

Littledale Hall Therapeutic Community

Quality Report

Littledale Hall,
Lancaster,
LA2 9EA

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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

Inadequate



Are services safe?

Inadequate



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Inadequate



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.

Summary of findings

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

Letter from the Chief Inspector of Hospitals

'I am placing the service into special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate overall or for any key question or core service, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The service will be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.'

Professor Ted Baker
Chief Inspector of Hospitals

Overall summary

We rated Littleddale Hall Therapeutic Community as **Inadequate because:**

Systems that were in place did not ensure the safe handling and administration of clients' medicines. This included incomplete client risk assessments for clients who were self-managing their medicines. Staff did not always proactively support clients to take their medication as prescribed which was evidenced in gaps in medication records. Auditing of medication management was not robust and issues were either not recognised or not acted upon. This included fridge temperatures which significantly exceeded recommended limits. Some medication boxes in the fridge were wet. This meant the service could not be assured the medication in the fridge which included insulin, was safe or effective for use. We issued a warning notice to the provider to make sure they improved their systems that were in place, to ensure the safe handling and administration of people's medicines.

There were a number of environmental issues which could compromise the safety, privacy and dignity of clients and staff. There were no locks on any bedroom doors including the staff bedroom. This meant that clients and staff did not have a safe and secure place to sleep. There was nothing in place to prevent male and females accessing each other's bedrooms. The providers lone working policy did not provide sufficient detail to guide staff in how to respond in the event of an emergency. Staff did not have access to ligature cutters.

Clients' personal work was not kept securely and could be accessed by anyone using the building. This included personal and sensitive information. Staff did not always keep daily contemporaneous records for each client. This meant that staff did not always have access to a record of the daily care and treatment provided to each client. The service did not ensure all policies were up to date and some policies were not relevant to the needs of the service. The governance systems in place did not adequately identify and mitigating the risks to clients and staff. Audits undertaken did not identify all risk issues. We issued a warning notice to the provider to make sure they improved their governance systems.

There were a number of environmental issues that had not been addressed by the provider. These included: access to the family room, the disabled access bedroom not being fit for purpose and the décor in the premises was in need of refurbishment.

Policies and procedures were not specific to the service, they lacked relevant guidance for staff to follow and they did not have review dates.

However;

There were enough staff to keep clients safe and all staff had received safeguarding training and knew which procedures to follow to safeguard clients. Staff had received mandatory training, supervision and appraisals.

Summary of findings

Staff completed individual risk assessments for all clients, and there were effective risk management plans in place for each client. Staff recorded incidents appropriately and incidents were investigated according to the policy.

All clients had a recovery orientated care plan which was updated regularly. Staff provided a well-structured treatment programme which was based on national guidance and best practice. Staff supported clients to access activities and support in the local community. The team worked in an effective, multi-disciplinary way with other agencies to provide comprehensive support for clients.

Client feedback was universally positive and they felt staff genuinely cared about them and that the programme had made a real difference to their lives.

Clients were active partners in their care and staff supported clients to take personal responsibility for their own treatment.


Staff encouraged and supported contact with family and supported clients to improve relationships that had been affected by substance use including clients' relationships with their children.

There was a clear admissions process and staff worked effectively with other agencies during this process. Staff planned discharges well and staff ensured clients had adequate support on discharge including 12 months aftercare support.

There was a positive culture within the staff team. Staff were motivated and passionate about their work. Leaders were visible and approachable and effective systems were in place for communicating information between staff and the leadership team.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Residential substance misuse services	Inadequate 	Please see the main body of the report

Summary of findings

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Inadequate



Littledale Hall Therapeutic Community

Services we looked at

Residential substance misuse services;

Summary of this inspection

Background to Littledale Hall Therapeutic Community

Littledale Hall Therapeutic Community is a 33-bed residential addiction treatment centre providing accommodation without detoxification facilities for both male and female clients over the age of 18.

Littledale 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 can 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 February 2017. This was a focused inspection and found that previous breaches had been met.

Our inspection team

The team that inspected the service comprised of one inspection manager, one CQC inspector, one assistant inspector and a medicines inspector.

Why we carried out this inspection

We inspected this service as part of our ongoing mental health inspection programme.

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 to people's needs?
- Is it well-led?

Before the inspection visit, we reviewed information that we held about the location and asked a range of other organisations for information.

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 nine clients who were using the service;
- spoke with the registered manager;
- spoke with four other staff members;
- received feedback about the service from five care co-ordinators or commissioners;
- attended and observed one group;
- collected feedback from 27 clients using comment cards;
- looked at six care and treatment records of clients;
- carried out a specific check of the medication management;
- looked at a range of policies, procedures and other documents relating to the running of the service.

Summary of this inspection

What people who use the service say

All client feedback was extremely positive. Clients felt safe and respected and felt that the programme was helping them. Clients provided lots of positive feedback about staff. They told us staff were very caring and that they went the extra mile.

