# Oldfield Farm

## Quality Report

Taxal, Whaley Bridge
High Peak
Derbyshire
SK23 7EA
Tel: 01298 24761
Website: www.gnfc.org.uk

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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

## Ratings

| | |
|---|---|
| Overall rating for this location | Requires improvement |
| Are services safe? | Requires improvement |
| Are services effective? | Good |
| Are services caring? | Good |
| Are services responsive? | Good |
| Are services well-led? | Requires improvement |

### 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.

# Summary of findings

## Overall summary

We rated Oldfield Farm as requires improvement because:

- Staff did not always report all incidents that affected the health, safety and welfare of clients using the service. Governance processes and records did not demonstrate how essential information, including learning from incidents, was shared and discussed at senior levels of the organisation.
- The service did not always demonstrate how its directors held the necessary qualifications, skills and experience for their role. This did not support fit and proper person requirements.
- The service did not demonstrate what baseline of training was used to ensure the learning and competencies of all staff remained consistent.
- Staff did not make and record all the necessary checks at the service to ensure that it remained safe. This included not regularly checking the service's one personal alarm to ensure it remained in good working order, not measuring the temperature of the room where medicines were routinely stored, and not ensuring cleaning rotas demonstrated completion of tasks.
- Although the service used blanket restrictions, there was no policy in place to guide staff practice in the use of blanket restrictions, or provide a framework for review.

However:

- Staff practices around risk assessment and planning care with clients was good. Care records contained completed risk documentation, and recovery plans that were personalised and addressed the recovery needs of clients. Staff and clients met regularly to review care.
- The structured recovery programme provided clients with interventions recommended by the National Institute for Health and Care Excellence, support to live healthier lives, and a range of outdoor activities and work skills. Staff delivered interventions to clients individually or as part of a group.
- Clients described staff as caring, respectful, and polite. Staff interactions with clients were delivered warmly. Staff participated in activities with clients as part of the recovery programme delivered.
- The service had a range of policies and documents in place that were relevant to the service and to guide staff practices. This included a service vision, risk register, sharing information, and practices around managing referrals, assessment and discharge.

# Summary of findings

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Requires improvement

# Oldfield Farm

**Services we looked at**
Substance misuse services

# Summary of this inspection

## Background to Oldfield Farm

Good News Family Care (Homes) Ltd, a Christian based registered charity, provides services at Oldfield Farm. Oldfield Farm registered with CQC in November 2014 to provide the regulated activity:

- Accommodation for persons who require treatment for substance misuse

Oldfield Farm has a CQC registered manager and an accountable controlled drugs officer.

Oldfield Farm provides accommodation and substance misuse rehabilitation interventions for up to four women, aged over 18 years. Women can also be accompanied by children aged up to seven years old. Clients had been assessed as needing residential support to assist their recovery from addiction to drugs, alcohol, or other addictive behaviours. The service offers a structured recovery programme including relapse prevention, life skills, individual targeted recovery support, and skills for work training projects. Principles of Christian spirituality and faith run through the structured recovery programme. The service does not offer detoxification treatment interventions. The structured recovery programme runs for six months. Clients can reside at Oldfield Farm for up to nine months as required, with the option of residing at the provider's step-down facility for up to two years.

Placements at Oldfield Farm can be funded through local authorities, state benefits, or privately. When we inspected, Oldfield Farm had three clients admitted. A child accompanied one client.

The CQC first inspected the service in September 2016 as part of the comprehensive inspection programme. Following that inspection, the CQC issued the provider with a requirement notice with action the provider must take to meet:

- Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014-Safe care and treatment.

During a follow-up inspection in September 2017, the CQC found the provider had made improvements to meet the Regulation.

## Our inspection team

The team that inspected the service comprised two CQC inspectors.

## 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 people's needs?
- Is it well-led?

Before the inspection visit, we reviewed information that we held about the location.

During the inspection visit, the inspection team:

# Summary of this inspection

- visited the service, looked at the quality of the environment, and observed how staff were caring for clients
- spoke with three clients
- spoke with the family member of one client
- spoke with the registered manager
- spoke with one other staff member
- looked at three care records
- looked at a range of policies, procedures and other documents relating to the running of the service.

## What people who use the service say

We spoke with three clients admitted to Oldfield Farm. Clients told us staff were caring, respectful, and polite. They believed staff respected their spiritual beliefs, and found the Christian content of the programme helpful to their recovery.

Clients reported there was always lots of activities and tasks going on at the service, and they could plan menus, and choose what they wanted to eat. Although clients were aware of restrictions in the service, some felt this prevented them speaking openly during supervised telephone calls. Clients were happy with their environment, but reported that, at times, the temperature at the service could be cold.

We spoke with a family member of one client. They had found staff to be welcoming and helpful. However, they reported that staff had not provided them with information about the service, including how to raise a concern or provide feedback.

# 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?

Requires improvement 

We rated safe as requires improvement because:

- Staff did not always identify and report all incidents that affected the health, safety and welfare of clients using the service. This meant the service was not recording investigations and learning lessons from all incidents that occurred.
- Staff did not make and record all the necessary checks at the service to ensure that it remained safe. This included not regularly checking the service's one personal alarm to ensure it remained in good working order in case of an emergency, and not measuring the temperature of the room where medicines were routinely stored.
- The service did not have a baseline of training that staff returned to at regular intervals to ensure learning and competencies were consistent across all staff in the service.
- Although the service was visibly clean, staff did not ensure cleaning rotas demonstrated that all allocated cleaning tasks were completed.
- The service had blanket restrictions in place. We saw no policy to guide staff practice in the use of blanket restrictions, or provide a framework for review.

However:

- Risk assessment practices were good. Staff completed regular risk assessments of the care environment, and with clients. Care records contained complete and up to date risks assessments. Where risks were identified with clients, staff had developed plans to manage the risks.
- Staff knew how to respond to emergencies, and changes in a client's physical or mental health presentation. The service had policies to guide staff practice in the event of an emergency and a client's unplanned exit from the service.
- Staff stored care records securely in a locked office. Staff kept records in good order and records provided an account of all care provided by staff.

### Are services effective?

Good 

We rated effective as good because:

# Summary of this inspection

- Care records included an assessment of a client's presenting needs including mental health and substance misuse. Following an assessment, staff completed support plans with services users that were personalised, recovery focussed, and addressed a range of needs. Staff and clients met regularly to review plans.
- The structured recovery programme provided clients with interventions recommended by the National Institute for Health and Care Excellence. Staff delivered interventions to clients individually or as part of a group.
- Staff supported clients to live healthier lives. The recovery programme included outdoor physical activities, and health promotion interventions. Staff referred to external teams to meet all the healthcare needs of clients. Staff reported good relationships with external teams.

