

# St Anne's Community Services – Alcohol Services

## 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

## Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following issues that the service provider needs to improve:

- We found in one client record that staff had recognised potential safeguarding concerns and made an appropriate referral to the local authority. However, the registered manager had not submitted a notification to the Care Quality Commission which is a requirement of the Care Quality Commission's (Registration) Regulations 2009.

We found the following areas of good practice:

- St Anne's Community Services – Alcohol Services had addressed all of the issues identified at the last inspection and was now meeting Regulations 12 and 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.
- All clients had a risk assessment and risk management plan. Risk assessments were comprehensive and included all risks identified by the original referral.

Staff undertook routine ongoing physical health monitoring of all clients admitted to both the detoxification service and the rehabilitation service. Physical health documentation was now stored together with care records. Staff undertook observations and assessments before administering pro re nata (as required) medication in line with the provider's medication administration policy. The service was now regularly checking the defibrillator in line with the manufacturer's guidance.

- Systems were now in place to ensure that the registered manager had oversight of compliance rates for mandatory training, supervision and appraisals. The registered manager had implemented a weekly audit which monitored the quality and safety of the service provided. Care records were now of a consistent standard. In cases where the audit had identified issues in care records, there was evidence that the registered manager had taken appropriate action. Cleaning schedules were now being completed regularly.

# Summary of findings

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# St Anne's Community Services - Alcohol Services

**Services we looked at**

Substance misuse/detoxification

# Summary of this inspection

## Background to St Anne's Community Services - Alcohol Services

St Anne's Community Services – Alcohol Services includes a detoxification service and a residential rehabilitation service. They provide treatment to men and women over 18 years of age. The service is separated into:

- A five-bed detoxification service which provides residential alcohol detoxification to adults who require a safe and supervised place to withdraw from alcohol. This includes clients who are stable on substitute prescriptions for opiate dependency.
- An additional 18-bed residential rehabilitation service provides adults who have been experiencing alcohol-related problems with an intensive period of support to maintain abstinence from alcohol.

Clients can attend the detoxification service without attending the residential service, and vice versa. Clients can also attend for a detoxification from alcohol and then continue into the residential service. The referral route for both the detoxification and the rehabilitation services is through the community-based substance misuse services in Leeds.

St Anne's Community Services - Alcohol Services are one of 58 locations registered with the Care Quality Commission provided by St Anne's Community Services. St Anne's Community Services provides a wide range of services to people who require support for a variety of different reasons. They provide services across Yorkshire and the north east for people who require support

because they have a learning disability, have mental health problems, have issues around substance use, and to people who are or have been homeless. Services provided by St Anne's Community Services include a variety of housing and accommodation based support and care, day services, and community based support.

The service had a registered manager in place at the time of inspection. St Anne's Community Services - Alcohol Services registered with the Care Quality Commission on 15 March 2011. The service was registered to provide:

- Accommodation for persons who require treatment for substance misuse.

Five inspections have been undertaken since St Anne's Alcohol Services were first registered. At the last inspection on 4 April 2017 we found that St Anne's Alcohol Services was not meeting all the Health and Social Care Act (Regulated Activities) Regulations 2014. We issued the provider with two warning notices for this service. These related to the following regulations under the Health and Social Care Act (Regulated Activities) Regulations 2014:

- Regulation 12 HSCA (RA) Regulations 2014 Safe care and Treatment
- Regulation 17 HSCA (RA) Regulations 2014 Good governance

## Our inspection team

**Team Leader:** Chris Storton, Inspector (Mental Health) Care Quality Commission

The team that inspected the service comprised three CQC inspectors which included the team leader.

## Why we carried out this inspection

We undertook this inspection to find out whether St Anne's Community Services – Alcohol Services had made improvements to their substance misuse service since our last focussed inspection in April 2017.

Following the April 2017 inspection, we told the provider it must make the following actions to improve substance misuse services:

- The provider must ensure that risk assessments include all risks identified by the referral and that appropriate risk management plans are put in place.

