

T.H.O.M.A.S. (Those On The Margins Of A Society)

Scovell Street, Salford

Inspection report

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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

Our rating of this location stayed the same. We rated it as good because:

- The service provided safe care. The premises were safe and clean. The service had enough staff who knew the clients and received basic training to keep them safe. Staff assessed and managed risks to clients and themselves. They managed medicines safely and followed good practice with respect to safeguarding
- Staff developed holistic, recovery-orientated care plans informed by a comprehensive assessment. They provided care and treatment suitable to the needs of the clients and in line with national guidance and best practice.
- Staff treated clients with compassion and kindness, respected their privacy and dignity and understood their individual needs. Staff actively involved clients in their care.
- Managers ensured staff received training and supervision. Staff worked well together as a team and with relevant services outside of the organisation.
- Staff planned and managed admission and discharge well.
- The service was well led. Governance processes ensured that quality and performance was monitored, incidents and complaints were investigated, and learning was disseminated to staff.

However:

- The service did not have a Mental Capacity Act policy. Although, staff were aware of the principles of the Mental Capacity Act and the processes to follow in regard to concerns over a client's mental capacity

Summary of findings

Our judgements about each of the main services

Service

Substance misuse services

Rating

Good



Summary of each main service

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- Staff treated clients with compassion and kindness, respected their privacy and dignity and understood their individual needs. Staff actively involved clients in their care.
- Managers ensured staff received training and supervision. Staff worked well together as a team and with relevant services outside of the organisation.
- Staff planned and managed admission and discharge well.
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However:

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Summary of findings

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Summary of this inspection

Background to Scovell Street, Salford

Scovell Street is a five-bed female residential drug and alcohol rehabilitation unit based in Salford, Greater Manchester. The service is provided by the T.H.O.M.A.S (Those On The Margins of Society) organisation. The service provides a three to six-month rehabilitation programme depending upon the needs and funding for each client.

The service is commissioned by the local NHS trust to provide services as part of the Achieve network. Achieve is the local substance misuse treatment network. The local NHS trust is the lead provider for network. The majority of admissions to Scovell Street are under the Achieve network and have an Achieve care coordinator in place. All other admissions are referred and overseen via the Achieve network.

The service does not offer inpatient detoxification from alcohol or illicit substances but does accept clients under community detoxification programmes when this is overseen by an external medical professional.

The service has been registered with the Care Quality Commission since March 2015. It is registered to provide accommodation for persons who require treatment for substance misuse.

The service was last inspected in June 2019 and rated good.

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

What people who use the service say

We spoke with both of the clients resident at the time of our inspection. They were positive about the service, staff and their care and treatment. Clients told us that staff were empathetic, caring and supportive. They felt they had been involved in decisions about their care and treatment. They were able to describe their treatment goals and the recovery capital and resources they had to help achieve them. Recovery capital refers to the resources an individual has or develops to help them achieve and maintain recovery. Clients we spoke with felt that staff understood their needs and worked with them to address them.

How we carried out this inspection

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

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

The inspection was unannounced. Before the inspection visit, we reviewed information that we held about the service. During the inspection visit, the inspection team:

Summary of this inspection

Reviewed the environment and facilities at the location;

- Spoke with two clients
- Spoke with the registered manager and nominated individual
- Spoke with three other staff
- Reviewed two care records
- Reviewed the governance, policies and procedures used in the running of the service

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>.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Substance misuse services	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Substance misuse services

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

Are Substance misuse services safe?

Good 

Our rating of safe stayed the same. We rated it as good.

Safe and clean environment

The location was safe, clean, well furnished, well maintained and fit for purpose.

Staff completed daily, weekly and monthly environmental checks. Annual health and safety and fire safety risk assessments were in place. Staff completed an annual ligature risk assessment and mitigated identified risk.

Cleaning records were up to date and demonstrated that the environment was cleaned regularly. Staff made sure equipment was well maintained, clean and in working order. Staff followed infection control policies, including those related to COVID-19.