However:

- The staff appraisal rate was low. This was because the appraisal of one staff member had not been completed when we inspected.
- The service did not include arrangements in place to monitor adherence to the Mental Capacity Act. Although staff had accessed training in the Mental Capacity Act, the service did not include it as part of mandatory training requirements for all staff.

## Are services caring?

Good

We rated caring as good because:

- Clients described staff as caring, respectful, and polite. We saw that staff interactions with clients were respectful, polite, and delivered warmly. Staff participated in activities with clients as part of the recovery programme delivered.
- Staff communicated with clients, families, and carers so that they understood their care. Staff planned care with clients, provided information to support recovery, and enabled services user to give feedback on the service they received.

However:

- A family member of one client reported staff had not provided them with information about the service, including how to raise a concern or provide feedback about the service.

## Are services responsive?

Good

We rated responsive as good because:

# Summary of this inspection

- Although an openly Christian service, information from the provider and conversations with staff demonstrated the service was accessible to clients of all faiths, and clients with protected characteristics.
- The service had policies in place to guide practice around referrals, assessment and discharge. Oldfield Farm took referrals from clients and professionals from across the country. The provider had a step-down facility to which services users could progress to.
- Oldfield Farm provided rooms and equipment that supported the delivery its recovery programme. Clients had their own rooms, access to education and work skills projects, and staff supported them to maintain contact with their families or carers.
- Oldfield Farm had a complaints policy and staff knew how to handle a concern. Staff provided clients with information about how to complain and clients we spoke with knew how to make a complaint.

However:

- The service was limited in the adaptations it could provide to meet the needs of services users with disabilities or mobility problems. To overcome this, staff assessed clients' needs from referral onwards to determine if the location could meet all identified needs.
- Oldfield Farm did not provide clients with facilities from which to make a telephone call in private.

## Are services well-led?

**Requires improvement**

We rated well-led as requires improvement because:

- Good News Family Care (Homes) Limited had four identified directors. Records were not available to demonstrate that all directors held the necessary qualifications, skills and experience for their role. This did not support fit and proper person requirements.
- Records did not demonstrate how senior staff shared essential information about the service as part of operational management, director's meetings, and with external bodies. This included audits, and learning from incidents and complaints.
- The service lacked external oversight, comparison and learning with other substance misuse providers.

However:

# Summary of this inspection

- The service had a vision and mission statement in place. These were accessible to all on the service's website. Staff were familiar with the service's visions and values.
- Staff felt respected, valued, and well supported as an employee. Staff felt positive and proud about working for the provider.

# Detailed findings from this inspection

## Mental Capacity Act and Deprivation of Liberty Safeguards

The service did not accept referrals for clients who did not have capacity. Professionals referring clients to Oldfield Farm assessed a client's capacity at the point of making a referral to the service. Staff assumed that clients entering Oldfield Farm had mental capacity unless there was evidence to indicate this was not the case.

Records showed that staff had received training in Mental Capacity Act. However, the induction, training and development policy did not identify it as part of staff mandatory training requirements.

Staff we spoke with demonstrated an understanding of the Mental Capacity Act and its five statutory principles. Staff could apply this knowledge in relation to substance misuse and the needs of clients.

The service did not have a policy specific to the Mental Capacity Act. However, the service considered mental capacity as part of other policies in place. For example; the needs assessment and individual support planning policy.

Staff knew where to get advice from within the provider regarding the Mental Capacity Act. Staff also demonstrated when they would seek advice or escalate a concern to an external service

Staff described how they would give clients every possible assistance to make a specific decision for themselves before they assessed that the client lacked the mental capacity to make it. Staff referred to external professionals for further assessments of mental capacity if there was evidence to indicate a client did not have capacity.

The service did not have arrangements to monitor adherence to the Mental Capacity Act. Staff oversaw the application of the Mental Capacity Act as part of care record audits.

## Overview of ratings

Our ratings for this location are:

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|---|---|---|---|---|---|---|
| **Substance misuse services** | Requires improvement | Good | Good | Good | Requires improvement | Requires improvement |
| **Overall** | Requires improvement | Good | Good | Good | Requires improvement | Requires improvement |

Requires improvement

# Substance misuse services

| | |
|---|---|
| Safe | Requires improvement |
| Effective | Good |
| Caring | Good |
| Responsive | Good |
| Well-led | Requires improvement |

## Are substance misuse services safe?

Requires improvement

**Safe and clean environment**

**Safety of the service layout**

- Oldfield Farm was a modernised Grade II listed farmhouse providing accommodation to clients across two floors. The ground floor provided a communal lounge, craft room, toilet, utility room, locked cupboard containing cleaning equipment, and a large kitchen and dining room. The first floor provided one communal bathroom, three single rooms, and one single room with ensuite facilities. The staff office was located on the ground floor and included a sleeping area for staff.
- The layout of the service did not allow staff to observe all areas from a central location. Staff managed this with detailed admission and exclusion criteria for accessing the service, and regular risk assessments with existing clients. This was safe for the clients admitted to the service, and the interventions staff provided. Oldfield Farm was in a rural location. The provider positioned closed circuit television cameras outside of the building as an additional security measure. Staff could view images from a monitor.
- Staff carried out regular environmental risk assessments of the care environment. Health and safety assessments included fire risk assessments and a record of Legionella testing. Fire extinguishers were present around the service and in date. Portable appliance testing stickers were present on electrical items and in date.
- We saw potential ligature anchor points around the service. Ligature points are fixtures to which people intent on self-harm might tie something to strangle them self. The service had an up-to-date ligature risk assessment completed as part of the health and safety risk assessment in July 2018. The assessment identified risks in the environment and actions to reduce those risks.
- The service accommodated only female patients. This complied with national guidance about, and expectations governing the provision of single sex accommodation.
- Staff and clients did not have access to a fixed-point alarm or nurse call system. However, the premises were small and clients could call for staff assistance if needed. The lone working policy required staff to complete a risk management plan for any client assessed as presenting a risk to lone working staff. It also guided staff working alone to contact on call senior staff or emergency services as soon as they believed assistance was required to manage an escalating risk. In line with the service's lone working policy, one personal alarm was available for staff use. However, staff reported they did not regularly use it or check it to ensure it was in working order.

Maintenance, cleanliness and infection control

- The premises were visibly clean and well decorated, including art created by clients. However, furnishings were not always in good order, for example; a sofa in the communal lounge had visible signs of wear. The service employed additional staff to assist in the maintenance of the building and internal repairs.

- Staff and clients shared responsibility for cleaning the service. The service produced weekly cleaning rotas with allocated cleaning tasks. We reviewed five cleaning rotas, only one demonstrated completion of all cleaning tasks.
- The service displayed posters demonstrating correct handwashing procedures. Staff and clients had access to alcohol-free sanitisers. The service had an infection control policy in place. Staff described how they had responded to, and safely managed the risk of infection.

