

Hay Farm

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

Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- Staff knew and put into practice the service's values. Staff knew and had contact with managers at all levels. The service had a very stable staff team and had enough trained and experienced staff to care for the number of clients and their level of need.
- Staff were caring, supportive and showed real compassion in their work. Staff treated people as individuals. Staff were very person centred. Clients told us that they felt their individual needs were responded to and their care plans demonstrated this.
- Staff were well supported and encouraged by the management to further develop their skills through training.
- After care and follow up service and support was offered to clients and their families and carers. There were support groups for carers and a top up return service for clients who had previously completed their programme. Clients and ex-clients also told us that they felt they could and have contacted Hay

Farm at any time for support. Clients, ex-clients and some of their carers told us that they really benefitted from Hay Farm's follow up support when they left the service.

However;

- Although staff could recognise incidents and reported them, there was not a full robust procedure in place to record these. We saw an accident book but not an incident book. Staff acknowledged this during the inspection and were going to introduce an incident book.
- We were told GP summaries could be requested following agreement from the client. However we saw no evidence of this during the inspection in clients records. This could lead to a lack of full information on a client's full physical and mental health history.
- There were no call alarms in bedrooms or communal areas and clients had to rely on their own mobile phones to call staff. However, staff tried to mitigate any risks by ensuring there were two central phones held by staff on duty and regular observations conducted day and night on clients.
- The service did not have a written admission or exclusion criteria. Whilst the provider gave verbal

Summary of findings

evidence on Clients they could not accept and why. The service did not have a written exclusion criteria. This meant there was no point of reference for inappropriate referrals.

- There were up to date risk assessments. However, these were not in-depth and did not have a crisis contingency plan.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services		

Summary of findings

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Hay Farm

Services we looked at

Substance misuse services

Summary of this inspection

Background to Hay Farm

- Hay Farm is owned and operated by Assini Ltd. Hay Farm is part of the Promis Clinics which was first established in 1989 to provide a residential service for all addictions. Hay Farm provides residential rehabilitation and de-toxification service for up to 13 male and female clients over the age of 18 who require treatment for substance Deal, Kent and at the time of inspection had eight clients.
- Clients can self-refer or can be referred by their case managers. Clients were funded through local authority, clinical commissioning group (CCG) funding or clients self-funded. At the time of inspection, the majority of clients at Hay Farm were self-funded.
- The location is registered with the Care Quality Commission to provide
- Robin Lefever is the registered manager.
- The location was last Inspected on 29th January 2014 and found to be compliant.

Our inspection team

The team that inspected the service comprised CQC inspector Joan Hallifax (inspection lead), two other CQC inspectors, and one substance misuse specialist advisor.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme to make sure health and care services in England meet the Health and Social Care Act 2008 (regulated activities) regulations 2014. [Start here.](#)

How we carried out this inspection

To understand the experience of people who use services, we ask the following five questions about every service:

- 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 Hay Farm, looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with six clients
- spoke with the registered manager, director and the clinical manager, psychiatrist, General Practitioner, lead nurse, qualified registered general nurse (RGN), head of housekeeping and the chef
- spoke with eight other staff members employed by Hay Farm, including therapists, nurses and support workers
- spoke with a pharmacist contracted to provide a service to Hay Farm

Summary of this inspection

- spoke with eight clients and two previous clients
- spoke with three carers
- attended a planning group and a process group
- looked at 14 care and treatment records which included, six risk assessments and eight care plans
- looked at all medicine records
- looked at food preparation
- collected feedback using comment cards from three clients
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with eight current clients and two previous clients. They spoke positively about the on going support they get from Hay Farm and that they felt they could call anytime if they were struggling or wanted to talk.

Clients said staff were respectful, kind and supportive. Clients spoke positively about the facility and the treatment programme. They spoke about being seen as an individual and the treatment programme responding to their specific needs

Clients said that staff understood their needs and ensured their physical and emotional health were supported. They also told us that there were varied activities available throughout the week and they had regular one to one meetings with their focal counsellor. A focal counsellor was the term used for the client's allocated counsellor.