Safe Staffing

The service had enough staff to deliver care and keep clients safe. This included the service manager, team leader, three project workers and a group worker. The service was fully staffed and had no vacancies.

The service had arrangements in place to cover leave and absence. The service manager had access to a cohort of bank workers if additional staffing or cover was required. Bank workers were familiar with the service and had a full induction.

The service had a very low turnover rate. One group worker had left in the past 12 months in order to take a promotion within the organisation. Levels of sickness were low.

Mandatory training

Staff had completed and were up to date with their mandatory training. Compliance with mandatory training was 99%. The mandatory training programme was comprehensive and met the needs of clients and staff. The service manager monitored mandatory training and alerted staff when they needed to update their training.

Substance misuse services

Assessing and managing risk to clients and staff

Assessment of client risk

Staff completed risk assessments for each client entering the service. We reviewed care records for both clients. Each record had a risk assessment in place. Risk assessments covered all relevant areas and had been updated in response to a change in circumstances. Each record included a risk management plan which reflected the findings of the risk assessment. Risk management plans were up to date and had been reviewed at a minimum of monthly or in response to a change in risk.

Management of client risk

Staff screened clients before admission and only admitted them if it was safe to do so. They knew about any risks to each client and acted to prevent or reduce risks. Staff responded promptly to deterioration in clients' health and responded to changing risks. They identified these changes through daily engagement with clients and weekly care reviews. In addition, clients completed daily reflections and feelings sheets. These were reflected in risk assessments where necessary.

There was a process for staff to follow to reduce the risk of harm following an unexpected discharge. Care records included a plan for clients unexpectedly dropping out of treatment.

There were lone working protocols and policies to support staff working at night.

Safeguarding

Staff received training on how to recognise and report abuse, appropriate for their role. Staff kept up to date with their safeguarding training. Training compliance with safeguarding adult and safeguarding children training was 100%. Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. There were good links with local safeguarding services.

Staff access to essential information

Staff had easy access to clinical information and were able to maintain and access clinical records. Clinical records were both paper and electronic. Electronic records were password protected.

Medicines management

The service did not prescribe medicines but did administer medicines prescribed by other health professionals. There were policies and procedures in place for staff to support clients who were prescribed medicines by their GP or other health professional. Staff stored these medicines centrally. Medicines reconciliation took place on admission. Staff initiated medicines administration record sheets (MARS) for each client. Medicines were stored and managed safely. There were systems and processes in place to support the safe administration of medicines. Staff had completed training in the safe handling, storage and administration of medicines. The service completed medicines audits. This included daily stock counts and quarterly checks.

Substance misuse services

Track record on safety

The service had a good track record on safety.

Reporting incidents and learning from when things go wrong

Staff knew what incidents to report and how to report them. Staff submitted electronic forms which were reviewed by the service manager and team leader. Incidents were also discussed in the provider's monthly operational meeting. The service had reported 13 incidents in the previous 12 months prior to our inspection. These included slips, trips and falls, unexpected exit from treatments, breaches of behavioural contracts and errors on medication administration record sheets.

The service manager completed internal reviews and investigations into incidents if this was required. Staff received feedback from incidents and investigations in supervision and team meetings. The service manager debriefed and supported staff after incidents. A staff member we spoke with gave an example of being debriefed following an incident.

There was evidence that changes had been made as a result of learning. For example, changes had been made to the referral assessment reform and the daily checks of medication administration record sheets implemented.

Are Substance misuse services effective?

Good 

Our rating of effective stayed the same. We rated it as good.

Assessment of needs and planning of care

Staff completed comprehensive assessments with clients in a timely manner. Assessments covered key areas including substance misuse history, safeguarding, physical and mental health, social needs and forensic history.

Staff developed comprehensive care plans for each client which reflected their risk assessment and met their needs. Care plans were holistic, personalised and recovery orientated. Care plans were developed collaboratively with clients who recorded their agreement with the plan. Staff regularly reviewed care plans with clients and updated the document when clients' circumstances or needs changed.