Clinic room and equipment

- Staff referred clients to local services for the management of their physical and mental health needs. This included GP, emergency, mental health, and substance misuse services. The service did not require a clinic room and equipment necessary for completing basic physical health checks.
- The service did not provide detoxification interventions to clients, and did not require resuscitation equipment or emergency drugs. Staff we spoke with knew how to respond to an emergency or a deterioration in a client's physical or mental health. The service had a management of incidents policy to guide staff practice.
- Staff working at the service completed first aid training as part of mandatory training requirements. The service had a first aid box. Records showed staff checked its content monthly.
- Staff referred clients to their GP or substance misuse worker who could assess if the client required Naloxone. Naloxone is an emergency medicine used for rapidly reversing opioid overdose. Staff knew to ask any provider of Naloxone for appropriate training prior to using it with clients. When we inspected, none of the admitted clients had been provided with Naloxone.

**Safe staffing**

**Nursing staff**

- The service employed one whole time equivalent registered general nurse as the manager of Oldfield Farm. The service also held three whole time equivalent support worker positions. However, when we inspected only one support worker position was recruited to. An additional whole time equivalent staff member managed the farm and supported clients with outdoor work skills.
- The manager reported the service had advertised and had interviews planned for two support worker vacancies.
- The service did not use bank or agency staff to fill shifts at Oldfield Farm. Good News Family Care (Homes) Limited employed a total of 14 staff, deployed at different locations. Where the manager identified vacant shifts because of sickness, absence or vacancies, staff from Good News Family Care (Homes) Limited's step-down facility filled these. Staff from the step-down facility were familiar with the clients at Oldfield Farm, this assisted to provide continuity of care.
- Between August 2017 and July 2018, the service reported that no shifts were left unfilled because of sickness, absence or vacancies.
- Between August 2017 and July 2018, the service reported no staff sickness. Staff planned annual leave in advance.
- Between August 2017 and July 2018, the service reported two staff leavers.
- The service manager was the only qualified nurse employed to work at Oldfield Farm and provided 41 hours of cover. At other times the service was staffed to a minimum of one support worker each shift. Staff, including the manager, worked a mixture of shifts to cover the 24-hour period. This included, an overnight 'sleep-in'. During a 'sleep-in' staff were available until 10pm, they then retired to a private area to sleep but remained available for assistance, if needed, until 8am.
- Rotas showed that all shifts were staffed to a minimum of one support worker each shift. This was the minimum requirement for the service.
- The service had an on-call rota and policy to support staff. Staff shared this electronically. A lone working policy guided staff on actions to take when they needed assistance or in an emergency. The service manager contributed to the on-call rota.
- The manager could deploy staff from other Good News Family Care (Homes) Limited locations to maintain safe staffing levels or respond to the changing needs of clients.
- All Good News Family Care (Homes) Limited staff received an induction to the organisation. Staff working at Oldfield Farm from other locations received a local induction, handover, and were supported by on-call staff.

- Clients admitted to Oldfield Farm had an identified key worker. Staff offered clients a weekly key nurse session. Staff also made themselves available for one-to-one time outside of key working sessions.
- Although the service maintained on-site activities and staff escorts for client attendance to professional appointments, staff and clients reported that staffing the service to minimum requirements had limited participation in external activities and the availability of staff escorts.
- Staff explained how they managed incidents or changes in a client's risk to maintain safety. This included escalation to emergency services, and seeking an immediate alternative placement for the client.

Mandatory training

- The service had identified training considered to be mandatory for all staff. This included safeguarding vulnerable adults and children, health and safety, medicines management, and first aid. The service accessed training 'in-house' or through external sources including agencies such as the local authority, the Safeguarding Board, mental health, substance misuse, and voluntary sector. Staff accessed training face to face and online. The service had an induction, training and development policy in place to guide practice.
- Training records demonstrated staff had completed a variety of courses to fulfil mandatory training or were booked on to forthcoming courses to remain up to date. However, there was no identified baseline training standard that staff returned to at regular intervals to ensure learning and competencies were consistent across all staff in the service.

**Assessing and managing risk to patients and staff**

Assessment of patient risk

- Staff assessed a client's risk presentation from referral onwards. Staff completed a comprehensive risk assessment of clients prior to admission and, for clients assessed as suitable for the service, this was then updated on admission. The risk assessment included substance misuse, mental health, vulnerability, and offending. Where staff identified a mental health concern, they also completed a Threshold Assessment Grid to assess the severity of the client's presenting concern. The service had a risk assessment and risk management policy to guide staff practice. The policy identified when risk presentations were greater than the service could manage, and how staff should respond to escalation of risk presentations identified at admission. We reviewed three records, all contained a completed and up to date risk assessment. Staff reviewed and updated risk assessments regularly, when a new concern was identified, or following a specific incident.
- Staff completed a risk management and safety plan with clients presenting medium and high risks. Plans demonstrated how staff and services users managed individual risks to maintain safety. We reviewed three records, all contained a completed safety plan.
- In addition to the comprehensive risk assessment, staff completed individual risk assessments specific to medicines self-administration, children accompanying clients to the service, and participation in outdoor and farm work skills.

Management of patient risk

- Staff assessed clients' mobility prior to, and at admission to the service. Where staff identified specific risk issues, such falls or pressure ulcers, they referred clients to external statutory services for assessment and interventions to ensure they could safely continue to accommodate the client at Oldfield farm.
- Staff regularly reviewed risks with clients and knew how to respond to changes in a client's risk presentation. This included making referrals to external services, or contact with emergency services for immediate assistance. When changes in a client's presentation meant that staff could no longer safely manage care at Oldfield Farm, staff worked with external services to identify an alternative placement.
- The service did not require staff to make routine observation checks of clients. This included no routine overnight observation, or signs of life checks. The service did not admit clients where an identified risk required staff to make routine observation checks. However, staff knew how to implement a plan of observation with existing clients to safely manage a new risk, or the escalation of an already identified risk.
- The service had a privacy policy in place. This provided staff with guidance on when and how to conduct a search with a client, the client's property, or the client's bedroom. The policy directed staff to search a client's person on admission to the service. Two staff completed searches with the consent of the client. Failure of the client to consent to a search might leave their admission

at risk. However, staff explained that a search of a client's person may not always be necessary. For example; if the client was admitted directly from a hospital. Staff conducted room searches only when they believed there was significant and immediate risk to safety, health and wellbeing, or when activity taking place in a room contravened house rules. Clients agreed to room searches without notice as part of their license agreement. Clients admitted to Oldfield Farm signed a license agreement to demonstrate understanding and agreement with the service's requirements, charges, and use of the property.