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 do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The service had enough staff to care for the number of patients and their level of need. Vacancy rates, turnover and sickness absence were all low. There was one vacancy at Hay farm, which was being covered by a member of staff from another Promis Project. Figures provided stated staff sickness was at 2% as of 22 April 2016.
- All staff had up to date disclosure and barring certificates (DBS).
- Staff had to complete a mandatory training programme, which included risk assessment, challenging behaviour, mental capacity act, safeguarding, and infection control.
- Staff were put on a six-month probationary period following their start date at Hay Farm.
- Incidents were discussed in handovers and weekly clinical meetings. Learning and feedback from incidents were discussed through these meetings and supervision.
- Hay Farm introduced a policy where all clients consent to bag and room search. Staff completed regular searches.
- On admission, one of the qualified nurses conducted an assessment with the client, which included physical and mental health needs. The doctor followed this up with an interview and examination.
- Clients said they had regular key working sessions and always had access to support and a doctor. This was available whenever it was required for both for physical and mental health needs.
- Clients on a detoxification programme were accommodated in a particular part of Hay Farm on the ground floor, where they would be under close observation.
- There was a detoxification policy and protocol. The opiate and detoxification programme was in line with National Institute for Health and Care Excellence (NICE) guidance.
- Medication was stored safely in a locked cabinet secured to the wall in the staff office. Medication management was monitored and delivered safely.
- The buildings were clean and tidy. Environmental risks were monitored regularly, the maintenance and housekeeping team were on site daily.

However, we also found the following issues that the service provider needs to improve:

Summary of this inspection

- Although staff could recognise incidents and reported them, there was not a full robust procedure in place to record these. We saw an accident book but not an incident book. Staff acknowledged this during the inspection day and planned to introduce an incident book.
- GP summaries could be requested following agreement from a client but this was not happening routinely. There was no evidence of this on the records we saw, which meant there was a lack of full information on a client's full physical and mental health history.
- There were no call alarms in bedrooms or communal areas. Clients had to rely on their own mobile phones to call staff. However, Hay Farm tried to mitigate any risks by ensuring there were two central phones held by staff on duty and regular observations were conducted day and night on client's.
- The medicine cabinet needed to be located in the clinic room to ensure clients safety and in respecting clients dignity and privacy when taking medication. This was highlighted to the provider during the inspection.
- There were up to date risk assessments. However, these were not in-depth and did not have a crisis contingency plan.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Pre-admission assessments were conducted over the phone by the enquiry team prior to a clinical staff member from Hay Farm contacting the client to discuss and complete a full 13-page pre-admission assessment covering their history, support networks physical and mental health. Clients were invited to the service to visit prior to admission.
- All eight clients had care plans. Staff completed care plans with clients. They were recovery focussed and responsive to individual needs.
- Care Plans were reviewed regularly and were updated depending on need. For example, a client had their care plan updated four times within ten days. Staff added new activities and medication in response to the needs of that client.
- There was a very structured programme of activities.
- There were a wide range of therapies.
- Family and carer visits were managed once a week. Conjoint sessions were offered to families and clients at this time.

Summary of this inspection

- A follow up and top up service was available and utilised well by the clients we spoke with. The programme consists of 24 days and 12 nights over a 12 month period with attendance at all the therapies at Hay Farm and an emphasis on continued recovery.
- All staff received annual appraisals and monthly supervision. We were shown a spreadsheet that recorded this information and showed that their targets were all met.
- The staff team had collectively completed training in areas such as addiction counselling, mental health counselling. These had specialised training in self-harm and eating disorders within those qualifications. However, the service did not employ a dietician or nutritionist.

However, we also found the following issues that the service provider needs to improve:

- The clinic room needed to be updated with an examination couch so that it could be separate from any other activity. The room was basic, had a desk and an area to take bloods. There was no examination couch to undertake physical examinations. This was brought to the attention of the provider on our inspection visit.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- We observed staff being kind, supportive and caring. They were polite and treated clients with dignity and respect.
- Clients and carers we spoke with praised the staff for their dedication, care and professionalism. For example staff stayed up all night with clients until they were calm and settled.
- A family group was offered weekly on a Sunday at Hay Farm between 12 noon and 1pm and there was a strong encouragement from staff for family to attend. The organisation Promis also held an online family group session on a Tuesday from 4pm until 6pm. Carers we spoke with talked about the staff team being approachable and “going that extra mile”. The service arranged a car to come and pick the client up for the admission to Hay Farm and offered to deliver belongings that a client needed. Carers who lived a long distance from the service told us what might seem like small gestures were very welcomed.

