

The Bayberry Community Limited

Bayberry Clinic

Inspection Report

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Date of inspection visit: 02/04/2014
Date of publication: 23/07/2014

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Summary of findings

Overall summary

Bayberry Clinic provides residential accommodation together with a structured psychosocial treatment programme for up to eight people who are recovering from drug and alcohol addiction. The clinic provides abstinence based treatment. At the time of our visit two people were receiving treatment and support from the service.

People told us that they felt safe at the service and that their rights were protected. One person told us “I feel safe and I’m involved in my treatment.”

People were protected from the risk of self-harm as the provider had appropriate risk assessments and treatment plans in place to meet their needs. Detailed risk assessments were in place and reviewed as people’s needs changed.

People were involved in the assessment of their needs and were involved in planning their treatment to meet their individual outcomes. People were encouraged to express their views about the service they received. One person we spoke with told us “I was involved in the assessment of my treatment and I’ve been given a copy of my treatment plan.”

People received support and treatment from well trained and motivated staff. Staff were also supported and encouraged to develop professionally. Support workers demonstrated good knowledge of how to meet people’s needs and were aware of their preferences and personal history. We observed that support workers treated people with dignity and kindness. People and support workers talked positively about their professional relationships.

The provider acted upon any concerns raised from people’s feedback. We saw that some people stated they felt that the environment, especially bathrooms, of the service required updating. We saw that these comments had been acted on. We saw that bathrooms in the home had been refurbished and that the registered manager had plans in place to refurbish areas of the home identified as in need of attention.

The provider had detailed risk assessments and policy and procedures in place regarding the safety of the service. These included health and safety and fire safety policies and procedures. There were detailed risk assessments in place, which identified clear risks and how these are managed. Support workers were aware of how to manage risks and who to contact.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

The service was safe because both of the people receiving a service told us that they felt safe at the service and that they were protected from bullying, harassment and abuse. One person told us, “I feel safe and I’m involved in my care.” A support worker told us, “we can’t force people to stay here, most people are accepting of treatment.” This meant that people’s views were listened to and they were protected from bullying, harassment and abuse.

People were protected from the risk of self-harm. We looked at the treatment records for both of the people receiving a service. We saw that detailed risk assessments were implemented for both people to ensure their safety was maintained. We noted that one person was assessed as being at risk of self-harm when they were admitted to the service. We saw that the service had implemented detailed risk assessments which provided clear details to support workers to meet this person’s needs. We saw that risk assessments were reviewed when people’s needs changed. This meant people’s safety was maintained as they were protected from the risk of self-harm.

People’s rights were respected. For example, people were asked for their consent to treatment at the service and were also asked who they wished to be contacted. We found that one person had requested that their GP was not informed of their stay at the service. We saw that this request was respected and was clearly documented in the person’s treatment records.

Staff had an awareness of safeguarding and knew what to do if concerns were raised. Three support workers we spoke to informed us that they had received safeguarding training and would raise concerns to the registered manager.

The service learnt from incidents and accidents so that people were protected from risk. We noted that the provider maintained a record of incidents and accidents. We noted that the service had identified concerns and acted to ensure these concerns were not repeated. This showed that the service learnt from incidents and concerns raised by people to ensure their safety.

People received their medicines as prescribed. We looked at medicine records for both people. We saw that these records had been completed appropriately. We spoke with both people who confirmed that they received their medicines. People were able to request medicines prescribed to be taken ‘as required.’

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Medicines were stored securely within the service and people's medicines were administered safely. We spoke to three support workers who told us they had completed medicines administration training. Support workers also told us how they administered controlled medicines.

Are services effective?

The service was effective because people were involved in the assessment of their needs. One person we spoke with told us, "I was involved in the assessment of my treatment and I've been given a copy of my treatment plan." They told us how the service they received was tailored to their individual needs.

People were encouraged to be involved in planning their treatment to enable them to meet their individual outcomes. For example, one person's treatment plan provided clear guidance for support workers regarding their back pain. We saw that the views of the person were central to the treatment plan, which was updated when needs changed.

People received the support and equipment they needed to enable them to be as independent as possible. One person had hearing difficulties. This person told us that the service provided a hearing loop to enable them to participate in group sessions at the service and also for community meetings.

People were encouraged to express their views about their service. People completed a document pro forma called, "review of my day." This enabled people to give their view of their treatment and any areas that they would like amending.

