

# 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

### 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:

- The environment was clean, well maintained, welcoming and comfortable.
- There were sufficient staff to deliver the treatment programme.
- Risk assessments were comprehensive and staff reviewed them regularly.
- Clients were involved in decisions about their care and the service. There were agreed house rules and a behavioural code of conduct.
- Staff demonstrated understanding of procedures for safeguarding clients from abuse. The managers acted as safeguarding leads.
- Staff had completed core skills training to their required level.
- Staff carried out assessments before clients were admitted to ensure that the service could meet the individuals' needs.
- Care plans were recovery focused. In the records we reviewed it was clear what clients' goals were and how they would achieve them. The provider reviewed the care plans regularly throughout a client's stay.

# Summary of findings

- Care and treatment was underpinned by best practice. Clients had access to psychosocial therapies, group sessions and individual one to one sessions with a counsellor. Staff supported clients to engage with other recovery communities.
- Staff worked with clients to help them develop the skills they needed to sustain their recovery and maintain their independence when they returned to the community.
- Staff established therapeutic relationships with clients and involved them in their care.
- Staff treated clients with respect and kindness and supported them throughout their stay.
- All clients had full involvement with their treatment throughout their stay. They made decisions about their treatment during sessions with their keyworker.
- Clients were involved in the running of the house. They were allocated trusted roles, such as community leaders, head of house, gatekeeper and safeguarder. Every month, the clients chose who should be allocated these roles, depending on the level of motivation they had shown in completing the programme.
- There was a structured programme of care, therapy and activities. Discharge planning included an aftercare package to support clients following rehabilitation.
- Staff had regular supervision and ongoing appraisals of their work performance from their manager, providing support and professional development so they were able to carry out their duties.
- Staff we spoke with were highly motivated in their work and told us they felt supported by senior management. There was an open and transparent culture. Staff told us they felt comfortable raising any concerns or issues.

However, we also found the following issues that the service provider needs to improve:

- There were no effective systems and processes to ensure that all 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 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- There was a whistle blowing policy. Staff were aware of this and understood it. However, the policy did not cover the duty of candour and we were not assured through speaking with staff that they understood the principles of the duty of candour.

# Summary of findings

## Our judgements about each of the main services

### Service

#### Substance misuse services

### Rating

### Summary of each main service

Shardale St Annes is an independent 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, based on the philosophy that the individual is best placed to determine their own recovery needs.

# 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 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. There were 19 clients on the day we inspected the service. The approach is based on the philosophy that the individual is best placed to determine their own recovery needs. The programme is designed to support each client to develop the skills they need to begin to make informed choices. As their treatment progresses, individuals are encouraged to take on more decision making responsibility for themselves and increasingly contribute to their recovery journey. The Shardale therapeutic programme consists of seven core values that are designed to support clients to make positive life choices and function more productively in all aspects of their everyday life. Within each core value, there are specific exercises that evidence progression through the programme. As clients make improvements in the areas of physical, emotional and psychological health, they

begin to make informed decisions, progressively developing their own personalised programme. In addition to undertaking the 'core value' component of the programme, clients also attend psycho-educational sessions every evening. These groups are designed to complement the Shardale core values.

The service 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 registered manager had left the service four weeks before this inspection. 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.

The Care Quality Commission has not inspected Shardale St Annes before.

## Our inspection team

The team that inspected the service comprised three CQC inspectors. The inspection was led by Annette Gaskell.

## Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive 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 clients' needs?
- Is it well-led?

# Summary of this inspection

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 seven clients who were using the service.
- Spoke with the managing director.
- Spoke with two other staff members including group facilitators.
- Received feedback about the service from two commissioners.
- Attended and observed one hand-over meeting.
- Attended and observed one community meeting and one journals meeting.
- Collected feedback from one client using comment cards.
- Looked at eight clients' care and treatment records.
- 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.

## What people who use the service say

All the clients we met were positive about the service they received. They said the environment felt welcoming, calm and safe. They described the staff as respectful, supportive and inspiring and told us how the high level of interaction with staff helped them. They found the "buddy" system supportive.

They told us how they were involved in planning their treatment and helped to understand their own needs. They said the clear process helped them focus and made them feel good when they had achieved another step. Some clients described their plans for discharge.