Carers told us that the service had helped them and that the programme was effective. Commissioners of services felt that the programme was effective, and that staff worked well with them to support the clients.

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 rated safe as inadequate because:

- Systems that were in place did not ensure the safe handling and administration of clients' medicines. When people were admitted to the service, staff did not undertake or document medicines reconciliation or make individual assessment of any support that clients may need to safely manage their medicines. Also, staff did not record risk assessments when clients chose to completely self-manage their medicines. Staff placed the onus on clients to request medication. When clients failed to attend for medication staff did not follow this up. This meant that some clients missed medication that was evidenced in the medication charts we looked at.
- We issued a warning notice to the provider to make sure they improved their systems that were in place, to ensure the safe handling and administration of people's medicines.
- Staff did not maintain the fridge at the correct temperature. Although staff monitored and recorded fridge temperatures they failed to action when fridge temperatures were persistently outside of the recommended temperature range. The temperatures staff recorded were up to 13 degrees higher than the recommended range for the medications stored in the fridge. We found medication boxes in the fridge that were wet. This meant the service could not be assured the medication in the fridge which included insulin, was safe or effective for use.
- The service had blanket restrictions around money, mobile phones and searching clients which were not based on clients' individual risks.
- There were a number of environmental issues which could compromise the safety, privacy and dignity of clients and staff. There were no locks on any bedroom doors, including the staff bedroom. This meant that clients and staff did not have a secure and safe place to sleep. There was nothing in place to prevent males accessing female bedrooms or females accessing male bedrooms.
- The lone working policy did not give clear guidance to staff about the procedures they needed to follow in the event of an emergency.
- There was a ligature assessment in place but no ligature cutters in the building.
- Clients' therapeutic work was not kept securely. Each client had a folder with their personal work in which contained highly

Inadequate



Summary of this inspection

sensitive and personal information. These were kept in a bookcase in a communal corridor which could be accessed by anyone that entered the building. This meant that staff could not be assured that the client's confidentiality and privacy was maintained at all times.

- The décor in some of the bedrooms was in a poor state of repair and one room had a damp patch on the wall.
- Access to the family visiting room was via some steep stone steps.

However;

- All staff had received safeguarding training and knew which procedures to follow to safeguard clients.
- There were enough staff to keep clients safe during the day. There was only one staff member on the premises at night.
- Staff had received mandatory training.
- Staff completed individual risk assessments for all clients, and there were effective risk management plans in place for each client. Staff recorded incidents appropriately and incidents were investigated according to the policy.

Are services effective?

We rated effective as good because:

- All clients had a recovery orientated care plan which was updated regularly.
- The service offered a well-structured treatment programme which consisted of a variety of evidence based therapeutic input through groups, one to one sessions and by taking part in the day to day running of the house.
- Staff supported clients to access activities and support in the local community.
- The team worked in an effective, multi-disciplinary way with other agencies to provide comprehensive support for clients.
- Twelve months aftercare support was provided as part of the programme.
- Managers effectively supervised staff and provided regular appraisals.

Good



Are services caring?

We rated caring as good because:

- Client feedback was universally positive. Clients felt staff genuinely cared about them and that the programme made a real difference to their lives.
- Staff had developed strong, supportive relationships with vulnerable clients and clients told us they trusted staff.

Good



Summary of this inspection

- Clients were active partners in their care and staff supported clients to take personal responsibility for their own treatment.
- Staff met the emotional and therapeutic needs of clients effectively, effectively, and staff fostered a culture where clients supported each other's emotional and social needs.
- Staff encouraged and supported contact with family and supported clients to improve relationships that had been affected by substance use including clients' relationships with their children.

Are services responsive?

We rated responsive as requires improvement because:

- The environment did not provide adequate privacy and dignity for clients. Dormitories contained between two and five beds which were screened using furniture. Some beds could be viewed from other beds and did not provide adequate privacy for carrying out personal activities such as dressing and undressing.
- There were no locks on the bedroom doors which meant anyone including people of the opposite gender could enter a bedroom at any time which could compromise clients' privacy and dignity.
- The disabled access bedroom was not designed or accessible for clients with limited mobility because it was cluttered, contained three beds and was not fit for purpose.

However;

- There was a clear admissions process and staff worked effectively with other agencies during this process.
- Staff planned discharges well and staff ensured clients had adequate support on discharge including 12 months aftercare support.
- The service had good links with the local community and clients were supported to access community support and activities.
- Staff worked effectively with vulnerable clients and had specific training in working with people who had experienced trauma.

Requires improvement



Are services well-led?

We rated well-led as inadequate because:

- The service did not ensure all policies were up to date and some policies were not relevant to the needs of the service.
- There was only one staff member on the premises at night. The provider had not made adequate arrangement for mitigating

Inadequate



Summary of this inspection

the potential risk this posed to the safety of both clients and the staff member. There was no lock on the staff sleep in room and guidance for staff about the procedure to follow in an emergency when lone working was unclear.