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- The provider must ensure that staff assess, monitor and document physical health needs for all clients, and store this consistently in the client record so they are easily accessible for all staff.
- The provider must ensure that staff undertake observations and assessments for pro re nata (as required) medications for clients and record these as per the St Anne's Alcohol Services medication administration policy, and that all medication prescribing decisions are clearly documented.
- The provider must ensure that there is a system of regular checks on the service's emergency equipment to ensure it is in working order.
- The provider must ensure that systems are in place which monitors compliance rates with mandatory training, appraisals and supervisions.
- The provider must ensure care records, risk assessments and cleaning schedules are routinely and effectively audited to ensure compliance and improve quality.

- The provider must ensure that the governance systems in place, operate effectively and are embedded to assess, monitor and improve the quality and safety of the service provided.

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

- Regulation 12 Safe care and treatment
- Regulation 17 Good governance

We also reported that the provider should take the following actions:

- The provider should ensure that all clients admitted to the service receive a care plan which is personalised to their needs.

## How we carried out this inspection

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

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

On this inspection, we assessed whether the service had made improvements to the specific concerns we identified during our last inspection. We also followed up on the action we reported the provider should take. This was an unannounced inspection.

Before the inspection visit, the inspection team;

- reviewed information that we held about the location

- met with the registered manager and regional management team as part of our ongoing engagement with the provider.

During the inspection visit, the inspection team:

- visited the location and looked at the quality of the physical environment
- met with three clients
- interviewed the registered manager
- spoke with three other staff members employed by the service provider, including nurses and support workers
- spoke with one peer support volunteer who was also previously a client of the service
- reviewed in detail eight client care and treatment records and medicines records
- attended one handover
- examined policies, procedures and other documents relating to the running of the service.

## What people who use the service say

We spoke with three people who were using the service on the day of inspection and one peer support volunteer

who had also previously used the service. Clients told us that they had an individual care plan and that these were

# Summary of this inspection

updated. Clients gave us examples of how care plans had been personalised to meet individual needs including taking account of their physical health, support with debt problems or housing needs. Clients spoke positively about interactive sessions and having increasing input into decisions about daily activities as their rehabilitation programme progressed. Clients told us they had been introduced to a range of community-based services which could provide ongoing support once they had left St Anne's. Clients told us that they felt supported both by

staff, volunteers and by other clients through the stages of the programme. Clients were very positive about the staff in the service and described them as "friendly and professional". Clients told us staff were approachable and always on hand. One client said "I feel confident to tell staff what's happened if I'm having problems". One client described the experience of detoxification and rehabilitation provided by the service as having 'given me back my life, my future'.

# Summary of this inspection

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- At this inspection we found that the provider had completed actions to address the issues identified in the breach in regulation at the last inspection in April 2017 by ensuring that all clients had a risk assessment and risk management plan. The service had introduced a new risk assessment template which required staff to identify and assess risks at referral, prior to admission, at the point of admission and during admission. Risk assessments included all risks identified by the original referral.
- The provider had completed actions to address the issues identified in the breach in regulation at the last inspection in April 2017 by ensuring that all clients had routine ongoing monitoring of their physical health. Clients admitted to the detoxification service received a daily check of their physical health. Clients admitted to the rehabilitation service received a weekly check of their physical health.
- The provider had completed actions to address the issues identified in the breach in regulation at the last inspection in April 2017 by ensuring that staff undertook observations and assessments for pro re nata (as required) medications for clients as per the St Anne's Alcohol Services medication administration policy.
- The provider had completed actions to address the issues identified in the breach in regulation at the last inspection in April 2017 by ensuring that staff regularly checked that the defibrillator was charged and in working order.

We found the following issues that the service provider needs to improve:

- In one record staff had not clearly documented the interventions undertaken in response to concerns related to a long term physical health condition.

### Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

# Summary of this inspection

- The provider had completed actions to address the issues identified from the previous report that they should take to improve by ensuring that all clients admitted to both the detoxification service and rehabilitation service received a care plan which was personalised to their needs.

## Are services caring?

We do not currently rate standalone substance misuse services.

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

## Are services responsive?

We do not currently rate standalone substance misuse services.