Clients had responsibilities in the house and they explained how this made them feel proud and built their confidence.

# 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:

- The environment was clean and well maintained.
- There were sufficient staff to deliver the treatment programme.
- Risk assessments were comprehensive and staff reviewed them regularly.
- Staff demonstrated understanding of procedures for safeguarding clients from abuse. The managers acted as safeguarding leads.
- Staff had completed core skills training to their required level.
- There was a whistle blowing policy that provided guidance for staff.

However, we also found the following issues that the service provider needs to improve:

- Staff did not demonstrate that they understood the principles of the duty of candour.

### Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Care plans were complete. In the records we reviewed, it was clear what clients' goals were and how they would achieve them. The provider reviewed the care plans regularly throughout a client's stay.
- Staff carried out assessments before clients were admitted to ensure that the provider could meet the individuals' needs.
- Care and treatment was underpinned by best practice. Clients had access to psychosocial therapies, group sessions and individual one to one sessions with a counsellor. Staff supported clients to engage with other recovery communities.
- Staff worked with clients to help them develop the skills required to help them function and maintain their independence when they returned to the community.

### Are services caring?

We do not currently rate standalone substance misuse services.



# Summary of this inspection

We found the following areas of good practice:

- Staff established therapeutic relationships with clients and involved them in their care.
- Staff treated clients with respect and kindness and supported them throughout their stay.
- All clients had full involvement with their treatment throughout their stay. They made decisions about their treatment during sessions with their keyworker.
- Staff supported clients to engage with recovery communities for support.
- Clients were involved in the running of the house. They were allocated trusted roles, such as community leaders, head of house, gatekeeper and safeguarder. Every month, the clients chose who should be allocated these roles, depending on the level of motivation they had shown in completing the programme.

## Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- There was a structured programme of care, therapy and activities.
- Discharge planning included an aftercare package to support clients following rehabilitation.
- The provider tried to meet the diverse cultural, spiritual and dietary needs of all clients who used the service. For example:
- staff could arrange for specific religious or physical health dietary requirements
- staff would support individuals to attend local places of worship.

## Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff had regular supervision and ongoing appraisals of their work performance from their manager, providing support and professional development so they were able to carry out their duties.

# Summary of this inspection

- Staff we spoke with were highly motivated in their work and told us they felt supported by senior management. There was an open and transparent culture. Staff told us they felt comfortable raising any concerns or issues.

However, we also found the following issues that the service provider needs to improve:

- There were no effective systems and processes to ensure that all 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 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

# Detailed findings from this inspection

## Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

There were no clients detained under the Mental Health Act 1983 using the service.

## Mental Capacity Act and Deprivation of Liberty Safeguards

The Mental Capacity Act 2005 was not part of staff training. The service had a Mental Capacity Act policy to provide guidance for staff and information about the Mental Capacity Act was displayed in the office. The provider did not admit clients who lacked capacity as they would be unable to engage with the treatment

programme. Capacity was not formally reconsidered but staff would report any concerns about a client's capacity and the provider would liaise with the funding local authority to arrange a capacity assessment.

There were no clients subject to deprivation of liberty.

# Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

## Are substance misuse services safe?

### Safe and clean environment

The environment was clean and well maintained and appropriate for use as a rehabilitation house. The atmosphere was welcoming and clients told us they felt safe. Visitors were asked to sign in and out. One member of the community in the house acted as a gatekeeper each week. This meant that one person took sole responsibility for answering the door, which helped ensure the safety of everyone in the house.

During their stay, clients followed house rules and a behavioural code of conduct. These rules helped provide an environment where clients were safe from their addictions. The rules set boundaries, defined the code of conduct and established an expectation that each person would be involved in the daily tasks for running the house. The rules worked alongside the treatment programme and encouraged clients to take an outward-looking approach and promoted responsibility for themselves and towards others.

Clients cleaned the house according to a rota. Cleaning products were locked away when not being used and staff completed a checklist every day. Items used for cooking and cleaning, such as knives, chopping boards, mops and buckets, were colour coded to aid effective infection control. The kitchen had recently been refurbished. Clients cooked for the house and the provider ensured they understood how to store, handle, prepare and cook food safely. Fridge temperatures were recorded daily and different foods were stored appropriately. Posters such as knife safety and common causes of accidents were displayed on the kitchen walls.