- Staff did not carry out robust audits of medication management and issues such as the incorrect fridge temperatures were either not recognised or not acted upon.
- There were no contemporaneous daily records in client files. Clients' notes were transferred from the handover notes to client files and staff only recorded in the files when something of note had occurred. Not all clients' personal information was kept securely as client's personal work was kept in a communal corridor.
- Environmental audits did not identify all risk issues. No consideration had been given to the absence of locks on bedroom doors, the absence of ligature cutters and the privacy and dignity of clients in the dormitories.
- There were a number of environmental issues that had not been addressed by the provider. These included: access to the family room, the disabled access bedroom not being fit for purpose and the décor in the premises was in need of refurbishment.
- We issued a warning notice to the provider to make sure they improved their governance systems.

However;

- Staff were well managed and had received supervisions and appraisals.
- There was a positive culture within the staff team. Staff were motivated and passionate about their work.
- Managers and staff engaged well with stakeholders and family members. Feedback was welcomed and acted upon.
- Leaders were visible and approachable and effective systems were in place for communicating information between staff and the leadership team.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

The service had a policy on the Mental Capacity Act which staff were aware of and could refer to.

All staff had completed Mental Capacity Act training and were aware of the guiding principles of the Mental Capacity Act.






Staff assessed clients' capacity at admission and recorded this in client files. Staff ensured clients consented to care and treatment and this was assessed, recorded and reviewed in a timely manner.

Overview of ratings

Our ratings for this location are:

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

Residential substance misuse services

Safe	Inadequate 
Effective	Good 
Caring	Good 
Responsive	Requires improvement 
Well-led	Inadequate 

Are residential substance misuse services safe?

Inadequate 

Safe and clean environment

Littledale Hall had a variety of communal rooms for running therapeutic groups and for communal living purposes. These included two lounges, a large dining room, a therapy room and a family room. The building was set in extensive grounds and clients had access to a well-kept garden.

Staff conducted regular health and safety checks. Fire alarm tests and practice evacuations were carried out regularly. There was a defibrillator located in the hall. Ongoing repairs were logged and there was evidence that some repairs had been carried out.

The manager had carried out a ligature risk assessment of the building. A ligature is something that could be used for the purposes of strangulation. Staff were aware of ligature points and measures had been put in place to reduce the risks. However, there were no ligature cutters on site.

Clients did not have a secure sleeping space. None of the bedrooms had locks including the staff bedroom and clients were expected to stay downstairs during the day unless there was a specific reason to go upstairs such as someone feeling ill. However, all clients told us they felt safe.

Access to the family visiting room was via some steep stone steps. The provider told us that an alternative room was available for people who had mobility issues.

Areas that clients had access to were clean and comfortable. Clients were responsible for cleaning the house as part of their activities in the therapeutic programme and there were well organised systems in place to ensure cleaning was effective.

The décor in some of the bedrooms was in a poor state of repair. Paint and wallpaper were peeling off in places and one room had a damp patch on the wall. Walls were covered in marks where clients had put up pictures with tac.

The manager told us that work was planned to paint some of the rooms and to put cork boards up for clients' pictures.

Staff adhered to infection control principles including hand washing and the disposal of clinical waste.

Safe staffing

There were 16 members of staff including the director. This consisted of 10 full time members of staff and five part-time members of staff. The team was led by the registered manager and the director. A team leader supported the manager and client work was carried out by treatment practitioners and support workers. Littledale Hall employed an aftercare worker and a psychotherapist. The service also had an administrative worker, a quality manager, an admissions coordinator and a human resource administrator to support the running of the organisation.

There was enough skilled staff during the day to meet the needs of clients and managers had contingency plans to manage unforeseen staff shortages. There was a minimum

Residential substance misuse services

of five staff during the day shift, two members of staff worked between 5pm and 9pm and a member of on duty at night who did the sleep over. The rota showed that the number and type of staff matched this number on all shifts.

There were cover arrangements for sickness and leave which ensured client safety. Two members of the leadership team were employed on flexible contracts and could cover unexpected absences. The organisation did not use bank or agency staff.

Managers had a proactive approach to anticipating potential future problems including staffing levels and staff absence.

There was a senior member of staff on call to support staff out of hours. However, we were concerned about the safety of members of staff who were lone working at night. There were no locks on any of the bedrooms including the staff bedroom. The lone working policy did not give clear guidance to staff about the procedures they needed to follow in the event of an emergency.

All staff had completed mandatory health and safety awareness training and staff had completed training in and understood their responsibilities in relation to the Mental Capacity Act 2005 and Mental Health Act 1983. Records we looked at were unclear. Most training was recorded as due in 2019 although no month or day was specified.

Assessing and managing risk to clients and staff

We looked at five care records. All records contained a risk assessment and where risks had been identified a risk management plan was in place. Staff updated these regularly. Staff also discussed any risk issues in handovers which took place twice a day. These notes would then be transferred to client files. Risk management plans were updated when risks were identified.