People had access to all areas of the home and their own rooms. There were enough communal spaces on the ground floor of the home to provide people with choice in spending their free time. People told us they had appropriate space to spend time alone and to be involved in group activities, such as art.

People received support and treatment from well trained and motivated staff. We spoke with three support workers about their roles, the training and support they received to meet people's needs. All three support workers told us they felt supported in their role and had access to training and supervision and were encouraged to develop professionally. One person told us, "I have been to treatment before and this place has a very much higher standard of one to one care."

Are services caring?

The service was caring because people told us that staff were kind and respectful and listened to their preferences. We spoke to both of

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the people who were receiving treatment at the service. Both of them told us that staff were kind and respectful and listened to their preferences. People were encouraged to make their views on their care known.

We observed that support workers treated people with dignity and kindness. People and support workers talked positively about their professional relationships. Staff listened to and respected people's requests. One support worker told us that trust and respect is important especially in relation to group therapy.

Support workers demonstrated good knowledge of how to meet people's needs and were aware of their preferences and personal history. Support workers told us about the people they supported and how they supported them. This meant that staff had clear knowledge of people's needs.

We looked at treatment records for both people. Treatment records were personalised and provided clear details of people's preferences and history. People's consent was sought and people were involved in the planning and review of their treatment.

Staff promoted respectful behaviour and positive attitudes. Support workers told us that group session therapy took into account the relationships of people who were receiving treatment. They told us that these sessions were used to enable people to discuss concerns and conflicts in an open and positive manner. This meant that people's respect and dignity was respected as the service and its support workers promoted respectful behaviour.

Are services responsive to people's needs?

This service was responsive because people were given information about their treatment and were involved in planning their treatment. People were encouraged to give their views on their care and these views were listened to and acted upon.

People were involved in planning their treatment. People had treatment plans which included short, mid and long term goals. One person expressed a mid-term goal for the need to have quiet time and space. We saw from the person's records and talking to them that this goal had been achieved.

People were encouraged to give their views on their care and these views were listened to and acted upon. For example, one person wished to receive treatment which included the use of substitute prescribing (prescribed medicines on a continued reduced dosage). This person's views were listened to and acted upon by the service.

Support workers acted on people's changing needs. The service acted upon concerns raised by a person about back pain and

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arranged for the person to see a local GP. They also acquired a special mattress to ensure that the person was comfortable. This meant that the service took into consideration the views of people receiving treatment.

People were supported to access local community therapy groups and to maintain their relationships with family and friends. The service were aware of the risk of isolation and used a buddy system to support people through the start of their treatment, which ensured people had someone to talk to that was not employed by the service.

People were supported to attend “anonymous” groups in the community to ensure that they were not isolated, which enabled them to maintain and develop positive social groups. This meant that people had access to appropriate therapy sessions, community engagements, and, were protected from the risk of isolation whilst receiving a service.

Are services well-led?

The service was well led because people who had used the service were able to provide feedback on their treatment and their views were listened to and acted on. We looked at ten quality assurance surveys completed by people in 2013 and 2014. Overall feedback showed that people were happy with the treatment they received. The provider acted upon any concerns raised from people’s feedback.

The service had a registered manager who had been in place since January 2011. Support workers told us they benefitted from clear support and guidance from the registered manager. Support workers also told us they were able to question practice at the service. Staff told us there was enough staff to meet people’s needs.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards. While no applications have been submitted, proper policies and procedures were in place but none had been necessary. Relevant staff have been trained to understand when an application should be made, and in how to submit one. This meant that people’s human rights were properly recognised, respected and promoted.

The service acted on complaints and safeguarding concerns to improve service delivery. Support workers informed us the manager monitored the day to day running of the service and had awareness of people, their needs and the needs of the support workers.

Summary of findings

What people who use the service and those that matter to them say

We spoke with both of the two people who were currently receiving a service. One person told us, “I feel safe and I’m involved in my care.”

A support worker told us, “when people are admitted they are buddied with someone else. We do this as it gives people someone to talk to who has experience of the service. They are also able to let staff know if the person is at risk or is unwell.”

One person we spoke with told us, “I was involved in the assessment of my treatment and I’ve been given a copy of my treatment plan.”

One person told us, “I get near one to one support.”

We observed that support workers treated people with dignity and kindness. People and support workers talked positively about their professional relationships with each other. Staff listened to and respected people’s requests.

People told us they were also supported to access art therapy and equine therapy. We observed both people who received a service participated in self-led art therapy on the day of the inspection.