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

## Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following issues that the service provider needs to improve:

- We found in one client record that staff had recognised potential safeguarding concerns and made an appropriate referral to the local authority. However, the registered manager had not submitted a notification to the Care Quality Commission which is a requirement of the Care Quality Commission's (Registration) Regulations 2009.

However, we found the following areas of good practice:

- At this inspection we found that the provider had completed actions to address the issues identified in the breach in regulation at the last inspection in April 2017 by ensuring that the registered manager had oversight of compliance rates for mandatory training, appraisals and supervision. Compliance rates for mandatory training and appraisals were above the provider's target. Compliance rates for supervision was below the provider's target but had improved since the last inspection.
- The provider had completed actions to address the issues identified in the breach in regulation at the last inspection in April 2017 by ensuring that the registered manager undertook a regular weekly audit of the service which included auditing care records and cleaning schedules. Care records were now maintained to a consistent standard. All clients had a comprehensive risk assessment and risk management plan. The environment was clean and well-maintained, and cleaning schedules were now regularly completed.



# Substance misuse/detoxification

Safe

Effective

Caring

Responsive

Well-led

## Are substance misuse/detoxification services safe?

### Assessing and managing risk to clients and staff

Our inspection in April 2017 identified continued deficiencies in the service's approach to assessing and managing risk to clients. We found that:

- Risk assessments did not include all of the risks identified by the original referral.

At this inspection we reviewed eight care records. The service had introduced a new risk assessment template since the last inspection. Clients entering both the detoxification service and rehabilitation service received a thorough risk assessment which started from the point of referral. The service's new risk assessment template was designed to identify and assess all risks for clients from the point of referral and then subsequently reassess established risks and identify new risks (1) at the pre-admission assessment; (2) at the point of admission; and (3) if required during admission. Risk assessments were present in all the care records we reviewed, and in all cases the risk assessments included the risks identified by the original referral. In one care record, staff had identified several risks which were not captured in the limited information provided by the original referral.

Staff told us they were encouraged to review the risk assessments regularly and at set intervals as well as being re-assessed at the point of admission and whenever there was a notable change in risk. The service guidance stated that risk assessments should be reviewed at admission and halfway through the treatment programme or following an incident. Of the eight records we reviewed, four were of clients who had been admitted to the service for a period

of more than six weeks. In all four records we saw that risk assessments had been reviewed in line with the service guidance. In one record we saw that a client's risk assessment had been reviewed following an incident.

Our inspection in April 2017 found that;

- Physical health observations were not carried out routinely for all clients in the rehabilitation service. Care plans did not include evidence on how staff cared for and managed the needs of clients with an identified physical health condition including blood borne viruses, or how clients managed these conditions themselves. Physical health observations were not always stored with care records and may not be easily accessible for staff

At this inspection we found that the service had significantly improved its approach to monitoring clients' physical health. Physical health observations were now stored within care records. Clients with long term physical health conditions were identified during the service's risk assessment process. Five care records of the eight we reviewed were for clients who had an existing long term physical health condition. In each case staff had assessed the risk posed by the physical health condition and produced risk management plans.

The service used a 'vital signs' observation record for all clients. This recorded clients' blood pressure, pulse, oxygen saturation, respiration rate, temperature and an optional test of blood sugar levels. Clients admitted to the detoxification service received a daily physical health check using the 'vital signs' observation record, which also included a record of the selective severity assessment and an early warning score. The selective severity assessment is a clinical tool used to both differentiate and assess the physical symptoms of alcohol withdrawal for a client

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undergoing detoxification. An early warning score is a simple clinical tool used by nursing staff to categorise physical health observations to allow early detection of any deterioration in physical health.

Clients admitted to the rehabilitation service received a weekly check of their physical health using the 'vital signs' observations record. Clients were positive about the weekly check and told us that they felt confident that the service was caring for their physical health throughout their rehabilitation.

In one care record we identified one concern relating to physical health monitoring. In the record we saw that staff had consistently recorded blood sugar levels for a client who self-monitored and self-managed their diabetes. The records showed that on two occasions the blood sugar levels were considerably higher than normal, however the records did not indicate the action taken by staff. In interview staff were clear on the action they would take and accepted that there was a need for this to be documented in care records. We raised this in final feedback to the service's management team who told us that this was an area which would be reviewed by the team.