- The service had a policy in place to guide staff practice for planned and unplanned exits from the service. Staff completed an early exit plan and checklist with services users within 48 hours of admission. However, in our review of care records we found that staff had not completed an early exit plan with two clients recently admitted. The policy guided staff to give all clients leaving the service a 'leavers support pack. The pack included harm reduction information to increase client safety in the event of relapsing to substance use.
- The service had blanket restrictions in place, these included restrictions on leaving the service and telephone use. Blanket restrictions are restrictions on the freedoms of clients receiving care that apply to everyone rather than being based on individual risk assessments. Staff provided clients with information about blanket restrictions as part of the 'Recovery Resident Handbook' and license agreement. Many restrictions were in place to maintain a safe and substance free environment for clients, and manage the residency agreement between the provider and client. Clients choosing admission to Oldfield Farm agreed to the restrictions in place. Staff reported they met to discuss and review blanket restrictions at team meetings, and changes had been made to restrictions following meetings. However, we did not see a policy available to guide staff in the use of blanket restrictions or provide a framework for review.
- Good News Family Care (Homes) Limited did not allow clients to smoke inside their premises and provided designated outside smoking areas for those wishing to smoke. Services users agreed to this at admission as part of their license agreement. Staff asked clients about their smoking and, where indicated, offered support to help stop.
- All clients agreed to admission, and were voluntarily admitted to Oldfield Farm. Although staff locked the service from 11pm until 8am, there was an accessible key for clients wishing to leave the service during this time.
- The service reported no incidents of staff using physical interventions to manage client behaviour.

**Safeguarding**

- The provider included safeguarding adults and children as part of mandatory training requirements for staff. Records showed staff accessed a variety of training to meet this requirement. The service had safeguarding policies and identified safeguarding leads. The service's registered manager and one director, a GP, were safeguarding leads. Staff knew how to identify adults and children at risk of, or suffering significant harm. This included knowing when and how to raise a concern with the local authority.
- Staff gave clients a 'Recovery Resident Handbook' at admission. This detailed how the service acted to protect clients and their children from abuse. We also saw that staff displayed information about safeguarding around the service.
- The service had an equal opportunities and anti-discriminatory practice policy in place. Staff could give examples of how to protect clients from harassment and discrimination, including those with protected characteristics under the Equality Act. Clients agreed to anti-discriminatory behaviour as part of their license agreement. Staff made clients aware that failure to uphold this resulted in immediate discharge from the service.
- Staff followed safe procedures for children visiting the service. The 'Recovery Resident Handbook' detailed this for clients. Clients accompanied by children agreed to supervise their children at all times. The service included this as part of the license agreement. We saw the service had taken appropriate action to safeguard the child residing with their parent at the service.
- Staff reported children accompanying clients to Oldfield Farm were referred by a social worker. The service would consider a maximum of four children to the service, although staff would first assess to ensure the needs of all clients and children could be met. Staff

planned to meet the educational needs of school aged children accompanying clients. This included applications to local schools and arranging any required transportation.

**Staff access to essential information**

- All care records were paper based and stored securely in a locked office used by staff. Staff accessed document templates for care records from a shared computer folder.
- Staff kept care records in good order. Records contained a complete and up to date record of the care staff delivered to clients. Staff dated and signed written entries, and recorded client identifiable information on documents.

**Medicines management**

- There was no prescribing of medicines at the service. Staff registered clients with a local GP. The GP held responsibility for prescribing medicines with clients. Staff accompanied clients to GP appointments. Staff also reported that medicines may also be prescribed by mental health or substance misuse services accessed by clients.
- The service had a medicines management policy in place to guide staff practice. The policy included medicines reconciliation, transporting, storing, administering, and disposing of medicines. Staff accessed training for the safe handling of medicines as part of mandatory training requirements.
- Staff kept a record of medicines administered to clients. Staff recorded medicines on an administration record following reconciliation checks. We looked at three medicines records. All recorded any client allergies, and a complete record of medicines administered to a client. Staff kept a record of the effects of medicines on clients, including side effects.
- The medicines management policy included client self-administration of medicines. Staff supported clients to self-administer medicines following a medicines risk assessment. Staff audited medicines self-administration with clients to ensure that practices remained safe. All clients signed a medication agreement as part of the admission process.
- Staff stored medicines in a locked cabinet attached to the wall of the staff office. There was a separate cabinet for controlled drugs and a controlled drug register. Staff stored keys to both cabinets securely and did not carry them on their person. The service had not supported a client prescribed controlled drugs since 2016.
- Staff did not measure and record the temperature of the office where they routinely stored medicines. The quality and effectiveness of medicines can be damaged when they are not stored between 15 and 25 degrees Celsius.

**Track record on safety**

- The service reported no serious incidents occurring between August 2017 and July 2018.

**Reporting incidents and learning from when things go wrong**

- Staff did not always know what events to record as incidents. We reviewed incident reports from January 2018 onwards and saw that staff recorded occurrences including self-harm and use of inappropriate language as incidents. However, staff did not record environmental occurrences that impacted on the health and welfare of clients as incidents. This included disruptions to electrical and water supplies. This meant the service was not recording investigations and lessons learned arising from environmental occurrences.
- The number of incidents staff recorded at Oldfield Farm was low. This was in part because of low average occupancy throughout 2018. Since January 2018, staff had reported five occurrences as incidents. Staff recorded low impact accidents at the service separately to incidents. Since January 2018, staff had recorded two low impact accidents.
- Staff knew how and where to record incidents and accidents. Staff gave completed incident and accident forms to the manager for review and investigation. The service had a management of incidents, high risk incidents and emergencies policy to guide staff practice.
- Staff understood the duty of candour. We saw an example of when staff had been open, transparent and provided resolution to a client involved in an incident.
- Staff received feedback following the investigation of incidents occurring at Oldfield Farm, and from other Good News Family Care (Homes) Limited locations. Staff met to discuss feedback at team meeting. The agenda for team meetings included incidents and areas of learning as standing items to be discussed.