All clients were registered with the local GP and attended for a health check within a week of being admitted. Staff had good relationships with clients and knew them well. They recognised and responded to warning signs and deterioration in clients' health. Staff supported clients to access medical care if they were concerned about client's health.

Clients were made aware of the risks of continued substance misuse. This was an integral part of the group programme and was explored regularly in one to one

sessions with keyworkers. Harm minimisation and safety planning was addressed if a client planned to leave the programme early. This was discussed verbally with the client and recorded on a discharge form.

Staff built close relationships with clients and identified and responded to changing risks to, or posed by, clients. The structure that was in place ensured that staff had regular contact with clients and that clients took responsibility for each other's wellbeing. There were regular meetings during the day where clients could bring up concerns they had about themselves or other clients.

Smoking was permitted in the grounds of Littleddale Hall. Staff supported clients who wanted to stop smoking and could refer them for nicotine replacement therapy.

Most rules were set out in the client information pack and clients told us they understood the reasons for the rules. We were concerned that clients did not have access to their own money in the first stage of their programme and that all clients were searched every time they returned from leave. This included every time they went to town. These rules applied to all clients and individual needs and risks were not considered. Clients were also not permitted a mobile phone on the premises.

Safeguarding

Staff gave examples of how to protect clients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff promoted a culture of respect and all residents said they felt safe and respected.

Staff worked effectively within teams, across services and with other agencies to promote safety and there were information sharing systems and practices in place.

Staff implemented statutory guidance around vulnerable adult and children and young people safeguarding and staff were aware of where and how to refer on as necessary.

All staff had received safeguarding training and staff knew how to identify adults and children at risk of, or suffering, significant harm. This included working in partnership with other agencies.

Staff gave us examples of when they had made safeguarding alerts and liaised with social services.

Staff access to essential information

Residential substance misuse services

Staff used paper records to record client information and these were kept in the office. Relevant staff had prompt and appropriate access to care records that were accurate and up to date.

Clients' therapeutic work was not kept securely. Each client had a folder with their personal work in which contained highly sensitive and personal information. These were kept in a bookcase in a communal corridor which could be accessed by anyone that entered the building. This meant that written information personal to them could be viewed by others as there was nowhere secure to keep it. This meant that staff could not be assured that the clients' confidentiality and privacy was maintained at all times.

Medicines management

We reviewed ten prescription charts.

Staff did not follow good practice in medicines management and national guidance had not been implemented. There were issues with storage, administration, medicines reconciliation, recording and record keeping.

Support workers checked that any medicines brought into the service by the client were pharmacy labelled and suitable for use. However, we saw that one client had been taking medicines from an unlabelled container for over a month. This meant that it was not possible for support workers to confirm that the correct dose was being taken.

All clients were required to hand their medicines to support workers on admission to the service for safe storage. Clients signed an agreement that they would arrive at the medicines room at the right times for their medicines, but they did not have a copy of their current medicines record to remind them when to do this.

Five of the ten records we looked at showed that doses of medicine had been missed. This included a course of antibiotics for one client. We saw that support workers did raise the importance of taking medicines correctly with clients. In three cases records it was indicated the client 'forgets'. However, there was no discussion about what support might be useful to help ensure the medicines were taken correctly.

Medicines administration records were typed in-house and signed by clients when they took their medicines. They were not independently checked and signed by a staff

member to ensure their accuracy. Staff told us they observed clients taking their medicines to ensure they were taken correctly. However, details of any support provided was not recorded.

Two records showed that clients had moved to self-managing their medicines in their own rooms when their previous medication administration records showed they sometimes forgot to take their medicines. Written risk assessments had not been completed prior to clients moving to the self-management of medication.

Records of GP consultations were maintained and changes to medicines were promptly made. However, records of the quantities of medicines received into the home were not recorded. This meant that audit trail for medicines handling at the service was incomplete.

The clinic room was clean and secure and only accessible by staff. There was a medicines fridge but the temperature was not correctly monitored to ensure the quality of the medicines stored within it. Some medication boxes in the fridge were visibly wet. Lockable tins were provided to clients for the safe storage of self-managed medicines.

A monthly medicines audit was completed but had not identified the issues we found regarding fridge temperature monitoring and checks on quantities of medication held on the premises were not completed as receipt quantities were not recorded.

Track record on safety

There were no serious incidents reported to CQC in the past 12 months. However; we saw that a previous incident had been thoroughly investigated and learning from the incident was shared with staff.

Reporting incidents and learning from when things go wrong

All staff knew what incidents to report and how to report them and staff reported all incidents that they should report. Staff were clear about their roles and responsibilities for reporting incidents, were encouraged to do so and reported in a consistent way.

Staff understood the duty of candour. They were open and transparent and gave clients and families a full explanation when something went wrong. Feedback from incidents was discussed with staff in team meetings.