Our inspection in April 2017 found that;

- Staff did not ensure that observations and assessments for pro re nata (as required) medications for clients were completed and recorded as per the St Anne's Alcohol Services medication administration policy. This was also a concern in the previous inspection in March 2016.

At this inspection, care records showed that three of the eight clients whose records we reviewed had received pro re nata (as required) medication during their admission. In all three cases staff had used the selective severity assessment as a clinical tool to assess clients before administering pro re nata (as required) medications. The scoring used on the selective severity assessment matched the algorithm used by the service which indicated that pro re nata (as required) medication was necessary. This meant that staff were now correctly ensuring that observations and assessments for pro re nata (as required) medications for clients were completed and recorded as per the St Anne's Alcohol Services medication administration policy.

Our inspection in April 2017 found that;

- Whilst the service had access to a defibrillator and staff were trained to use this equipment, there was not a system in place to regularly check that the defibrillator battery was charged and in working order.

At this inspection, the service had implemented a new process where staff checked the defibrillator daily. The registered manager had also sourced the defibrillator manufacturer's guidance on how the machine should be checked and how often. As different checks were required every six months, every year and every two years, the registered manager had produced a timetable for when each check should be undertaken. We saw that the first six-monthly check had been undertaken. This meant that there was now a system in place to regularly check that the defibrillator was charged and in working order.

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

### Assessment of needs and planning of care

(including assessment of physical and mental health needs and existence of referral pathways)

Our inspection in April 2017 found that;

- Care plans for clients admitted to the detoxification service had little evidence of personalisation. The personalisation of care plans for clients admitted to the rehabilitation service was inconsistent.

At this inspection we reviewed eight care records which included three records specifically for clients admitted only to the detoxification service, two records for clients admitted only to the rehabilitation service and three records for clients admitted first to the detoxification service and then subsequently to the rehabilitation service. In all eight care records there was evidence that staff had sought to personalise the care plans. In the detoxification service, clients undertook a standard treatment pathway which meant that the care plans for each client contained similar information. However, staff had included and specifically highlighted areas of the care plan which were personalised to each client. Examples of personalisation included items in the care plan which responded to identified physical health, mental health and social needs.

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In the rehabilitation service all clients received a similar care plan for the first week of their treatment. This care plan aimed to address their immediate risks and needs during their admission. As found in the previous inspection, we saw that during the initial week of treatment staff had worked with the client to produce a personalised care plan which focussed on the personal goals of the client. The care plan template covered eight areas of need; (1) safety and wellbeing; (2) physical health; (3) mental health; (4) social needs; (5) nutrition and hydration; (6) mobility; (7) personal choice and preference; and (8) discharge planning. All care plans had the client's first name used consistently. As in the detoxification service, staff had differentiated information in the care plans by specifically highlighting the areas of personalisation.

## Are substance misuse/detoxification services caring?

We do not currently rate standalone substance misuse services.

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

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

We do not currently rate standalone substance misuse services.

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

## Are substance misuse/detoxification services well-led?

### Good governance

Our inspection in April 2017 found that;

- The provider had not completed actions to address the issues identified in the breach of regulation at the last

inspection in March 2016 and governance systems were still either not in place, operating effectively or established and embedded to assess, monitor and improve the quality and safety of the service provided.

- Managers still did not have a system to monitor compliance rates for mandatory training, supervision and appraisals. This meant that they lacked oversight and focus on how well staff were able to care for clients.
- Local audits still did not identify the areas of concern which we found with care records, risk assessments, emergency equipment and cleaning schedules.

At this inspection we found that the service had significantly improved local governance. The service had responded to the areas of concern identified during the previous inspection and implemented new audits, systems and processes to improve management oversight of the service.