Staff allocated bedrooms according to gender. Females stayed on one floor and males on another. All bedrooms had lockable doors. Each room contained a washbasin and

clients shared bathroom facilities between two bedrooms. New clients were allocated a bedroom shared with one or two buddies. As they progressed and gained privileges, clients could move on to have their own bedroom. Staff carried out room checks at 9 am to ensure clients kept their rooms clean and tidy. There was a lift so that clients with reduced mobility could access all floors.

All staff had undergone fire safety and first aid training. This meant there was always a fire warden and a first aider on the premises. We saw documentary evidence of monthly fire evacuation drills. Fire extinguishers had been tested. There was a current gas safety certificate. All portable electrical appliances were tested every year.

### Safe staffing

The staffing establishment comprised nine permanent staff and seven volunteers. There were two directors and a treatment co-ordinator. The other staff and volunteers acted as keyworkers and group facilitators. Keyworkers engaged with a maximum of six clients. Groups usually consisted of six to eight clients, with the exception of one group that the whole community attended.

The registered manager had left the service four weeks before this inspection. One of the directors was attending to the delivery of the regulated activity prior to making an application for registration. There were no other staff vacancies and there had been no staff sickness in the 12 months before this inspection.

Other staff included an external supervisor who provided clinical supervision to all staff, an external verifier who reviewed audits, provided guidance to the directors and supported them to develop a clinical governance plan, and a counsellor who worked on a sessional basis depending on clients' needs.

# Substance misuse services

The provider did not use bank or agency staff. Planned leave ensured adequate cover and unexpected leave was managed through the goodwill of the team. Staff and clients told us that groups or activities were never cancelled.

Within 12 weeks of employment, all staff underwent an induction that was based on the common induction standards set by Skills for Care.

Staff received up-to-date training in safety systems. There was a programme of mandatory training for staff that included:

- challenging behaviour
- diversity
- first aid
- food hygiene
- health and safety
- managing medication
- safeguarding.

Staff compliance with mandatory training requirements was 100%. The directors monitored compliance with mandatory training via an electronic system that raised an alert when refresher training was due.

## **Assessing and managing risk to clients and staff**

We reviewed eight clients' records. Risks were initially identified during the pre-admission assessment process. The assessment covered risks such as self-harm, injecting behaviour and criminal behaviour. Where appropriate, the provider asked for more information, for example, from the local authority or probation service. The assessment and a written evaluation of it were filed in the person's record. Staff had access and were aware of each person's identified risks.

The provider used an outcome measure called clinical outcomes in routine evaluation, a person self reporting tool that reflects the person's mood. This was used every week and scores were used to identify heightened risk.

Staff made notes in each client's record three times a day. Their notes reflected clients' mood and level of engagement. Risk was discussed at handover meetings twice a day so staff had up to date information. Handover meetings were recorded on a dictaphone and kept for six months.

One of the records we looked at did not contain a risk management plan. However, in the other records, risk

issues, for example, control issues and low self esteem, were addressed in care plans. Every two weeks, staff and clients reviewed care plans together, including the risk element.

Some activities had specific risk assessments, such as home leave or a visit. Staff completed a risk assessment detailing the activity, concerns and the likelihood of the risk occurring. The assessment included actions that either staff or the client would take to mitigate the risk. Clients provided staff with details of where they were going and they signed in and out of the building.

There was a policy that provided guidance for when a client left the service unexpectedly by discharging themselves. The client's care coordinator and next of kin were informed and staff provided details of recovery support groups wherever possible.

The provider did not prescribe medication. However, it stored and helped dispense medications clients had been prescribed by other health professionals. This included prescribing around physical and mental health issues by GPs. Staff received training on medications management and there was a policy that provided guidance. Medications were secured safely in a locked cupboard. There was a process for medicine reconciliation and six-weekly audits to check stock levels.

Staff received safeguarding training as part of their induction and mandatory training. Senior management acted as safeguarding leads and provided advice and support. There was a safeguarding policy that provided guidance for staff. The provider had not raised any safeguarding alerts in the previous 12 months.