Residential substance misuse services

Are residential substance misuse services effective?

(for example, treatment is effective)

Good 

Assessment of needs and planning of care

We looked at five care records.

There was an admissions coordinator who completed a thorough assessment with all potential clients prior to admitting them to Littleddale Hall. Referrers told us that referrals would only be accepted if staff felt they could meet the clients' needs.

Staff developed care plans that met the needs identified during assessment. Care plans were recovery orientated and client focused. Care plans were updated every three months and staff recorded issues in the handover notes which were then transferred to in clients' individual files. All clients had a keyworker who was identified in their care plan. Clients wrote comments on their care plans and all care plans were signed and a copy was offered to the client.

Plans were not in place for unexpected exit from treatment. However, staff put plans in place if a client said they wanted to leave early. Staff completed a form with the client with appropriate actions and advice to support the client who wanted to leave. Staff liaised with the clients care manager and where appropriate next of kin.

Best practice in treatment and care

Staff provided a range of care and treatment interventions suitable for the client group. A full groupwork programme was delivered Monday to Friday both by staff and external providers. During the weekend clients participated in activities and trips out. The service also used volunteer counsellors which was an optional part of a client's programme.

Groups were well run and both challenging and supportive. Clients said they learned a lot from groups and felt they provided a safe space to explore therapeutic issues in depth.

The programme was underpinned by a daily structure. Clients were split into groups that were responsible for the upkeep of the house and gardens, including the cooking,

cleaning and gardening. Each group was headed up by a client who was at a senior stage of the programme. The ethos behind this was to help clients take responsibility and give them an opportunity to develop leadership skills. Clients were expected to support each other both in groups and outside of groups.

Interventions were recommended by, and were delivered in line with, guidance from the National Institute for Health and Care Excellence. They included psychological therapies, daily activities, training and work opportunities intended to help clients acquire living skills. The organisation employed a psychotherapist two days a week.

One of the keyworkers who had social work training carried out family work with clients' families. The service offered clients 12 months of aftercare support when they had left the service.

Managers and staff identified and embedded relevant and current evidence based best practice and guidance into the programme. For example, the family service was based on research that shows that treatment is more effective when family and loved ones are included. There was an evidence based, staged approach to treatment which helps clients focus on different issues gradually throughout their treatment.

Blood borne virus testing was not routinely asked about for all clients. Where there was an issue identified clients would be supported to access appropriate medical support.

Staff supported clients to live healthier lives. A member of staff ran a group called 5 ways to wellbeing group which supported clients explore different ways to live a healthier life. Staff promoted walks and there were options for clients to become involved in mindfulness and meditation.

Clients could use computers to look for work and assist them with universal credit related activities.

Monitoring and comparing treatment outcomes

Staff regularly reviewed care and recovery plans with the person using the service. Staff completed Treatment Outcome Profile forms with clients. This was a form that collects information about clients' drug or alcohol use and lifestyle and measures the progress a client makes in treatment. Staff also sent information to the National Drug Treatment Monitoring Service which collects information on substance use nationally.

Residential substance misuse services

Skilled staff to deliver care

Managers provided all staff with a comprehensive induction. Staff shadowed experienced staff for six shifts before completing a lone working shift.

Managers identified the learning needs of staff and provided them with opportunities to develop their skills and knowledge. Staff carried out a variety of additional training courses including understanding trauma and LGBT Equality and Diversity training. The team leader was undertaking health and social care level 5 and the manager had taken a management development programme level 4.

Managers ensured that robust recruitment processes were followed. Staff had Disclosure and Barring Service checks and reference checks.

All staff received regular supervision and a yearly appraisal from appropriate professionals. Supervision and appraisal levels were 100%. Poor staff performance was addressed promptly and managed effectively through performance management measures.

Managers recruited volunteers when required and trained and supported them for the roles they undertook.

Multi-disciplinary and inter-agency team work

There was effective multi-disciplinary working. Care managers told us that staff usually communicated well with them and that they were involved in the discharge process.

There were good links with a variety of external service including GPs, the local college, supported housing and local substance misuse groups. Staff support clients to link in with external agencies to increase their support.

The admissions coordinator liaised with clients' care managers and other relevant agencies including criminal justice services and detoxification services to ensure there was appropriate multidisciplinary input into people's comprehensive assessments. Care coordinators were clearly identified in client files.

Recovery plans included clear care pathways to other supporting services. Work was carried out with health, social care and other agencies to plan integrated and coordinated pathways of care to meet the needs of different groups.

Good practice in applying the MCA

The service had a policy on the Mental Capacity Act which staff were aware of and could refer to

Staff had all completed Mental Capacity Act training and were aware of the principles of the Mental Capacity Act.

Capacity was assessed at admission and recorded in client files. staff ensured clients consented to care and treatment and this was assessed, recorded and reviewed in a timely manner.

Are residential substance misuse services caring?

