

# The Haynes Clinic Limited

## Quality Report

6-7 Warren Court  
Chicksands  
Bedford  
SG175QB  
Tel: 01462 851414  
Website: [www.thehaynesclinic.com](http://www.thehaynesclinic.com)

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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?

Requires improvement



Are services well-led?

Inadequate



## Overall summary

We did not rate this inspection. The ratings from the inspection which took place in February 2019 remain the same.

This was a focused, unannounced inspection, to follow up on enforcement action following the warning notice we issued after our last inspection in February 2019.

We also reviewed the providers progress against the requirement notices we issued after our last inspection in February 2019.

We found that the provider had made improvements in the areas identified by the warning notice:

- The provider had updated and amended all policies in May 2019. Policies were in-line with current guidance and national standards.

We found improvements had been made in most areas identified in the requirement notices issued after the February 2019 inspection:

- Maintenance issues identified on our previous inspection visit had been rectified. Fire risk assessments for accommodation houses had been completed by a competent third-party person. Cleaning chemicals were stored in accordance with the Control of Substances Hazardous to Health Regulations 2002.

# Summary of findings

- Staff had completed individual ligature risk assessments for the treatment centre and accommodation houses.
- Staff completed urine testing in a private area. The service had contracted a clinical waste disposal company to collect and dispose of clinical waste.
- All staff had completed the providers mandatory training. Staff had access to monthly managerial supervision.
- The provider had placed locks on bedroom doors.
- Audits were recorded using a standardised auditing tool.

However, the following areas required further action by the provider:

- The provider had still not notified the Care Quality Commission of an incident we found during our


inspection of the service in February 2019. This was rectified during inspection and the provider submitted a notification immediately to the Care Quality Commission.

- Risk assessments did not include plans to manage or mitigate risks.
- Staff supervision records lacked detail and did not have a set agenda of items for discussion.
- Staff were not meeting regularly to ensure the manager had oversight of what actions had been completed and what actions were awaiting completion from the external fire risk assessments.
- The provider did not operate a corporate or local risk register. Governance meetings were not taking place to ensure that any risks were being identified, updated and mitigated.

These issues will continue to be monitored with the provider through future engagement meetings.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Residential substance misuse services	Requires improvement 	

# Summary of findings

## Contents

### Summary of this inspection

	Page
Background to The Haynes Clinic Limited	6
Our inspection team	6
Why we carried out this inspection	6
How we carried out this inspection	7
What people who use the service say	7
The five questions we ask about services and what we found	8

### Detailed findings from this inspection

Overview of ratings	10
Outstanding practice	13
Areas for improvement	13
Action we have told the provider to take	14

Requires improvement 

# The Haynes Clinic

**Services we looked at:**

Residential substance misuse services.

# Summary of this inspection

## Background to The Haynes Clinic Limited

The Haynes Clinic is a specialist substance misuse service that provides residential rehabilitation and detoxification treatment for clients who wish to enter treatment for addiction. All clients self-refer and are privately funded. The service provides a holistic therapy approach to addiction that includes supporting clients with access to the 12-Step principles of Narcotics Anonymous and Alcoholics Anonymous. Clients could engage in one to one cognitive behavioural therapy, family relationship groups and group therapy sessions.

The Haynes Clinic has a treatment centre and three residential houses which are Cople (six beds), The Spinney (five beds) and Everton Park (seven beds). The treatment centre is located in Chicksands. The residential houses are located a short drive away. The provider has three minibuses which the clients utilise Monday to Friday to access the treatment centre.

At the time of inspection seven people were accessing treatment.

The Haynes Clinic is registered with the Care Quality commission to provide:

- treatment of disease, disorder or injury.
- accommodation for persons who require treatment for substance misuse.

The service was last inspected in February 2019 and was found to be in breach of:

Regulation 9 Person-centred care: Clients were not able to lock their bedrooms

Regulation 10 Dignity and respect: Urine tests were conducted in public areas.

Regulation 12 Safe care and treatment: Ligature risk assessments were generic and did not identify specific risks, fire risk assessments were not up to date, COSHH materials were not stored appropriately, staff did not manage clinical waste appropriately, not all maintenance issues were identified, high and medium risk actions identified through third-party audits were not complete and risk assessments did not include risk management strategies.

