

St Thomas Fund

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

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.

We found the following areas of good practice:

- Following our inspection in December 2016 we found that disclosure and barring service checks had not been renewed by all staff in line with the organisation's policy of renewing these every three years. Disclosure and barring service checks provide information to approve people who work with vulnerable adults and children.
- However, at this inspection we saw evidence that all staff had a current disclosure and barring service check and there was a procedure in place to ensure these were renewed every three years.
- Following our inspection in December 2016 we found that not all staff were up to date with their Mental Capacity Act training. At this inspection we saw staff training records which showed that staff had completed Mental Capacity Act training.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services		Inspected but not rated

Summary of findings

Contents

Summary of this inspection

	Page
Background to St Thomas Fund	5
Our inspection team	5
Why we carried out this inspection	5
How we carried out this inspection	5
What people who use the service say	6
The five questions we ask about services and what we found	7

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards	9
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St Thomas Fund

Services we looked at

Substance misuse services

Summary of this inspection

Background to St Thomas Fund

The St Thomas Fund provides residential substance misuse rehabilitation treatment based on cognitive behavioural therapy alongside a person centred approach to eight people in a large Victorian house. It is situated in a residential area of Hove. It offers a safe, supportive and substance free environment in which people can make informed choices about their future. The St Thomas Fund is a charitable organisation providing support to those who have encountered problems with their drug and alcohol use. The service does not provide pharmacological interventions. All clients' detoxification and regular prescriptions are made by the community substance misuse service or the local GP.

There is a registered manager in place. The service is registered with the Care Quality Commission (CQC) to provide accommodation for persons who require treatment for substance misuse. The service made an application on 1 December 2016 to have the registration for treatment of disease, disorder or injury removed as the service no longer provides this regulated activity.

When the service was last inspected in December 2016 we found the service had breached one regulation and we issued the service with one requirement notice. A requirement notice is issued by CQC when an inspection identifies that the provider is not meeting essential standards of quality and safety. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

The requirement notice issued to the St Thomas Fund related to the following regulation under the Health and Social Care Act (Regulated Activities) Regulations 2014:

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

Following this inspection this requirement has now been met.

Our inspection team

This inspection was carried out by James Holloway, CQC inspector.

Why we carried out this inspection

We undertook this unannounced focused inspection to find out whether St Thomas Fund had made improvements to their substance misuse services since our last comprehensive inspection of the service in December 2016.

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?

Summary of this inspection

For this inspection we were looking specifically at the safe domain.

Before the inspection visit, we reviewed information that we held about the location, asked other organisations for information

During the inspection visit, the inspection team:

- visited the service, looked at the quality of the physical environment

- spoke with the registered manager
- spoke with two other staff members employed by the service
- reviewed a recent MIND Annual Service User consultation
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

We reviewed a recent service user consultation that had been completed by a service user involvement worker. This survey gathered the views of clients living at the service in June and July 2017. Feedback from the clients was extremely positive about the staff, the peer mentors and volunteers at the service. Clients mentioned the excellent staff, the constant support, the structure and safety of the service as well as the groups, good communication and peer support. The clients reported

they felt very safe and secure within the service. Clients consistently talked about how beneficial and effective the service was for them and how the daily structure coupled with the support from staff and peers made the clients feel that recovery was attainable and achievable. Clients commented that the caring service put a real structure into their daily lives and provided them with the tools to reintegrate back into society and to stay abstinent.

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 independent standalone substance misuse services.

We found the following areas of good practice:

- Following our inspection in December 2016 we found that not all staff at the service had renewed their disclosure and barring service check in line with the organisation's policy of renewing these every three years. Disclosure and barring service checks provide information to approve people to work with vulnerable adults and children.
- However, at this inspection we saw evidence that disclosure and barring service checks were in place for all staff and there was a procedure in place to ensure these were renewed every three years.

Are services effective?

We do not currently rate standalone substance misuse services.

At the last inspection in December 2016 we did not find any concerns relating to the effective domain. Since that inspection, we have received no information that would cause us to re-inspect this key question.

Are services caring?

We do not currently rate standalone substance misuse services.

At the last inspection in December 2016 we did not find any concerns relating to the caring domain. Since that inspection, we have received no information that would cause us to re-inspect this key question.

Are services responsive?

We do not currently rate standalone substance misuse services.

At the last inspection in December 2016 we did not find any concerns relating to the responsive domain. Since that inspection, we have received no information that would cause us to re-inspect this key question.

Are services well-led?

We do not currently rate standalone substance misuse services.