Good 

Kindness, privacy, dignity, respect, compassion and support

Staff were compassionate, respectful and caring. They provided responsive, practical and emotional support. Staff developed caring relationships with clients and managed challenging behaviour in a respectful way. Several clients told us that they had received rehabilitation in different services and felt that Littleddale was the best by far due to the staff and the therapies that were provided.

We spoke to nine clients and collected 27 feedback cards. All feedback from clients was extremely positive and clients felt the programme had made a real difference to their lives. Clients said they felt safe, respected and listened to. Clients told us that staff were caring, compassionate. They told us they managers were approachable and they could speak to them directly if they needed to.

Staff said they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes to clients without fear of the consequences.

Clients were involved in their care and treatment and staff supported clients to understand and manage their care. Staff encouraged a culture of personal responsibility.

Staff regularly directed clients to other services and supported them to access those services.

The service had clear confidentiality policies in place that are understood and adhered to by staff. Staff maintained the confidentiality of information about clients.

Residential substance misuse services

Confidentiality policies and information sharing protocols were explained to clients and clients signed to say they understood these.

Involvement in care

Staff communicated with clients so that they understood their care and treatment, including finding effective ways to communicate with clients with communication difficulties. Clients with dyslexia were identified at assessment and staff would arrange a dyslexia assessment for them with the local college.

The service supported access to appropriate advocacy for clients, their families and carers.

Each client had a recovery plan and risk management plan in place that demonstrated the person's preferences, recovery capital and goals. Staff engaged with people using the service, their families and carers to develop responses that meet their needs and ensured they had information needed to make informed decisions about their care.

Staff actively engaged people using the service and their families/carers if appropriate in planning their care and treatment.

Involvement of families and carers

Staff enabled families and carers to give feedback on the service they received. Staff held family days and gathered detailed feedback about whether families felt involved, satisfaction levels and what they could do differently to support families. Feedback from the family day was extremely positive and families felt supported and well informed.

Families, including children were able to visit the service and activities were put on to encourage families to spend time with their loved one. Allocated space for families visiting was available.

Clients were encouraged to maintain relationships with their families and where relationships had been affected by substance use, staff supported clients to rebuild those relationships. Staff supported contact between parents and their children. One of the workers carried out family work. This provided families with support and helped them gain more understanding of their loved one's substance misuse.

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

Requires improvement 

Access, waiting times and discharge

Littledale Hall had an admissions coordinator who was responsible for the admissions process. Referrals usually came from care managers and care managers told us that staff were happy to discuss referrals over the phone to ascertain whether they would be appropriate to come to Littledale Hall. Prior to admission clients would be assessed to see if staff could meet their needs. There was a well-documented admission criteria and care managers told us that staff were would clearly say if they felt they could not meet an individuals' needs.

Time between assessment and admission varied due to bed availability and detoxification arrangements.

All clients were given the opportunity to spend some time at Littledale Hall prior to being admitted. This gave clients the opportunity to see if Littledale Hall was the right place for them and to meet other clients and speak to staff.

Littledale staff liaised with care managers if they could not admit a client or if a placement broke down and the client needed to leave treatment early. Care managers told us that once admission had been agreed staff would try to accommodate an earlier admission date, if this was needed.

There was a clearly documented acceptance and referral criteria that has been agreed with relevant services and key stakeholders.

Recovery and risk management plans reflected the diverse/complex needs of the person including clear care pathways to other supporting services including supported housing, social services and local recovery-oriented groups.

Staff planned for clients' discharge. This included good liaison with care managers and where appropriate family members. Staff could refer clients to aftercare flats in Lancaster and Accrington to help clients transition back into the community.

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Plans were not in place for unexpected exit from treatment. However, where discharges were unexpected staff provided harm reduction advice and liaised with the clients care manager or family to ensure support was in place. We saw examples of staff arranging temporary accommodation for clients during an unexpected discharge.

Wherever possible clients were discharged in the daytime and a discharge plan and aftercare support were in place.

The facilities promote recovery, comfort, dignity and confidentiality

There were no single rooms at the service. Rooms had between two and five people in them. Furniture was used in the bedrooms to provide privacy between most beds. However, some of the beds could be seen from other beds and clients could see each other whilst in bed. This gave limited privacy for intimate activities such as dressing and undressing. Most female rooms had an ensuite bathroom containing a shower and a toilet. Male showers and toilets were on the corridors. One female room had a bathroom opposite. This was the only bathroom that contained a bath. If male clients wished to have a bath they needed to request one.

Littledale Hall had an identified accessible bedroom downstairs and there was a downstairs bathroom with an accessible shower. However, the bedroom was not designed to meet the needs of someone with physical health needs as there would be insufficient space as it contained three beds, was cluttered and wheelchair access would be difficult.

There were no locks on the doors which meant that anyone could enter a bedroom at any time which impacted further on clients' privacy and dignity.

We were told there were plans in place to improve screening between beds, to increase privacy and dignity for clients.

