recording sheets for that period of time. Staff stated they understood that a lack of entries implied that nothing of note had occurred.

Outstanding practice and areas for improvement