Summary of this inspection

At the last inspection in December 2016 we did not find any concerns relating to the well led domain. Since that inspection, we have received no information that would cause us to re-inspect this key question.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

- Following our inspection in December 2016 we found that not all staff were up to date with their Mental Capacity Act training. At this inspection we saw staff training records which showed that staff had completed Mental Capacity Act training.
- The service had policies in place to ensure staff knew which actions to take if a client was unable to consent

due to temporary incapacity and staff used these effectively. Staff would monitor the client and not ask for consent if they assessed the client as lacking capacity, but would wait until a more appropriate time. This ensured that all clients were aware of the treatment programme they had consented to.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- The service was based in a converted terraced house and had client bedrooms across three floors. Clients had access to communal living rooms, a shared kitchen and a garden at the rear. Group work took place in a cabin in the garden. Staff had office space on the first floor.
- Clients had a cleaning rota to ensure all areas of the service were kept clean and tasks were distributed evenly. The service was clean at the time of the inspection.
- There were food hygiene posters visible in the kitchen to promote general cleanliness and hygiene awareness.
- The service had an up to date legionnaires risk assessment and an accompanying scheme of control. Staff used this to identify measures required to control potential risks from bacteria. The service had a logbook to monitor these measures, which we saw was being completed in accordance with the policy.
- Staff stored clients' medicine in locked storage and provided them with it when they requested it. Staff required clients to take their medicine in line with their prescription. Staff completed risk assessments of those clients who requested to keep their medicine in their own rooms. The service did not administer medicine. All clients were prescribed their medicine either by the Brighton community substance misuse team or the local GP.

Safe staffing

- The service was staffed 24 hours a day. Staff worked at the service on day shifts or night shifts. Two members of staff, which always included a senior project worker, were on duty for each shift. The manager worked at the service from 9am – 5pm Monday to Friday. The day shift ran from 9am – 5pm; the night shift from 4.30pm –

11pm, then sleep in at the service. The overnight worker would then start duty at 7pm until 9.30am. From 5pm until 9am there was only one member of staff on the premises, although there was always an on call manager from the organisation available.

- The service employed one manager, two senior project workers, four recovery workers, two night and two weekend workers as well as four peer mentors. The local GP practice provided medical support. Staff encouraged clients to register with the community GP to promote engagement with the community as much as possible. The service had no staffing vacancies at the time of the inspection.
- The service used bank staff infrequently, and used the same bank staff wherever possible to ensure continuity.
- Following our inspection in December 2016 we found that not all staff at the service had renewed their disclosure and barring service check in line with the organisation's policy of renewing these every three years. However, at this inspection we saw evidence that all staff had a current disclosure and barring service check and there was a procedure in place to ensure these were renewed every three years. The manager received monthly updates from Change Grow Live to include the disclosure and barring service status of all staff. The report showed those staff whose check was due to expire within the next three months. This enabled the manager to prompt staff to apply for renewal within the three year policy guidance.

Assessing and managing risk to clients and staff

- Staff completed a thorough risk assessment of all clients prior to them moving in to the service. The risk assessment included physical and mental health as well as current and historic substance misuse issues.

Substance misuse services

- All staff had completed adult safeguarding training, and 12 out of 13 staff had completed child safeguarding training. Staff were aware of the safeguarding process and how to make referrals to the local authority.
- The service had a comprehensive safeguarding policy for adults and children which made reference to the six principles of safeguarding within the Care Act 2014.
- All staff and clients received naloxone medicine administration training to ensure safe practice if this was required in the event of an opiate overdose. Naloxone is medicine used to reverse the effects of opiate overdose. Naloxone was stored securely in locked storage.
- The service had a lone working policy in place as the night worker was the only staff member on the premises at night. This was a robust policy to ensure correct procedures were followed at night to ensure both staff and clients' safety.

Track record on safety

- The service had a good track record on safety and had reported no serious incidents or adverse events in the six months prior to inspection.

Reporting incidents and learning from when things go wrong

- Staff completed an incident form after each incident. Staff then sent the completed form to the service manager to investigate. All incidents were reviewed at the monthly governance meeting and any lessons learnt were shared with the wider staff team. For example there had been an incident of medicine not being signed for appropriately by staff. As a result all staff attended medicines management training and the medicine policy was updated.
- The service kept an incident log which contained all incident forms staff had completed. These included episodes of client aggression towards one another or to staff, incidents of lapses in substance use and also if anything had broken or become unsafe through damage in the service. The service followed their policy and reported incidents to Care Quality Commission appropriately.

Duty of candour

- The service had an up to date duty of candour policy. Incident reporting we reviewed showed evidence that staff were aware of their duty of candour and kept clients informed and updated throughout the

investigation process. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person.

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

We do not currently rate standalone substance misuse services.

At the last inspection in December 2016 we did not find any concerns relating to the effective domain. Since that inspection, we have received no information that would cause us to re-inspect this key question.

Are substance misuse services caring?

We do not currently rate standalone substance misuse services.

At the last inspection in December 2016 we did not find any concerns relating to the caring domain. Since that inspection, we have received no information that would cause us to re-inspect this key question.

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

We do not currently rate standalone substance misuse services.

At the last inspection in December 2016 we did not find any concerns relating to the responsive domain. Since that inspection, we have received no information that would cause us to re-inspect this key question.

Are substance misuse services well-led?

We do not currently rate standalone substance misuse services.

Substance misuse services

At the last inspection in December 2016 we did not find any concerns relating to the well led domain. Since that inspection, we have received no information that would cause us to re-inspect this key question.