Client' engagement with the wider community

Staff supported clients to maintain contact with their families and carers. Visits with family members were also encouraged. Staff encouraged clients to develop and maintain relationships with people that mattered to them, both within the services and the wider community. One member of staff carried out support work with families.

Staff promoted access to the local community and activities. When appropriate, staff ensured that clients had access to education and work opportunities. The local college delivered Maths, English and IT courses on site.

Clients were encouraged to access groups and facilities within the local community. These included local recovery-based groups, the gym, places of worship and sessions run by the local college.

Meeting the needs of all people who use the service

Staff demonstrated an understanding of the potential issues facing vulnerable groups and were experienced in working with people who had experienced domestic abuse, sex workers and had worked with pregnant clients.

Staff had links with LGBTQ organisations and could help clients to access this support if needed. The service had a quality mark for its' work promoting equality and recognising diversity. Staff also supported clients to meet their religious needs through helping them to access places of worship. Staff told us they could support clients who had religious dietary requirements.

Staff maintained contact with care managers whilst clients are on the waiting list. We were told by care managers that staff were flexible where possible and that staff had admitted a client early due to concerns about deteriorating mental health.

Clients told us that treatment activities were rarely cancelled or delayed.

Listening to and learning from concerns and complaints

The service had a clear complaints system that showed how complaints were managed and lessons learnt and acted upon to improve the quality of the service. Complaints records demonstrated that individual complaints have been responded to in accordance with the service's complaint policy.

We were told that one of the biggest complaints was the food. Managers responded to this by employing a part time chef. Prior to this there was no chef employed.

Are residential substance misuse services well-led?

Residential substance misuse services

Inadequate 

Leadership

Leaders performed their roles effectively in some areas. All staff were supervised and had appraisals. Staff were not fully up to date with training and the training schedule was unclear. Performance issues were managed where needed. Team meetings had structure and purpose and staff were supported to increase their knowledge about substance misuse and the service. However, medicines were not well managed and auditing in this area was poor. The medicines policy lacked clarity and the training did not reflect the medicines system that was used at Littledale Hall.

The organisation has a clear definition of recovery and this is shared and understood by all staff.

Leaders had a good understanding of the services they managed. They could explain clearly how the teams were working to provide high quality care.

Leaders were visible in the service and clients and staff said they found them approachable.

Vision and strategy

Staff knew and understood the vision and values of the team and organisation and what their role was in achieving it. The organisation had a clear statement of purpose and which described what the organisation wanted to achieve. This was; 'Helping to develop confidence and self-belief to achieve an abstinent life with meaning and purpose'. It also set out how staff were going to support clients to achieve this.

Staff told us they had the opportunity to contribute to discussions about the strategy for their service. Staff felt involved and felt they could make suggestions and that these suggestions would be valued.

Culture

There was a positive culture at Littledale Hall. Staff felt respected, supported and valued and were passionate about their work. Staff turnover was low and sickness levels were low. Staff felt valued and part of the organisation's future direction.

Staff appraisals included conversations about career development and how it could be supported. Staff felt positive and proud about working for the provider and their team. Members of staff had different areas of responsibility.

There was a whistle blowing policy and staff told us they could raise concerns if they needed to. However, staff said they got on well and supported one another. Staff told us that managers were really caring supported them if there were any difficulties.

Staff reported that the provider promoted equality and diversity in its day to day work. All staff undertook equality and diversity training and there was an equality and diversity policy. Littledale Hall had been awarded the LGBT Navajo charter mark which is an equality mark supported by LGBT Community.

Governance

Governance policies varied in quality. Some were up to date and relevant to the service whilst other were not. Not all policies had review dates. One policy referred to training that was not present in the training matrix. Some policies were specific to Littledale Hall while others were more generic with a lack of relevant guidance for staff to follow.

The governance systems in place did not adequately identify and mitigate the risks to clients and staff. Managers audited files and medication management however; audits undertaken did not identify all risk issues. Some actions were seen relating to file audits but medication audits did not identify or action issues of concern such as the variations in fridge temperatures and problem with the audit trail for received medicines. Environmental audits were in place but they did not identify certain risks and issues including the lack of locks on bedroom doors, the absence of ligature cutters, access to the family room, the disabled access bedroom not being fit for purpose and the décor in the premises which was in need of refurbishment.

Managers held weekly team meetings, monthly reflective practice and a monthly manager's meeting where operational issues were discussed. There was a clear framework for team meetings which ensured that essential information, such as learning from incidents and complaints, was shared and discussed.

There had been no deaths or serious incidents in the last 12 months. There was a policy in relation to serious

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incidents although this was very brief and lacked detail. Incidents and feedback were reviewed by management and findings fed back and discussed in team meetings. Staff sought regular feedback from clients, family and stakeholders and changes were made where appropriate in response to feedback.

Data and notifications were submitted to external bodies and internal departments as required.