However, we also found the following issues that the service provider needs to improve:

Summary of this inspection

- The medicine cabinet was located within a busy staff office which meant this impacted on clients privacy and dignity when discussing and taking medication.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Outside space and communal areas were accessible for clients to utilise.
- There were a range of rooms available for group work, 1-1 counselling, consultations, therapy and relaxation.
- Clients had their own bedrooms with ensuite facilities.
- Hay Farm offered a varied range of therapies, such as mindfulness, creative therapy, shiatsu, equine assisted therapy (EAP), eye movement desensitisation and reprocessing therapy (EMDR). EMDR is a form of psychotherapy using eye movements associated with trauma and anxiety.
- The setting and values of Hay Farm enabled the service to offer a range of activities tailored to individual client need.
- The chef prepared all meals on site daily. This enabled any special dietary requirements to be catered for.
- Hay Farm recognised the need for continued support in stabilising and enabling someone's recovery and offered a follow up service.
- Referrals were responded to quickly and in a timely way.
- Clients knew how to make complaints and compliments. Clients told us that complaints were responded to and acted upon.
- Hay Farm were proactive in responding to concerns and complaints from clients.

However:

- Whilst the provider gave verbal evidence on Clients they could not accept and why. The service did not have a written exclusion criteria. This meant that there was no point of reference for inappropriate referrals.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff were aware of Hay Farm's organisation's core values of trust, quality care, life skills, lasting recovery, targeted care and the commitment to treat everyone as an individual.

Summary of this inspection

- Staff we spoke to felt valued and were positive about their jobs. Staff spoke about the team being supportive and that they had good working relationships with senior staff.
- Staff said they found the service well led at senior management level and all staff and clients found the managers and director approachable.
- Staff felt able to report any concerns to senior management.

We found the following issues that the service provider needs to improve:

- The statement of purpose contained incorrect information about the service.

Detailed findings from this inspection

Mental Health Act responsibilities

The service was not registered to accept clients detained under the Mental Health Act. In the event that a clients mental health were to deteriorate, staff were aware of

who to contact. Some of the nursing staff were trained as registered mental health nurses which meant that they were aware of signs and symptoms of mental health problems.

Mental Capacity Act and Deprivation of Liberty Safeguards

Mental Capacity Act Training was part of Hay Farms mandatory training for staff. All staff had undertaken Mental Capacity Act (MCA) training.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- All the buildings on the site were clean. Housekeeping staff had a daily handover with a senior member of the clinical staff team who reported any concerns there were with clients to them.
- The head of housekeeping and maintenance did a daily site check. Any works were then identified and an action plan for repairs was put in place. The service provider had carried out a specific test related to legionella in November 2015 from which actions had been identified. The service provider continued to undertake ongoing monitoring.
- We saw on our visit details of completed environmental risk assessments. These were comprehensive with identified actions and dates by which these were to be completed. Most of these actions had been completed at the time of our inspection.
- Staff undertook regular infection control audits. All staff had infection control training and they were 100% compliant with this.
- Hay farm had a contract with an external pharmacy who visited the service every week to monitor and oversee medicines management. There were clear processes in place, with audits regularly completed by the pharmacy. This ensured medication management was monitored and delivered safely.
- Medicines were stored in a locked cupboard bolted to the wall and controlled drugs were stored in a different cupboard. The clinical fridge was clean and the temperature was checked and recorded daily.
- Emergency medicines such as naloxone, adrenaline and buccal diazepam were easily available to staff.

- Each client had a welcome pack, which contained information about safety and security, including contact details for staff in the event of an emergency.
- Fire exits were clearly marked and fire drills were regularly undertaken. There were allocated fire marshals with a weekly test of the fire alarms and evacuation procedures.

