

Haywain Barn

Quality Report

Barton Court
Barton Road
Buckland Brewer
Bideford
Devon
EX39 5LN

Tel: 01237 451526

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

Date of inspection visit: 3 – 4 December 2018

Date of publication: 25/01/2019

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.

Summary of findings

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Overall summary

We rated Haywain Barn as good overall because:

- Staff managed alcohol detoxification safely in line with national guidance. Staff used and completed nationally recognised assessment tools. Clients had the necessary blood tests taken prior to commencing a detoxification regime. The doctor assessed all patients prior to the start of their detoxification regime and during the detoxification. Staff used the clinical institute withdrawal assessment of alcohol scale (CIWA-Ar) to identify and monitor withdrawal symptoms. Staff acted promptly by monitoring and administering medication as required in such instances.
- The service was completing relevant health and safety checks and had records in place to demonstrate this. The service had completed comprehensive environmental risk assessments. The provider had employed an external company to conduct a ligature audit of the service and planned to use the findings to improve the service's ligature risk assessment. Although the service did not take clients who were at high risk of ligaturing, the management team recognised that client risk levels can change during treatment.
- Staff completed risk assessments for all clients. These were completed at pre-admission, on admission and reviewed weekly with clients.
- Client records contained a comprehensive assessment. Staff developed recovery plans that met the needs identified during assessment. Therapy staff completed person-centred treatment plans with all clients shortly after admission. Treatment and recovery plans contained client's goals and aims for treatment and were reviewed weekly with clients.
- There were very few blanket restrictions place on clients and those in place were clearly justified and

understood by the clients. Staff supported clients to maintain contact with their families. Clients had access to their mobile phones and were not restricted in their use so they could maintain contact with families and friends. The service encouraged family to engage with the service and held weekend family days for family to get to know the service.

- Staff, together with clients, developed discharge plans that included a crisis plan and an unplanned discharge plan. Clients were provided with information on the risks of leaving detoxification early. Clients discussed discharge in weekly sessions and those nearing discharge had a final discharge plan detailing where they were going and what aftercare they would receive from the service. The service provided clients with an aftercare programme following discharge. Clients typically received four follow-up calls to ensure the treatment the client received remained effective and staff provided support to clients when needed.
- There was a positive and supportive culture within the organisation. Staff told us that senior members of the organisation were approachable and supportive. Staff told us that the manager was passionate about the service and felt supported by the service nurse.

However:

- There were no formal arrangements in place to cover the service if the nurse and service GP went on leave. The nurse was not receiving formal clinical or peer supervision.
- The provider did not use recognised outcome tools to determine the effectiveness of treatment. For example, by using the Treatment outcomes profile (TOP) or the Alcohol outcomes record (AOR).

Summary of findings

Our judgements about each of the main services

Service

**Substance
misuse/
detoxification**

Rating

Good



Summary of each main service

Haywain Barn is a residential rehabilitation and alcohol detoxification service for the treatment of substance misuse.

Summary of findings

Contents

Summary of this inspection

	Page
Background to Haywain Barn	6
Our inspection team	6
Why we carried out this inspection	6
How we carried out this inspection	6
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

Mental Capacity Act and Deprivation of Liberty Safeguards	12
Outstanding practice	20
Areas for improvement	20

Good 

Haywain Barn

Services we looked at

Substance misuse/detoxification

Summary of this inspection

Background to Haywain Barn

Haywain Barn, also known as Regain Recovery, is a service provided by TCH Therapy Service Limited. Haywain Barn provides a private, residential rehabilitation and alcohol detoxification service for clients who misuse alcohol and substances. During their treatment, clients take part in group and individual therapies and activities to support them in their recovery. The service's rehabilitation programme is therapeutic and not based on the traditional 12-step model. The programme is based on several 'talking therapies' including CBT, EMDR and others.

The staff team at Haywain Barn includes a registered manager, a nurse, a GP, therapists, and recovery workers. Haywain Barn consists of a large house, two cottages and leisure facilities set in five acres of land.

All clients self-fund their treatment. The service works with referral agencies that promote services to prospective clients.

Haywain Barn is registered with the CQC to provide treatment of disease, disorder or injury and accommodation for persons who require treatment for substance misuse. The service has been registered with the CQC since November 2016.

Haywain Barn was last inspected in July 2018 when we undertook a focussed inspection to see if the provider had made the improvements we said it must make in the warning notice that we had served following our inspection in May 2018. During this inspection we found the provider was meeting their requirements and the warning notice was lifted.

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

Our inspection team

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

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme to inspect and rate substance misuse services.

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 and asked a range of other organisations for information.

