

Shardale St Annes

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location

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

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Overall summary

We do not currently rate independent standalone substance misuse services.

This was a focused inspection relating to issues identified at a previous inspection.

Summary of findings

We issued a requirement notice following a comprehensive inspection in February 2016 relating to one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breach was in relation to regulation 5 (fit and proper persons: directors).

At this inspection, we assessed whether the service provider had made improvements to their arrangements for checking that the directors were fit and proper, which we identified in the requirement notice. We found that the provider had made the improvements and met the requirement notice.

At the last inspection in February 2016, we also found areas that the provider should take steps to improve. These were:

- The provider should ensure that all staff are aware of and understand the principles of the duty of candour.
- The provider should ensure that staff receive training so they understand the Mental Capacity Act.

At this inspection we were assured by looking at records and speaking with the staff on duty that the provider had taken steps to ensure that these areas had been addressed.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services		See overall summary

Summary of findings

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Shardale St Annes

Services we looked at:

Substance misuse services

Summary of this inspection

Background to Shardale St Annes

Shardale St Annes is an independent residential substance misuse service that is part of the Shardale Group. It is situated in St Annes, near Blackpool, in a residential area close to public transport and local amenities. Shardale St Annes offers a personalised treatment programme for up to 38 men and women, enabling them to make informed treatment choices that support their individual recovery journeys.

The service provided psychosocial support in a residential setting. It did not provide clinical interventions or prescribe medication.

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

Accommodation for persons who require treatment for substance misuse.

At the time of our inspection, there was no registered manager. The directors had notified the Care Quality Commission, in line with regulatory requirements. One of the directors was attending to the delivery of the regulated activity and had submitted an application to be registered manager.

The Care Quality Commission has inspected Shardale St Annes once before in February 2016.

Our inspection team

The team that inspected the service comprised two CQC inspectors.

Why we carried out this inspection

We carried out this inspection to find out whether the provider had made improvements since our last inspection and had taken action to rectify the concern identified in the requirement notice.

We last inspected Shardale St Annes in February 2016. Following that inspection we told the provider that it must take the following actions to improve Shardale St Annes:

- The provider must ensure there are appropriate systems and processes to ensure that all new directors and existing directors are, and continue to be, fit, and that no appointments meet any of the unfitness criteria set out in Schedule 4 of Regulation 5.

We told the provider that it should take the following actions to improve Shardale St Annes:

- The provider should ensure that all staff are aware of and understand the principles of the duty of candour.
- The provider should ensure that staff receive training so they understand the Mental Capacity Act.

The provider sent an action plan dated 29 June 2016 telling us that they had already implemented a policy to ensure that all directors continued to be fit and that future appointments met the criteria set out in the regulation.

How we carried out this inspection

During this inspection, we assessed whether the provider had made improvements to the concerns we identified during our last inspection.

We looked at specific areas that related to the following key questions:

Summary of this inspection

Is it safe?

Is it effective?

Is it well led?

Before the inspection visit, we reviewed information that we held about the service and considered the action plan sent by the provider following our last inspection.

During the inspection visit, the inspection team:

- visited the service
- spoke with one of the directors
- spoke with one other member of staff employed by the provider
- looked at nine staff training records
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

We did not interview any clients during this inspection. This was because we were looking at whether staff had made improvements to their systems.

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:

- There was a policy outlining the duty of candour that provided guidance for staff. We were assured through speaking with staff and looking at records that they understood the principles of the duty of candour. There was a clear culture of transparency in the service.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff received training to ensure they understood the statutory principles of the Mental Capacity Act 2005.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The provider had appropriate systems and processes to ensure that all new directors and existing directors were, and continued to be, fit, and that no appointments met any of the unfitness criteria set out in the regulations.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

The service had a Mental Capacity Act policy that provided guidance for staff.

Since our last inspection, all staff had completed Mental Capacity Act training.

We discussed mental capacity with the staff and the director on duty. We also looked at minutes of team meetings that contained evidence of discussion about the Act. Staff had signed the minutes to indicate that they had read and understood them. The staff we spoke with gave examples where they would consider a client's capacity and the action that they would take. Staff told us that concerns regarding capacity were rare. The provider did not admit clients who lacked capacity as they would

be unable to engage with the treatment programme. The provider did not formally reconsider capacity but staff would report any concerns about a client's capacity to the provider, who would liaise with the funding local authority to arrange a capacity assessment depending on the decision required.

Staff referred to the policy guidance in our discussions and told us that if they needed any advice on decisions around capacity they would know where to access it.

We were assured that staff understood the statutory principles of the Mental Capacity Act 2005 and the application of the Act within their roles.

