

The Haynes Clinic Limited






Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

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

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 The Haynes Clinic as good because:

- The service had enough staff. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the clients and in line with national guidance about best practice.
- The team had access to the full range of specialists required to meet the needs of clients under their care. Managers ensured that staff received training, supervision and appraisal. Staff worked well together as a multidisciplinary team.
- Staff treated clients with compassion and kindness and understood the individual needs of clients. They actively involved clients in decisions and care planning.

- The service was well led, and the governance processes ensured that its procedures ran smoothly.

However:

- Blood pressure and temperature monitoring for one client on a detox regime was not present within their file. This was not in line with The National Institute for Health and Care Excellence guidance which states close monitoring and review is needed.
- The provider's accommodation was mixed sex. Bathrooms were not designated for males or females and sleeping areas were not separated for males and females.
- The client's kitchen area at the clinic where clients could make hot drinks was unclean.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Residential substance misuse services	Good 	

Summary of findings

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Good 

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 residential substance misuse service, which opened in 2009. The service provides residential rehabilitation, detoxification, and a holistic therapy approach to addiction, that includes supporting clients access the 12-Step principles of Narcotics Anonymous and Alcoholics Anonymous. Clients engage in one to one cognitive behavioural therapy, family relationship groups and group therapy sessions. All clients self-refer and are privately funded.

The Haynes Clinic includes a therapy unit known as the clinic and three residential houses. The clinic provides treatment for up to 18 males and females. At the time of inspection 10 clients were accessing the service.

Clients engage in a comprehensive therapy programme held at the clinic in Chicksands, Monday to Friday. At all other times, including weekends, they reside in one of the three houses. Cople, a six bedded house, The Spinney, a five bedded house and Everton Park, a seven bedded house. The houses run as small therapeutic communities with all clients and staff sharing the household duties.

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.

At the time of inspection, the service had a registered manager and a nominated individual.

The Care Quality Commission carried out a comprehensive inspection of The Haynes Clinic in February 2019. We rated the Haynes clinic as requires improvement overall. Safe and effective were rated as good and well-led was rated inadequate. Following the inspection, we issued the provider with requirement notices for the following regulations:

- Regulation 9 HSCA (RA) Regulations 2014 Person-centred care
- Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect
- Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

and a warning notice for the following regulation:

- Regulation 18 HSCA (RA) Regulations 2014 Staffing.

We carried out a focussed inspection of the Haynes Clinic in July 2019 and found improvements had been made in most areas identified in the requirement notices issued after the February 2019 inspection. The warning notice had been fully complied with.

Our inspection team

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

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme.

Summary of this inspection

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:

- visited the clinic and two of the residential houses which were in use and observed how staff were caring for clients;
- spoke with seven clients who were using the service;
- spoke with the registered manager and three clinic staff;
- attended and observed a hand-over meeting;
- Looked at seven care and treatment records of patients;
- carried out a specific check of the medication management; 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 spoke with seven clients who were in treatment.

Clients we spoke with told us there were activities to keep them occupied throughout treatment, including at weekends. Clients said they particularly enjoyed yoga and that groups were never cancelled.

Clients said staff were always available for support and visible throughout the service, clients said that staff were passionate and treated them with dignity, respect and compassion.

Clients told us they were involved with all aspects of their treatment, including planning for discharge.

Clients told us they had not raised any formal complaint with the provider but were aware of the complaints process should they wish to do so.

During inspection we were shown a range of thank you cards from previous clients and family members which thanked staff for their care, support and guidance.

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 rated safe as good because:

- All other areas where clients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- The service had enough staff, who knew the clients and received basic training to keep them safe from avoidable harm.
- Staff screened clients before admission and only admitted them if it was safe to do so.
- Staff understood how to protect clients from abuse. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service used systems and processes to safely prescribe, administer, record and store medicines.

However:

- Blood pressure and temperature monitoring for one client on a detox regime was not present within their file. This was not in line with National Institute for Health and Care Excellence NICE guidance which states close monitoring and review is needed.
- The provider's accommodation was mixed sex. Bathrooms were not designated for males or females and sleeping areas were not separated for males and females.
- The client's kitchen area at the clinic where clients could make hot drinks was dirty and in need of cleaning.