Regulation 17 Good governance: The providers arrangements of governance oversight were not robust. We reviewed 10 policies and procedures prior to the inspection, submitted as part of the provider information returns pack and examined the providers policy and procedure folder during the inspection and found policies and procedures lacked detail, scope and purpose.

Regulation 18 Staffing: Not all staff had completed mandatory training and not all staff received managerial supervision.

The service was issued with a warning notice for regulation 17 and requirement notices for regulations 9, 10, 12 and 18.

## Our inspection team

The team that inspected the service included two CQC inspectors; one of whom had a background in substance misuse.

## Why we carried out this inspection

We inspected The Haynes Clinic in February 2019, and published our findings in April

2019. We took enforcement action against the provider and issued a warning notice under Section 29A of the Health and Social Care Act 2008.

# Summary of this inspection

This inspection looked at one area of concern that was detailed in the warning notice and 11 areas of concern that were detailed in requirement notices.

This inspection was unannounced, focused and was part of a programme to monitor performance.

We do not revise ratings following an inspection of this type. However, the provider had made significant improvement as required following the warning notice.

Progress against the requirement notices was ongoing and will continue to be monitored with the provider through engagement meetings.

## How we carried out this inspection

We have reported on the one area of concern listed in the warning notice and the 11 areas of concern listed in the requirement notices within the following domains:

- Is it safe?
- Is it effective?
- Is it well-led?

This inspection focused on key areas of concerns raised at the last inspection in February 2019. Therefore, our report does not include all the headings and information usually found in a comprehensive inspection report.

We have not re-rated this inspection. The ratings from the last inspection remain the same.

During the inspection visit, the inspection team:

- visited the two residential houses that were in use at the time of inspection and the treatment centre
- spoke with the registered manager and two other staff members
- looked at three care and treatment records of patients
- looked at supervision records for all 13 members of staff, and
- 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 did not speak with the clients using the service during this inspection. This was because all of the clients were engaged in group therapy activities. This was a focused inspection to review the actions taken by the provider following our last inspection report.

# 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?

- Maintenance issues identified on our previous inspection visit had been rectified. Fire risk assessments for accommodation houses were up to date and had been completed by a competent third-party person.
- Staff had stored cleaning chemicals in accordance with the Control of Substances Hazardous to Health Regulations 2002.
- Staff had completed individual ligature risk assessments for the treatment centre and the three accommodation houses.
- Staff completed urine testing in a private area away from the main treatment and communal areas. The service had organised for their clinical waste to be disposed of appropriately.
- All staff, including therapy staff had completed the providers mandatory training.
- The provider had placed locks on each bedroom door.

However:

- The provider had still not notified the Care Quality Commission of an incident we found during our inspection of the service in February 2019. This was rectified during inspection and the provider submitted a notification immediately to the Care Quality Commission.
- We found some medium risk actions from the fire risk assessments had been completed but had not been logged as completed on the providers action plan.
- Client treatment files contained an up to date and thorough risk assessment. However, there was no plan in place to manage or mitigate these risks.

Requires improvement



### Are services effective?

- Managers ensured all staff had access to monthly managerial supervision. Therapy staff received external clinical supervision and were offered managerial supervision monthly.

However:

- Staff supervision records lacked detail and did not have a set agenda of items for discussion.

Requires improvement





# Summary of this inspection

## Are services well-led?

- The provider had updated and amended all policies in May 2019. Policies were in-line with current guidance and national standards. This action had met the requirements of the warning notice issued following our inspection of February 2019.
- Audits were recorded using an auditing tool.
- The provider had up to date fire risk assessments and health and safety reports completed in 2019 by external companies.

However:

- Staff did not meet regularly to ensure the manager had oversight of what actions had been completed and what actions were awaiting completion from the external fire risk assessments.
- The provider did not operate a corporate or local risk register. Governance meetings were not taking place to ensure that any risks were being identified, updated and mitigated.

