

SHARDALE

Therapeutic Community

Let the journey of recovery begin

Shardale

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STATEMENT OF PURPOSE

The statement of purpose is prepared to enable the therapeutic environment to meet legal requirements and maintain National Minimum Standards in accordance with the Judgement Framework 2010 as regulated by the Care Quality Commission.

At Shardale it is our mission to create a therapeutic environment where the necessary conditions are in place for individuals to break free from active addiction to alcohol and concentrate on their recovery.

It is our belief that all individuals already hold within them the resources to break the psychological and emotional dependency to alcohol, it is the therapeutic environment that holds the necessary conditions for the individual to develop and grow.

As an organisation we endeavour to be an integral part of an individual's journey, from dependency to alcohol, to a position of personal freedom and individuality.

Service users will be encouraged to develop and, where possible, restore positive family relationships and social networks; and work with other members of the community as active participants in their own treatment; and also to address and work through issues past and present that may prevent them from leading a life without alcohol.

The Shardale team will support the community to address their physical, psychological and emotional dependency to alcohol and to guide them where necessary. The majority of decisions, however, will be made by each individual who make up the community itself. This is to encourage an element of personal responsibility and communal decision making, thus enabling the individual to strive towards independent living and a more resourceful life.

We believe that freedom from dependence and a recovery approach is achievable by all, regardless of gender, race, culture, age, disability or religious belief. As a service provider it is our intention to continually review our service and always stand firm in meeting the client's needs wherever possible.

We will provide care and accommodation for people aged 18 and over who will already have been through a detoxification programme, or will have been assessed as not needing such treatment. They will have been specifically assessed as being in need of residential treatment to assist their recovery from addiction to drugs or alcohol as a primary need, if there are mental health issues these will be of a secondary nature. They will not require nursing care.

Room sharing is seen as necessary especially where clinical need has been identified either at assessment or individual service user reviews.

SHARDALE TREATMENT PROGRAMME FOR ALCOHOL DEPENDENCE

This abstinence based treatment programme is available to those individuals who satisfy the ICD 10 classification for alcohol dependence as: 'a cluster of psychological, behavioural and cognitive phenomena in which the use of a substance or class of substances takes on a much higher priority for a given individual than other behaviours'.

This programme is underpinned by Choice Theory, which is a proven, effective system for attaining a more efficient and fulfilling way of living. The programme also comprises of basic living skills and vocational training, in order to ensure that upon the completion of the programme, participants have the necessary life skills to manage employment and responsible social living.

THE STRUCTURE OF THE PROGRAMME

Choice Theory Group Work- Choice Theory Groups cover: taking responsibility for the choices we have made; learning to choose new behaviours that satisfy our needs whilst not depriving others of the chance to do the same; looking honestly at what they are trying to get or achieve in life, particularly in the area of satisfying relationships; examining the ways in which they frustrate their own attempts to achieve these things; establish more effective and satisfying behaviours. Choice Theory enables people to take more effective control of their lives without being coerced into doing so. The result is a way of living where the person can make much more enhanced and need-fulfilling choices.

Acceptance and Commitment Therapy – to enable individuals to discover, or to re-discover, personal values which then both direct and guide their life; leading to more vitality, more psychological flexibility and more purposeful living.

Educational Groups- relating to addiction, alcohol misuse and recovery. Alcohol education treatment will be focussed, knowledge based, effective and empowering, thus facilitating individuals to develop strategies to address their addiction and to manage their own recovery in a positive and productive manner.

Open Therapeutic Interaction/Focus Groups to present individual life stories; examine the present experiences of each participant as they manage the programme; facilitate the fostering of inter-relational skills of each individual.

Training and education programme comprising of: individuals accessing and participating in college courses, volunteer work/ work experience within their chosen area of interest and/or careers.

Life skills programme to facilitate the deficits in life skills as highlighted by a life -skills audit: money management, shopping, cooking, accommodation,

interpersonal/socialisation skills, sex education, C.V. preparation, interview techniques and job searching.