The service now had databases for mandatory training, supervision and appraisals. The mandatory training database logged each member of staff's training dates and provided a countdown to the expiry date for each module of training. The registered manager used the database to produce a manual calculation of training compliance once a month. The overall compliance rate for mandatory training was displayed on a poster on the staff notice board. As of 30 June 2017, the overall compliance rate for mandatory training was 99%. This was above the provider's compliance rate target for mandatory training which was 80%.

The service had a separate database for supervision and appraisal. This recorded the dates of each staff member's supervision sessions and last annual appraisal. The registered manager used the database to produce a manual calculation of compliance rates for supervision and appraisal rates. As of 30 June 2017, the overall compliance rate for supervision was 68%. This was below the provider's compliance rate target for supervision which was 80%. The registered manager told us that this was an area for improvement which was already recognised. The service had improved compliance rates with supervision since the last inspection and was working towards achieving the provider's target. The overall compliance rate for annual appraisals was 92% which was above the provider's target of 80%.

Following the last inspection the registered manager had implemented a service wide weekly audit. The audit

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ensured that staff had completed (1) fire safety checks; (2) client monies checks; (3) freezer temperature checks; (4) fridge temperature checks; (5) client risk assessments; (6) client support plans; (7) medication checks; and (8) handover documentation. The registered manager specifically checked the care records of all clients each week. The audit ensured that care records contained the necessary documentation including risk assessments and care plans, and checked the quality of the documentation. In cases where the audit had identified issues in care records, the registered manager had followed up with the staff member responsible. Any actions taken as a result of the audit were documented and were reported to the provider's senior management. This inspection found that care records had improved since the last inspection and were maintained at a consistent standard.

During the inspection we discussed with the registered manager the long-term sustainability of the weekly service wide audit. The registered manager told us that he had already recognised that whilst these checks were beneficial, in order to be sustainable in the long term he hoped to delegate some tasks to other staff in the service.

Following the last inspection the provider had worked to support the registered manager and other staff to improve the service and address the identified areas of concern. Staff told us that they had received additional training in risk assessments and risk management from the provider's quality and safety team. The registered manager told us that the area manager undertook weekly visits to the service to support staff and ensure that weekly checks were being completed. The registered manager was required to submit a weekly update on the provider's action plan in response to the last inspection to the provider's senior leadership team.

Our inspection in April 2017 found that;

- The service did not regularly audit cleaning schedules. Staff could not provide evidence that cleaning schedules had completed apart from during the week prior to inspection.

The environment was clean and well-maintained. During this inspection the service was able to provide cleaning schedules for each week since the last inspection. Domestic staff were now consistently completing cleaning schedules and these were checked each week by the registered manager. The registered manager told us that since the last inspection the service had recognised that there was a need for additional domestic staff. The area manager had produced a business case for additional domestic staff and this was with the provider's senior management team at the time of inspection.

In our review of care records we found in one record that a client had disclosed allegations of historic abuse which staff had recognised as potential safeguarding concerns. The record stated that staff had responded appropriately to the concerns and had raised a safeguarding alert with the local authority. The service later provided a clarification which stated that staff had completed a domestic violence assessment and made a referral to the local authority's Multi Agency Risk Assessment Conferences. However, the registered manager had not submitted a notification to the Care Quality Commission. Providers must notify the Care Quality Commission of all incidents that affect the health, safety and welfare of people who use services including any abuse or allegation of abuse in relation to a service user. We raised this with the registered manager and the provider's area manager who recognised that a notification should have been submitted. The area manager told us that this would be fed back to all the provider's services and to the provider's senior leadership team.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider **MUST** take to improve

- The provider must ensure it reports all notifiable incidents to the Care Quality Commission.

### Action the provider **SHOULD** take to improve

- The provider should ensure that staff consistently document interventions undertaken in relation to clients' physical health needs.

- The provider should continue to improve compliance with staff supervision.
- The provider should ensure that governance systems and processes are sustainable and embedded into the service.

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	Regulation
Accommodation for persons who require treatment for substance misuse	<p>Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents</p> <p><b>How the regulation was not being met:</b></p> <p>The provider had not submitted a notification to the Care Quality Commission following an incident of an allegation of abuse in relation to a service user.</p> <p>This was a breach of <b>Regulation 18(2)(e)</b></p>