Substance misuse services

Safe

Effective

Well-led

Are substance misuse services safe?

Duty of candour

When we inspected in February 2016, we found that the directors had an understanding of the duty of candour. Openness, honesty and transparency were encouraged. However, there was no policy that provided staff with guidance about the duty of candour. We were not assured through speaking with staff that they understood the principles of the duty.

We told the provider that they should ensure that all staff were aware of and understood the principles of the duty of candour.

On this inspection, we found the provider had introduced a policy outlining the duty of candour that provided guidance for staff. The policy set out the provider's approach to the duty of candour and what action it would take if an incident occurred that prompted the duty. It referred to the provider's statement of purpose and other policies. There was a clear culture of transparency in the service. The directors encouraged staff to be open and honest if things went wrong. We discussed this with the member of staff and the director on duty. We looked at minutes of team meetings that contained evidence of discussion about the duty of candour. Staff had signed the minutes to indicate that they had read and understood them. We were assured that they understood the principles of the duty of candour and had the skills necessary for them to carry out their roles. There had been no incidents that met the duty of candour threshold in the 12 months before this inspection.

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

Good practice in applying the MCA

The Mental Capacity Act 2005 is legislation that enables people to make their own decisions wherever possible and provides a process and guidance for decision making where people are unable to make decisions for themselves.

When we inspected in February 2016, we found there was a Mental Capacity Act policy to provide guidance for staff. The policy was basic. It referred staff to the Mental Capacity Act and deprivation of liberty safeguards codes of practice and advised them to report any concerns to their line manager. Information about the Mental Capacity Act was displayed in the office. Staff did not receive any training on the Mental Capacity Act.

We told the provider that they should ensure that staff received training so they understood the Mental Capacity Act.

During this inspection, we looked at staff training records. Since our last inspection, all staff had completed Mental Capacity Act training. Mental Capacity Act training was part of the mandatory training programme. The directors monitored compliance with mandatory training via an electronic system that raised an alert when refresher training was due.

The directors took responsibility for ensuring Mental Capacity Act resources were up to date.

We discussed mental capacity with the staff member and the director on duty. We also looked at minutes of team meetings that contained evidence of discussion about the Act. Staff had signed the minutes to indicate that they had read and understood them. The staff we spoke with gave examples where they would consider a client's capacity and the action that they would take. Staff told us that concerns regarding capacity were rare. The provider did not admit clients who lacked capacity as they would be unable to engage with the treatment programme. The provider did not formally reconsider capacity but staff would report any concerns about a client's capacity to the provider, who would liaise with the funding local authority to arrange a capacity assessment depending on the decision required.

Substance misuse services

Staff referred to the policy guidance in our discussions and told us that if they needed any advice on decisions around capacity they would know where to access it.

We were assured that staff understood the statutory principles of the Mental Capacity Act 2005 and the application of the Act within their roles.

Are substance misuse services well-led?

Good governance

Following our last inspection in February 2016 we issued a requirement notice for breach of regulation 5 (fit and proper persons: directors).

The requirements of regulation 5 are that:

- the individual is of good character,
- the individual has the qualifications, competence, skills and experience which are necessary for the relevant office or position or the work for which they are employed,
- the individual is able by reason of their health, after reasonable adjustments are made, of properly performing tasks which are intrinsic to the office or position for which they are appointed or to the work for which they are employed,
- the individual has not been responsible for, been privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity or providing a service elsewhere which, if provided in England, would be a regulated activity, and
- none of the grounds of unfitness specified in Part 1 of Schedule 4 apply to the individual.

The provider sent us an action plan dated 29 June 2016 telling us that they had already implemented a policy to ensure that all directors continued to be fit and that future appointments met the criteria set out in the regulation.

At this inspection, we found that the provider had taken action to address our concerns.

The provider had appropriate systems and processes to ensure that all new directors and existing directors were, and continued to be, fit, and that no appointments met any of the unfitness criteria set out in Schedule 4 of Regulation 5.

There was a policy document in relation to the fit and proper person test that the provider adhered to in order to ensure its directors were of good character, had sufficient health to be able to fulfil their role with reasonable adjustments and had the appropriate skills, knowledge and experience to complete their roles.

The policy set out the general principles of the regulation. It described how the provider would carry out an annual assessment of directors' continued compliance. The policy required directors to complete a self-declaration form stating that they satisfied the regulation and that they would notify the provider if they became ineligible.

Both directors had completed a self-declaration.

Both directors had a current disclosure and barring service check. This check ensured that directors were of good character and had no criminal convictions that would make them unsuitable to work with the clients in the service. The provider had also completed checks with other services, for example, Companies House and the insolvency service, and had taken up references.