Best practice in treatment and care

Staff provided a range of care and treatment suitable for the clients in the service. The service delivered care in line with the 12-step programme. The 12-step programme approach was developed by international mutual aid fellowships and utilises principles of mutual aid and peer support as recommended by the National Institute for Health and Care Excellence. In addition, the service was introducing elements of dynamic intelligence and building resilience and executive function (BRIEF) into its group programmes. These are designed to help facilitate and promote clients personal development alongside their recovery.

Substance misuse services

The service had traditionally utilised clients who had previously completed treatment as peer mentors within the service. However, this practice had been interrupted by the impact of the COVID-19 pandemic. Staff were able to describe how the programme will be reintroduced as restrictions ease.

Staff identified clients' physical health needs and recorded them in their care plans. Staff made sure that clients had access to physical health care, including specialists as required. This was managed in conjunction with a local GP and local health services. All clients were registered with a local GP during their admission.

The service met clients' dietary needs and helped clients live healthier lives by supporting them to take part in programmes or giving advice. This included walking groups, access to gym facilities and support around healthy eating.

Staff and clients used a health and well-being tracker to monitor client progress. The service submitted treatment outcome profiles to the National Drug Treatment Monitoring System (NDTMS).

The service had an audit programme in place to monitor the quality of care. These included medicines, case note and health and safety audits. The service used findings of audits to make improvement to the service.

Skilled staff to deliver care

The service had access to a full range of professionals to meet the needs of the clients. These included project workers, group workers and access to counsellors and other professionals through the Achieve network.

The service made sure staff had the right skills, qualifications and experience to meet the needs of clients with substance misuse issues. Learning needs were identified through supervision and governance processes such as audit. Staff had access to a range of additional on-line training including training on epilepsy, diabetes, dual diagnosis and mental health awareness.

The service manager gave each new member of staff a full induction to the service before they started work. New staff completed a six-month probation period. Staff received regular supervision. Supervision occurred monthly and incorporated managerial and clinical supervision. Group facilitators received specialist supervision from an external psychotherapist. Staff received an annual appraisal.

Staff had access to weekly team meetings. Information was shared with staff unable to attend via email, dissemination of minutes and verbal conversations.

Managers recognised poor performance, could identify the reasons and dealt with these. There were appropriate policies in place and support provided by an external HR service.

Multidisciplinary and interagency teamwork

Staff had effective working relationships with other services within the organisation and with external teams and services. These included local GPs, mental health services, criminal justice services and other services within the Achieve network.

Staff made sure they shared clear information about clients and any changes in their circumstances, including during handover meetings. Staff completed a handover between shifts.

Substance misuse services

Good practice in applying the Mental Capacity Act

Staff did not directly assess client's mental capacity as this was addressed by Achieve network practitioners during the referral process. However, staff were aware that assessment of mental capacity is an ongoing process. Staff could access training on the Mental Capacity Act. They were aware of the key principles of mental capacity and how to access support if they had concerns regarding a client's mental capacity. There were good links with local mental health services.

However, although staff were able to describe the processes they would follow around mental capacity there was no specific policy document to support them.

Are Substance misuse services caring?

Good 

Our rating of caring stayed the same. We rated it as good.

Kindness, privacy, dignity, respect, compassion and support

Staff treated clients with compassion and kindness. They respected clients' privacy and dignity. Staff and client interactions we observed during the inspection were conducted in a caring and respectful manner. We spoke with two clients during the inspection. Clients were positive about staff, the service and the care and treatment they were receiving. They described staff as caring and supportive. For example, records showed how staff had supported and reassured clients around medicines management. They felt they were benefitting from the treatment programme and were positive about their progress.

Staff gave clients help, emotional support and advice when they needed it. They supported them to understand and manage their own care and recovery. Staff directed clients to other services and supported them to access those services if they needed help. There were examples of tailored care, advice and activities were explored with clients to match their individual needs such as budgeting and life skills such as cooking for independent living.