Safe staffing

- There were a range of staff employed at Hay Farm. There were 16 therapy and nursing staff of which there were five qualified nurses, two registered mental nurses (RMN), two registered general nurses (RGN) and 11 therapists. There were three doctors, two of which were psychiatrists and one registered general medical practitioner. There was also one administrator, four housekeeping staff, two kitchen staff and two maintenance staff. Hay Farm had one staff vacancy at the time of the inspection. The post was being covered by a staff member from another Promis project. In the three months prior to the inspection five shifts had needed to be covered by bank or agency staff.
- Data provided by the service for the year prior to the inspection showed that there was an average permanent staff sickness rate reported at 2%. The average substantive staff turnover for the year was 9%.
- The shift system covered seven days a week. Staff worked a 12 hour shift 8am to 8pm, with two waking nights covering from 6.30 to 8pm. This was so that staff were accessible to clients and were easily contactable out of hours. There was an on call system for access to senior managers.
- A comprehensive induction process for all new staff included all staff completing the skills for care certificate.

Substance misuse services

Staff had access to mandatory training. Mandatory training included emergency first aid, and safeguarding children and vulnerable adults. Mandatory training completion rates for all staff were 100%.

- An external pharmacist visited the service once a week and provided medicines management and auditing for the service.

- **Assessing and managing risk to clients and staff**

- All clients on had an alcohol breath test and urine drug screening on arrival at the service. Clients requiring detoxification were on hourly observations at the beginning of their stay and were continually monitored. Other clients at Hay Farm were also closely observed while at the service. Clients undergoing detoxification were accommodated on the ground floor in a particular part of the Hay Farm site. This allowed staff to closely monitor a client undergoing detoxification.
- Hay Farm had a detoxification policy and protocol for staff, which highlighted National Institute of Clinical excellence (NICE) guidance, and the requirement for this to be followed.
- Risk assessments were completed on admission and reviewed regularly in the weekly clinical team meetings. Risk assessment we reviewed considered risks related to physical health, mental health (including self-harm and suicidal thoughts), motivation, safeguarding, aggression and violence to self and others.
- There were up to date risk assessments on the six client files we looked at. However, these were not in-depth and did not have a crisis contingency plan. The risk assessments were used to develop the overall care plan, which was in line with National Institute of Clinical excellence.
- There were no GP summaries in any of the care records reviewed. This meant that the service relied on the accuracy of information provided by the client to determine risk.
- Rating scales audits, such as (CIWA) and hospital anxiety and depression scales (HAD) were routinely used to help monitor clients.

- **Track record on safety**

- There were no serious incidents reported to the Care Quality Commission in the 12 months prior to the inspection.
- There was an accident book which was used to record incidents. However, there was not a full robust procedure in place to record these apart from in the accident book.
- Incidents were reviewed and reflected on by the team in the weekly clinical meetings.
- **Reporting incidents and learning from when things go wrong**
 - At the weekly clinical meeting, incidents and concerns were raised and discussed. Discussions around incidents were recorded within the minutes of these meetings. Staff told us they also reported incidents to senior managers and within staff handovers. Management fed back joint learning to staff through e-mails and through Hay Farms weekly clinical meetings. During the inspection we observed a clinical team meeting which reflected on incidents.
 - A complaint received in December 2015 led to a review of Hay Farms admission process. Clients had not received full orientation to the site and treatment programme. The review led to this complaint being discussed in detail and highlighted with the staff concerned. It was also discussed during team meetings to ensure learning from this had been achieved and that full orientation to the site happened for all clients going forward.
- **Duty of candour**
 - The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person.
 - There was no evidence that the service was not being open and transparent. Clients told us they knew who to complain to if they needed to make a complaint. In the welcome folder clients were encouraged to give their views.
 - Staff were responsive when clients requested change, for example to have female only group.