Good



Are services effective?

We rated effective as good because:

- Staff completed comprehensive assessments with clients on admission to the service. They worked with clients to develop individual care plans and updated them as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.
- Staff provided a range of care and treatment interventions suitable for the client group and consistent with national guidance on best practice. They ensured that clients had good access to physical healthcare and supported clients to live healthier lives.
- Staff used recognised rating scales to assess and record severity and outcomes.

Good



Summary of this inspection

- Managers made sure that staff had the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.
- The team had effective working relationships with other relevant services outside the organisation, for example, mutual aid groups.
- Staff supported clients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2015 and knew what to do if a client's capacity to make decisions about their care might be impaired.

Are services caring?

We rated caring as good because:

- Staff treated clients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of clients and supported clients to understand and manage their care and treatment.
- Staff involved clients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that clients had easy access to additional support.
- Staff informed and involved families and carers appropriately.

Good



Are services responsive?

We rated responsive as good because:

- Staff had developed a personalised comprehensive risk management plan for all clients identified as being at risk, this included a plan for unexpected exit from treatment.
- The design, layout, and furnishings of the service supported clients' treatment. Each client had their own bedroom and could keep their personal belongings safe. There were quiet areas for privacy.
- The service met the needs of all clients, including those with a protected characteristic.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team.

Good



Are services well-led?

We rated well-led as good because:

Good



Summary of this inspection

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for clients and staff.
- Staff applied the providers visions and values in the work of their team.
- Staff felt respected, supported and valued. They felt able to raise concerns without fear of retribution.
- Our findings from the other key questions demonstrated that governance processes operated effectively at service level and that performance and risk were managed well.
- Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Overall, 100% of staff had completed training in the Mental Capacity Act. Staff had knowledge of capacity and the impact it could have on clients they were working with.

The provider had a policy relating to the Mental Capacity Act which staff were aware of and had access to.

Staff discussed and checked capacity to consent to treatment with all clients on admission.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Residential substance misuse services	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Residential substance misuse services

Safe	Good 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Good 

Are residential substance misuse services safe?

Good 

Safe and clean environment

The clinic had enough space for staff to meet with clients. There was a small room where clients were seen on admission and received a physical health check. The service had access to an emergency defibrillation machine which was stored in the staff office and was calibrated and checked regularly.

There was adequate space at the clinic for clients to attend one to one sessions, relax and engage with their peers whilst not attending group sessions.

Staff had access to individual alarms and mobile phones. Staff told us they were aware of personal safety procedures.

The residential houses were large and spacious. All clients had their own bedrooms. Some bedrooms were ensuite and some clients shared a communal bathroom. The provider's accommodation was mixed sex. Due to low numbers of clients in treatment, only two of the three residential houses were in use. Bathrooms were not designated for males or females and sleeping areas were not separated for males and females.

Risk assessments included the risk of mixed sex accommodation. Staff had assessed the risks for individual clients that were admitted, including client vulnerability.

The residential houses were visibly clean. It was the responsibility of staff and clients to clean to ensure the environment remained clean. All clients were allocated

housekeeping roles as part of their therapeutic recovery programme. The client's kitchen area at the clinic where clients could make hot drinks was unclean. Surfaces were dirty, the edging on one of the kitchen surfaces was damaged, bins were dirty, and the fridge was dirty. The kitchen area was in need of a deep clean.

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 residential houses.

Fire risk assessments for residential houses were up to date and completed by a competent third-party person in line with best practice.

Physical health monitoring equipment such as a blood pressure machine and a breathalyser were stored appropriately and calibrated in line with the manufacturing guidelines. The service had organised for their clinical waste to be disposed of appropriately.

Safe staffing

The registered manager had established the number of support workers and therapists required to meet the needs of the clients. At the time of inspection there were no staffing vacancies. Substantive staff worked together as a team to cover sickness and annual leave. The service reported no agency use in the 12 months leading up to the inspection. The provider used a consultant psychiatrist to assess clients on admission and review clients during detox, the consultant psychiatrist was available for telephone support and could attend the service at short notice.