Staff had carried out a number of environmental risk assessments, for example, relating to the use of cleaning materials, use of electrical equipment, spillages, cross contamination and slips, trips and falls. Each risk assessment detailed the risk, the measures being taken to mitigate the risk and any action required. All were completed and up to date.

## **Track record on safety**

In the 12 months before our inspection, there were no serious incidents that required investigation.

# Substance misuse services

## Reporting incidents and learning from when things go wrong

There was no formal incident reporting policy. Staff discussed incidents with managers and recorded them in the accident book and communications book. This ensured information was passed on to the next shift. Managers provided feedback via a standing agenda item at team meetings, the communications book, memos, individual supervision and community meetings. The provider held group sessions to support clients after an incident, if appropriate. Staff were aware of changes made as part of lessons learned. For example, following a number of incidents relating to accidents with cheese graters and knives, information about safety had been displayed in the kitchen and the menus revised to reduce the chance of such accidents. Managers reviewed reported incidents every quarter to identify any trends and ensure staff understood what and how to report.

## Duty of Candour

The directors had an understanding of the duty of candour although there was no policy for this. Openness, honesty, transparency, and challenges to poor practice were encouraged. The directors encouraged staff to be open and honest when things went wrong. There was a clear culture of transparency in the community.

There was a whistleblowing policy that provided guidance for staff. Staff understood the whistleblowing process and said they would use it if they felt it was necessary. They told us they felt able to raise concerns without fear of victimisation, to promote service development and improvement. However, the policy did not cover the duty of candour and although staff were clear that they would be open and honest if something went wrong, we were not assured through speaking with them that they understood the principles of the duty of candour.

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

## Assessment of needs and planning of care

Staff completed an assessment for each client prior to admission. This allowed staff to ensure that the provider could meet the individuals' needs. The assessment

considered physical and mental health, drug use, medication, any previous treatments, housing and benefits. A written evaluation of the assessment was kept in the client's record.

Information gathered during assessment was used to inform care planning.

Care plans were recovery focused. Recovery focused means being focused on helping clients to be in control of their lives and build their resilience so that they can be independent in the community. Staff and clients planned care together following the core values of the treatment programme. They identified individual issues and contained clear goals. This meant that clients' progress could be tracked.

The unique treatment programme comprised working through seven core values designed to underpin each client's recovery journey. The seven core values were:

- Realisation and understanding.
- Re-connection and communication.
- Processing and integration.
- Personal responsibility and choice.
- Building resilience and relapse prevention.
- Re-establishing order and practical everyday living support.
- Consolidation.

Within each core value, there were specific exercises that indicated progression through the programme. There was a psycho-educational programme of 84 topics that ran alongside the treatment programme and complemented the core values. Alongside the treatment programme, there was a motivational system that was implemented solely by clients. Clients scored each other every week according to their level of motivation. Staff were not involved in scoring. There was also a disciplinary process that was implemented if, for example, a client broke house rules or did not display motivation to progress. Privileges were awarded or removed accordingly. Privileges included visits on- or off-site, access to MP3 players and free time.

Physical health care concerns were addressed. Clients were registered with a local GP who managed physical health concerns. Clients were supported to attend medical appointments.

All care plans were complete. The eight records we looked at contained discussion of issues already worked on and

# Substance misuse services

goals and approaches for issues that the client still needed to address. It was clear what the clients' goals were and how they would achieve them. Notes of daily activities related to the clients' recovery plans. This meant clients could easily understand how they could progress with their recovery.

Once they reached the fifth core value, clients developed a relapse prevention plan together with their key worker. They worked with the funding authority to develop a comprehensive discharge plan that incorporated aftercare and a relapse contingency plan.

Staff and clients reviewed care plans every two weeks and all reviews were up to date.

## Best practice in treatment and care

Shardale St Annes delivered a unique treatment programme with core values that had been developed in line with the 12-step programme. The 12-step programme was developed by the alcoholics anonymous fellowship. It utilises principles of mutual aid and peer support. The national institute for health and care excellence has produced guidance for services managing clients with substance misuse issues. This guidance recommends that clients have access to mutual aid (self-help) support groups normally based on 12-step principles.

