Shardale St Annes

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	Good
Are services safe?	Good
Are services effective?	
Are services well-led?	Good

Overall summary

We rated Shardale St Annes as **good** because:

- The service provided safe care. The premises were safe and clean. The service had enough staff. Sickness and vacancies were low, which meant clients were cared for by a stable staff base who knew them well.
- Staff assessed and managed risk well. All clients were assessed and only admitted if it was safe to do so. Harm minimisation was an integral part of the recovery programme.
- All the records we looked at contained an up to date risk assessment and risk management plan that was reviewed by staff and clients on a regular basis. This had improved since we last inspected this service.
- Staff followed good practice in safeguarding. They had training on how to recognise and report abuse, and they knew how to apply it. They understood how to protect clients from abuse and worked well with other agencies to do so. Clients also received information about safeguarding to help them recognise abuse.
- The service had a good track record on safety and managed client safety incidents well. There was a clear process around reporting incidents, staff understood what they should report and how to do this. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service.
- Staff completed comprehensive assessments with clients and worked with them to develop individual recovery plans.
- The service was well led, and the governance processes ensured that its procedures ran smoothly.

Summary of findings

- Leaders had appropriate skills and experience. They had a good understanding of the service and were approachable for clients and staff. Staff knew and understood the provider's vision and values and how to apply them in their everyday practice.
- Staff felt respected, supported and valued. They told us their managers were supportive and caring. They felt able to raise concerns without fear of retribution. They received regular supervision, and training and appraisals were up to date.
- Governance processes operated effectively. Performance and risks were managed well.
- The provider collected and analysed data about outcomes and performance to monitor how well the service was performing. The service carried out regular audits to assess the quality of work. Managers reviewed the audits and fed back the results to the staff. This had improved since we last inspected this service.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Residential substance misuse services	Good 	Shardale St Annes provides residential rehabilitation for opiate addiction and alcohol addiction for males and females over 18 years of age.

Summary of findings

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Good

Shardale St Annes

Services we looked at:
Residential substance misuse services

Summary of this inspection

Background to Shardale St Annes

Shardale St Annes is an independent substance misuse service situated near Blackpool, in a residential area close to public transport and local amenities.

The ground floor is accessible for clients with mobility needs. The service provides residential rehabilitation for opiate addiction and alcohol addiction for males and females over 18 years of age. The recovery model includes a structured programme of group work and individual pieces of work based on seven core values. There are 35 beds. At the time we inspected there were 31 clients.

Shardale St Annes admits clients from across England. Most clients are funded by statutory bodies.

Shardale St Annes is registered to provide the following regulated activities:

- Accommodation for persons who require treatment for substance misuse.

There is a registered manager and a nominated individual.

The service has been inspected three times before.

At the last inspection on 5 March 2019 we rated the service as requires improvement. This was because we had concerns in relation to breaches of the following regulations:

- Regulation 12 HSCA (RA) Regulations 2014: Safe care and treatment.

Risks identified through assessments were not formulated into individual risk management plans.

Staff did not always record essential information about clients' individual risk in their individual records.

- Regulation 17 HSCA (RA) Regulations 2014: Good governance.

The provider's governance systems had not identified the issues we found with care and treatment records.

Recovery plans did not set out clearly what clients needed to do to complete the recovery programme and how they were progressing through the recovery programme.

Essential information contained in handover notes was not transferred to clients' individual records.

We issued requirement notices in relation to these concerns.

Our inspection team

The team that inspected the service comprised two CQC inspectors.

Why we carried out this inspection

This was a focused inspection to check that the provider had made the improvements required following the inspection on 5 March 2019.

At this inspection we reviewed the concerns that related to the safe, effective and well led domains.

How we carried out this inspection

At this inspection, we reviewed the following key questions:

- Is it safe?
- Is it effective?

Summary of this inspection

- Is it well-led?

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

During the inspection visit, the inspection team:

- visited the service, looked at the quality of the environment and observed how staff were caring for clients;
- spoke with two clients who were using the service;
- spoke with the registered manager;
- spoke with two other staff members;
- collected feedback from five clients using comment cards;
- looked at three care and treatment records of clients;
- carried out a specific check of the medicines management;
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with two clients who were using the service and gathered feedback from five clients using comment cards. All made positive comments about the service and the staff. They said they felt safe and secure at Shardale, and that staff were caring and understanding. They felt very involved in their care and decisions. They told us how staff helped them to work on their behaviours, such as learning how to communicate, and how they changed their outlook on life. They said the group work was excellent and well run, and staff were very knowledgeable. They also described their plans for life following discharge and how they had things to look forward to.