**Inadequate**






# Detailed findings from this inspection

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Residential substance misuse services	Requires improvement	Requires improvement	N/A	N/A	Inadequate	Requires improvement
Overall	Requires improvement	Requires improvement	N/A	N/A	Inadequate	Requires improvement

# Residential substance misuse services

Safe	Requires improvement 
Effective	Requires improvement 
Well-led	Inadequate 

## Are residential substance misuse services safe?

Requires improvement 

### Safe and clean environment

- At our inspection in February 2019, we identified that ligature risk assessments were generic and did not identify specific risks, fire risk assessments were not up to date, COSHH materials were not stored appropriately, staff did not manage clinical waste appropriately, not all maintenance issues were identified. Also, urine tests were conducted in public areas.
- At this inspection, we found the provider had made significant improvements in all areas.
- Staff had ensured maintenance issues identified on our previous inspection visit had been rectified. Laminate flooring and kitchen floor tiles had been replaced.
- Staff had stored cleaning chemicals in accordance with the Control of Substances Hazardous to Health Regulations 2002 in a locked office. Cleaning equipment such as multi-purpose cleaning spray remained in the bathrooms and kitchens, so clients could clean areas after use.
- Staff had completed ligature risk assessments using a recognised ligature risk assessment tool. A ligature is the term used to describe a place or anchor point to which clients might tie something to harm themselves. Individual ligature risk assessments had been completed for the treatment centre and the three accommodation houses.
- Fire risk assessments for accommodation houses were up to date and completed by a competent third-party person in line with best practice. All high risk actions from the fire risk assessment had been completed. Some medium risk actions had been completed but had not been logged as complete on the providers action plan.

- Staff completed urine testing in a private area away from the main treatment rooms and communal areas to maintain client privacy and dignity.
- The service had organised for their clinical waste to be disposed of appropriately.

### Safe staffing

- At our last inspection, we found not all staff had completed mandatory training. At this inspection, the provider had made improvements in this area.
- All staff, including therapy staff had completed the providers mandatory training. Mandatory training included safeguarding, Mental Capacity Act training, fire safety and equality and diversity training.

### Assessing and managing risk to patients and staff

- At the last inspection, we found risk assessments did not include risk management strategies. The provider had made some progress in this area.
- We reviewed three client treatment files during inspection. All contained an up to date and thorough risk assessment, where a risk was identified it was noted on a separate summary page. However, there was no plan in place to manage or mitigate these risks.
- At our last inspection, we found that clients were not able to lock their bedrooms.
- At this inspection, this issue had been resolved. the provider had locks placed on each bedroom door to ensure clients were able to lock their door from the inside, staff had access to the master key to enter all bedrooms.

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

- The provider had still not notified the Care Quality Commission of an incident we found during our inspection of the service in February 2019. It is a legal requirement for providers to report specific incidents

# Residential substance misuse services

where a patient has been harmed. This was rectified during inspection and the provider submitted a notification immediately to the Care Quality Commission.

## Are residential substance misuse services effective?

(for example, treatment is effective)

Requires improvement 

### Skilled staff to deliver care

- At our last inspection, we found not all staff received managerial supervision. At this inspection, the provider had made improvements.
- Managers ensured all staff had access to monthly managerial supervision. Therapy staff received external clinical supervision and were offered managerial supervision monthly. We looked at 13 staff supervision records for May 2019 and June 2019 which confirmed this. However, staff supervision records lacked detail and did not have a set agenda of items for discussion.

## Are residential substance misuse services well-led?

Inadequate 

### Governance

- At our last inspection, we took enforcement action against the provider, because the providers arrangements for governance oversight were not robust.
- At this inspection we saw the provider had made significant progress in this area and had met the requirements of the enforcement action. The provider had updated and amended all policies in May 2019. Policies were in-line with current guidance and national standards, including current safeguarding legislation

and National Institute for Health and Care Excellence guidance. All policies reviewed detailed the scope of the policy, linked regulations, included the date created and policy review date.

- At the last inspection, we issued requirement notices for other areas of governance. At this inspection we found the provider had made progress in most areas.
- The provider was completing some audits including a medication management audit and a client treatment file audit. Audits were recorded using an auditing tool located in the front of each client's treatment file.
- Staff were in the process of developing and strengthening governance systems and were developing databases at the time of inspection to ensure the manager had adequate oversight of the service. Databases being developed included a supervision database, so the manager could look at staff supervision dates without the need to locate paper records.