Requires improvement

# Substance misuse services

- The manager provided information about safety improvements and changes to staff practices following the investigation of incidents. For example; all medicines categorised as being liable to misuse were administered only by staff, including to clients assessed as being safe to self-administer their own medicines. This protected the safety of all clients admitted to the service. Staff we spoke with were aware of this and reported the manager had communicated this as part of a team meeting.
- Staff received a debrief and support after serious incidents. This was provided as part of team and management meetings. On-call senior staff provided staff involved in an incident with immediate support

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

Good

### Assessment of needs and planning of care

- We reviewed three care records. Staff collected information about clients from the point of referral, and assessed the needs of clients on admission. The assessment included mental health, substance misuse, and concerns to do with children. Assessments were present and completed in the care records. The service had a needs assessment and individual support planning policy to guide staff practice.
- Staff asked clients about their physical health as part of the referral process, and at assessment. The GP was responsible for all physical health assessments and monitoring with clients.
- Staff used an assessment tool from which they developed support plans to meet the needs of clients. The assessment tool explored, and scored, ten areas of wellbeing with clients. This included mental health, physical health, substance misuse, discharge planning and personal finances. We found one completed support plan in the care records reviewed. Staff had planned key work sessions to complete support plans with two recently admitted clients on the day of our visit. The one support plan available for review was personalised, recovery focussed and addressed a range of needs.
- When children accompanied their mother to the service, staff and the mother completed an assessment of the child's needs. From this they developed a support plan specific to the child's identified needs. Records demonstrated staff worked alongside external professionals to meet the needs of children at the service.
- Staff and clients met monthly to review support plans, and made a formal review of progress towards goals after three months. Staff kept a record of significant assessment and review dates for clients.

### Best practice in treatment and care

- The service did not provide detoxification interventions. The service expected clients to be substance free on admission, or, if prescribed substitute medication, to detoxify completely on a reduction programme as quickly as possible. Staff referred clients to community substance misuse services who then managed reduction programmes alongside the client's GP.
- The service's structured recovery programme provided clients with interventions recommended by the National Institute for Health and Care Excellence. This included relapse prevention, motivation to change, stress management, and assertiveness interventions. Staff delivered interventions individually with clients or in groups. The programme was based on the principles of 12 Step recovery and included attendance at local mutual aid meetings. Staff reviewed progress towards 12 Step recovery with clients. Principles of spirituality and faith ran through the programme, staff explained that these were from no specific denomination.
- Records demonstrated staff referred services users to local GP services. The client's GP was then responsible for health assessments and any resulting referrals to specialists. Staff supported clients to manage their health and attend health related appointments.
- Staff supported clients to live healthier lives. The structured recovery programme encouraged participation in outdoor physical activities, and included the delivery of healthy eating advice and dealing with issues relating to substance misuse. Records showed staff supported clients to attend screening for cancer appointments.

- Staff used recognised rating scales to assess and record severity and outcomes with service who identified mental health symptoms on admission to the service. For example, the depression, anxiety and stress scale. Staff referred clients who required specific mental health interventions or psychological therapies to the GP or local mental health services.
- Staff had access to technology to support patients. Staff supported clients to access online recovery, self-help, and educational resources.
- Staff participated in a programme of clinical audit at the service. This included audits of medication, care records, and complaints. We saw an example of how the service identified staff learning needs following a controlled drugs audit in 2018.

**Skilled staff to deliver care**

- Staff worked closely with external professionals already involved in a client's care, and made referrals when they identified new needs. Staff kept a record of multidisciplinary staff involved during a client's admission. We saw this included health visitors, community mental health staff, and probation workers.
- The service kept staff employment files. Staff employment files included application forms, disclosure and barring service checks, references, and professional registration checks. The service used standardised interview questions and scored interview outcomes to demonstrate staff's' suitability and competency for the roles they held. The service had a staff selection and recruitment policy in place. This ensured staff had the right experience and skills.
- The service provided new staff with an appropriate induction during the first three months of employment. The induction, training and development policy included procedural guidance for staff inductions and a checklist.
- The service manager provided staff with supervision. Supervision is a meeting to discuss case management, to reflect on and learn from practice, and for personal support and professional development. The manager reported all staff had a named person that provided regular supervision. Staff also participated in team supervision as part of team meetings. The service had a staff support, supervision and appraisal policy to guide staff practice.
- The service provided staff with annual appraisals of their work. Between August 2017 and July 2018, the staff appraisal rate was 50%. The service manager reported their own appraisal remained outstanding and was planned to take place in January 2019.
- The service manager reported staff met as a team at least once a month. The agenda identified areas that staff would always share and discuss. For example; team supervision, safeguarding, and learning from the investigation of incidents.
- In addition to mandatory training, the service supported staff to access additional training necessary to their roles. This included substance misuse and mental health specific training. Staff reported they discussed learning opportunities as part of supervision and appraisal practices.
- The service had policies and procedures in place to deal with poor staff performance when needed. In the first assistance, the manager addressed concerns about poor staff performance through supervisory practices.
- The service used volunteers in a variety of roles, not all of which involved direct contact with clients. Volunteers were subject to the same pre-employment checks, references, and mandatory training requirements as staff recruited to work at the service. The service had a policy specific to volunteering.

**Multi-disciplinary and inter-agency team work**

- Records showed staff liaised, and met regularly with other professionals involved in a client's care. The service had a consent form that detailed how staff shared information with other agencies and professionals currently, or historically, involved in a client's care.
- Staff shared information about clients effectively at handover meetings between shift changes. Staff communicated directly from client care records, and from a well-maintained staff 'communication' book detailing appointments and attendances.

Requires improvement

# Substance misuse services

- Staff reported effective working relationships with other Good News Family Care (Homes) Limited teams. This included a nursery, and the step-down facility.
- Staff reported effective working relationships with teams external to the service. This included the local GP practice and an identified point of contact with the local safeguarding team. The service had protocols in place for working with housing and social care, and had a representative member on a number of local action groups and forums.

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

- The Mental Health Act did not apply at this location. The service was not registered to admit clients subject to the Mental Health Act. Staff contacted local mental health services for advice and assessment if a client's mental health deteriorated.

**Good practice in applying the Mental Capacity Act**

- The service did not accept referrals for clients who did not have capacity. Professionals referring clients to Oldfield Farm assessed a client's capacity at the point of making a referral to the service. Staff assumed that clients entering Oldfield Farm had mental capacity unless there was evidence to indicate this was not the case.
- Records showed that staff had received training in Mental Capacity Act. However, the induction, training and development policy did not identify it as part of staff mandatory training requirements.
- Staff we spoke with demonstrated an understanding of the Mental Capacity Act and its five statutory principles. Staff could apply this knowledge in relation to substance misuse and the needs of clients.
- The service did not have a policy specific to the Mental Capacity Act. However, the service considered mental capacity as part of other policies in place. For example; the needs assessment and individual support planning policy.
- Staff knew where to get advice from within the provider regarding the Mental Capacity Act. Staff also demonstrated when they would seek advice or escalate a concern to an external service
- Staff described how they would give clients every possible assistance to make a specific decision for themselves before they assessed that the client lacked the mental capacity to make it. Staff referred to external professionals for further assessments of mental capacity if there was evidence to indicate a client did not have capacity.
- The service did not have arrangements to monitor adherence to the Mental Capacity Act. Staff oversaw the application of the Mental Capacity Act as part of care record audits.