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?

Good

Our rating of this service improved. We rated it as good because:

- The premises were safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- The service had enough staff, who knew the clients and received basic training to keep them safe from avoidable harm.
- Staff screened clients before admission and only admitted them if it was safe to do so. They assessed and managed risks to clients and themselves well. They responded promptly to sudden deterioration in clients' physical and mental health. Harm minimisation was an integral part of the recovery programme.
- All the records we looked at contained an up to date risk assessment and risk management plan that was reviewed by staff and clients on a regular basis. This had improved since we last inspected this service.
- 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. Clients were given information about safeguarding to help them recognise abuse.
- Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records.
- The service used established systems and processes to safely manage medicines.
- The service had a good track record on safety. 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. When things went wrong, staff apologised and gave clients honest information and suitable support.

Are services effective?

We did not rate effective at this inspection.

- Staff completed comprehensive assessments with clients before admission to the service. They worked with clients to develop individual recovery plans and updated them as needed. Recovery plans reflected each client's assessed needs, were personalised, holistic and recovery-oriented.

Are services well-led?

Good

Our rating of this service improved. We rated it as good because:

Summary of this inspection

- The service was well led, and the governance processes ensured that its procedures ran smoothly.
- Leaders had the skills, knowledge and experience to carry out their roles, had a good understanding of the service they managed, and were visible in the service and approachable for
- Staff knew and understood the provider's vision and values and how they were applied in their work.
- Staff felt respected, supported and valued. They felt able to raise concerns without fear of retribution.
- Governance processes operated effectively and performance and risk were managed well.
- Staff had access to the information they needed to provide safe and effective care and used that information to good effect.
- The provider collected and analysed data about outcomes and performance to monitor how well the service was performing. The service carried out regular audits to assess the quality of work. Managers reviewed the audits and fed back the results to the staff. This had improved since we last inspected this service.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

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

Good

Residential substance misuse services

Safe	Good
Effective	
Well-led	Good

Are residential substance misuse services safe?

Good

Safe and clean environment

The premises were safe, clean well equipped, well furnished, well maintained and fit for purpose. There was access to a well-kept outside space.

Bedrooms for male and female clients were on separate floors. The provider monitored the landing areas via CCTV. Every bedroom had a sink and there were adjacent bathrooms.

Risks were managed well and were mitigated through individual risk assessment and observation.

Clients carried out daily cleaning tasks and completed a deep clean of the premises twice a week. Clients and staff followed infection control policy, including handwashing.

Every month, the community chose one client to act as gatekeeper. They took responsibility for admitting visitors to the house, which helped ensure the premises were safe.

Safe staffing

The service had enough staff to meet clients' needs. There were staff on duty 24 hours a day, seven days a week. They knew all the clients well and they received training to keep clients safe from avoidable harm. The service did not use bank or agency staff. The manager adjusted staffing levels according to clients' needs. Activities were never cancelled. Clients had regular one-to-one sessions with their keyworker.

There was a registered manager, a deputy manager and an admissions co-ordinator. The provider employed nine support staff. No staff had left the service in the 12 months before this inspection. There were no vacancies and there had been no staff sickness. Managers supported staff who needed time off for ill health.

Mandatory training

The provider offered mandatory training in key skills to all staff, and all were up to date. For example, they had completed training in fire safety, first aid and food hygiene. Managers monitored mandatory training 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 in order to facilitate clients' recovery.

Assessment of client risk

We reviewed three sets of care records.

Staff carried out a comprehensive pre-admission assessment for each client that included assessment of their health and general presentation, and identified risks and potential triggers, such as lifestyle, dependency, emotional state, offending behaviour and family dynamics.

The risks identified through assessments were then formulated into individual risk management plans that set out what was needed to mitigate clients' individual risks and provided guidance for staff in managing the risk. Staff and clients reviewed the risk management plans together at least every three weeks, and after any incident. This had improved since our last inspection.

The recovery programme included a disciplinary scale. Clients' individual risk status was linked to disciplinary scaling within the recovery programme and was reviewed every week by the staff team. Clients moved through the scale according to their progress and motivation within the recovery programme.