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Detailed findings

Background to this inspection

We visited this service on 2 April 2014. The inspection team included an inspector and both an Expert by Experience and a specialist advisor with experience of drug and alcohol rehabilitation services. Prior to the inspection, we looked at notifications received from the provider and information received via our website.

We carried out this inspection under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1. Wave 1 is the first testing phase of the new inspection process we are introducing for adult social care services.

We spoke to two people who were receiving a service from Bayberry Clinic. We also spoke with three support workers, a domestic worker and the registered manager. We looked around the service and made observations of staff interaction with people.

We looked at both people's treatment and medicine administration records. We reviewed training and supervision records for four members of staff. We looked at team meeting documents and the organisation's policies and procedures and health and safety risk assessments. We looked at quality assurance feedback from people who had used the service.

At the last inspection in January 2014 we found concerns regarding people's treatment records and that people were not protected from risk as appropriate treatment plans were not implemented. The provider gave us an action plan which told us they would address these by 1 April 2014.

Are services safe?

Our findings

Both of the people receiving a service told us that they felt safe at the service and that they were protected from bullying, harassment and abuse. One person told us, “I feel safe and I’m involved in my care.” A support worker told us, “we can’t force people to stay here, most people are accepting of treatment.” One support worker told us that the two people receiving a service were supported on a daily basis and any concerns and conflicts were discussed. They told us that this was important when the service was full to ensure that everyone felt comfortable. This meant that people’s views were listened to and they were protected from bullying, harassment and abuse.

People were protected from the risk of self-harm. We looked at the treatment records for both of the people receiving a service. We saw that detailed risk assessments were implemented for both people to ensure their safety was maintained. We noted that one person was assessed as being at risk of self-harm when they were admitted to the service. We saw that the service had implemented detailed risk assessments which provided clear details to support workers to meet this person’s needs. We saw that risk assessments were reviewed when people’s needs changed. For example, one person expressed a desire to harm themselves. The service ensured that this person had a buddy to reduce the risk of them harming themselves. A support worker told us, “when people are admitted they are buddied with someone else. We do this as it gives people someone to talk to who has experience of the service. They are also able to let staff know if the person is at risk or is unwell.” Staff also told us this allowed the person to be safe but not constantly supervised by staff. This meant people’s safety was maintained as they were protected from the risk of self-harm.

People’s rights were respected. For example, people were asked for their consent to treatment at the service and were also asked who they wished to be contacted. We found that one person had requested that their GP was not informed of their stay at the service. We saw that this request was respected and was clearly documented in the person’s treatment records.

Staff had an awareness of safeguarding and knew what to do if concerns were raised. Three support workers we spoke to informed us that they had received safeguarding training and would raise concerns to the registered

manager. The registered manager told us, “I have recently completed safeguarding training with the local authority. I found this beneficial.” The registered manager told us, “I have raised a safeguarding concern and have followed the appropriate processes with the disclosure and barring service (DBS).”

The service learnt from incidents and accidents so that people were protected from risk. We noted that the provider maintained a record of incidents and accidents. We noted that the service had identified that when two former clients attended the service one had been drinking alcohol. People who used the service felt that this did not make them feel safe. The service discussed this concern at a team meeting and it was agreed with staff that visitors could only stay for a meal or overnight with the agreement of the Clinical Team. This showed that the service learnt from incidents and concerns raised by people to ensure their safety.

People received their medicines as prescribed. We looked at medicine records for both people. We saw that these records had been completed appropriately. We spoke with both people who confirmed that they received their medicines. People were able to request medicines prescribed to be taken ‘as required.’ We clearly saw that where people received medicines of this nature the amount of medicine and the time the medicine was administered was recorded appropriately.

Medicines were stored securely within the service. All medicines were stored in a locked cabinet in a locked room on the first floor of the service. This cabinet also contained a secured controlled drugs cabinet. We counted the stock of people’s controlled drugs against the service’s medicine administration records. We noted that the service’s records accurately reflected the medicine in stock; we also noted that medicine stocks were checked at the end of each shift by two workers to ensure that medicines had not been taken or used inappropriately.

People’s medicines were administered safely. We spoke to three support workers who told us they had completed medicines administration training. Support workers also told us how they administered controlled medicines. Staff told us, “We make sure people have swallowed these medicines, to reduce the risk of them giving the medicines to someone else, or self-harming by taking them at a later date.” We spoke to one person who informed us this happened.

