

TCH Therapy Service Limited Haywain Barn

Quality Report

Barton Court
Barton Road
Buckland Brewer
Bideford
Devon
EX39 5LN

Tel: 01237 451526

Website: <http://www.regainrecovery.com/>

Date of inspection visit: 26 July 2018

Date of publication: 10/09/2018

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

Are services safe?

Are services effective?

Are services caring?

Are services responsive?

Are services well-led?

Overall summary

Our last inspection of Haywain Barn was in April 2018 which was an unannounced, focused inspection to check that the provider had made all the improvements we required it to make following the comprehensive inspection in August 2017.

During the inspection in April 2018, we found the provider was not meeting the required standard of care set out in Regulation 12, safe care and treatment, of the Health and Social Care Act, 2008. We took enforcement action and issued a warning notice in May 2018.

We told the provider they must comply with the requirements of the regulation by 2 July 2018.

Summary of findings

We carried out an unannounced, focused inspection on 26 July 2018 to check whether the provider had made the

required improvements. We found that the provider had met the requirements of the warning notice and was now delivering safe care and treatment as required by Regulation 12.

Summary of findings

Contents

Summary of this inspection

	Page
Background to TCH Therapy Service Limited Haywain Barn	5
Our inspection team	5
Why we carried out this inspection	5
How we carried out this inspection	6
What people who use the service say	6
The five questions we ask about services and what we found	7

Detailed findings from this inspection

Outstanding practice	11
Areas for improvement	11

Haywain Barn

Services we looked at

Substance misuse/detoxification

Summary of this inspection

Background to TCH Therapy Service Limited 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 substances. During their treatment, clients take part in group and individual therapies and activities to support them in their recovery.

The staff team at Haywain Barn consists of a chief executive officer, a registered manager, a nurse, and a large team of therapists. 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.

The service is registered to accommodate up to five clients. At the time of inspection, there were four clients residing at Haywain Barn.

The registered manager was not present at the time of inspection.

Our inspection team

The team that inspected the service comprised two CQC inspectors, one with experience in substance misuse.

Why we carried out this inspection

We carried out this unannounced focused inspection to find out whether the provider had made significant improvements to the service since the issue of the warning notice in May 2018.

The warning notice served to notify the provider it must improve the service provided at Haywain Barn because:

- 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.
- 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.
- The withdrawals policy and admissions and discharge policy did not contain best practice in line with national guidance.
- The 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.
- Cognitive assessments were not completed prior to commencing alcohol detoxification treatment.
- The provider did not always ensure clients had a medical assessment prior to commencing alcohol detoxification. This was a breach of the service's policy.
- Clients did not always receive a medical review during detoxification treatment from the GP.
- Staff were using the Clinical Institute Withdrawal Assessment of Alcohol Scale, revised ('CIWA-Ar') incorrectly or inconsistently.
- Staff only completed the CIWA-Ar for 48 hours after admission.

Summary of this inspection

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,
- spoke to the service's nurse,
- spoke to a therapist,
- spoke to the Chief Executive Officer,
- reviewed five medication records,
- reviewed five client files and electronic notes,
- reviewed updated policies and
- reviewed relevant training folders.

What people who use the service say

We did not speak to any clients during the focused inspection.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We did not rate this standalone substance misuse service during this inspection.

We were satisfied that the service had completed all the improvements that we detailed in the warning notice served in May 2018 because:

- All clients now had an early discharge plan in place.
- The provider was updating relevant policies. Draft copies were available to review.
- Staff were completing cognitive assessments for all clients prior to alcohol detoxification treatment.
- The clients undergoing alcohol detoxification treatment had received face to face medical assessments with the GP.
- Staff were competently completing the Clinical Institute Withdrawal Assessment of Alcohol Scale, revised (CIWA-Ar).
- Staff had completed a Severity of Alcohol Dependence Questionnaire (SADQ) for all relevant clients.
- All staff had completed a medication competency assessment.