During the inspection visit, the inspection team:

Summary of this inspection

- visited Haywain Barn, looked at the quality of the physical environment, and observed how staff were caring for clients,
- spoke with three clients,
- spoke with the registered manager,
- spoke with the GP employed by the service,
- spoke with four other staff members employed by the service, including the service's nurse, one therapist, one recovery worker and one admissions co-ordinator.
- attended and observed one client group,
- looked at three care and treatment records for clients,
- completed a check of the clinic room and looked at three medicines records and
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke to three clients in a focus group that was held during our inspection. Clients were very positive about the service they received. Clients were happy with all the support they received from staff. Clients were particularly complimentary of the service's approach to least restrictive practice. Clients told us that having access to their mobile phones was important and they felt that staff treated them like adults.

Clients told us that they were always able to access groups in the community, go out at the weekend and see friends and family. Clients were knowledgeable of the service's therapeutic timetable and described being part of developing their person-centred recovery plans.

Clients commented that the food at the service was very good.

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:

- Staff managed alcohol detoxification safely in line with national guidance. Staff had effective policies, procedures and training related to medication and followed good practice in medicines management including prescribing, administration and recording. Staff used and completed nationally recognised assessment tools. Clients had the necessary blood tests taken prior to commencing a detoxification regime. The doctor assessed all patients prior to the start of their detoxification regime and during the detoxification. Staff used the clinical institute withdrawal assessment of alcohol scale (CIWA-Ar) to identify and monitor withdrawal symptoms. Staff acted promptly by monitoring and administering medication as required in such instances.
- The service had relevant health and safety records in place. The service had comprehensive environmental risk assessments. The provider had employed an external company to conduct a ligature audit of the service and will use the findings to improve the service's ligature risk assessment.
- Staff completed risk assessments for all clients. These were completed at pre-admission, admission and reviewed weekly with clients. Staff developed an unplanned discharge risk management plan and a discharge plan that included a crisis plan with clients. Clients were provided with information on the risks of leaving detoxification early.
- Clients were subjected to few blanket restrictions and those in place were clearly justified and understood by the clients.
- Staff were trained in adult safeguarding. They knew how to identify signs of abuse and understood the principles of safeguarding. Posters were displayed in communal areas which included the phone number for the local safeguarding authority. The service also provided this information to clients in their welcome pack.

However:

- Products identified as hazardous to health did not have a risk assessment alongside the manufactures data sheet.
- The risk assessment for the swimming pool had not been updated to reflect the hydro-pool was no longer in use.
- There were no formal arrangements in place to cover the service if the nurse and service GP went on leave.

Good



Summary of this inspection

- Staff did not always document reasons for clinical decisions in client's care records.

Are services effective?

We rated effective as good because:

- All records we reviewed contained a comprehensive assessment completed at pre-admission, admission and regularly throughout treatment. For example, therapy staff used tools to assess a client's mental health and whether it had deteriorated in the previous weeks. These assessments would then form part of a recovery plan.
- Staff developed recovery plans that met the needs identified during assessment. Therapy staff completed person-centred treatment plans with all clients shortly after admission. Treatment and recovery plans contained client's goals and aims for treatment and were reviewed weekly with clients.
- Staff provided a range of care and treatment interventions suitable for the client group in line with national guidance. These included medication, psychological therapies, and meaningful activities to aid recovery.
- Staff used technology to support clients effectively. For example, blood test results were received same day.
- Staff completed mandatory training and were completing additional training to support their role by accessing a local college. Staff were regularly assessed as competent to administer medication by the nurse and training needs were identified in supervision.
- Staff ensured that clients consented to care and treatment. Client's records contained signed and dated relevant consent forms.

However:

- The provider did not use recognised outcome tools to determine the effectiveness of treatment. For example, by using the Treatment outcomes profile (TOP) or the Alcohol outcomes record (AOR).
- The nurse was not receiving formal clinical or peer supervision.

Good



Are services caring?

We rated caring as good because:

- Clients told us that staff attitudes and behaviours demonstrated compassion, dignity and respect and that they were provided with responsive, practical and emotional support.

Good



Summary of this inspection

- Staff directed clients to other local services and supported them to access those services. For example, local Alcoholic Anonymous (AA) and Narcotics Anonymous (NA) groups.
- Staff maintained confidentiality of information about clients.
- Each client had a recovery plan and risk management plan in place that they had been involved in developing and identified their preferences and treatment aims and goals.
- The service encouraged family to engage with the service and held weekend family days for family to get to know the service.

Are services responsive?