Residential substance misuse services

Care staff and office staff completed mandatory training every three years. Mandatory training included safeguarding, medication administration and safe handling, emergency first aid, Mental Capacity Act training and fire safety training. Overall, 100% of care and office staff had completed the mandatory training. Counselling staff were required to complete safeguarding, Mental Capacity Act training and fire safety training, overall 100% of counselling staff had completed mandatory training.

Assessing and managing risk to patients and staff

We examined seven care and treatment records in depth. All contained a comprehensive risk assessment, which was reviewed and updated weekly, a risk management strategy and a self-discharge form.

Staff recognised and responded to warning signs and deterioration in client's health. Staff told us if they were concerned with a client's physical health they would speak to the psychiatrist or call 999 in an emergency.

Clients signed a treatment contract upon admission and were expected to follow treatment rules, signed agreement forms indicating client's willingness to comply with the rules and protocols were present in all client files.

Safeguarding

All staff received safeguarding adults and children training. Staff spoken with were able to describe the process and could give examples of when to raise a safeguarding concern. Staff knew how to identify adults and children at risk of, or suffering, significant harm.

Staff worked effectively within the team and with other agencies to promote client safety.

Staff access to essential information

The provider used a paper-based recording system which all staff had access to. Records were stored appropriately in locked cabinets.

Clients were given information regarding the service and the detoxification programme and the risks involved during the detoxification process. Clients spoken with confirmed this.

Medicines management

The providers medication management policy was robust and reflected National Institute for Health and Care Excellence (NICE) guidelines.

The consultant psychiatrist reviewed all clients' medication on admission, introduced detoxification medication, and reviewed medication periodically during the clients stay at the service. The consultant psychiatrist advised staff on medication administration and was available for phone and face to face consultation when needed. We saw comprehensive medical assessments.

There was a system in place for monitoring and ordering medications which included stock counting medications weekly. Controlled drugs were stored appropriately, and the controlled drugs register was completed in full.

The provider used local pharmacies to collect medications. Staff responsible for handling medication had complete medication administration training.

Staff completed withdrawal scales such as the severity of alcohol dependence questionnaire, clinical institute withdrawal assessment for alcohol and the clinical opiate withdrawal scale to monitor the severity of the client's withdrawal symptoms.

In six out of the seven records we reviewed, Staff reviewed the effects of medication on clients' physical health regularly and in line with NICE guidance. However, in one record we reviewed the blood pressure and temperature monitoring for one client on a chlordiazepoxide detox was not present within their file. This is not in line with NICE guidance which states close monitoring and review is needed.

Track record on safety

The service had not reported any serious incidents over the last 12 months prior to the inspection.

Reporting incidents and learning from when things go wrong

All staff knew what incidents to report and how to report incidents. The provider had an accident and incident reporting policy and kept an internal database for incidents which did not require external notification.

Staff understood the duty of candour. They were open and transparent, and gave people using the service and families a full explanation if and when something goes wrong. The provider had a duty of candour policy in place which staff were aware of.

Residential substance misuse services

Are residential substance misuse services effective?

(for example, treatment is effective)

Good 

Assessment of needs and planning of care

We reviewed seven care and treatment records and found all clients received a comprehensive assessment on admission which included physical health assessment. There was evidence the provider used national dependency tools such as the severity of alcohol dependence questionnaire for measuring alcohol dependence in line with National Institute for Health and Care Excellence guidelines.

Staff could temporarily register clients accessing treatment who were not local to the area, with the local GP surgery and dentist for any healthcare needs.

Clients were involved in their care plans. Clients set weekly individual and group goals that were reviewed with their key worker weekly.

Staff had developed a personalised comprehensive risk management plan for all clients identified as being at risk, this included a plan for unexpected exit from treatment.

Best practice in treatment and care

The service promoted total abstinence from mood altering substances and did not advocate harm minimisation.

Clients had access to psychological and psychosocial therapies in line with the guidelines produced by the National Institute for Health and Care Excellence. Clients had access to mutual aid support groups which clients attended at an external location. Groups could be tailored to meet client need, for example an anger management group.