After 12 weeks in the treatment programme, clients could access client centred counselling sessions. Counsellors followed guidelines from the federation of drug and alcohol professionals.

Clients completed a significant event form and a feelings journal each day. This enabled them to reflect on the day, looking back at what had happened and what they had learnt from that. Staff were available to discuss any concerns clients may have identified in this process. The forms and journals were also used to help structure therapy and counselling sessions.

The provider worked with clients to help them develop recovery capital. Recovery capital refers to social, physical, human and cultural resources a client needs to develop to help them achieve and sustain their personal recovery. Clients told us that the groups and sessions they attended had helped them understand and manage their health and social needs. They were able to explore the reasons behind their substance misuse and develop coping strategies. Clients were linked in with other organisations and encouraged to develop their social support network

including other recovery communities. Sessions included life skills such as cooking. These helped clients build the skills required to help them function and maintain their independence when they returned to the community.

Shardale St Annes did not provide a physical health service and had links with a local GP to manage physical health concerns. The provider had an effective relationship with the GP and encouraged clients to register as patients. Clients were supported to attend appointments at the GP, dentist or other health appointments as required. We spoke to one client who had been supported to visit a dentist.

The provider had a formal audit programme. The directors carried out six-weekly audits of care plans and medication. This included stock checks to ensure medications had not been lost or misplaced. Care plan audits included checking that all sections were complete and that appropriate consent had been obtained. Other staff also carried out audits, for example, cleaning and fridge temperatures. Audits included any action that needed to be taken. All the audit documents we saw were complete and up to date.

Shardale St Annes measured outcomes using the national drug treatment monitoring service. The national drug treatment monitoring service is managed by Public Health England. It collects, collates and analyses information from services involved in drug treatment. All drug treatment agencies provide a basic level of information to the national drug treatment monitoring service on their activities each month. Providers are able to access reports and compare performance against the national picture. Shardale St Annes' latest data submission showed a successful completion rate of 75%.

The provider also used the clinical outcomes in routine evaluation outcome measure. This is a self reporting tool that measures how the client has been feeling by scoring a set of statements that cover subjective well-being, problems and symptoms, life functioning, risk and harm.

## Skilled staff to deliver care

Staff had the necessary skills to carry out their duties. Sixty per cent of the staff had experienced addiction themselves and were in recovery. This helped them to develop relationships with clients because they understood clients' behaviours and anxieties. All support workers had completed or were studying for national vocational



# Substance misuse services

qualifications in health and social care up to level three. Staff in management roles had the opportunity to complete a national vocational qualifications in management up to level five.

Staff were able to access additional training if it was identified as a personal development need or part of service improvement. For example, some staff were trained in relaxation, mental health awareness and effective communication.

All staff received managerial and clinical supervision on a monthly basis. Records we saw confirmed this. An external practitioner who was accredited with the British association for counselling and psychotherapy provided clinical supervision. Supervision was structured and there was a set agenda. Both the supervisor and supervisee signed notes of the supervision session. Staff also received an annual appraisal and set annual objectives.

This enabled managers to identify where improvements were needed. There was a policy that provided guidance on addressing performance. The manager told us that any performance concerns would be addressed during supervision.

## Multi-disciplinary and inter-agency team work

Staff attended a handover meeting before and at the end of each shift. We observed one handover meeting during the inspection. The handover was detailed and comprehensive. Each client was reviewed and discussed. Staff showed a good knowledge of the clients and worked together to deliver care. Following confidential handover discussions, the community leaders, head of house and safeguarder all came into the meeting separately and advised the team about any issues within the community, such as lending money, clients doing jobs for other clients or whether any clients had been distressed.

Staff remained in contact with referring agencies during clients' treatment and informed them of discharge plans.

Clients were supported to access community organisations and volunteering opportunities. The provider had strong links with other local recovery communities. These included alcoholics anonymous, narcotics anonymous and the Lancashire user forum, which is part of Red Rose Recovery. The Lancashire user forum is an independent open forum where clients in recovery are encouraged to share ideas, network and set up groups and activities. Red

Rose recovery is a Lancashire based charity and a recovery infrastructure organisation that provides opportunities for clients to build sustainable recovery in community based settings.