We rated responsive as good because:

- Staff planned for client's discharge. Clients were involved in discharge planning throughout treatment. Clients discussed discharge in weekly sessions and those nearing discharge had a final discharge plan detailing where they were going and what aftercare they would receive from the service.
- The service provided clients with an aftercare programme following discharge. Clients typically received four follow-up calls to ensure the treatment the client received remained effective and staff provided support to clients when needed.
- Staff supported clients to maintain contact with their families. Clients had access to their mobile phones and were not restricted in their use so they could maintain contact with families and friends. Visitors were also permitted to the service. Clients were encouraged to meet family in the community, for example by going for a meal together.
- Clients were encouraged to engage in the local community. Clients had completed voluntary work in the village community shop and a client had been supported to volunteer at a dog's charity.
- All clients had access to external community support groups such as Alcoholics Anonymous (AA) and self-management and recovery training (SMART) groups, which clients spoke highly of.
- Staff understood the clients' needs, including different social and cultural needs including those with protected characteristics such people from the lesbian, gay, bisexual and transgender community.

Good



Are services well-led?

We rated well-led as good because:

- The manager had a good understanding of the service they managed and could explain clearly how teams were working to provide high quality care. The management team had the skills, knowledge and experience to perform their roles.

Good



Summary of this inspection

- Staff knew the vision and values of the service and their role in achieving that. All staff had a job description.
- Staff told us there was a positive and supportive culture within the organisation. Staff told us that senior members of the organisation were approachable and supportive. Staff told us that the manager was passionate about the service and staff felt supported by the service nurse.
- There was a clear quality assurance management framework in place that was integrated across all policies and procedures
- Information governance systems maintained the confidentiality of client records; staff required a log-in before accessing electronic client records. Paper records were locked in a filing cabinet.
- Clients were requested to give feedback on the service they had received at Haywain Barn following discharge. The manager reviewed the results of the client satisfaction questionnaire and used the feedback to make improvements

However:

- The service did not have a formal contingency plan for staff to follow if an emergency incident occurs. For example, the service floods or is significantly damaged by fire.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

All staff had completed Mental Capacity Act training. Staff had a good level of understanding of the Mental Capacity Act and the underlying principles.

The provider had a Mental Capacity Act and Deprivation of Liberty Safeguards policy in place. However, it did not

contain any guidance on substance misuse specific issues. For example, what staff should do if a client arrived intoxicated and did not have capacity to consent to staying at the service.

The provider did not accept clients who were subject to a Deprivation of Liberty Safeguards authorisation.

Substance misuse/detoxification

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

Are substance misuse/detoxification services safe?

Good 

Safe and clean environment

- The service was divided into three buildings. A treatment area, which included leisure facilities, the residential area and staff offices. All areas of the service were clean, comfortable, and well-maintained. Furnishings were of a high standard. Cleaning records were up to date and showed that all areas of the service were cleaned regularly. Staff completed regular audits to ensure the standard of cleanliness was high and that the service is compliant with their infection control policy.
- The service had relevant health and safety records in place. This included control of substances hazardous to health (COSHH) data sheets for all products used on site, fire safety records, portable appliance testing (PAT) records, cleaning and maintenance records, water temperature checks and emergency light checks. COSHH products had an up to date manufactures data sheet, describing the risks of using the product. However, the service did not complete a risk assessment for using hazardous products on site. The water temperate checks did not include what action had been taken if a temperature was found to be outside of expected range.
- The service had comprehensive environmental risk assessments. These included a fire risk assessment, a buildings risk assessment and separate risk

assessments for use of the gym, kitchen, swimming pool and other areas of the building. Except for the swimming pool risk assessment, all risk assessments had been recently reviewed and updated.

- The provider had completed a ligature risk assessment after identifying the service contained multiple ligature points. A ligature point is anything that could be used to attach a cord, rope or other material for hanging or strangulation. The provider had identified this as a gap in knowledge and had booked ligature assessment training for all staff to attend in January 2019. The provider had also employed an independent company with expertise in assessing ligature points to complete a comprehensive audit of the service to further improve the service's ligature risk assessment. Although the service did not take clients who were at high risk of ligaturing, the management team recognised that client risk levels can change during treatment.

Safe staffing

- The service had enough staff to meet the needs of clients. The service could adjust staffing levels based on client need. For example, if a client was admitted for alcohol detoxification treatment the staffing at night would be increased.
- The number and type of staff matched the minimum staffing levels on all shifts. The manager had employed one bank recovery worker and one seasonal therapist to cover additional shifts as necessary.
- At the time of the inspection, there was no cover available if the service nurse went on leave. The manager was in the process of developing a contingency plan with the service GP. Current

Substance misuse/detoxification

arrangements were that the service would not admit a client for detoxification treatment if the nurse was absent and would contact the service GP as the clinical lead for medical advice if needed.