Specialist Female group focussing on Domestic Violence and the complex issues individuals may endure: acquiring the knowledge and making informed choices to protect themselves from future abuse/abusers, helping participants identify the extent of Domestic Abuse; identifying the tactics used by abusive individuals to control; differences between abusive and non abusive behaviours. Women are encouraged to apply the learning to consider their own behaviours as well as that of others.

Specialist male groups focussing on sensitive issues that relate to men, particularly the difficulties individuals have in maintaining healthy functioning relationships.

Relapse Prevention-focussing on solution focus based techniques to enable the individual to maintain abstinence.

Expressive Therapy, also known as Creative Arts Therapy, emphasises the use of Art forms such as dance, painting & drama to encourage expression. This proven technique can be of great benefit helping individuals to articulate their feelings and emotions.

One-to-one Therapy will be delivered if included within the individuals care plan. This can be delivered by therapists of three main orientations, CBT, Person Centred, and Integrative Therapy. The approach will be determined by the nature of those issues identified at assessment stage and by the individual's personality and preferred functioning style.

Social Activities will include Walking, Visits to places of interest, paintballing Gym, Fishing (winter only) Parks, Arts & Crafts, and Beauty Therapy. Social Activities are also service user lead therefore; the majority of activities will be decided by the community in line with costs available.

CARE PLANNING & REVIEWS

Each person will have a comprehensive person centred care plan which is individual to them; its production is a shared activity between the key worker and the individual using the service. It arises from the initial assessment and specifies procedures for review and discharge. Where there are mental health professionals involved it will be fully compliant with the Care Programme Approach (CPA)

Regular reviews by identified key worker will enable the continual monitoring and coordination of a service user's development and recovery throughout the treatment process.

Formal reviews involving care managers and other professionals are convened at times suitable to the progress of the person in treatment and also in line with the frequencies of the placing authority and Shardale therapeutic community. The frequency will exceed the 6 monthly timing anticipated in the National Minimum Standards.

Once inducted into the programme, the service user will have a copy of their agreed care plan, which can be kept in their personal development folder. This will ensure that the service user is always aware of the progress they are making, and it also fosters a personal, focussed, well managed approach to the treatment process.

An extensive, thorough discharge procedure, where the service user plays an integral role in the process with the designated key worker and management, ensuring the best possible outcome from treatment and recovery.

The facility of a one year after-care provision of groups held weekly, focusing on continued abstinence, relapse prevention, education and psychological/emotional development supporting the individual in their recovery. This amounts to 78 hours of continued support post discharge.

The whole programme is 9 months depending on the agreed length of stay. The programme is flexible and can be tailored to the service user's individual needs Longer or shorter stays can be negotiated.

CATERING

Food will be purchased and prepared in consultation with the community living in Shardale. There will be staff trained in Food Hygiene and preparation according to Environmental Health recommendations. The kitchen will be fully compliant with Food Hygiene requirements. The community will take it in turn on a rota basis to do the preparation and cooking. We will encourage a diet that provides for the health and well-being of the individual by facilitating a balanced diet that reflects the individuals needs for example alternatives to meat.

EQUAL OPPORTUNITIES/DIVERSITY

Shardale adheres to an equal opportunities policy to ensure that all service users are treated as individuals always mindful that each individual has different needs. They will be treated equally regardless of their gender, race, culture, sexual orientation, disability or religious belief. . Specific arrangements will be made to enable people to continue to observe their religious practices. There will be continual dialogue with people regarding diet and other cultural factors where relevant. Due to the lay out and structure of the building, individuals who have mobility issues will need further assessment to identify if established service provision at Shardale can cater for the individuals needs.

PRIVACY & DIGNITY

Individuals who live in Shardale will have their privacy and dignity respected at all times. When members of the community are sharing bedrooms there will be privacy through the provision of curtains or screening if required. Bathrooms and toilet facilities provided are for individual use only. Each person will have their own private storage areas for personal effects and clothes. Lockable facilities can be provided for valuables. Shardale staff will maintain strict confidentiality for every community member and restrict access to individual's records in an appropriate way.

There will be routine breathalysing or drug testing which will be agreed in advance as an objective, precautionary measure to assess if alcohol or drug misuse has occurred if individuals are returning from specified activities such as weekend leave for example.

FACILITIES

Shared and single accommodation (26 beds in total, 16 rooms) most are en-suite.

The room sizes vary according to whether they are single, double or multiple – occupancy, often **based on clinical need**.

Transport facilities

Fully equipped kitchen

Laundry facilities

Hot & cold drink facilities

Relaxation areas

Gym/ health club access/off site and can be used following initial phase of treatment.

Designated therapy areas for group and one to one

Phone access (**Calls between 6pm/10pm only**)

Access to a safe for personal valuables

Designated smoking area

Dining room

Easy access to places of worship

24 hour staffed facility

Postal service

Monthly user-led outings

On site hairdresser

Personalised development folders

Exit pack (advice and information re NA, AA, BBV, Refuge etc)

PRIMARY HEALTH CARE

When an individual arrives to live at the Shardale, they are, without delay, registered with the local general practitioner who will oversee their primary health care needs throughout their stay. If a service user is in need of a liver function test or blood borne virus screening, this will be arranged. It is essential for any individuals who are on medication to bring with them at least one weeks supply.

CONCERNED OTHERS

If a person is affected directly by dependence to alcohol then indirectly the family are also affected. With this in mind, therefore, Shardale operates a family support service that runs alongside the treatment model for the service user. It is our belief that those family members and any significant others are also deeply affected by the dependency; consequently, the service allows the relevant family member or significant other to:

Identify with other people in similar positions

Explore and express buried feelings relating to the dependency

Regain confidence that may have been affected

Learn about dependency to alcohol

Develop alternative coping strategies

Work on assertion and boundaries issues
Reduce feelings of isolation and loneliness
Explore relationship and communication issues

This provision operates monthly within a group setting and is available to two members of the family/significant others for one year post discharge, and also during the service users stay at any Shardale facility.

Counselling

Family members and/or significant others can also access counselling within a one to one situation.

VISITS & LEAVE

When an individual has been within the community for 21 days, it is usual for visits to take place on site. If a resident has children under the age of 16 years old then a visit will be encouraged after 14 days.

As a service provider we have a duty of care to all of our service users, consequently, there is a restriction to the number of visits a service user may have; we restrict this to one per agreed visiting day. Visits can be retracted at any point if deemed necessary by the Shardale team. Two visits per month can be applied for but will only be granted when the service user is in a suitable frame of mind.

As stated in the timetable, visits take place on a Saturday afternoon from 1pm until 6pm. It is expected that all service users who leave the site are back by the agreed time. Visits outside the allocated Saturday slot may sometimes take place with the agreement of the Shardale team.

Any visitors found to be under the influence of alcohol or any other substance will be asked to leave, and their access to the site in future may be denied.

When a service user has completed the relevant modules of the programme they may then apply for therapeutic weekend leave. Service users are expected to leave Shardale on Friday at 5pm and return on Sunday by 6pm. Full weekend leave can be granted no more than twice in a month, and no sooner than 3 months post arrival.

Breathalysing and drug testing, if appropriate, will take place as individuals return from any form of visit or leave. This will be agreed in advance as an objective, precautionary measure.

When decisions are being made around the suitability of visits and leave, therapeutic considerations will always be discussed between the Shardale team. Visits and leave are seen as an essential part of the treatment model, and family therapy will take place as standard throughout the individuals stay at Shardale.

All service users' personal circumstances will be continually reviewed and monitored by the Shardale team, when visits/leave is being considered.

REFERRALS & ADMISSIONS

It is a legal requirement (Community Care Act LAC (93) 7, paragraph 8) that service users must undertake an assessment by the placing local authority prior to assessment at Shardale (unless self-funding)

Once the initial referral has been taken we will ensure a full thorough assessment will take place within 48 hours. The assessment will comprise of the following:

Past and current alcohol misuse history

Current family status

Health

Funding arrangements

Legal position

Current and past psychological and emotional functioning.

Suitability for the treatment programme

Dependency screening

Housing situation

Educational background

Past treatment efforts

Treatment recommendations

Following the assessment a decision will be made regarding whether the needs of the individual will be met within the community. If appropriate the individual will be asked to join us and spend a full treatment day within the community. This provides an opportunity for the prospective resident to ask questions and gain information and an understanding about the treatment process.

Following the visit of the individual, the decision to access treatment will be considered following feed-back from current residents and staff, together with the admissions coordinator's assessment for suitability. Once a decision has been made to allocate a place, and the individual still wishes to engage, then he/she can liaise with the Shardale team and an arrival date will be agreed. Offers are subject to availability of beds and arrival dates may have to be re-negotiated.

Funding arrangements must be in place either by Social Services or privately prior to any arrivals being arranged.

It is a requirement that a person must be alcohol free and to have completed a reduction programme or residential/community detox prior to arriving. No service user will be able to engage with treatment without consent and relevant contracts being signed.

The programme is entirely voluntary and no one will be made to stay in the community against their will, individuals are free to leave the programme at any point if they feel this to be necessary. Those most likely to benefit from the programme are individuals who demonstrate a good level of motivation prior to joining us at Shardale.

DISCHARGE/LEAVING THE COMMUNITY

The discharge of a service user will usually be a planned event with staff, management and the individual to ensure a safe and supported discharge using the discharge policy. This gives the service user the opportunity to continue his/her rehabilitation; every individual will have a resettlement plan upon leaving the community. Once an individual leaves Shardale, their re-settlement will be supported by an aftercare worker.

AFTER CARE PROVISION

Any service user who has completed at least the 9 month stay at the Shardale, or alternatively funding has been agreed by their local authority, are eligible to attend the twice weekly after care provision. The focus of the provision is related to continued support/education, always striving to remain abstinent from alcohol but at the same time to develop and nurture their new-found way of life. The group consists of the following:

- Opportunity to share current, difficult feelings
- Reduce feelings of isolation
- Anxiety reduction
- On going improvement of self-esteem
- Encourage and support each other
- Educational and employment issues explored
- Continued work on family difficulties
- Maintain an alcohol free productive life style
- Experience an essential element of fellowship and care.
- Continuous monitoring of emotional/psychological well-being.
- Relapse prevention/relapse indicators

The After care provision is accessible to the service user for a one year period post discharge as long as they are not using alcohol and all contractual agreements are followed. The group meets twice weekly and is facilitated by a Shardale Recovery Practitioner.

MULTI-AGENCY WORKING

At Shardale we are part of a multi-agency team. Prior to admission we may liaise with social services, probation services, alcohol services, detox nurses and any other relevant agency if and when appropriate, this is to receive as much information about the individual as we possibly can to assist him/her with the treatment and recovery process ensuring the best possible outcome.

During the treatment process it may be necessary to link-in closely with other agencies relating specifically to benefits, education/training and housing needs. Shardale will work alongside all recognised service providers to ensure individual need is met. Employment, housing and educational needs are an integral part of some service users treatment process at Shardale and we will endeavour to support service users in these important areas.

FINANCE AND COSTS

The current fee for treatment as of 1st April 2011 is £435.00 per week. The fee includes all aspects of an individuals stay such as food, activities, transport, resources, outings and entertainment.

In addition to the above, a community contribution is also to be agreed between the service user and Shardale. If the service user is in receipt of state benefits this is then paid directly to Shardale and the service user then collects an agreed weekly allowance. All relevant documentation relating to the community agreement will be completed at the induction phase of the treatment programme, the surplus is then returned by Shardale to your funding provider as agreed in your funding assessment.

CONSULTATION WITH PEOPLE USING SERVICES

It is vital that individuals living at Shardale are fully part of the community. This will mean that key components of community living are respected such as accountability to the community, peer support and the integration of the staff into the life of the community. This will give rise to regular opportunities for people living at Shardale to participate in the domestic running of the community e.g. meals are chosen and prepared by people living in community, cleaning of communal areas is a group responsibility, and the day to day operation of the community is seen as a shared enterprise between staff and individuals living in community. Practically there will be weekly meetings that specifically address the day to day running of the community

HEALTH & SAFETY

It is paramount that individuals feel safe at all times during their stay at Shardale enabling them to explore their addiction in a non-threatening and open learning environment (bullying will not be tolerated in any form)

Any individual who does not adhere to the whole safety of the community will be held accountable for their behaviour to the other community members. If it is felt an individual's behaviour is having a detrimental effect on community member's safety then that person will be asked to leave without delay.

All the policies and procedures outlined in the National Minimum Standards are in place within Shardale which will be subject to scrutiny by the local Environmental Health Department. Specifically that the Fire precautions are outlined in a separate policy.

ORGANISATIONAL STRUCTURE

Directors	Dale Mordlock, Sharon Mordlock, Paul Tipping
Registered Manager	Dale Mordlock , ADV DIP Counselling Acc BACP, EAGALA level1, in excess of 20 DANOS compliant certification, Auricular acupuncture NADA. Techniques in the use of reasonable force certification. First Aid in the work place
Deputy Manager	Sharon Mordlock , Adv Dip Counselling Acc BACP, Special Educational Needs ACC, Bereavement & Loss Counselling, Adolescent Counselling, Named Trained Person. In excess of 20 DANOS compliant certification, Freedom Programme Trained (Specialising in Domestic Abuse, Offender Management, sex working. Bereavement & Loss)
Therapy Manager	Ilane Birkby , DIP Counselling, ILM level 5, NLP Masters, in excess of 20 Danos compliant certification
Recovery Practitioners	Sharon Mordlock Ilane Birkby Dale Mordlock
Unit Assistant Day Time	Ian Pickering Substance misuse level 3, Counselling level 3, working towards ADV DIP Counselling & Health & Social Care level 3. Caroline moat Health & social care level 2 John Crossley
Finance Officer	Paul Tipping , ACFA (25 years experience as an independent financial advisor) CQC responsible individual.
Unit Assistants Night Time	Stuart Hands working towards Health & Social Care level 2 Ellie Maher Health & Social care Level 4
Volunteers	Callum Jones, Emma Philipson
External Supervisor	Dot Wilkinson , BA (HONS) Couns, ADV Dip Couns, PG Cert in Supervision, Alcohol Concern Cert in Supervision, Cert Ed Certificate Teaching, Diploma assertiveness training, EFT Practitioner Cert,

Accounts	Wallwork, Nelson & Johnson
Legal representation	Naphans of Preston
External verifier	Diane Ogden , RMN, Dip addiction studies, EMDR, in excess of fifteen years substance misuse experience

DAY CARE

We provide a day care service for 12 individuals which is situated within the grounds of Shardale. The facility operates as a stand alone independent service. Day care can at times be a more suitable treatment approach for service users, who for whatever reason are unable to access the residential aspect of the treatment provision. Day care provision can be accessed at any point if agreed with a Shardale assessor and the provision is identified as suitable in meeting client need.

The service operates throughout Central and East Lancs, there is a pick up service/drop off service, and we also provide lunch. This level of provision can only be accessed if agreed with your local funding provider or alternatively by the service user themselves.

COMPLAINTS

In most cases the concerns of the service user can be resolved internally and informally without going through formal procedures.

In the rare case of a service user needing to exercise their right to complain, they should firstly follow the Shardale internal complaints procedure.

If by following the guidelines set out in the Shardale internal complaints procedure is unsuccessful in dealing with a complaint, without hesitation the issue must be reported to;

CQC Northwest
City gate
Gallowgate
Newcastle-Upon-Tyne
NE1 4PA
Email:enquiries.northwest@cqc.org.uk

As a treatment provider we value constructive feed back as we believe the final outcome is often better service delivery.

CONTACT DETAILS

For all service enquiries and general information please contact:

Shardale Ltd

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