However:

- Clients would benefit from individualised early discharge plans. For example, where a client would go and how they would stay safe.
- The draft version of the withdrawals and prescribing policy did not been updated to include signs and symptoms of a seizure, and instructions for staff to follow should they suspect a client is experiencing a seizure.

Are services effective?

Since our inspection in April 2018 we have received no information that would make us re-inspect this key question.

Are services caring?

Since our inspection in April 2018 we have received no information that would make us re-inspect this key question.

Are services responsive?

Since our inspection in April 2018 we have received no information that would make us re-inspect this key question.

Are services well-led?

Since our inspection in April 2018 we have received no information that would make us re-inspect this key question.

Detailed findings from this inspection

Substance misuse/detoxification

Safe

Effective

Caring

Responsive

Well-led

Are substance misuse/detoxification services safe?

Assessing and managing risk to patients and staff

- The provider had completed early discharge plans for all five of their current clients. However, the early discharge plan was a standard form that was not tailored to the clients' individual circumstances. Client's early discharge plans included emergency contact details. Clients had signed the plans to show that they understood the risks of leaving the service before completion of their alcohol detoxification treatment. The plans also explained what the client should do in a medical emergency and where to get further support i.e. from their GP. The provider had also included this information in the client information leaflet.
- The provider was updating the withdrawal and prescribing policy. The policy's description of emergency treatment had been improved and had clear instructions for staff to follow if they suspected a client had delirium tremens, a life threatening medical condition.
- The provider had reviewed the withdrawal and prescribing policy during a recent governance meeting, and made amendments following recommendations from the GP. The completed policy had been emailed to all staff and discussed during a team meeting.
- The provider was updating the service's admissions and discharge policy. We reviewed a draft version and found that the provider had made improvements, for example included details regarding cognitive assessments.
- Cognitive assessments had been completed on relevant clients. We reviewed three client records that had a

recent cognitive assessment. The GP had provided the nurse with in-house training on how to complete a mini-mental state examination (MMSE). All three client's MMSE results were within normal range.

- We reviewed the records of the client who had been admitted for alcohol detoxification treatment since our last inspection. We found that the client had received three face to face medical assessments from the GP; one before, one during and one at the end of detoxification treatment.
- For the client who had undergone alcohol detoxification treatment, we reviewed the use of the Clinical Institute Withdrawal Assessment of Alcohol Scale, revised ('CIWA-Ar'). Staff had completed the CIWA-Ar in line with the service's updated policy. Staff completed the CIWA-Ar for five days. The client did not require as and when needed medication during their detoxification treatment.
- The nurse told us that as and when required medication would be offered to a client if their CIWA-Ar score was above 10. In the client's notes, the nurse had written clear instructions each day for night staff to follow if the score increased to over 10. This ensured that if the client's withdrawal symptoms worsened, staff had a clear plan to follow.
- Out of nine members of staff, all but two had completed a refresher in-house training on use of the CIWA-Ar. Staff who were unable to attend the training had been scheduled for an upcoming date. The manager planned to hold refresher sessions every three months to ensure staff remained competent.
- All clients undergoing alcohol detoxification treatment had a Severity of Alcohol Dependence Questionnaire (SADQ) in place. The withdrawals and prescribing policy had been updated and detailed when these screening tools should be used.

Substance misuse/detoxification

- Staff had a medication competency assessment in place, showing they were competent to administer medication to clients.

Are substance misuse/detoxification services effective?

(for example, treatment is effective)

Since our inspection in April 2018 we have received no information that would make us re-inspect this key question.

Are substance misuse/detoxification services caring?

Since our inspection in April 2018 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?)

Since our inspection in April 2018 we have received no information that would make us re-inspect this key question.

Are substance misuse/detoxification services well-led?

Since our inspection in April 2018 we have received no information that would make us re-inspect this key question.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should continue to review the prescribing and withdrawals policy and include signs and symptoms of a seizure, and instructions for staff to follow should.
- The provider should personalise client's early discharge plans to include details of where a client would go and how they would stay safe.