

# Review of compliance

Littledale Hall Therapeutic Community Limited  
Littledale Hall Therapeutic Community

<b>Region:</b>	North West
<b>Location address:</b>	Littledale Hall Lancaster Lancashire LA2 9EY
<b>Type of service:</b>	Residential substance misuse treatment and/or rehabilitation service  Care home service without nursing
<b>Date of Publication:</b>	March 2012
<b>Overview of the service:</b>	<p>Littledale Hall provides services to people whose lives have been adversely affected by their substance misuse. The home seeks to offer a safe, supportive environment where people can address the emotional, psychological and social issues linked to their substance misuse.</p> <p>Littledale Hall is a Grade 2 Listed</p>

	<p>Building dating back to the 18th Century. It is part of a working farm and is set in 200 acres of woodland and open countryside, accessed via a long private drive.</p>
--	--

# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Littledale Hall Therapeutic Community was meeting all the essential standards of quality and safety.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 27 February 2012, observed how people were being cared for, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

### What people told us

We spoke with three residents who were very positive about the treatment programme they were undertaking and about the staff at Littledale Hall. Recent resident feedback forms all reflected positively on the experience the individual had undergone. Many residents felt that their life was fundamentally changed for the better, their self esteem and confidence had grown, and their ability to cope with life, responsibilities and seeing themselves as a valued member of society had improved beyond all measure. This they felt was all down to the treatment and support they had received at Littledale Hall.

Comments from residents included:

"There is no them and us here we are all us (residents and staff)."

"We are well supported and cared for."

"Because you are able to get to know each other you get to know when someone is not feeling ok and you are able to support them through that period."

"All the staff go out of their way for you here."

### What we found about the standards we reviewed and how well Littledale Hall Therapeutic Community was meeting them

**Outcome 02: Before people are given any examination, care, treatment or support, they should be asked if they agree to it**

We found compliance with outcome 2.  
Consent to care and treatment.

People who use this service understand how to make and change any decisions about the care, treatment and support they undertake. All decisions taken are made with the full knowledge of the person using the service and all decisions are documented.

**Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights**

We found compliance with outcome 4.

Care and welfare of people who use services.

People who use this service experience effective, safe and appropriate care, treatment and support that meets their needs.

**Outcome 07: People should be protected from abuse and staff should respect their human rights**

We found compliance with outcome 7.

Safeguarding people who use services.

People who use this service are protected from abuse. Where they have come from abusive situations they are supported and helped to overcome any problems wherever possible.

**Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

We found compliance with Outcome 14.

Supporting workers.

People who use this service are safe and their health needs are met by fully competent staff.

**Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

We found compliance with Outcome 16.

People living at the home benefit from safe quality care, treatment and support due to the effective decisions that the management take. The practices of the home are robust and therefore people's health, welfare and safety are not compromised.

**Other information**

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

**Compliant** means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

## Outcome 02: Consent to care and treatment

### What the outcome says

This is what people who use services should expect.

People who use services:

- \* Where they are able, give valid consent to the examination, care, treatment and support they receive.
- \* Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- \* Can be confident that their human rights are respected and taken into account.

### What we found

#### Our judgement

The provider is compliant with Outcome 02: Consent to care and treatment

#### Our findings

##### What people who use the service experienced and told us

No specific user comments were obtained for this outcome.

##### Other evidence

Due to the nature of the treatment programme provided by Littledale Hall potential residents have to be able to understand what they are signing up to for them to find the process beneficial. Residents formally consent to admission and to follow the treatment programme outlined for them. Once admitted we saw at all stages of their treatment and at regular intervals residents had discussed their individual therapy programme with their key worker and a manager. Residents were able to feedback on progress so far and they continually consented to their treatment through a comprehensive care planning process.

Potential residents have an initial interview with the Admissions Coordinator who assesses their psychological, emotional needs and suitability for admission. This provides an opportunity for prospective residents to ask questions and get information about the treatment process.

Residents were able to visit Littledale Hall for an induction day to talk to staff and other residents and to experience what life would be like during their treatment. At the end of the day the prospective resident, a buddy (a resident who had been there a while) and

a member of staff complete a feedback form, which looks at whether the prospective resident would find the treatment of benefit and whether they would fit into the home. If at the end of this process the service feels the prospective resident would be suitable and the individual feels the particular treatment method would benefit them, then once funding is approved, an admission date is offered.

Care records were very detailed and included comprehensive risk assessments which had been completed with the resident, together with their key worker and the manager. Care plans addressed changing needs and constantly changing goals as residents progress through the treatment programme.