Staff understood and respected the individual needs of each client. Staff followed policies in place to keep client information confidential. The service did collate information from clients on how they used and handled their personal information, despite a small sample the majority were happy with this aspect of their care.

Involvement in care

Involvement of clients

Staff made sure clients understood their care and treatment. Staff introduced clients to the service as part of their admission. Staff involved clients in care planning and risk assessment and actively sought their feedback on the quality of care provided. Clients were involved in the completion of assessments and the development of care plans. We reviewed two care records during the inspection. We found evidence of client involvement in both records. Clients had signed to confirm they understood and agreed with their care plans. Clients were offered copies of their care plan.

Substance misuse services

Clients were able to give feedback on the service they received. There were weekly community meetings where clients could feedback and make decisions on upcoming activities and menus. Clients completed an exit questionnaire on discharge. The results of exit questionnaires were compiled and reviewed by the service manager and in governance meetings. We reviewed the results of client exit questionnaires for the 12 months leading up to our inspection. Client feedback was primarily positive.

Involvement of families and carers

Staff informed families or carers when it was appropriate to do so and where clients had consented to their involvement. Families and carers were able to give feedback on the service. Staff could access carers assessments through the Achieve network.

Are Substance misuse services responsive?

Good 

Our rating of responsive stayed the same. We rated it as good.

Access and waiting times

The service accepted planned admissions only. Clients could self-refer or be referred through the Achieve network or other health professional. The service had eligibility criteria in place which referring agencies were aware of. Clients typically completed a detoxification prior to admission. However, the service was able to support clients on a community detoxification programme where this was delivered by an external professional and risk assessed as appropriate. Detoxification programmes were arranged in conjunction with the Achieve network.

Discharge was planned in collaboration with care coordinators within the Achieve network. Staff worked to ensure they did not discharge clients before they were ready.

The facilities promote comfort, dignity and privacy

Each client had their own bedroom, which they could personalise. Three of the five bedrooms had ensuite facilities. Two bedrooms shared a bathroom. This was discussed and agreed with clients during the referral and assessment process. Clients had access to a lounge, kitchen and dining area, outdoor space and group rooms located nearby.

The service promoted clients taking responsibility and working towards independent living. Clients had responsibility for their own washing and for cleaning their own bedrooms and communal areas. Clients were part of a rota to cook for the house. This included planning menus and shopping for ingredients.

Clients' engagement with the wider community

Staff encouraged clients to maintain contact with their families and carers. Family visits were scheduled at specific times during the treatment programme. Visits could be arranged outside of this schedule if required. Records showed that families and carers were involved where clients consented to this.

Substance misuse services

Staff encouraged clients to access the local community and social activities. Staff acknowledged that clients' ability to engage with community-based activities had been impacted by COVID-19 pandemic restrictions. However, they were able to describe activities that had happened previously and that were planned as restrictions eased.

Meeting the needs of all people who use the service

The service did not have facilities to admit individuals with limited mobility who were unable to use stairs. Referral agencies were aware of this restriction. Mobility was considered as part of the assessment process prior to admission. The service had taken steps to provide additional support such as occupational therapy assessments for clients with mobility concerns.

Staff made sure clients could access information on treatment, well-being, local services and how to complain. Staff had access to translation services if required, including face to face, telephone and document translation.

The service provided a variety of food to meet dietary requirements. Clients planned, shopped for and cooked their own meals. Clients had access to spiritual, religious and cultural support.

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from results. Clients we spoke with knew how to complain or raise concerns if they needed to. Information on how to complain was available to clients. None of the clients that we spoke with had reason to raise a complaint but told us they would feel comfortable doing so. Staff understood the policy on complaints and knew how to handle them.

The service had not received any complaints in the 12 months prior to our inspection.

Are Substance misuse services well-led?

Our rating of well-led stayed the same. We rated it as good.