## Are substance misuse services caring?

Good

**Kindness, privacy, dignity, respect, compassion and support**

- We observed staff interactions with clients that were respectful, polite, and delivered warmly. We saw staff and clients participating in activities together.

Staff could explain how they provided clients with help, emotional support, and assistance when they needed it.

- Staff supported clients to understand and manage their care, treatment or condition. Clients admitted to Oldfield Farm were required to participate in the service's structured recovery programme and signed a license agreement where they agreed to this. The recovery programme commenced daily at 9am and ran throughout the day. Staff included work skills projects, attendance to local recovery groups, relapse prevention and life skills interventions as part of the recovery programme delivered to clients.
- When needed staff directed clients to other services and, if required, supported them to access those services. This included mutual aid meetings, and activities at the provider's step-down facility.
- Clients described staff as caring, respectful, and polite. They reported that there was always a lot going on at the service, but some of the work skills projects identified in the service's promotional literature had not

been delivered. For example; woodwork and dry-stone walling. Clients believed staff respected their spiritual beliefs, and found the Christian content of the programme helpful to their recovery.

- Staff understood the individual needs of patients, including their personal, cultural, social and religious needs. Staff explained how they worked to meet the needs of clients with protected characteristics, and where a service's user's spiritual beliefs differed from that of the organisation's.
- Staff participated in supervisory practices that allowed them to raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients without fear of the consequences.
- Staff maintained the confidentiality of information about clients. This included storing care records securely. The service had a confidentiality and access to information policy to guide staff practice. Staff provided clients with information about confidentiality at the service.

**Involvement in care**

Involvement of patients

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- Staff used the admission process to inform and orientate clients. Prior to admission, staff offered clients the opportunity to visit the service. Staff provided, and made themselves available to discuss information about the service including programme details, client responsibilities, and a license agreement. Records included an admission checklist that detailed what staff should complete as part of the admission process.
- The one support plan available to us for review demonstrated staff had involved the clients in its development and had shared a completed copy with them. Support plan documentation prompted staff to offer clients a copy, or record if a patient declined a copy of the plan. The service provided a 'My Recovery Journey' booklet to clients where they could record their strengths, goals, and resources for recovery.
- Staff communicated with clients so that they understood their care. This included offering information in alternative formats to clients with communication difficulties.
- Staff did not involve clients in making specific decisions about the service, for example; in the recruitment of staff. The service identified plans to re-introduce a client consultation group. The organisation had previously found this effective in identifying areas of development. However, the service did have a process in place to enable client feedback and we saw evidence that this resulted in changes to the service.
- Staff enabled services users to give feedback on the service they received. This included house meetings, exit interviews, and client reviews. Between July 2017 and July 2018, nine clients completed exit interviews. Seven of the nine clients rated the service as excellent overall, and all were happy with the way staff treated them.
- Staff assisted clients to complete safety plans that detailed how a client wished to be supported by staff to manage an identified risk. Plans included things clients could do for themselves and identified additional sources of support to manage the risk.
- The service had established links with local advocacy providers. Staff included information about advocacy services in the 'Recovery Resident Handbook' given to clients. As part of the structured recovery programme, staff encouraged clients to advocate for themselves.

Involvement of families and carers

- With client permission, staff informed and involved families and carers. Clients reported that, where appropriate, staff encouraged this. Records identified to with whom, and how much information staff could share. Staff provided families and carers with a support booklet. The booklet included information about recovery, and community agencies available to support family and friends.
- We spoke with a family member of one client. They'd found staff to be welcoming and helpful. However, they reported that staff had not provided them with information about the service, including how to raise a concern or provide feedback.
- The service did not have a dedicated way for collecting feedback from families or carers on the service they received. Staff reported they made the families or carers of clients aware of how to raise a comment, complaint, or compliment about the service.

Requires improvement

# Substance misuse services

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

Good

**Access and discharge**

Bed management

- At the time of inspection, Oldfield Farm had three clients admitted. A child accompanied one client. Between January and December 2018, a total of 12 clients had been admitted to the service. On average, two clients occupied Oldfield Farm each month throughout 2018.
- Oldfield Farm took referrals from across the country. Clients and professionals made referrals to the service. The service's website included information and links for referral. Between January and December 2018, the service received 44 referrals. Self-referrals accounted for 15 of the 44 referrals.
- The service had a referral, initial needs assessment, and application policy in place to guide staff practice. The policy detailed admission and exclusion criteria for accessing the service. Staff aimed to assess clients referred to the service within three days. Staff reported clients waited an average of two months from assessment to admission to the service. During this time, clients accessed detoxification interventions from other providers.
- Clients funded placements at Oldfield Farm in a variety of ways. This included placements funded privately, placements funded by state benefits, and placements funded by local authorities. The service had developed links with some local authorities from which they could receive referrals. When we inspected one client was funded by a local authority, and two clients were funded by state benefits.
- The service detailed payment charges and responsibilities in literature for clients and professionals, and in the license agreement signed by clients.
- Staff ensured clients returned to their allocated bed on completion of agreed periods of leave.
- The service planned admissions and discharges to take place within working hours.

Discharge and transfers of care

- Between January and December 2018, nine clients admitted to the service had been discharged. Of these, three clients had not completed treatment at Oldfield Farm. Records identified where clients had been discharged to. The average length of stay at Oldfield Farm was between four and five months.
- The 'Recovery Resident Handbook' and service license agreement detailed responsibility breaches that could put a client's placement at risk or result in discharge.
- The service had a policy in place to guide staff practice for planned and unplanned exits from the service. From the point of admission and onwards, staff and clients assessed discharge needs and developed plans to meet them. This included accommodation needs or identifying a destination upon discharge from the service.
- Good News Family Care (Homes) Limited had a step-down facility designed to offer support and skills needed for independent living in the community. Clients completing treatment at Oldfield Farm could progress to this facility.
- If required, staff supported clients during referrals and transfers between services. For example; if they required treatment in an acute hospital.

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

- Oldfield Farm had a comfortable and 'homely' atmosphere. The premises provided staff and services users with rooms and equipment to support care. As client's physical health was managed by external professionals, the service had no clinic room. Oldfield Farm had an allocated area for craft activities, and its rural location facilitated client participation in outdoor work skills project. Clients were happy with their environment, but reported that, at times, the temperature at the service could be cold. Staff and clients also participated in groups and activities at the step-down facility.