Are services effective?

(for example, treatment is effective)

Our findings

People were involved in the assessment of their needs. One person we spoke with told us, “I was involved in the assessment of my treatment and I’ve been given a copy of my treatment plan.” They told us how the service they received was tailored to their individual needs. We looked at this person’s treatment plan and saw that they were involved in tailoring their treatment to their needs to enable them to get the most out of their stay at Bayberry Clinic.

People were encouraged to be involved in planning their treatment to enable them to meet their individual outcomes. For example, one person’s treatment plan provided clear guidance for support workers regarding their back pain. We saw that the views of the person were central to the treatment plan, which was updated when needs changed.

People received the support and equipment they needed to enable them to be as independent as possible. One person had hearing difficulties. The service identified this need as part of the person’s pre admission assessment. This person told us that the service provided a hearing loop to enable them to participate in group sessions at the service and also for community meetings. A support worker told us, “They can take the loop with them and it really helps them to access community support.” The registered manager also told us, “They complained that we didn’t have DVDs with subtitles. We’ve now got these.”

People were encouraged to express their views about their service. People completed a document pro forma called, “review of my day.” This enabled people to give their view of their treatment and any areas that they would like amending. For example, one person used this system to decide what treatment was not working for them.

People had access to all areas of the home and their own rooms. There were enough communal spaces on the ground floor of the home to provide people with choice in spending their free time. People told us they had appropriate space to spend time alone and to be involved in group activities, such as art. People told us they also had access to the service’s gardens and also to community groups.

People received support and treatment from well trained and motivated staff. We spoke with three support workers about their roles, the training and support they received to meet people’s needs. All three support workers told us they felt supported in their role and had access to training and supervision. One support worker told us, “Last year I had four thousand pounds spent on me for training which will be useful to me and the service.” Another support worker told us, “my supervisor is nurturing and supportive.” People felt staff were well trained and supported to meet their needs. One person told us, “I have been to treatment before and this place has a very much higher standard of one to one care.”

Staff were encouraged to develop professionally by accessing training. We spoke to one support worker who has been given support to take a senior role at the service. The registered manager told us, “We encourage development for all staff.” One support worker told us, “The staff who are here are consistent we feel supported and able to develop.” We looked at the supervision records for four support workers. These records clearly showed where staff were being supported to develop professionally. For example, we saw one supervision record clearly showed that staff were able to discuss concerns and any training they wished to access.

Are services caring?

Our findings

We spoke to both of the people who were receiving treatment at the service. Both of them told us that staff were kind and respectful and listened to their preferences. People were encouraged to make their views on their care known. People were involved in reviewing their treatment and also participated in structuring their day to day support. People commented daily on their mood and the lessons they had learnt. This enabled the person and their support worker to continuously review the person's treatment.

We observed that support workers treated people with dignity and kindness. People and support workers talked positively about their professional relationships with each other. Staff listened to and respected people's requests. One support worker told us that trust and respect is important especially in relation to group therapy. One support worker told us, "We have quite intense sessions, so mutual respect is important."

Support workers demonstrated good knowledge of how to meet people's needs and were aware of their preferences and personal history. Support workers told us about the people they supported and how they supported them. For

example, staff told us that one person was registered deaf. They told us that this person could lip read in one to one and small group sessions, and that a hearing loop was provided for the person to use in the community.

We looked at treatment records for both people. Treatment records were personalised and provided clear details of people's preferences and history. People's consent was sought and people were involved in the planning and review of their treatment. For example, people were asked for information on their past and their expected outcomes in relation to their treatment. People were also asked who could be contacted for information, and this consent was respected. One person told us they gave consent to contact people regarding their past alcohol and drug use and were kept informed when information was received.

Staff promoted respectful behaviour and positive attitudes. Support workers told us that group session therapy took into account the relationships of people who were receiving treatment. They told us that these sessions were used to enable people to discuss concerns and conflicts in an open and positive manner. These sessions were moderated to ensure that people were respected and their views taken into consideration. This meant that people's respect and dignity was respected as the service and its support workers promoted respectful behaviour.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

People were given information about their treatment. Both people we spoke with told us they were involved in planning their treatment and were given information about their treatment plans. One person told us they had requested a review of their treatment and were involved in this process. We looked at this person's treatment record which detailed the person's goals.