Leadership

Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services that they managed. The service manager was able to describe how the team was working to provide high quality care. The organisation had developed plans to respond to the impact of the COVID-19 pandemic and staff were able to describe how the service would continue to adapt as restrictions ease.

The service manager was a visible presence within the service. Both staff and clients that we spoke with described the manager as open and approachable. Staff we spoke with knew who senior managers of the organisation were and understood their roles. The Chief Executive of the organisation was a regular visitor to the service.

Vision and strategy

Substance misuse services

Staff knew and understood the provider's vision and values and how they were applied in the work of their team. Staff we spoke with were able to explain concepts of recovery, what recovery looked like and how the service worked with clients to achieve it.

Culture

Staff we spoke with felt respected, supported and valued. Staff felt proud of the service and treatment they provided. Staff morale was positive. Staff acknowledged that the COVID-19 pandemic had increased stress and pressure within the service but reported good teamwork in addressing this.

Staff we spoke with reported positive relationships with the service manager and senior staff within the provider organisation. They told us that the service manager and senior managers were supportive, open and approachable. Staff felt able to raise concerns without fear of reprisal. Staff felt empowered to suggest improvements or changes to the service and felt managers were receptive to ideas.

Staff we spoke with told us that the team worked well and where there were difficulties the service manager addressed them.

Governance

Our findings from the other key questions demonstrated that governance processes operated effectively at service level. Performance and risk were managed well. There were processes in place to monitor the safety and quality of premises, equipment and the delivery of care and treatment. There was an audit programme in place. The service manager had effective oversight of systems and processes to ensure the service was safe.

There was a governance structure in place at service and provider level. There were weekly team meetings and monthly operational and performance meetings at provider level. There was a clear framework of what was to be discussed at meetings.

Staff understood the arrangements for working with other teams, both within the provider and externally.

Management of risk, issues and performance

Staff had access to the information they needed to provide safe and effective care and used that information to good effect. Staff had access to a risk register. Staff were able to raise issues for inclusion on the risk register via the service manager. Staff concerns matched those on the risk register.

The service had key performance indicators in place and reported against these on a monthly basis. Performance against the indicators was reviewed in monthly operations meetings. Some examples of data monitored monthly include, referrals, assessments, safeguarding alerts and incident reports. Performance against the indicators was positive.

The service had business continuity plans in place. The service had managed its response to the COVID-19 pandemic to minimise disruption to clients and the delivery of care.

Information management

Substance misuse services

Staff had access to the equipment and information needed to do their work. The information technology structure worked well and supported the delivery of care. Electronic documents were password protected. Paper documentation was stored securely.

The service collected and analysed data about outcomes and performances.

Engagement

Staff, clients and the public had access to up to date information about the service via the service website and social media channels. The provider also produced a quarterly magazine that promoted stories from within the organisation, including client testimonials.

Staff and clients were able to give feedback on the service. This included weekly community meetings where clients agreed weekly activities and food menus. The service used satisfaction surveys to capture feedback on a variety of topics from food, leisure time, client involvement which was collated into an annual report. There was evidence the service addressed any themes identified from the collated findings.

The service engaged with external organisations including local health services, statutory organisations, other treatment providers and mutual aid and support organisations. This included liaison with GPs over prescriptions and physical health concerns. The service engaged with the wider Achieve network including detoxification units as part of the admission process and community services as part of the discharge process. The provider also delivered its BREIF programme support sessions and engaged with several organisations that supported hard to reach individuals.

Learning, continuous improvement and innovation

The service was committed to learning, continuous improvement and innovation. There was evidence of learning identified through governance processes such as audit and incident reviews. Staff we spoke with told us that managers were open to ideas for improvement. The service had recently revised its referral form and changed its medication audits in response to incidents. The service also wrote up and shared client case studies, to enable any positive outcomes or learning from complex client placements to be shared.

The service was involved in research around the use of dynamic intelligence and the development of cognitive resource. This was through a PhD being undertaken by the nominated individual.