- Clients had their own bedrooms. Children had their own bed in the bedroom area of their parent. Clients could personalise their rooms with no permanent alterations.
- Bedrooms had a lockable cabinet for the self-storage of medicines or personal items. Staff encouraged clients to insure their own belongings as the service's insurance policy did not cover this.
- Single rooms provided clients with a private and quiet area. With staff agreement, clients saw visitors in communal areas of the service or accessed grounds or community venues when clients required privacy.
- Clients agreed to having no mobile phones during their placement at Oldfield Farm. The 'Recovery Resident Handbook' and service license agreement detailed this. Clients could not make a telephone call in private. Staff facilitated client access to telephone calls as they progressed through the recovery programme. Staff supervised all telephone calls from the service's office and ensured calls did not take place during structured recovery programme times. All clients were aware of the service's requirements to access telephone calls, but sometimes felt that they could not speak openly during supervised telephone conversations.
- Clients had access to outside space. The service risk assessed farm and outdoor work skills projects. Staff provided clients with induction and safety information prior to commencing projects. The service employed a member of staff to oversee the farm and support clients. Oldfield Farm staff accompanied clients during participation in farm and outdoor projects.
- Clients were responsible for managing food budgets, online shopping orders, food preparation, and cooking at the service. Staff oriented services users to this as part of the admission process. Clients reported they could plan menus, choose what they wanted, and the service had enough food to meet client needs.
- Client had 24-hour access to facilities to make hot drinks and snacks.

**Patients' engagement with the wider community**

- Staff ensured services user had access to education and work opportunities. The programme at Oldfield Farm included courses in addiction and relapse prevention, parenting, emotional wellbeing, and a range of outdoor work skills projects covering livestock and land maintenance. As a client's recovery progressed, staff encouraged participation in online courses and consideration of external courses.
- Staff supported patients to maintain contact with their families and carers. Clients confirmed this. Records showed that staff asked clients what information they could share and with whom.
- Staff encouraged clients to develop and maintain relationships with people that mattered to them, both within the services and the wider community. This included establishing and maintaining links with recovery groups and communities.

Meeting the needs of all people who use the service

- Staff assessed clients' mobility needs at referral to the service, and would consider if the environment at Oldfield Farm could meet the client's needs. Oldfield Farm had no adaptations in place to accommodate users of wheelchairs or mobility aids. The service was limited in the adaptations it could make by its age and location. Facilities within the service were not specific to the needs of people with disabilities. For example; it did not have adjustable beds.
- Staff ensured clients could obtain information on treatments, local services, patients' rights and how to complain. Staff provided clients with a 'Recovery Resident Handbook' at admission. This detailed client responsibilities, accommodation and support charges, and how to comment or complain about the service. The service provided information in an accessible form for the clients present. Staff described how and when needed, they made information more accessible to clients with communication difficulties or for those whose first language was not English.
- The manager reported that, when needed, staff and clients had access to interpreters or signers.
- The service facilitated client choice of food to meet the dietary requirements of religious and ethnic groups.
- The service was openly Christian based and offered spiritual courses as part of the programme offered. Conversations with staff and literature demonstrated the service was accessible to clients of all faiths.

- Staff demonstrated an understanding of the potential issues facing vulnerable groups and individuals with protected characteristics. Staff offered appropriate interventions including emotional wellbeing and life skills courses.

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

- Between August 2017 and July 2018, the service reported receipt of no formal complaints. However, the manager described how the service had responded to concerns or complaints raised verbally and through house meetings.
- Staff displayed information about how to raise a concern or complaint in communal areas of the service, the service also included it as part of the 'Recovery Resident Handbook'. Clients we spoke with knew how to raise a concern or complaint.
- The service had a policy and procedure to guide staff practice in managing compliments, comments and complaints. This detailed how and when staff should provide feedback to individuals raising a concern or complaint.
- Staff we spoke with demonstrated understanding of how to handle a complaint, including local resolution and how to escalate a concern. Staff believed the service fostered an open culture of support and feedback.
- The manager explained how feedback from the investigation of a complaint would be provided to staff during handovers and team meetings. The service's policy for compliments, comments and complaints detailed how the service used feedback to improve the service. For example; to identify gaps in service provision, and reviews of policies and procedures.

## Are substance misuse services well-led?

Requires improvement

**Leadership**

- The registered manager was a registered nurse with additional qualifications in health visiting and leadership and management. Good News Family Care (Homes) Limited had four directors including the charity's founder member, a GP, a business consultant, and a peer with experience of running a substance misuse service. Records demonstrated all directors had disclosure and barring checks in place. However, records were not available to demonstrate all directors held the necessary qualifications, skills and experience for their role. This was not in line with fit and proper person requirements to ensure all directors are fit to carry out their responsibility for the quality and safety of care.
- The service manager had a good understanding of the service. They could describe challenges for the service and how they were developing to overcome these. For example; building links with local authorities to ensure regular referrals and admissions to the service.
- Leaders were visible in the service and approachable for patients and staff. The service manager worked as part of the staff team to provide 24-hour cover at the service. One director, the charity's founder member, was regularly present at the service, and other directors had visited the service.
- Staff had access to leadership development opportunities. This included access to National Vocational Qualifications in leadership and management.

**Vision and strategy**

- The service had a vision and mission statement in place. This detailed the aim of the service, and how it worked to achieve this. Clients were required to be abstinent from substances while at Oldfield Farm. The service promoted therapeutic interventions and mutual aid communities to support recovery.
- Our conversations with staff demonstrated a focus on creating a safe environment for clients, a sense of family, and working together with local communities. This was in line with the organisation's values.
- The provider included information about their vision and mission statement on its website and information leaflets. These were accessible to staff and clients accessing the service.
- Staff reported they had the opportunity to contribute to discussions about the strategy of the service. They did this through team meetings.

- The service manager described how they were working to deliver high quality care within the budgets available. They identified this could be challenging as there was a financial shortfall where clients were funded by state benefits. The service detailed support costs and charges in information leaflets for professionals, and in information leaflets and as part of the license agreement for clients.

**Culture**

- There had been no recent staff surveys at the service. Staff told us they felt respected, valued, and well supported as an employee. Staff felt positive and proud about working for the provider.
- The service had a staff whistleblowing policy and procedure. Staff felt able raise concerns without fear of retribution.
- The provider had policies and procedures in place to deal with poor staff performance when needed.
- Staff appraisals included conversations about career development and how it could be supported.
- The service had an equal opportunities and anti-discriminatory policy. Staff could explain how they worked to meet the needs of clients with protected characteristics. Clients agreed to anti-discriminatory behaviour as part of the terms of treatment to their admission.
- The service did not have arrangements in place with an occupational health service to support staff with their own physical and emotional health needs. However, the service did have an occupational health policy to guide staff practice and had achieved a disability employer status as part of a government scheme.
- Although the provider recognised and celebrated the contribution staff made to the service, it did not have a dedicated staff awards programme in place.