People were involved in planning their treatment. People had treatment plans which included short, mid and long term goals. One person expressed a mid-term goal for the need to have quiet time and space. We saw from the person's records and talking to them that this goal had been achieved.

People were encouraged to give their views on their care and these views were listened to and acted upon. For example, one person wished to receive treatment which included the use of substitute prescribing (prescribed medicines on a continued reduced dosage). This person's views were listened to and acted upon by the service. The service implemented a short term plan, and discussed options with the person. These options included assisting the person to access additional services as Bayberry Clinic provides only abstinence based treatment. This meant that people's views were listened to and appropriate support was provided to ensure treatment was personalised.

Another example concerned someone who reported they had back pain. The service acted upon these concerns and arranged for the person to see a local GP. They also

acquired a special mattress to ensure that the person was comfortable. This meant that the service took into consideration the views of people receiving treatment. This person told us, and their treatment records confirmed that their back pain had reduced.

People were supported to access local community therapy groups and to maintain their relationships with family and friends. The registered manager told us that when people were admitted they restricted people's contact with family and friends to enable them to focus on their treatment; this was consented to by both people receiving the service. The registered manager told us that if people had children then this restriction was relaxed to remove the risk of isolation and negative affect to the person's children. The service were aware of the risk of isolation and used a buddy system to support people through the start of their treatment, which ensured people had someone to talk to that was not employed by the service. People were also encouraged to list contacts and over time these people were encouraged to be involved in people's treatment and recovery. People were supported to attend "anonymous" groups in the community to ensure that they were not isolated, which enabled them to maintain and develop positive social groups. People told us they were also supported to access art therapy and equine therapy. We observed both people who received a service participated in self-led art therapy on the day of the inspection. This meant that people had access to appropriate therapy sessions, community engagements, and, were protected from the risk of isolation whilst receiving a service.

Are services well-led?

Our findings

People who had used the service were asked to complete feedback surveys at the end of their treatment. We looked at ten quality assurance surveys completed by people in 2013 and 2014. Overall feedback showed that people were happy with the treatment they received. We saw that some people stated they felt that the environment, especially bathrooms, of the service required updating. We saw that these comments had been acted on. We saw that bathrooms in the home had been refurbished and that the registered manager had plans in place to refurbish areas of the home identified as in need of some attention. This meant that people's views were listened to and their comments taken on board to improve the service.

Support workers told us they benefitted from support and were able to question practice at the service. Three support workers told us that they were involved in discussing service delivery and their views were taken on board. One support worker told us, "The service is always looking at ways it can improve." We looked at team meeting minutes conducted at the service since July 2013. We noted that team meeting minutes demonstrated how support workers were involved in continuous improvement of the service. For example, meeting minutes from December 2013 included discussion of how the service could improve communication between staff and people. Actions from the meeting included staff providing each other with feedback and the service looking at additional training for staff regarding communication.

The service acted on complaints and safeguarding concerns to improve service delivery. We saw a record that the manager had raised a safeguarding concern after the service was left without a staff member on one shift. The manager acted on this matter to ensure the risk of any future occurrence was minimised. This included discussing with support workers and staff procedures for reporting

absence and concerns and reviewing policies regarding staffing. This meant that the registered manager acted upon concerns to ensure the continuity of the service. Since that event, there have been no further occurrences.

People and support workers told us there was always enough staff to meet people's needs. One person told us, "I get near one to one support." One support worker told us, "The staffing is about right here." On the day of our inspection there were three support workers on duty, supporting two people. The registered manager ensured that two support workers were on duty during the day and evening. One support worker was on duty over the night. Support workers received training to conduct their roles. We saw evidence that support workers were trained to administer people's prescribed medicines and had health and safety and fire safety training.

The service implemented action plans to improve service delivery. Following our last inspection we asked the service to make improvements. The service provided us with an action plan. This plan was detailed and clearly set out how the service aimed to learn from previous concerns. We noted that all actions have been completed. The registered manager had also implemented new risk assessments and treatment plans to ensure that improvements were maintained regarding records.

Support workers informed us that the manager monitored the day to day running of the service and was aware of people, their needs and the needs of the support workers. Support workers told us that they benefitted from strong management. One support worker told us, "I feel able to process the work I do here." One person also told us, "I get just as much out of the support staff as I do out of my therapist."

The provider had detailed risk assessments and policies and procedures in place. There were detailed risk assessments in place, which identified clear risks and how these are managed. Support workers we spoke with were aware of how to manage risks and who to contact.