## Adherence to the Mental Health Act and the Mental Health Act Code of Practice

The provider did not admit clients detained under the Mental Health Act 1983.

## Good practice in applying the Mental Capacity Act 2005

The Mental Capacity Act 2005 was not part of staff training. The service had a Mental Capacity Act policy to provide guidance for staff and information about the Mental Capacity Act was displayed in the office. The provider did not admit clients who lacked capacity as they would be unable to engage with the treatment programme. Capacity was not formally reconsidered but staff would report any concerns about a client's capacity and the provider would liaise with the funding local authority to arrange a capacity assessment.

There were no clients subject to deprivation of liberty.

## Are substance misuse services caring?

### Kindness, dignity, respect and support

Staff respected clients and valued them as individuals. Feedback from clients was continually positive about the way staff treated them. There was good engagement between staff and clients. Staff treated clients with dignity, respect and kindness and the relationships between them were positive. This helped establish a therapeutic relationship. Clients told us they felt supported and said staff cared about them. They described staff as friendly, approachable and helpful. There was a strong, visible client-centred culture. Relationships between clients and staff were caring and supportive. These relationships were valued by staff and promoted by managers. The staff ensured clients' dignity, privacy and confidentiality was always respected.

### The involvement of clients in the care they receive

Before their admission, clients received information about the seven steps of the programme. This included the



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programme core values, clients' rights and house rules. When clients were admitted, they were allocated a "buddy" who introduced them to other clients, showed them around the building and explained the house rules.

All clients had full involvement with their treatment throughout their stay. Clients' emotional and social needs were respected by staff and embedded in their care and treatment. They were active partners in their care and made decisions about their treatment during sessions with their keyworker. They completed core work for each of the seven steps, with regular support from staff. In the later stages, this included encouragement to access outside activities that the client had an interest in. They were supported to access support groups in the community. Care plans were simple, individual and recovery oriented. They identified each client's issues, action to be taken, responsibilities, goals and review dates. Clients told us everything was open and they were fully aware of what was expected. Sixty per cent of the staff had gone through the treatment programme themselves and clients said this improved the service, as they understood their needs.

Clients were involved in the running of the house. They were allocated trusted roles, such as community leaders, head of house, gatekeeper and safeguarder. Every month, the clients chose who should be allocated these roles, depending on the level of motivation they had shown in completing the programme. The community leaders and safeguarder reported issues to the shift handover meeting. The provider gave clients training and guidance for these roles so that they were able to undertake them effectively. Clients also took responsibility for household tasks such as budgeting, cooking and cleaning.

Clients had the opportunity to make suggestions, raise concerns and make requests. There was a complaints and compliments book and a suggestions box so that clients could raise issues anonymously if they wished. These were considered at the community meeting and, following discussion, a decision was made by the whole community.

After the first three weeks, when visits were not allowed, and if they wanted to, clients were supported to maintain contact with their families during their rehabilitation.

On discharge, clients completed a quality questionnaire that gave staff feedback on the service they provided. We saw completed copies of these and notes from meetings that showed clients' feedback had been considered and acted on.

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

## Access and discharge

Clients completed a detoxification programme before their admission to the service. The admission process began prior to detoxification. They were able to visit and speak to staff and clients. This enabled the provider to explain how the treatment programme worked and ensure that the individual understood the underpinning ethos. This included an explanation of the house rules and expected standards of behaviour. Clients were required to consent and accept these rules before the provider offered placement.

Staff worked with each client's care coordinator to identify an admission date in conjunction with the planned detoxification. Clients attended immediately following detoxification. Following completion of detoxification, staff collected them and brought them to Shardale St Annes. Clients we spoke with told us that their admission had been quick and easy.

The treatment programme extended over a period of nine months. This corresponded to the funding available for clients. Discharge planning began on admission. Staff worked with the client and the referral agency to plan discharge dates. Clients were encouraged to consider their objectives following discharge and supported in meeting these. This included developing support networks, coping strategies and recovery capital. Following discharge, there were opportunities for clients to stay in accommodation owned by a partner organisation and receive aftercare from the Shardale group. We spoke with two clients who were planning to utilise this after discharge. There was a plan for them to visit initially and to build on the success of their visits. Staff had supported them identifying recovery communities within the area for support.