Staff understood the arrangements for working with other teams, to meet the needs of the clients.

The service had a whistle blowing policy in place and staff told us they felt able to whistle blow and raise concerns if necessary.

Management of risk, issues and performance

Littleddale Hall had a quality manager who was putting in place mechanisms for collecting feedback from stakeholders. Feedback was reviewed, and measures put in place to improve areas where there were identified problems.

There was a clear policy for managing risk. Staff maintained and had access to the risk register. Risk was a standing agenda item at the team meeting. Staff raised concerns about risks and were added to the risk log. The manager was responsible for investigating risks raised and any concerns rated as amber or red were further discussed in team meetings and managers meetings.

The service had plans for emergencies including fire safety, evacuation and flooding protocols. Sickness and absence rates were monitored and discussed in managers meetings.

Information management

Staff had access to the equipment and information technology needed to do their work. The information technology infrastructure worked well and helped to improve the quality of care.

Daily contemporaneous notes were not kept. In the handover staff recorded information about clients they had been concerned about or who had done something of note. They did not record information about every client daily. These notes were then transferred to a client's individual file. There were gaps in clients notes as clients were not written about every day.

Clients personal work was not kept securely and could be accessed by anyone using the building. This included personal and sensitive information.

Information governance systems included confidentiality of client records.

Team managers had access to information to support them with their management role. This included information on the performance of the service, staff and client care.

All information needed to deliver care was stored securely in the office and available to staff, in an accessible form, when they needed it.

Information-sharing processes and joint-working arrangements had been developed with other services where appropriate to do so. There were signed confidentiality agreements and information sharing protocols which set out information sharing processes in clients' files.

Engagement

Staff, clients and carers had access to up-to-date information about the work of the provider and the services they used. Managers maintained good contact with stakeholders and family and put on regular events. Staff held a family day where they explained about the programme to family members. We received positive feedback about this from family members who told us they found the information really helpful.

Clients and carers had opportunities to give feedback on the service they received in a manner that reflected their individual needs. There was an opportunity for clients to give feedback daily and this was encouraged as part of their programme. Staff actively engaged with families to gain feedback and this was reviewed by senior members of staff and acted on where possible and appropriate. Clients and staff could meet with members of the provider's senior leadership team to give feedback.

Managers engaged with external stakeholders. Managers gathered feedback from commissioners of their service and reflected on how they could make improvements. Feedback from stakeholders was mostly extremely positive.

Learning, continuous improvement and innovation

There was a strong focus on continuous learning. Staff attended training that was additional to mandatory

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training and some staff took external professional training. This was welcomed by managers and one member of staff who carried out social work training was employed to use their skills to carry out family work.

The programme was evidenced based and staff kept up to date with new ways of working. Managers used student placements to enhance the staff team. All staff had objectives focused on improvement and learning.

Outstanding practice and areas for improvement

Outstanding practice

- The service offered clients 12 months aftercare support after they had left treatment.
- Clients with dyslexia were identified at assessment and staff would arrange a dyslexia assessment for them with the local college.

Areas for improvement

Action the provider **MUST** take to improve

- The provider must have a clear system in place for managing medication.
- The provider must have a clear system for auditing medication and acting on the outcomes of these.
- The provider must ensure policies are up to date and relevant to the needs of the service.
- The provider must ensure that a contemporaneous daily record is kept for all clients.
- The provider must ensure that provisions are made to ensure staff safety when lone working.
- The provider must ensure that any room that is set aside specifically for people with a disability is suitable for that purpose.

- The provider must ensure that clients and staff have a secure place to sleep.
- The provider must ensure that privacy and dignity is maintained when clients are sharing a dormitory.

Action the provider **SHOULD** take to improve

- The provider should ensure that blanket restrictions are based on individual risk assessment and these are reviewed regularly.
- The provider should continue to make improvements to the environment.
- The provider should ensure that clients personal therapeutic work is stored securely.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity

Accommodation for persons who require treatment for substance misuse

Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

Beds in shared dormitories did not provide privacy for the clients. This was a breach of regulation 10 (2) (a)

Regulated activity

Accommodation for persons who require treatment for substance misuse

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

**The disabled access bedroom was not fit for purpose.
This was a breach of regulation 15 (1) (c)**

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Systems that were in place did not ensure the safe handling and administration of people's medicines.</p> <p>This was a breach of regulation 12 (2) (g)</p> <p>We have issued a warning notice to Littledale Hall Therapeutic community telling them that they must improve in this area by 28 June 2019.</p>
Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems in place did not adequately identify and mitigate risks to clients and staff including staff safety when lone working.</p> <p>Some policies were not up to date and did not meet the needs of the service</p> <p>Staff did not maintain daily contemporaneous records for clients.</p> <p>This was a breach of regulation 17 (2) (a) (b) (c)</p> <p>We have issued a warning notice to Littledale Hall Therapeutic community telling them that they must improve in this area by 28 June 2019.</p>