Staff also used a handover book that contained comprehensive notes relating to individuals' risks. The issues were discussed at every handover and the information was transferred to clients' individual care records.

Staff ensured clients were aware of the risks of continued substance misuse, and harm minimisation was an integral part of the recovery programme. The recovery programme included educating clients about the risks of continued substance misuse and how to maintain their own safety.

Management of client risk

The recovery programme included a disciplinary scaling process designed to address risky behaviours, such as aggression or striking up unhealthy relationships, and to check them at an early stage. It also incorporated positive risk taking, such as going out in small groups without a staff escort.

Clients who were senior members of the therapeutic community had roles of responsibility such as gatekeeping, safeguarding and community leader. These were positions of trust within the community, designed to encourage taking responsibility and to create trust and respect among the community. The community voted every month on who should be allocated these roles, depending on their progress and motivation in their recovery.

Staff managed clients' risk through continuous application of the disciplinary scaling process. Staff and clients reviewed individual risk every week and clients moved within the process accordingly. Information provided by the clients in positions of trust also informed the review. Moving down in the process resulted in loss of acquired freedoms, such as home leave, going out or having time to spend as they wished, or having to complete additional tasks within the community. Moving up increased freedoms as clients demonstrated their progression through the recovery programme.

The provider had a protocol for unexpected exit from treatment that included what action staff should take and who should be contacted. This included signposting to other recovery options, such as mutual aid groups.

Staff did not use restrictive interventions such as physical restraint.

There were therapeutic interventions designed to create a safe environment conducive to community living. The interventions were part of the therapeutic model. Clients understood and agreed to them before they were admitted.

The therapeutic interventions set boundaries, defined the community code of conduct and established an expectation that clients would be involved in the day to day running of the house. The rationale was to introduce discipline and routine, to engender a culture of respect and trust, privacy, safety and personal responsibility and commitment, and to enable clients to develop a sense of value and self-respect.

There were limits on, for example, lending and borrowing, gambling, playing music in communal areas outside authorised times or taking food and drink into bedrooms. The use of mobile phones was forbidden throughout the programme.

Some therapeutic interventions, such as restricted access to sharp objects and cleaning materials, having visitors, going out and home leave, were limited during the early weeks of recovery and reviewed as the client progressed through the recovery programme.

Clients understood and agreed to the therapeutic interventions before they were admitted. Breaching the interventions incurred penalties that could eventually result in discharge from the programme. If a client reached this stage of the disciplinary scaling process, the community would vote on giving them a chance to improve before they were discharged.

These interventions were part of the therapeutic model. They were clinically justified by ensuring clients were not distracted from the recovery programme and to provide guidance for overcoming addiction in a therapeutic environment by managing and reducing risky behaviour. They were set out in the disciplinary scaling process and were reviewed annually.

Staff responded promptly to sudden deterioration in people's health.

Staff adhered to best practice in ensuring a smoke-free environment.

There was a policy that provided guidance for staff working alone. The policy included a risk assessment and set out how the risks of working alone would be mitigated.

Good

Residential substance misuse services

Safeguarding

Staff knew how to protect clients from abuse. They had training on how to recognise and report abuse and they knew how to apply it. All safeguarding training was up to date. Staff could give examples of safeguarding matters and describe what they would do about it.

Clients were also given information about safeguarding to help them recognise abuse.

Clients took a safeguarding role in the house. Every month, clients voted at the community meeting to reallocate the role to a different client. Clients in this role received safeguarding training, so that they understood how harm could occur.

They also reported to the handover meeting at each shift change. Following confidential handover discussions, the safeguarder came into the meeting separately and advised staff about any potential safeguarding issues that might be developing within the community, such as borrowing or lending, clients doing jobs for other clients or whether any clients had been distressed.

There was a suggestions box that clients could use to raise concerns anonymously.

Staff access to essential information

The provider maintained a paper recording system. Client notes were comprehensive and all staff had appropriate access.

Records were stored securely.

Medicines management

No medicines were prescribed at the service. All medicines stored on site were prescribed externally. Clients' medicines were considered at the pre-admission assessment and prescribing of necessary medicines continued with a local GP.

Staff followed good practice in managing medicines. There was a policy that provided guidance for staff. Medicines were secured safely in a locked cupboard. Staff carried out six-weekly medicines audits and acted on the results if necessary.