There was a policy that provided guidance on discharge, including unplanned discharge.

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## **The facilities promote recovery, comfort, dignity and confidentiality**

There were communal areas and lounges as well as confidential areas used for group work and therapy sessions. There was access to well-maintained outdoor spaces.

Clients could personalise their bedrooms with their belongings providing these were not offensive and did not contradict the core values of the treatment programme. All bedrooms had secure storage spaces that clients could use. Clients could give cliental items to staff for safe storage. Clients were not allowed televisions, radios or stereo equipment in their rooms. They could watch television within communal areas but this was restricted to set times. These house rules were explained to clients prior to admission.

Clients cooked for the house and adhered to a cooking rota. They were not allowed to make their own meals outside the planned rota. They could make drinks and snacks outside this time but were not allowed to take these into groups.

Clients were not allowed to bring mobile phones into Shardale St Annes. However, they were able to book a time to make telephone calls using telephone facilities in the communal areas and they could make private calls using the telephone in the staff office.

The treatment programme provided activities for clients seven days a week. There was an activity rota on display. Activities varied from treatment based exercises and group sessions to communal and social activities such as quizzes, group walks and movie nights. There was an out of hours psycho-educational programme that consisted of 84 rotating topics. The rehabilitation programme included free time and dedicated time for clients to spend with their key worker. There were journal sessions every morning where clients reflected on the previous day and their feelings. Clients we spoke with told us that they found the activities beneficial and relevant to their needs.

The provider also facilitated monthly trips that staff discussed and agreed with the clients, such as swimming. There was an annual working holiday known as “base camp”, where staff and clients took part in voluntary conservation work with the National Trust.

## **Meeting the needs of all clients who use the service**

Information on local services and recovery projects was on display and available from the provider. This helped clients to develop their recovery capital and support network.

Adjustments were made according to need and agreed at the pre-admission assessment, for example, age appropriate room sharing. There was a lift so that clients with reduced mobility could access all floors.

Clients’ cultural and religious needs were identified through assessment. This allowed the provider to identify in advance if interpreter services were required and to work with the client, care coordinator and local services to provide this.

Staff would support individuals to attend local places of worship if this was requested. The provider accepted individuals with a range of religious beliefs. Staff could arrange for specific dietary requirements relating to religious or physical health requirements. They identified such needs in the assessment process, which gave time for the provider to address needs before the client’s admission.

Clients were not allowed visitors in the first three weeks of their admission. Staff explained this to clients before admission. Visits on Saturdays were allowed after that. Child visitors had to be accompanied by an adult. Supervised visits could be facilitated if necessary. Home leave was not allowed during the first three months. As clients progressed through the programme, restrictions on visits and leave were reviewed.

## **Listening to and learning from concerns and complaints**

The provider had a complaints policy. The policy covered both verbal and written complaints. Staff received training on the complaints policy as part of their induction.

On admission, clients were provided with written information on how to complain. Their buddy also provided and reiterated information. Complaints information was displayed in the hallway.

There was a complaints and concerns book to capture both verbal and written complaints. There had been no formal complaints in the previous 12 months. Informal concerns such as the menus were discussed in community meetings and decisions made by clients and staff together. Complaints were a standing agenda item at team

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meetings. We saw minutes of these meetings that confirmed this. For example, a request for a pool table had not been agreed as it was deemed to encourage competitive behaviour and gambling. These behaviours were not in keeping with the core values of the treatment programme thus playing pool was not considered a therapeutic activity.

## Are substance misuse services well-led?

### Vision and values

The directors used the culture within the service to drive improvement and deliver safe, client centred care. The aim was to promote recovery and work with clients to develop the skills they needed to maintain their recovery and live independently. Staff felt included as part of the wider organisation. They attended meetings where service developments were discussed every month.

Staff understood the principles of the treatment programme and about how their work linked in. Our discussions with staff and our observations of care being delivered assured us that the culture was embedded in individual practice.

Staff knew who the directors were and throughout our inspection we saw them acknowledging and speaking with each other.