Substance misuse services

- Clients had to sign in and out when leaving Hay Farm. This had to be agreed in advance between staff and clients at the daily planning meeting. This was dependant on the reason the client was at Hay Farm and their level of need.
- Hay Farm had a safeguarding policy with an appointed lead and deputy. Staff we spoke with were able to talk about how they would raise an alert. All staff received training on this. No safeguarding concerns had been raised by Hay Farm in the 12 months prior to the inspection. Staff said links were maintained with the Local Authority on this matter and phone calls made if Hay Farm wanted any advice. Safeguarding was discussed in staff meetings, clinical meetings and handovers.

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

Assessment of needs and planning of care (including assessment of physical and mental health needs and existence of referral pathways)

- All clients were first seen by the qualified nurse and initial physical observations such as blood pressure were taken. Clients were not formally admitted to the service until the doctor agreed that the client could be safely managed and was an appropriate referral. All clients we spoke with stated that they saw a doctor promptly on admission and some said that prior to admission they saw a doctor for consideration of admission and assessed for their appropriateness to manage the programme.
- Care plans considered strengths and individual need of clients. The care plans addressed issues such as the clients choice around recovery, hobbies, family, self-care, fitness and diet. This was in line with NICE guidance.
- Assessments of patients for alcohol detoxification included completion of the severity of alcohol dependence questionnaires (SADQ). This was in accordance with recommended NICE guidance for assessing people for alcohol detoxification.
- The prescription charts for all eight clients were up to date and did not contain any errors.

- Staff told us that clients were referred onto other places such as a local independent hospital if their needs were too acute.
- Clients had a separate assessment with a psychiatrist prior to admission if there was concern regarding their mental health and stability.

Best practice in treatment and care

- The service offered a structured group programme such as life story, mindfulness, process group and individual sessions with their focal counsellor. There was a wide range of therapies available.
- Clients were offered additional support on discharge and were offered follow up stays at Hay Farm. Families were also offered outreach support.
- Hay Farm offered on site weekly family group sessions between 12 and 1pm on a Sunday and weekly online support was available on a Tuesday between 4pm to 6pm.
- Hay Farm offered a range of therapies. Clients told us about a popular therapy, equine assisted psychotherapy (EAP). This could be offered on site as Hay Farm had its own horse stables.
- Two rooms on the ground floor of the middle complex were used for clients undergoing the detoxification programme so close observations by staff were maintained.

Skilled staff to deliver care

- Staff had access to specialised trainingsuch as addiction counselling, eye movement desensitisation and reprocessing therapy (EMDR) and were encouraged to do this by managers.
- There were two psychiatrists who visited Hay Farm twice a week to see the clients.
- There were two doctors who were responsible for admissions, physical examinations and who were on call if there were concerns or emergencies. We spoke with a doctor during our inspection, they confirmed there was another doctor to cover if they were not available.

Substance misuse services

- There was group supervision fortnightly for all staff with an outside facilitator. In addition training and information was delivered in line with maintaining qualified staff's own registration and clinical practice with particular professional bodies.
- At the time of inspection 100% of staff had completed their annual appraisals and three monthly reviews.

Multidisciplinary and inter-agency team work

- All staff on the shift rota attended handovers. There was a book to record discussions held during the handover.
- The team had built strong links with other mental health services. There were good links with a private mental health facility and local community mental health team (CMHT). In the event of a client's mental health deteriorating, the service had links and the ability to admit straight into a private mental health hospital if required.
- Hay Farm liaised with Kent County Council concerning safeguarding concerns. Hay Farm would contact Kent County Council for advice and support as and when required.

Good practice in applying the Mental Capacity Act (if people currently using the service have capacity, do staff know what to do if the situation changes?)

- Staff demonstrated a good understanding all received training on the Mental Capacity Act. Staff discussed this in terms of assessing clients ability to being ready to apply themselves to the programme within the assessment interview.

Equality and human rights

- All staff were trained in meeting the equality and diversity and human rights needs of clients. Hay Farm explored how best to support clients with protected characteristics and encouraged feedback from all clients. These were reviewed and changes were made as result of this feedback. For example dietary needs for a clients of different faiths, women only groups at the request of clients.
- Hay Farm admitted people from across the world. The service supported clients who wanted to celebrate religious festivals such as Eid and provided specific food to celebrate the event.