**Governance**

- There was no record of staff sharing and discussing essential information at all levels of the organisation. The provider included local team meetings, management meetings, and director's meetings as part of its governance structure. Agendas and minutes from local team meetings demonstrated staff met to discuss essential information. Records from management and director's meetings showed senior staff met to obtain an overview of the service, and discuss its finances and staffing. However, they did not demonstrate discussion of essential information including safeguarding, outcomes of audit, and learning from incidents and complaints.
- Staff demonstrated they implemented recommendations from reviews of incidents, complaints and safeguarding alerts at the service level. However, staff did not always report all untoward occurrences as incidents.
- The service had a programme of local clinical audits in place. Records demonstrated staff completed these regularly, and acted to address concerns when they identified them. However, records from meetings at all levels of the organisation did not demonstrate staff discussed the results of audits, or used them when considering improvements to the service.
- Staff understood the arrangements for working with other teams, both within the provider and external, to meet the needs of the clients. Staff reported effective working relationships with local GP practice, and the service had protocols in place for working with housing and social care agencies locally.
- Overall, the service had a range of relevant policies and procedures to guide staff practice. Managers kept a record of when policies and procedures had last been reviewed and updated.

**Management of risk, issues and performance**

- The provider had an overall risk assessment and management plan as part of the management committee role and responsibilities policy statement. This was updated in May 2018. The plan identified areas of risk, the likelihood of occurrence, and measures in place to prevent risk happening. Identified risks included maintain confidentiality, staff misconduct, and fluctuation of income. The service also maintained a quality assessment framework aligned to CQC standards for the domains of safe, effective, caring, responsive, and well led. The framework described how the service was meeting the standard, and if required, action to improve the service. However, the framework did not identify who was responsible for the completion of actions, and time scales for completion.

Requires improvement

# Substance misuse services

- The service had plans in place for emergencies including adverse weather or sickness outbreaks. The service included this as part of the health and safety risk assessment.
- The service had a system in place to allow clients to access support in an emergency if a member of staff wasn't immediately available to assist them. For example; if the 'sleep-in' member of staff became unwell or unconscious. Staff included this as part of the orientation to the service for new clients.
- Information from the provider did not identify any cost improvement initiatives that would compromise client care.

**Information management**

- The service manager was responsible for collecting and preparing data about the service.
- Staff had access to equipment and information technology needed to do their work. For example; telephones and access to a computer terminal. Staff shared documentation and practice updates on a shared computer file. Staff kept paper care records in good order, and stored them securely to protect client confidentiality.
- The service manager had access to information to support them with their management role. This included indicators to gauge the performance of the service. For example; reviewing staff training, referrals, admissions, and monitoring outcomes for clients
- We could not be assured that staff made all notifications to external bodies as needed. This is because staff did not always know what events to report as incidents, and some of these events may have needed reporting to external bodies, for example, the CQC. The service was exploring if it needed to submit data to the National Drug Treatment Monitoring Service.

**Engagement**

- Staff, clients, and carers had access to up-to-date information about Oldfield Farm through the service's website. This included information about the recovery programme and how to make a referral.
- Clients had the opportunity to give feedback on the service they received. The service did not have any specific methods for collecting feedback from families or carers on the service they received.
- The manager had access to feedback from clients and staff. They demonstrated how feedback had led to improvements at the service. For example; commencing attendance to local recovery group meetings.
- Clients and carers were not involved in decision making about changes to the service. However, services users could contribute feedback through a variety of routes.
- The manager and senior leaders were visible in the service to meet with clients and staff who wished to give feedback on the service. The service planned to re-introduce a client consultation group, from which a representative would attend directors' meetings.

**Learning, continuous improvement and innovation**

- Information from the provider identified where changes to the service were planned, or needed to improve. This included increasing client involvement, staff training needs, and liaison with agencies external to the service.
- The service was not participating in research, and staff did not identify that innovations were taking place. The provider was a member of the International Substance Abuse and Addiction Coalition, and an associated member of the Federation of Drug and Alcohol Practitioners. The provider also worked with other substance misuse services to review service provision and recommended practice.
- The service had a programme of clinical audits in place. Staff did not report the use of any additional quality improvement methods.
- The provider did not identify participation in accreditation schemes or national audits that were relevant to the service.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider MUST take to improve

- The provider must ensure staff regularly checked and maintain personal alarms in working order.
- The provider must ensure it has identified baseline training standards to ensure learning and competencies are consistent across all staff in the service.
- The provider must ensure staff measure and record the temperature of the office routinely used for storing medicines.
- The provider must ensure records demonstrate how directors hold the necessary qualifications, skills and experience for their role.
- The provider must ensure it has a clear framework of what should be discussed at senior levels of the organisation, including essential information about the service.

### Action the provider SHOULD take to improve

- The provider should ensure staff can identify and report all incidents that affect the health, safety and welfare of clients.
- The provider should ensure processes are in place to monitor and review the application of blanket restrictions in the service.
- The provider should ensure cleaning rotas demonstrate the completion of all allocated cleaning tasks.
- The provider should ensure staff complete early exit plans and checklists with services users within expected timescales.
- The provider should ensure appraisals of all staff are completed in a timely manner following the due date.
- The provider should ensure there is a policy specific to the Mental Capacity Act.
- The provider should ensure arrangements are in place to monitor adherence to the Mental Capacity Act.
- The provider should ensure clients can access facilities from which to make a telephone call in private.
- The provider should consider including training in the Mental Capacity Act as part of mandatory requirements for staff.

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 | Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment<br>• Staff did not regularly check and maintain personal alarms in working order.<br>This was a breach of regulation 15(1)(b) |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require treatment for substance misuse | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment<br>• Staff did not measure and record the temperature of the office where they routinely stored medicines.<br>This was a breach of regulation 12(2)(g) |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require treatment for substance misuse | Regulation 17 HSCA (RA) Regulations 2014 Good governance<br>• The service did not have a clear framework of what should be discussed at senior levels of the organisation, including essential information about the service.<br>This was a breach of regulation 17(1) |

| Regulated activity | Regulation |
|---|---|

This section is primarily information for the provider

# Requirement notices

| Regulated activity | Regulation |
| --- | --- |
| Accommodation for persons who require treatment for substance misuse | Regulation 18 HSCA (RA) Regulations 2014 Staffing<br>• The service had no identified baseline training standard that staff returned to at regular intervals to ensure learning and competencies were consistent across all staff.<br><br>This was a breach of regulation 18(2)(a) |
| Accommodation for persons who require treatment for substance misuse | Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed<br>• Records did not demonstrate how directors held the necessary qualifications, skills and experience for their role.<br><br>This was a breach of regulation 19(1)(b) |