Clients' medicines were stored in a locked cupboard and they self-administered their medicines under staff supervision. Once medicines were observed to have been taken, staff recorded this, and they monitored compliance.

When a client had been with the community for a period, they were encouraged to take responsibility for their own medicines. Staff and clients carried out a risk assessment together. A personal lockable cabinet was provided for clients to keep their medicines safe.

The provider kept over the counter remedies, such as paracetamol and antacids, in locked cupboard. If a client requested them, staff recorded this. They monitored clients' use of these medicines and referred the client to the GP if necessary.

Staff completed annual medicines management training.

Track record on safety

The service had a good track record on safety. There were no serious incidents reported in the last 12 months.

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 team at handovers and team meetings. When things went wrong, staff apologised and gave clients honest information and suitable support.

Are residential substance misuse services effective?

(for example, treatment is effective)

Assessment of needs and planning of care

We reviewed three care records.

Clients' recovery plans were detailed. They incorporated their strengths, needs and goals identified through assessments. They set out clearly what clients needed to do to complete the recovery programme and described their progress. Clients understood how to achieve their goals and could explain their progress through the recovery programme.

There was discussion about progress at handover meetings and there were detailed notes in the handover book, such as notes about client's feelings and reference to physical health issues. These notes were transferred to clients' individual records, which were updated at least once daily.

Good

Residential substance misuse services

Staff and clients reviewed progress through the recovery programme at least every three weeks, when they re-assessed needs and planned their goals.

Are residential substance misuse services well-led?

Good

Leadership

Managers had the right skills and abilities to run a service providing high-quality sustainable care. Clients and staff knew who they were and could approach them with any concerns.

The provider had a clear definition of recovery that all staff shared and understood. Managers had a good understanding of the service and they could explain clearly how staff supported clients through the recovery programme. They were visible in the service and approachable for clients and staff.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action.

The service aim was to enable clients to develop the skills they needed to make informed choices and decisions to support their personal recovery. The provider achieved this through the recovery programme, with involvement from staff, clients, and groups representing the local community.

Staff knew and understood the service vision and values, and they could explain how they were working to deliver care. They had opportunities to contribute to discussions about plans for the service, especially where the service was changing.

Culture

Managers promoted a positive culture that supported and valued staff. There was a clear sense of common purpose based on shared values.

Staff were confident and positive about their work. They felt respected, supported and valued. They could raise concerns without fear. The team worked well together and where there were difficulties managers dealt with them appropriately. Staff appraisals included conversations about how they could support staff development.

Governance

The provider took a systematic approach to care delivery. The premises were safe and clean, and there were enough staff who received appropriate training and supervision. Staff assessed clients' risks and needs appropriately, and they planned admissions and discharges.

The provider reviewed policies and procedures regularly.

Discussion in handovers and team meetings ensured that essential information and learning was shared.

Staff carried out local clinical audits and acted on the results when needed. The systems had been amended to address the issues we found at the last inspection. Monitoring systems were robust and fit for purpose. Risks identified through assessments were formulated into individual risk management plans. Recovery plans clearly described what clients needed to do to complete the recovery programme and how they were progressing through it. Essential information about clients that was discussed at handovers and contained in the handover notes was included in clients' individual records.

The provider submitted data and notifications to external bodies as required.

Staff understood arrangements for working with other agencies to ensure clients' needs were met.

The service had a whistle blowing policy.

Management of risk, issues and performance

The provider had developed systems for identifying, understanding, monitoring and mitigating risks and coping with both expected and unexpected events.

Staff had access to the risk register. They could escalate concerns when they needed to and submit items to be included on the risk register.

Where cost improvements were taking place, the provider ensured they did not compromise client care.

Information Management

Good

Residential substance misuse services

Leaders used information about the performance of the service, staffing and client care to support their management role.

Staff had access to the equipment and information technology they needed to do their work. The systems worked well and helped to improve the quality of care; for example, training for staff was available online.

Staff made notifications to external bodies as needed.

Engagement

Clients and carers had opportunities to give feedback on the service they received in a manner that reflected their individual needs.

Clients and staff could meet with the senior leadership team to give feedback.

Leaders engaged with external stakeholders such as commissioners.

Learning, continuous improvement and innovation

The service assessed quality and sustainability impact of changes, including financial.

All staff had development objectives focused on improvement and learning.

The provider had achieved the gold standard in Investors in People.