On discharge, residents fed back about the whole process. Eight feedback forms were examined and all were positive about the programme and the individual's own future. Residents all agreed that feedback they gave could be used for reflective training purposes for staff, case managers and commissioners and for use on the home's website.

### **Our judgement**

We found compliance with outcome 2.

Consent to care and treatment.

People who use this service understand how to make and change any decisions about the care, treatment and support they undertake. All decisions taken are made with the full knowledge of the person using the service and all decisions are documented.



## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

### What we found

#### Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

Three residents were spoken with in a group setting. They were extremely positive about their experience of being at Littledale Hall.

Comments from residents included:

"There is no them and us, we are all us."

"I feel very safe I am able to talk to anyone if I have a problem."

"There is a very structured day (because of the therapy programme) but you are given roles within the community which help build your confidence."

"One of the best things about the programme is you have access to an aftercare programme to support you when you finish the formal programme, so you don't feel out on a limb."

"I was given a choice of three places to visit to see which would suit me best. Here there was an assessment and an induction day where you were allocated a buddy (a resident who had been here a while) to show you round and talk to you about the programme. I felt the way it worked here would be more helpful to me."

"I was not able to come for an induction day but staff came to visit me to talk through the process. That helped me make up my mind."

"I was very ill in hospital before I came here and staff came to visit me there to give me support."

"Some of the volunteers here have been through the programme so they really know what we are going through, and they help support us through it."

##### Other evidence

Residents are normally funded by Local Authorities and come from across the UK as far down as Lincolnshire and up into Scotland.

The treatment programme is built around five key treatment stages (belonging, safety, openness, participation & citizenship, and empowerment) and 12 treatment elements (including community groups, peer groups, 1 to 1 counselling, and education). Some elements are core which means all residents are expected to take part. Other elements are available to all residents but may not be accessed by everyone. The different programme elements are discussed with individual residents and decisions made are incorporated into care plans. At all stages of treatment the resident was involved in the decisions made and we saw that this was clearly documented on case files with residents comments and signatures making their involvement in this process clear.

Residents were assigned their own key worker; case tracking showed that key workers were involved in reviews of care, together with their residents. Residents said they felt well supported by their key worker but also stated that they were able to go to any member of staff if they had a problem or wished to talk to someone else.

We spoke with two case workers all of which had positive comments and experiences of placing people at Littledale Hall. They worked closely with the staff at the home and had no complaints of the care given.

One case worker told us, "I have used Littledale Hall since it opened in 2006 and placed a number of people on the programme. The majority of them completed with no problems and went on to access the aftercare programme. This approach does not suit everyone though. I have never had any complaints from residents about the staff or the programme. All the staff are dedicated and highly motivated. It is the best programme we use in the North West. My only negative point would be that the fabric of the building is looking shabby and money needs to be invested to bring it up to the level of other drug and alcohol treatment centres that we also use."

Another said, "I am quite happy with the service provided, we have been using Littledale Hall for at least five years. I wish we had more beds available as we get really good results. There is a good open channel of communication between myself and the staff, and I am quite happy to approach any of the team if there is a problem."

The local GP is involved in the care of any residents that have medical problems; he carries out an assessment and prescribes any medication necessary which is administered by trained members of staff. Residents are supported by staff to take their medication.

Littledale Hall requires a strict adherence to a structured treatment programme in daily routines. All residents are expected to attend and participate in their therapy programme and are not allowed to determine their own daily living pattern. The rules of the treatment programme are such that residents are not always able to make independent decisions, as a member of the house "community", (which is the terminology used for the group living together), residents are given specific tasks and responsibilities to undertake (for example cooking meals, helping front of house). Residents spoken with understood the reasoning behind this and felt this was a useful exercise which helped them to amongst other things make decisions about daily life and contribute to the running of the home.

A wide range of outside activities was available to residents which included: Trips to Base Camp in High Wray, Ambleside, where residents worked alongside the National Trust doing activities such as dry stonewalling, path laying and forest clearing. Visits to the local sports centre, for badminton and swimming and regular walks/hikes across locations in the North West. They were also able to enrol on educational courses at the local college for subjects such as creative writing, IT, maths, english and counselling courses.

Local professionals came in to deliver seminars on a variety of subjects to provide information to residents. Towards the latter stages of treatment residents were able to volunteer for local organisations including the local churches.

Whilst restrictions were in place, residents were able to maintain family relationships. Visits by families usually took place at weekends so as not to interfere with the daily programme of rehabilitation. Staff would often go out of their way to pick families up in Lancaster or help with arranging accommodation, if needed.

The organisation had received an award for its work around lesbian, gay, bisexual and transgender clients showing its commitment to equality and diversity.