There was evidence in client's folders that blood borne viruses and sexual health were discussed at admission. The registered manager told us clients could access local specialist services for testing and treatment if required.

The service promoted healthier lifestyles and supported clients to prepare healthy well-balanced meals which accounted for cultural requirements, preferences, likes and dislikes. Clients were able to visit a gym twice weekly with access to a swimming pool, jacuzzi and sauna.

Staff used technology to support clients effectively for example. The service had a room available for clients to use skype to speak with members of their family if required.

Skilled staff to deliver care

All staff received an induction which included shadowing experienced staff and attending training before they were deemed competent by the registered manager to work with clients independently.

Managers ensured that the service had staff with the skills, competency and knowledge to provide high quality care. The multi-disciplinary team consisted of a service manager, 24/7 care staff, a team of counsellors and a consultant psychiatrist. All staff had completed mandatory training.

Overall, 100% of staff at the service had regular supervision. The counselling team also received external supervision. Overall, 100% of eligible staff had received an annual appraisal. We saw evidence that poor staff performance was addressed promptly and effectively during supervision and appraisal.

The service had a robust recruitment process; we looked in depth at four staff personnel files. Overall, 100% of staff had a disclosure and barring service (DBS) check, all staff had two references located within their personnel files and all had employment contracts. This was reflected on the providers HR database.

Multi-disciplinary and inter-agency team work

Staff had access to twice daily handovers, we observed the morning handover meeting, which covered all areas of the client's needs such as, appointments, activities and any areas of concern. Staff also had access to monthly team meetings and regular clinical governance meetings.

The therapy team met regularly to discuss client's outcomes and progress made, for example during the morning handover and before group therapy.

Staff told us they had good links with the dispensing pharmacy and local mutual aid groups.

Residential substance misuse services

Staff ensured client care plans included clear care pathways to other supporting services, such as local mutual aid groups.

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

The service did not admit clients to the service detained under the Mental Health Act.

Good practice in applying the Mental Capacity Act

Overall, 100% of staff had completed training in the Mental Capacity Act. Staff had knowledge of capacity and the impact it could have on clients they were working with.

The provider had a policy relating to the Mental Capacity Act which staff were aware of and had access to.

Client's capacity to consent to treatment was discussed during the admission process. Staff discussed and checked capacity to consent to treatment with all clients on admission.

Are residential substance misuse services caring?

Good 

Kindness, privacy, dignity, respect, compassion and support

Staff treated clients with compassion and care. Clients we spoke with told us they felt empowered in their treatment. Clients said staff were kind, respectful, supportive and sensitive to their individual needs.

We observed staff interacting with clients in a respectful, kind and supportive manner.

We looked at eight care plans which offered interventions aimed at maintaining and improving the clients' social networks and provided support to attend community resources following discharge.

Staff worked closely with clients, including facilitating regular one-to-one sessions to support them to engage fully in treatment. Staff showed an understanding of clients' individual needs.

All client files contained a confidentiality and information sharing agreement, along with a signed copy of the treatment contract. Staff ensured that client's had full capacity prior to signing these agreements.

Staff and clients knew each other on a first name basis. Staff had an awareness of clients' individual needs and preferences and were able to discuss clients in-depth. Staff showed a high degree of understanding of clients' emotional, psychological and spiritual needs.

Involvement in care

Staff gave all new clients a welcome pack which detailed what to expect, key staff, a weekly timetable and the facilities on offer. Clients were orientated to the service by their peers. Staff ensured all clients were aware of the treatment contract, boundary guidelines, compliments, complaints and advocacy information.

We saw evidence that clients were involved in developing and setting their care plan goals. Care plans offered interventions aimed at maintaining and improving the clients' social networks and provided support for people to attend community resources such as mutual aid groups. Clients had a named key worker who they met with weekly. Most clients spoken with confirmed this, some clients who were newer in treatment were unsure if they needed to request one-to-ones with their keyworker or if they had these automatically.