### Management of risk, issues and performance

- The provider had up to date fire risk assessments and health and safety reports completed in 2019 by external companies. Actions and recommendations that had been identified from the assessments had been indicated on the reports submitted to the provider by the external companies. We noted that all high-risk actions had been completed and signed off by the provider along with some of the medium risk actions. However, some of the actions had been completed but not updated on the reports meaning it was not clear if they had been addressed. Staff were not meeting regularly to ensure the manager had oversight of what actions had been completed and what actions were awaiting completion.
- The provider did not operate a corporate or local risk register, meaning there was no centralised details of any risks identified and assessed as to their importance. In addition, governance meetings were not taking place to ensure that any risks were being identified, updated and mitigated.

# Outstanding practice and areas for improvement

## Areas for improvement

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

We found improvement in the following areas which were identified during the inspection in February 2019 that will remain in place. We expect the provider to continue to monitor and report to us on the following areas of improvement:

- The provider must ensure all cleaning chemicals are stored in accordance with the Control of Substances Hazardous to Health Regulations 2002.
- The provider must ensure all maintenance concerns are identified and repaired in a timely manner.
- The provider must ensure the ligature risk assessment identifies all ligature risks and includes mitigating risks identified.
- The provider must ensure clients are able to lock their bedrooms with suitable locks.
- The provider must ensure fire risk assessments are update annually and act where areas of concern are identified.
- The provider must ensure all staff complete mandatory training.
- The provider must ensure staff adhere to the infection control principles when handling clinical waste.
- The provider must ensure clients urine testing is conducted in a private area to maintain client's privacy and dignity.
- The provider must ensure all policies and procedures reflect current national best practice.
- The provider must implement a Mental Capacity Act policy.
- The provider must ensure all actions found through auditing are complete in line with recommended time scales based on risk.
- The provider must ensure they review blanket restrictions. Where blanket restrictions are in place all clients must have a personalised care plan and risk assessment.

However, we also found the following areas which the provider had not yet addressed

- The provider must ensure governance systems are robust, including adequate self-audits and a risk register.
- The provider must ensure all staff receive regular supervision. Supervision records must be comprehensive.
- The provider must ensure risk assessments have associated risk management strategies.
- The provider must ensure all notifiable incidents are reported to the Care quality commission without delay.

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

All the areas for improvement identified during the inspection in February 2019 remain in place. We did not follow up on the actions the provider should take to improve issued at the last inspection. They will be looked at in detail during the next comprehensive inspection.

- The provider should ensure all staff are aware of the providers vision and values.
- The provider should ensure all medication cards are complete in full.
- The provider should ensure clients have access to outside space.
- The provider should ensure the business continuity plan has details of contractor contact information for staff to contact in an emergency such as loss of power or water.
- The provider should track therapy staff supervision to assure themselves that therapy staff access regular clinical supervision.
- Staff files should be organised and all information easily accessible.
- The provider should monitor client success post treatment.
- The provider should use cleaning schedules to track who completed specific housekeeping cleaning tasks.

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

Accommodation for persons who require treatment for substance misuse

Treatment of disease, disorder or injury

#### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

- Clients were not able to lock their bedrooms

#### Regulated activity

Accommodation for persons who require treatment for substance misuse

Treatment of disease, disorder or injury

#### Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

- Urine tests were conducted in public areas.

#### Regulated activity

Accommodation for persons who require treatment for substance misuse

Treatment of disease, disorder or injury

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

- Ligature risk assessments were generic and did not identify specific risks
- Fire risk assessments were not up to date
- COSHH materials were not stored appropriately
- Staff did not manage clinical waste appropriately
- Not all maintenance issues were identified
- Not all high and medium risk actions identified through third-party audits were complete
- Risk assessments did not include risk management strategies

#### Regulated activity

Accommodation for persons who require treatment for substance misuse

#### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

This section is primarily information for the provider

## Requirement notices

Treatment of disease, disorder or injury

- Not all staff completed mandatory training
- Not all staff received managerial supervision