The clients we spoke with told us that staff were approachable and caring.

### Good governance

The registered manager had left the service four weeks before this inspection. Both directors worked at the service and were very visible to other staff and clients. One of the directors was attending to the delivery of the regulated activity prior to making an application for registration.

There was a good governance structure to oversee the operation of the service.

There was a 12 month clinical governance plan that included quality areas such as health and safety, risk assessment, client satisfaction, care planning, service reviews, and training and development. The directors received support from the external verifier to develop this. The plan and all actions were complete and up to date.

We found all the staff were well managed. The directors had the experience, capacity and capability to ensure that

high quality, client centred care could be delivered. Staff were clear about their roles. They received appropriate training and supervision. Throughout our inspection, we discussed various issues with staff, such as safeguarding, mental capacity and dealing with violence and aggression, and we reviewed care records and supervision notes. We were assured that staff were competent and had the skills necessary for them to carry out their roles.

Staff received management supervision and external clinical supervision at least every month. Staff told us that they were supported by their supervisors as well as by their peers. We looked at records that supported this. The records we reviewed were all up to date.

Staff completed regular audits, monitored by the directors. Assessments, care plans and risk management plans were audited to ensure they were completed and reviewed regularly. There was a suite of environmental audits. We saw evidence that audit findings were addressed quickly.

There was a handover meeting at every shift change that all staff attended. This was recorded so there was a record of discussions.

We found the meetings we attended or saw minutes of to be well structured, informative and productive, addressing issues and concerns clearly.

The provider did not demonstrate that there were 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 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However, we were assured by discussion with the directors that they understood the requirements of regulation 5 and had plans to ensure compliance.

The requirements of regulation 5 are that:

1. the individual is of good character,
2. 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,
3. 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,

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4. 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
5. none of the grounds of unfitness specified in Part 1 of Schedule 4 apply to the individual.

## **Leadership, morale and staff engagement**

The directors prioritised safe, high quality, compassionate care and promoted equality and diversity. They actively shaped the culture through effective engagement with staff, clients who used the service and other stakeholders.

All staff felt well supported by their colleagues, manager and the organisation. They felt respected, valued and supported, and were positive about their work. They reported good team working.

All staff felt their work was worthwhile and fulfilling. Morale was good and staff said they felt motivated. Some said their work supported their own recovery. They showed a clear commitment to providing the quality care that clients needed.

There had been no staff sickness in the 12 months before this inspection.

Staff were encouraged to discuss issues and ideas for service development within supervision, community meetings and with the directors. We saw records that confirmed this.

In 2014, Shardale St Annes was accredited as an investor in clients at the silver standard. The investors in clients

standards are underpinned by a rigorous assessment methodology and a framework that reflects workplace trends, essential skills and effective structures. Accreditation is reviewed every three years.

## **Commitment to quality improvement and innovation**

The provider responded to feedback from clients who used the service, staff and external agencies. Clients were asked for feedback on finishing the programme, and they were encouraged to make suggestions during their stay. These were discussed at community meetings. Challenge was seen as a means of accountability.

The national drug treatment monitoring system and the level of unplanned discharges were used to monitor the effectiveness of the service.

The provider carried out regular audits throughout the year, with timed action plans for improvements based on the findings. These were complete and up to date.

There was strong collaboration and support across the service and a common focus on improving quality of care and clients' experiences. We found a culture of collective responsibility, where the benefit of raising concerns was valued. Staff were proud of the service as a place to work and they spoke highly about the culture.

There was a strong focus on continuous learning. Staff were encouraged to review their performance and make improvements. There were opportunities for staff to learn and improve their practice, for example, reflective sessions in supervision.

# Outstanding practice and areas for improvement

## Outstanding practice

Clients' emotional and social needs were highly valued and respected. This was backed up by good support to engage with other recovery communities.

## Areas for improvement

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

- The provider must ensure that appropriate systems and processes are in place 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 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- 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.

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 5 HSCA (RA) Regulations 2014 Fit and proper persons: directors</p> <p><b>How the regulation was not being met:</b></p> <p>The provider did not demonstrate that there were 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.</p> <p>This was a breach of regulation 5 (2) (a); 5 (2) (b).</p>