Staff held weekly community meetings. Clients told us they could raise issues or concerns at the meetings and staff would address the issues raised.

There were suitable areas for families, friends and carers to meet with their relatives whilst visiting.

Clients were given a satisfaction survey to complete once they had completed the programme and were ready for discharge. We reviewed feedback from 2019. Overall, the provider received 42 completed forms, 40 of these were positive and commended the staff, the groups and the process of sharing with others who have had same experience.

The service offered family therapy for those identified that would benefit from it and had recently introduced a family counselling programme to help the patients' families to cope with their addicted loved ones and their behaviours in early recovery. We looked at five feedback letters from family members, all were overwhelmingly positive.

Are residential substance misuse services responsive to people's needs?

Residential substance misuse services

(for example, to feedback?)

Good 

Access and discharge

The service had a clear admission criteria and process. All clients received a further assessment on admission which included physical observations. The registered manager told us if the service was unable to meet the needs of the client, the registered manager and consultant psychiatrist would inform the client of further treatment providers.

The consultant psychiatrist had flexibility and could see urgent referrals as needed. The service had no waiting list at the time of inspection.

Clients told us they felt supported through the admission process and reported the pre-assessment was thorough.

Staff developed care plans and risk assessments on the day of admission. Risk assessments included a risk management strategy. Care plans and goals were reviewed regularly during treatment.

The provider offered free lifetime aftercare which included no charge in accommodation for those traveling from further afield.

Clients were assigned key workers at the point of admission. Staff supported clients to formulate their own leaving plans leading up to discharge. This included an unexpected exit from treatment. Staff also supported clients with housing and employment. Clients were given information regarding their local services such as mutual aid groups. Staff supported clients during referrals and transfers between services – for example, attending hospital appointments.

The service had no recent appointments or groups cancelled due staff shortages or sickness. Clients we spoke with said they had not experienced any cancelled sessions or activities.

The provider discharged 155 clients between November 2018 and October 2019. Overall, 124 people completed treatment and 20 chose to extend their stay at The Haynes Clinic.

The facilities promote recovery, comfort, dignity and confidentiality

Clients had their own bedrooms and did not have to share bedrooms. At the time of the inspection the provider's accommodation was mixed sex. Bathrooms were not designated for males or females and sleeping areas were not separated for males and females.

There were enough therapy rooms located throughout the treatment centre and the three residential houses. Clients also had access to the laundry facilities as required.

The service had an activity time table that covered seven days per week and included evening activities for clients to participate in, for example, clients told us they could attend yoga, mindfulness and peer led groups. At weekends, staff provided therapy and workshops on a reduced timetable, so clients could enjoy free time.

Clients spoken with told us they were able to make snacks and drinks when required.

Clients handed in money, phones and any valuables at the start of treatment. Staff completed a signed log outlining all items handed in.

Patients' engagement with the wider community

Clients could access family therapy sessions if required. The focus of the family therapy sessions was to promote a positive relationship with their family members.

Staff supported clients to build relationships with families and develop positive support networks. Staff assisted clients in breaking negative connections to old associates.

Participation in external fellowship meetings, such as Alcoholics Anonymous and Narcotics Anonymous, was a compulsory part of the treatment contract. Staff encouraged and supported clients to engage fully with this.

Clients were encouraged to take responsibility for therapeutic duties such as cleaning and laundry to aid them with their rehabilitation.

The service held weekly community meetings where clients were encouraged to raise any issues with staff.

Meeting the needs of all people who use the service

Two of the residential houses had ground floor bedrooms. However, there were no washing facilities available on the ground floor, so the service could not accept people who needed ground floor washing facilities.

Residential substance misuse services

Information in other languages was available on request, due to the verbal nature of 12-step therapy; treatment at The Haynes Clinic would be unsuitable for someone who could not speak English. Clients could receive additional support with reading or writing.

Special dietary requirements, allergies and client preferences were catered for.

Clients had access to a courtyard area for smoking and a further large, enclosed garden area at each of the residential houses.

Clients could access religious and spiritual support in the local community.