Residents are accommodated in dormitory style rooms as part of the treatment approach. In all rooms furniture had been arranged to help provide privacy wherever possible. Each area was personalised with residents own belongings. The building itself being Grade 2 Listed is difficult to maintain and was looking a little shabby and showing signs of wear and tear. The owners and management team were aware of this and were currently looking at investment plans to redecorate resident accommodation and communal rooms.

### **Our judgement**

We found compliance with outcome 4.

Care and welfare of people who use services.

People who use this service experience effective, safe and appropriate care, treatment and support that meets their needs.

## Outcome 07: Safeguarding people who use services from abuse

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

### What we found

#### Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

#### Our findings

##### What people who use the service experienced and told us

One resident said, "I feel very safe here. I can talk to anyone if I have a problem."

##### Other evidence

The home had a robust complaints procedure in place, and residents were able to confirm that they knew what to do if they wanted to make a complaint.

One resident stated, "I am happy to talk to any of the staff if I have a problem with anything. They are all so friendly and willing to help you."

Due to the nature of addiction and underlying reasons for a person presenting with an addiction, the staff often worked in participation with other agencies and individual local authority case workers with regards to safeguarding issues that may have been present before a resident was admitted to the treatment programme, or that might come up through the assessment process. Because of this there was a comprehensive safeguarding policy in place and all staff were knowledgeable around safeguarding and had attended training in this subject at the local college.

There were no complaints received by the home and we had received no complaints or safeguarding issues for this service. The home had a very open and transparent culture which was confirmed by residents and staff. Whistle blowing procedures were in place.

The home had a direct link with the local mental health team and participated in relevant meetings around mental health issues in general and where it affected

individuals within their care.

**Our judgement**

We found compliance with outcome 7.

Safeguarding people who use services.

People who use this service are protected from abuse. Where they have come from abusive situations they are supported and helped to overcome any problems wherever possible.

## Outcome 14: Supporting staff

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by competent staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 14: Supporting staff

#### Our findings

##### What people who use the service experienced and told us

One staff member said, "You get a lot of praise and support from managers here. You are always asked if you are ok and you always get supervision."

Other comments included:

"People are very willing to offer up their experience."

"Your views are welcomed and listened to."

"There are plenty of training opportunities."

##### Other evidence

The service has achieved Investor in People status, which is an externally accredited quality award and demonstrates a strong commitment to continuous improvement.

Staff had all attended a variety of training sessions and courses, and this was evidenced in the learning and development plan and included mandatory training in areas such as health and safety, food hygiene, manual handling and medication administration. General staff development included NVQ level III courses, guided reading, sessions on psychology and addiction, reflective practice, an overview of mental health and trauma and post traumatic stress disorder. Individual supervision was monthly and peer group support was available at the weekly staff meeting. There was also ad hoc informal support as and when needed.

A comprehensive induction programme was undertaken by all new members of staff and volunteers which lasted a minimum of four weeks but could be extended if needed.

**Our judgement**

We found compliance with Outcome 14.

Supporting workers.

People who use this service are safe and their health needs are met by fully competent staff.

## Outcome 16: Assessing and monitoring the quality of service provision

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

### What we found

#### Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

##### What people who use the service experienced and told us

Residents felt able to approach all staff and the management team at any time for further support or help. The home had a satisfactory complaints and feedback system with evidence that residents felt that their views were listened to and acted upon.

##### Other evidence

The home was well managed by a very experienced management team, staff felt supported by the managers and their individual views were actively sought in the running of the home and the care provided to the residents. Staff felt clear in their individual roles and felt that the senior team took on board any feedback they had about care, treatment and general management of the home.

Residents said their views were sought frequently and we saw many positive testimonials from residents who had completed the treatment programme.

Case files were audited monthly and any issues within the case files were discussed at monthly staff supervision sessions.

The owners were part of the senior management team and as such were able to see at first hand that the quality of care provided was satisfactory. They encouraged formal and informal feedback from residents, staff and volunteers.

There were no complaints seen and untoward incidents were minimal and dealt with through individual supervision sessions or staff meetings as necessary. Any action



taken was documented.

**Our judgement**

We found compliance with Outcome 16.

People living at the home benefit from safe quality care, treatment and support due to the effective decisions that the management take. The practices of the home are robust and therefore people's health, welfare and safety are not compromised.

# What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

<b>Document purpose</b>	Review of compliance report
<b>Author</b>	Care Quality Commission
<b>Audience</b>	The general public
<b>Further copies from</b>	03000 616161 / <a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
<b>Copyright</b>	Copyright © (2010) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

## Care Quality Commission

<b>Website</b>	<a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
<b>Telephone</b>	03000 616161
<b>Email address</b>	<a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a>
<b>Postal address</b>	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA