

# Haywain Barn

## 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

### Overall summary

We do not currently rate independent standalone substance misuse services.

Our last comprehensive inspection of Haywain Barn was in August 2017. At that inspection, we issued seven requirement notices. Issuing a requirement notice notifies a provider that we consider they are in breach of legal requirements and must take steps to improve care standards.

We inspected Haywain Barn in April 2018 to review the work the provider had told us they had undertaken to address the requirement notices.

We found that the provider had not met the requirements for regulation 9 person-centred care, regulation 12 safe care and treatment, regulation 17 good governance and regulation 18 staffing.

However:

We found that the provider had met the requirements for regulation 13 safeguarding service users from abuse and improper treatment, regulation 16 receiving and acting on complaints and regulation 11 need for consent.

# Summary of findings

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# Haywain Barn

**Services we looked at:**

Substance misuse/detoxification

# Summary of this inspection

## Background to Haywain Barn

Haywain Barn, also known as Regain Recovery, is a service provided by TCH Therapy Service Limited. Haywain Barn provides a private, residential rehabilitation and detoxification service for clients who misuse alcohol and certain drug dependencies. During their treatment, clients take part in group and individual therapies and activities to support them in their recovery from addiction.

Haywain Barn consists of a large house, two cottages and leisure facilities set in five acres of land.

Clients' treatment is entirely self-funded. The service works with two referral agencies that promote services to prospective clients.

Haywain Barn is registered with the CQC to provide treatment of disease, disorder or injury and accommodation for persons who require treatment for substance misuse.

During the inspection, we met with the chief executive officer (CEO) and the registered manager.

The service was registered in November 2016 and was previously inspected in August 2017.

## Our inspection team

The team that inspected the service comprised two CQC inspectors, one with experience in substance misuse, an inspection manager and a pharmacist inspector.

## Why we carried out this inspection

We carried out this inspection to find out whether the provider had made improvements to the service since the last comprehensive inspection in August 2017.

Following the August 2017 inspection, we told the provider it must take the following action to improve substance misuse services:

- The provider must ensure it has appropriate processes in place to gather sufficient information about clients' health prior to admission to allow for safe detoxification, including the safe prescribing of medicines used as part of detoxification and for the treatment of any physical health conditions.
- The provider must deploy enough appropriately qualified, skilled and competent staff to deliver safe detoxification, including appropriate medical and nursing staff.
- The provider must develop appropriate and clear policies and procedures for staff to follow if clients need

emergency medical treatment. The provider must also hold emergency medicines to treat seizures and train staff so they are competent to recognise when and how to use them.

- The provider must ensure systems and processes are in place to assess and monitor the safety and quality of the service.
- The provider must audit medicines administration, ensure staff report medicines errors, and investigate them in line with the provider's serious untoward incident protocol.
- The provider must ensure remote prescribers have insurance for remote prescribing.
- The provider must develop clear exclusion criteria for the service to ensure they do not admit clients they are not able to treat safely in line with National Institute for Health and Clinical Excellence guidance.
- They must ensure staff complete comprehensive risk assessments for clients' physical and mental health and

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wellbeing that include exploration of risks and triggers and plans to mitigate known risks. The provider must ensure staff create plans for unexpected discharge from treatment to ensure clients and staff have a detailed plan if a client decides to leave before their planned discharge date.

- The provider must audit care records to ensure they are comprehensive and that clients are actively involved in developing care plans and risk assessments.
- The provider must provide ensure staff have appropriate training to enable them to do their job and complete and update all mandatory training in accordance with the provider's training matrix.

- The provider must complete regular environmental risk assessments and checks including fire equipment. They must have a clear plan for addressing maintenance tasks within appropriate timeframes
- The provider must ensure staff know how to apply safeguarding principles to their work and how to make a referral to the local authority. The provider must clearly display safeguarding contact information for staff and clients
- The provider must ensure all staff know which incidents to report and that they are familiar with the provider's serious untoward incidents protocol

## How we carried out this inspection

As this was an unannounced focussed inspection to follow up on specific areas of concern, we did not consider all of the five key questions that we usually ask.

Instead, we concentrated on whether the action we had told the provider it must carry out on Haywain Barn had been completed.

During the inspection visit, the inspection team:

- visited Haywain Barn
- attended the morning community meeting

- spoke with the two clients currently residing at the service
- spoke with the chief executive and the registered manager
- spoke with four other staff including a therapist, a nurse, and two recovery workers
- spoke to the clinical lead over the phone, who was a local GP employed by the service
- looked at six client records
- looked at 10 staff records and
- looked at relevant policies and procedures.

## What people who use the service say

During the inspection, we spoke to the two clients currently residing at Haywain Barn. Clients gave us positive feedback about the service. They told us that the

service was very comfortable, the staff were genuinely caring and that they felt safe. There was a range of therapies offered and activities organised. Clients told us they were happy.

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## 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 have issued a warning notice to the provider to ask them to take immediate action to ensure the service provides safe care and treatment to clients. We issued this warning notice under Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment.

We were not satisfied that the service had completed all the improvements that we detailed in the requirement notices served in April 2016 because:

- The provider did not have a full schedule of environmental risk assessments.
- The provider had not ensured that staff administering medication were appropriately assessed as competent to undertake medication tasks.
- The provider had not created early exit or unexpected discharge plans for any client.

We also found other areas of concern:

- We found that care and treatment records did not record any details of the Severity of Alcohol Dependence Questionnaire ('SADQ') being undertaken before clients underwent alcohol detoxification treatment.
- We found that some policies did not contain best practice. We found that the service's withdrawals policy did not contain detailed information for staff to follow during a medical emergency and the policy suggested that staff would treat delirium tremens, a serious medical condition, rather than contact emergency services.
- We found that cognitive assessments were not completed prior to commencing alcohol detoxification treatment.
- We found that the service did not always ensure clients had a medical assessment prior to commencing alcohol detoxification. This was a breach of the service's policy.
- We found that clients did not always receive a medical review during detoxification treatment from the GP.
- The service was using the Clinical Institute Withdrawal Assessment of Alcohol Scale, revised ('CIWA-Ar') incorrectly or inconsistently. Staff were not always clear when they would

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administer 'as required' medication to clients going through detox treatment, based on the CIWA-Ar score. A score of above 10 means 'as required' medication should be administered to clients going through detoxification treatment.

- The service only completed the CIWA-Ar for 48 hours after admission. However, clinical guidelines state the assessment tool should be completed for 72 hours to rule out a client developing a serious medical condition called delirium tremens.

However the service had made some improvements and met some requirements that were issued during the last inspection:

- The provider ensured that staff knew which incidents to report.
- The provider ensured audits of medication administration were completed.
- The provider had purchased a refrigerator for medicines that may require cold storage.
- We found all clients had a comprehensive risk assessment in place
- The service no longer employed a psychiatrist to complete remote pre-admission assessments and prescribing.
- The service had added an exclusion criteria to the admission policy to ensure they did not admit clients they could not safely treat.
- The service had ensured that staff had completed safeguarding training and displayed safeguarding posters, which contained relevant contact information for the local safeguarding adults board.

## Are services effective?

We do not currently rate standalone substance misuse services.

We were not satisfied that the service had completed all the improvements that we detailed in the requirement notices, regulation 18 HSCA (RA) Regulations 2014 Staffing and regulation 9 HSCA (RA) Regulations 2014 Person-centre care, served in April 2016 because:

- Staff, including the service's only nurse, had not completed alcohol detoxification training.
- Not all staff had training in working with clients with substance misuse issues.
- Staff had not completed all mandatory training and the service did not have a current training matrix.
- The provider had not completed audits of care records.
- The provider could not evidence that all staff were receiving regular supervision meetings with their line manager.

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However:

- The provider was in the process of ensuring staff had received training to enable staff to do their job and had developed an action plan.
- All staff were due to attend case recording and risk assessment training in May 2018. The clients we spoke to said that they were involved in their care planning.
- The nurse was administering detoxification treatment under the supervision of the registered manager, who had completed alcohol detoxification training.
- Clients told us they were involved in care planning.
- The service was able to evidence that therapy staff had regular supervisions.

## Are services caring?

We do not currently rate standalone substance misuse services. Since our inspection in August 2017 we have received no information that would make us re-inspect this key question.

## Are services responsive?

We do not currently rate standalone substance misuse services.

We were satisfied that the service had completed all the improvements that we detailed in the requirement notice, regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints, served in April 2016 because:

We spoke to clients who currently resided at Haywain Barn. They both knew how to make a complaint and what process to follow.

## Are services well-led?

We do not currently rate standalone substance misuse services.

We were not satisfied that the service had completed all the improvements that we detailed in the requirement notice, regulation 17 HSCA (RA) Regulations 2014 Good governance, served in April 2016 because:

- The provider did not have systems and processes in place to assess, monitor and mitigate risks to health and safety. They did not actively monitor and improve the quality and safety of the service. The provider did not carry out audits to identify and address quality and safety problems.

However:

- The provider had developed an action plan to implement an audit system, due to be completed by June 2018.



# Detailed findings from this inspection

## Mental Capacity Act and Deprivation of Liberty Safeguards

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.

- Out of 19 current staff, 18 had completed Mental Capacity Act training in the last year. Five staff had completed training in consent in the last year.

# Substance misuse/detoxification

Safe	
Effective	
Caring	
Responsive	
Well-led	

## Are substance misuse/detoxification services safe?

### Safe and clean environment

- The service did not have a full schedule of environmental risk assessments. Maintenance requests were detailed in a maintenance log. The provider had developed an action plan to develop a full maintenance schedule.
- The provider had purchased a dedicated medicines refrigerator for medicines that may require cold storage. The fridge was being used to store samples as no medication required refrigeration.

### Assessing and managing risk to patients and staff

- We reviewed six client records and found all had a comprehensive risk assessment in place.
- The provider had not ensured staff created plans for unexpected discharge from treatment. The care and treatment records of four clients did not include a contingency plan, or plan of information to provide, or action to take, in the event that the client left the service before completion of alcohol detoxification treatment. This was a breach of the service's policy, which stated 'a contingency plan will be agreed describing the arrangements for the possibility of an unplanned discharge or self-departure'. The policy did not describe the risks to clients should they leave the service at the beginning of their alcohol detoxification treatment, for example increased risk of seizures.
- We found several policies did not contain best practice. The service's withdrawals policy, stated that measuring a client's blood alcohol concentration was helpful as an indicator of the severity of alcohol withdrawal the client would experience. says that 'breath alcohol should not

usually be measured for routine assessment and monitoring in alcohol treatment programmes'. This shows that blood alcohol concentration is not a helpful indicator of the severity of alcohol withdrawal.

- The service's admissions and discharge policy stated: 'the service user will be monitored constantly, kept safe and breathalysed until their reading is 0.05 or below. Once this reading has been achieved the detox regime will commence'. recommend that 'breath alcohol should not usually be measured for routine assessment and monitoring in alcohol treatment programmes'. Waiting for a reading of 0.05 or below before starting treatment could lead to clients experiencing acute withdrawal symptoms.
- Cognitive assessments were not completed prior to starting alcohol detoxification treatment. We reviewed four client records, none of which contained a cognitive assessment. The GP told us that the service did not usually undertake a cognitive assessment of clients. The service did not request that the GP completed a cognitive assessment. National Institute for Health and Clinical Excellence guidance recommends that a cognitive assessment is completed as part of the comprehensive assessment. The purpose of completing a cognitive assessment is to identify the possible presence of Wernicke's encephalopathy, a serious, reversible condition, which left untreated may cause irreversible brain damage. The service did not always ensure clients had a medical assessment prior to commencing alcohol detoxification. This was a breach of the service's policy. We found occasions when clients had been re-admitted to the service and prior to this re-admission, a medical assessment was not completed.
- Clients did not always receive a medical review during detoxification treatment from the GP. We found an

# Substance misuse/detoxification

occasion when a client was reviewed seven days into detoxification treatment. The service's policy states that a medical review takes place within three days of detox commencing.

- The service was using the Clinical Institute Withdrawal Assessment of Alcohol Scale, revised ('CIWA-Ar') incorrectly. Staff were unable to accurately say when you would administer 'as required' medication based on the CIWA-Ar score to clients. Due to the service using the CIWA-Ar incorrectly, we found a number of occasions when clients had not been administered 'as required' medicines when necessary. The service only completed the CIWA-Ar for 48 hours after admission however clinical guidelines state it should be completed for 72 hours to rule out a client developing a medical condition called delirium tremens, which can be fatal. CIWA-Ar guidelines state that 'as required' medication should be administered if a client scores 10 or above. We found occasions when a client's score was as high as 26 and no 'as required' medication was administered.
- The service withdrawals policy described the action staff should take in the event that a client had an alcohol withdrawal seizure. The policy did not describe the potential signs and symptoms of a seizure or that the seizure should be timed by staff.
- The service withdrawals policy did not describe the symptoms of delirium tremens as a medical emergency.

## Safeguarding

- Out of 19 current staff, 18 had completed safeguarding training in the past year. The service displayed safeguarding posters, which contained relevant contact information for Care direct and Devon safeguarding adults board. We spoke to staff who were able to describe how to make a safeguarding referral. The provider was in the process of ensuring all staff have a nationally recognized safeguarding qualification from a local college.
- The service's safeguarding policy had not been reviewed since August 2016.

## Medicine Management

- The provider had ensured the nurse audited medicine administration once a week and a pharmacist audited medication administration every three months.

- The service was not administering pabrinex to clients, a medicine given to those who are at risk of developing Wernicke's encephalopathy. As the service was not completing cognitive assessments to rule out Wernicke's encephalopathy it would be reasonable to expect trained staff to administer pabrinex as a precaution to all clients undergoing alcohol detoxification treatment.

## Reporting incidents and learning from when things go wrong

- The service had no reported incidents to review. Staff told us how they would report an incident and we were told there was an incident book in the medication room.

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

## Skilled staff to deliver care

- The provider had not trained all relevant staff in medicine administration or appropriately assessed staff as competent to undertake medicines tasks. We found medication competencies present in three staff folders, which had no completion or review date. We were told that staff had been assessed as competent by the nurse however there was not written evidence of this taking place.
- The provider no longer employed a psychiatrist to complete remote pre-admission assessments and prescribing, which was a concern raised in the previous inspection. The provider had employed a GP to visit the service once a week and to complete prescribing. The provider was in the process of developing a training matrix. The provider had completed a training needs analysis action plan which identified training needs for all staff.
- The manager had not provided recovery workers with supervision during the time of their employment. The provider was unable to provide evidence that supervision meetings had taken place and staff we spoke to said they had not had a supervision meeting with their line manager.
- The service's nurse was not receiving clinical supervision.
- We found that therapy staff were receiving regular supervision.

# Substance misuse/detoxification

- Out of 19 current staff, 10 had completed risk assessment training in November 2017 and one had completed the training in August 2016. Four staff completed person centred care training in November 2017.
- All staff were due to attend case recording and risk assessment training in May 2018.

## Best practice in treatment and care

- Care and treatment records did not contain a comprehensive assessment such as the Severity of Alcohol Dependence Questionnaire (SADQ) before clients started their alcohol detoxification treatment. Staff were unclear if the GP, who assessed and prescribed treatment for clients in the service, assessed clients using the SADQ. The GP told us they did not complete SADQ assessments, and that the registered manager completed these. A SADQ is used to assess a client's severity of dependence and points to the treatment intervention required. Best practice guidance says that for people who are significantly alcohol dependant, a comprehensive assessment should take place, including the use of relevant and validated clinical tools.

## Are substance misuse/detoxification services caring?

Since our inspection in August 2017 we have received no information that would make us re-inspect this key question.

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

## Listening to and learning from concerns and complaints

- We spoke to the two clients who currently resided at Haywain Barn. They both knew how to make a complaint, for example they could raise issues in the morning meeting.
- The service's complaints policy was in date, and was last reviewed in June 2017.

## Are substance misuse/detoxification services well-led?

### Governance

- The provider had not made the necessary improvements to meet regulation 14 good governance. The provider did not have systems and processes in place to assess, monitor and mitigate risks to health and safety. The provider did not carry out audits to identify and address quality and safety problems. The provider had developed an action plan to implement an audit system, due to be completed by June 2018.
- Some staff files did not contain evidence that a current, enhanced DBS had been received prior to employment. We found that some files had not been signed to say the original had been seen, and therefore the service could not evidence that the DBS did not contain offences that would require a risk assessment. All staff had a form that showed the DBS number and expiry date, but did not show if the DBS was enhanced and if there were any offences. We found that one staff file did not contain a DBS certificate or a copy to show the original had been seen.
- The provider had not completed audits of care records to ensure clients were actively involved in developing their care plans and risk assessments.

# Outstanding practice and areas for improvement

## Areas for improvement

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

- The provider must ensure that the service completes regular clinical audits such as care records and risk assessment audit.
- The provider must review all staff files to ensure that there is evidence that staff have a current, enhanced DBS check in place.
- The provider must complete a full schedule of environmental risk assessments.
- The provider must ensure that the service can evidence when staff have received specialist medicine administration training such as to administer an epipen and rectal diazepam.

- The provider must ensure that staff are competent to administer medication and can evidence a competency assessment has taken place.
- The provider must ensure that staff are competently trained to use the CIWA-AR and is aware what the threshold is for administering 'as required' medication.
- The provider must ensure that all staff receive regular supervision in line with the service's supervision policy.

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

- The provider should ensure the safeguarding policy is reviewed.

## 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 Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The service was not completing regular clinical audits for example care plan and risk assessment audits.</p> <p>The service had not completed staff file audits.</p> <p>The service did not have a full schedule of environmental risk assessments.</p> <p>This was a breach of Regulation 17 (1)(2)(a)(b)(f)</p>
Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>There was no evidence that staff had been trained to use an epipen/administer rectal diazepam.</p> <p>Staff had not been competently trained to use the CIWA-Ar.</p> <p>Staff did not have a current medication competency assessment.</p> <p>There were no records to show recovery workers had received supervision.</p> <p>The service's nurse was not receiving clinical supervision.</p> <p>This was a breach of Regulation 18 (1)(2)(a)</p>

## Enforcement actions

### 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  Treatment of disease, disorder or injury	<p>Section 29 HSCA Warning notice: quality of health care</p> <p>The provider did not effectively assess the risks to the health and safety of clients of receiving care or treatment, and did not do all that was reasonably practicable to mitigate such risks. We found:</p> <p>Care and treatment records did not record any details of the Severity of Alcohol Dependence Questionnaire ('SADQ') being undertaken before clients underwent alcohol detoxification treatment.</p> <p>The provider had not ensured that staff administering medication were appropriately assessed as competent to undertake medication tasks.</p> <p>The provider had not created early exit or unexpected discharge plans for any client.</p> <p>The service's withdrawals policy and admissions and discharge policy did not contain best practice in line with national guidance.</p> <p>The service's withdrawals policy did not contain clear, detailed information for staff to follow should a client experience a seizure or if staff suspect a client has delirium tremens.</p> <p>Cognitive assessments were not completed prior to commencing alcohol detoxification treatment.</p> <p>The service did not always ensure clients had a medical assessment prior to commencing alcohol detoxification. This was a breach of the service's policy.</p> <p>Clients did not always receive a medical review during detoxification treatment from the GP.</p> <p>The service was using the Clinical Institute Withdrawal Assessment of Alcohol Scale, revised ('CIWA-Ar') incorrectly or inconsistently.</p>

This section is primarily information for the provider

## Enforcement actions

The service only completed the CIWA-Ar for 48 hours after admission.

This was a breach of Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

(1)(2)(a)(b)(c)