- Hay Farm's ethos and values was that they respect cultural, social and individual differences and this was encouraged throughout from both staff and clients.

Management of transition arrangements, referral and discharge

- Clients discharge plans were discussed on admission and plans worked on throughout the clients stay. Follow up plans and support required on discharge was discussed within their 1-1 focal counselling sessions and updated on the care plan.
- Unplanned discharges were discussed within the team. Staff tried to arrange to meet with the client and complete a continued recovery plan, looking at support networks and aftercare support. Family were contacted and a safeguarding raised if necessary. Discharge letters were completed by the service and provided to the client when they were discharged from the service.

Are substance misuse services caring?

Kindness, dignity, respect and support

- We observed staff treating people who used the service with compassion and care. Staff were polite and treated clients with dignity and respect.
- All the clients we spoke with said they felt respected and supported by staff, as did the ex-clients and carers we spoke with.
- Clients told us that staff listened to their views and understood their needs.
- Clients we spoke to said that they felt involved in their care plan. Clients said they felt safe. Clients also knew how to complain.
- Staff had a good understanding of the treatment programme and the effects it could have on people who used the service.
- Hay Farm's confidentiality procedure was explained to clients as part of the contract on admission. People who used the service signed the admission contract to indicate their agreement.

The involvement of clients in the care they receive

Substance misuse services

- Current and previous clients told us the service understood the care and treatment choices available to them and they were involved in making decisions about their care and treatment.
- Staff also spoke about one of their core values which was to respond and support individual needs within their programme to enable the client to move on effectively. This was shown in the care plans we saw and observed this in the interactions with clients
- Clients spoke about there being a very wide range of therapies and options available. We observed this in the programmes offered by Hay Farm.
- Clients signed a contract when they were admitted to Hay Farm which clearly outlined the expectations for the client and what is also expected of them and the term and conditions of their stay at Hay Farm.
- We reviewed the pre-admission assessment undertaken. The assessment covered drug and alcohol history of a client and their past and present mental and physical health.
- Clients we spoke to told us that the referral procedure was responsive and that they had been seen by the doctor soon after their arrival. Staff explained the detox process to clients and closely monitored clients during the detox.
- Staff completed a discharge and follow up plan with the client soon after admission. This was an area the clinical manager spoke about on inspection that they were keen to develop further.
- A continued recovery plan was completed four to five days before discharge to support clients moving on from the service.

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

Access and discharge

- The organisation had an assessment team who took the first referral details. However, when talking with staff they stated there was no absolute exclusion criteria except severe physical illness. There was no documented evidence of this or a policy in place to cover exclusion criteria.
- Clients could be offered an introductory session to the service to see if they were ready to apply themselves to the programme. Clients were encouraged to visit prior to admission into the therapy programme.
- When clients first attended the service they were assessed over a period of 24 to 48 hour period before they were formally admitted.
- Where identified, a psychiatric assessment was organised prior to admission to Hay Farm. Depending on where the client lived, the assessment could be completed at their London service, if easier for the client.

The facilities promote recovery, comfort, dignity and confidentiality

- Clients views and experiences were taken into account in the way the service provided and delivered in relation to their care.
- Clients who used the service had access to an outside garden. There was no restriction on access to the garden area.
- Clients who used the service had access to hot and cold drinks and snacks 24 hours a day.
- Smoking was permitted in the garden area.
- Clients had their own room.
- Clients could request a 1-1 session at any time when they were struggling. Staff were observed to be very responsive and available to respond to this.
- A range of healthy snacks were left out for clients.

Meeting the needs of all clients

- Clients discussed their individual dietary needs with the chef and these were catered for. They did have a staff member who was identified as the nominated individual to support clients with eating disorder and this staff member had undertaken training in this area. The doctors also supported and saw these clients

Substance misuse services

regularly. However, the service did not have a dietician in post. This post was vacant and the service had not been able to recruit into the post at the time of our inspection.

- The buildings were accessible for wheelchair users. There was a portable temporary ramp available to aid wheelchair access.
- Different religious beliefs were supported. Clients who wanted to maintain their individual religious beliefs were supported to do so. For example, the service facilitated taking clients to the local mosque.