Listening to and learning from concerns and complaints

Between November 2018 and October 2019, the provider received two complaints and 74 compliments. The provider had a formal complaints procedure and policy in place. Complaints were fully documented and responded to by the registered manager within 10 days. Learning from complaints was relayed to staff at the daily handovers, monthly team meetings or during supervision.

Information about how to complain was included in the welcome pack, and clients we spoke to were aware of how to complain. However, as no clients in treatment at the time of inspection had made a complaint they were unable to comment on the complaints process.

Staff we spoke with knew the complaints process. Staff told us that clients were encouraged to speak to staff or feedback in community meetings with any issues.

Are residential substance misuse services well-led?

Good 

Leadership

The registered manager had a clear understanding of the service they managed. They could explain how the team were working to provide high quality care for clients using the service.

The Haynes Clinic had a clear definition of recovery and this was shared, understood and demonstrated by all staff.

The registered manager attended the morning handover meeting and was aware of daily incidents and client progress.

Staff and clients spoken with told us the registered manager was visible and approachable if they wanted to speak to them. The registered manager was based at the service and was accessible for all staff and clients.

Vision and strategy

The vision and values for The Haynes Clinic were honesty, integrity and caring. We saw staff apply these values in their daily working.

All staff had a job description located within their staff file.

Staff could contribute ideas towards the running of the service at team meetings. Staff had the opportunity to tailor groups to suit client need and worked with their individual specialisms.

Culture

Staff felt respected, supported and valued. Staff spoken with felt positive and had low levels of stress. Staff felt respected and supported by the manager. Staff told us how they could raise any issues with the service manager.

Staff felt positive and proud about working for The Haynes Clinic and their team.

There was no recorded evidence of bullying or harassment. Staff reported good morale amongst the team. Staff spoken with told us they enjoyed coming to work and the team worked well together.

Staff reported that the provider promoted equality and diversity in its day to day work and in providing opportunities for career progression. Staff spoken with told us they could tailor and adapt groups to suit client need and they were able to utilise individual specialisms.

Governance

Governance policies, procedures and protocols were embedded within the service and had been reviewed and developed in May 2019 following our inspection.

Team meetings, handovers and clinical governance meetings had a clear framework of what must be discussed. This ensured that essential information, such as learning from incidents and complaints, was shared and discussed and learning was disseminated to staff.

Residential substance misuse services

Staff carried out weekly, monthly and quarterly internal and external audits. These included audits on medication and the case management system. The service manager followed up on any actions from audits with staff as needed.

Staff understood the arrangements for working with other teams, both within the provider and external, to meet the needs of the clients.

The service had a whistle blowing policy in place which staff were aware of.

Management of risk, issues and performance

The service had a local risk register in place which included emerging or possible risks as well as ongoing risks. Staff could escalate concerns when required.

The provider had a business continuity plan in place in case of adverse events that would affect the running of the service.

The provider managed an internal database which monitored sickness and absence rates. Overall, sickness levels were under 2% and the service had five staff leavers between November 2018 and October 2019.

Information management

Staff had access to the equipment and information technology needed to do their work. The service used a paper-based recording system which all staff had access to.

All files were stored in a lockable cupboard. Staff told us they had access to the files as and when required. Information governance systems included confidentiality of patient records.

The team manager had access to information to support them with their management role. This included information on the performance of the service, staffing and client care.

Engagement

Staff, clients and carers had access to up-to-date information about the work of the provider and the services they used through the welcome pack and the provider website.

Clients were given the opportunity to provide feedback during weekly community meetings and at the end of treatment clients were offered a satisfaction questionnaire.

Families and carers were given the opportunity to provide feedback in the form of questionnaires, over the phone and face to face.

Learning, continuous improvement and innovation

The Haynes Clinic had continued to develop and improve following our last inspection. The service had improved and complied with all areas identified in the requirement notices and the warning notice issued after the February 2019 inspection.

The service did not participate in any nationally recognised accreditation schemes.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should review its accommodation in line with mixed sex accommodation guidance.
- The provider should ensure it carries out physical health observations for all clients undergoing detoxification in line with national guidance.
- The provider should ensure all areas of the premises are clean.