Listening to and learning from concerns and complaints

- There had been five complaints in the twelve months prior to the inspection. All except one had been resolved informally. One complaint from December 2015 was in relation to the intake process at Hay Farm. It related to orientation to the site and the treatment programme. Following the concerns raised, a staff meeting had been called to clarify the procedure to ensure it was followed correctly going forward.
- Female clients told us of their request for a women only therapy group, which they felt, had been needed when Hay Farm was full and as they describe it busy. Female clients told us they found it difficult to discuss subjects of a sensitive nature in a mixed gender group. The staff team responded and there was a separate group available for women.

Are substance misuse services well-led?

Vision and values

- The service had clear values. All staff we spoke with demonstrated they understood the values.
- The organisation had clear visions and values that all staff told us they were aware of and worked in line with.
- All staff worked towards the goal of recovery and within the recovery model.

Good governance

- The services statement of purpose contained incorrect information about the service. The address on the services statement of purpose differed from that on the registration with companies house. The statement of purpose included registration for diagnostic and/or screening services, which the location is not registered for. Hay Farm is registered with the CQC for certain user bands. However, the statement of purpose lists bands of users that the service is not registered for with CQC, for example learning disabilities or autistic spectrum disorder.
- Staff received regular supervision and appraisals.
- There was a clinical policies folder, which we reviewed during the inspection.
- In our interview with senior management, we were told that the unit had just formed a governance board and had recruited a psychologist and general practitioner.

Leadership, morale and staff engagement

- The service was well led at senior management level and all staff and clients found the managers and chief executive approachable.
- All staff we spoke to were passionate about their roles and the organisation.
- Staff we spoke with felt able to raise concerns if required.
- There was a clinical management meeting held once a week on site for staff for the sharing of information and shared learning following incidents. On our inspection visit we viewed the minutes from this meeting.

Commitment to quality improvement and innovation

- There was a commitment towards continual improvement.
- Hay Farm welcomed feedback from clients, kept an active interest on new therapies, and attended international conferences on this.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

The provider must have an accurate statement of purpose.

The provider must have a comprehensive admission or exclusion criteria to safeguard clients.

The provider must ensure that call alarms are available in client's bedrooms and that staff have alarms and carry these at all times.

The provider must obtain GP summaries for clients prior to admission.

The provider must ensure that clients risk assessments are comprehensive and contain risk management plans and crisis contingency plans.

Action the provider **SHOULD** take to improve

The provider should review arrangements about the clinic room's use and look at ensuring it has facilities available such as an examination couch.

The provider should ensure there is access to appropriately qualified staff, for example a dietician.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse Treatment of disease, disorder or injury	<p>Regulation 12 CQC (Registration) Regulations 2009 Statement of purpose</p> <p>The SOP includes registration for diagnostic and/or screening service which the location is not registered for.</p> <p>Hay Farm is registered with CQC for the following service user bands:</p> <ul style="list-style-type: none">• Adults aged 18-65• Adults aged 65+• People with an eating disorder• People who misuse drugs or alcohol <p>However, SOP also lists:</p> <ul style="list-style-type: none">• Learning disabilities or autistic spectrum disorder• Mental Health• Younger Adults <p>This is a breach of regulation 12.</p>
Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for clients</p> <p>The service did not contact GPs or other professionals prior to admission. There were no GP summaries in any of the care records reviewed, despite all clients giving consent for access to medical information and / or for the service to liaise with other professionals.</p>

This section is primarily information for the provider

Requirement notices

There were no call alarms in client bedrooms and staff did not carry alarms.

Risk assessments must be thorough and include a risk management plan and crisis contingency plan.

This is in breach of Regulation 12(1), (2)(a)(b)(c)(i)

Regulated activity

Accommodation for persons who require treatment for substance misuse

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The service did not have an admission or exclusion criteria. We saw no evidence of client's being screened out of the service based on risk.

There were inconsistencies in the process and recording of incidents. There was no system in place to collate incidents. Incidents were recorded in the accident book.

This was in breach of Regulation 17(1)(2)(a)(c)(f)