- The service had a lone-working policy in place which staff were aware of and followed. There were no emergency call alarms for staff or clients. During the day, staff used walkie-talkies to communicate with each other. The lone working policy stated that staff were encouraged to carry mobile telephones if they were lone working. Clients did not have access to call alarms in their bedrooms. However, staff were present in the communal areas throughout the night and due to the layout of the service, staff could respond promptly to a call for help.
- The majority of staff had completed mandatory training. Those who had not completed training were enrolled on upcoming courses at the local college.

Assessing and managing risk to patients and staff

- Staff completed risk assessments for all clients. Risk assessments were completed prior to admission, on admission and reviewed weekly throughout treatment. The initial risk assessment was robust and comprehensive. The ongoing risk assessment and risk management plan contained less detail. Staff developed an unplanned discharge risk management plan with clients. Staff also developed a discharge plan with clients which included a crisis plan detailing where they would go and how they would stay safe. Clients were provided with information on the risks of leaving detoxification treatment early.
- Staff screened clients prior to admission to ensure they could meet their needs, to assess their suitability for the service and assess risks.
- Staff managed alcohol detoxification safely in line with national guidance (National Institute for Health and Care Excellence, Quality Standard 11). Staff completed assessment tools such as the alcohol use disorders identification test (AUDIT) and severity of alcohol dependence questionnaire (SADQ) prior to assessment. Clients had the necessary blood tests taken prior to commencing a detoxification regime. The doctor assessed all patients prior to the start of their detoxification regime and during the detoxification. Staff used the clinical institute withdrawal assessment of alcohol scale (CIWA-Ar) to identify and monitor withdrawal symptoms. Staff acted promptly by

monitoring and administering medication as required in such instances. The doctor assessed clients on the day of their admission. Any identified needs and the plan for detoxification was recorded in the client's electronic care record.

- Clients were subjected to few blanket restrictions and those in place were clearly justified and understood by clients. For example, as part of a recovery plan a client requested that a staff member always accompanied them in the community as they did not yet feel able to keep themselves safe if they went independently. Clients were able to access their mobile telephones and laptops and community access was not restricted. Although clients were breathalysed and belongings were searched on return from community leave, clients were made aware of this and consented to this taking place. Clients spoke highly of this approach and told us this aided their recovery. Clients also told us the service's least restrictive approach encouraged them to stay in treatment.

Safeguarding

- All staff were trained in adult safeguarding. They knew how to identify signs of abuse and understood the principles of safeguarding. A member of staff acted as the nominated safeguarding champion. However, staff were not trained in child safeguarding and children were able to visit the service.
- The service's safeguarding policy had been developed with input from staff and clients the provider's safeguarding policy stated that staff should contact the local safeguarding team with any concerns. All staff we spoke with said they would speak with their manager first and their manager would make the referral. However, staff said that if their manager was not available and someone was at risk of immediate harm they would make the referral themselves. All staff were aware of how to make a safeguarding referral.
- Prior to the inspection, the service had made two referrals to the local safeguarding authority. After each referral the service held a debrief session with the team to decide what lessons could be learnt.
- The service displayed posters in the communal areas for clients to refer to if they want to report any concerns they may have within the service. The posters included the phone number for the local safeguarding authority. The service also provided this information to clients in their welcome pack.

Substance misuse/detoxification

Staff access to essential information

- Staff used paper and electric client records. All staff had access to essential client information. Staff stored client notes on an electronic record keeping system, to which all staff had access. Care plans and risk assessments were also kept as paper records, which were easily accessible to staff. Staff did not have difficulty in entering or accessing information.

Medicines management

- Staff had effective policies, procedures and training related to medication and followed good practice in medicines management including prescribing, administration and recording.
- Staff stored medicines in cabinets and a specific medicines refrigerator. They recorded the temperature of the room and the refrigerator daily and this was in line with the temperature ranges set for safe management of medication by the provider. Staff had access to medicines for a medical emergency and were trained in how to use them. The provider had policies and procedures in place for emergency medicines.
- The nurse regularly assessed the recovery worker's competency to administer medication, including controlled drugs. Staff who administered medicines were either a qualified nurse or recovery workers who had completed training and assessments in administering medicines. The provider supported staff to access a 20-week course at a local college on medicines management.
- Staff checked prescribed medicines on admission. The nurse checked it against the GP summary and contacted the client's own GP to ensure the medication clients arrived with were correct. The service GP assessed all clients on the day of admission and addressed any concerns or queries about prescribed medication brought in from home.
- A local pharmacy carried out monthly medicines audits and the nurse carried out a weekly medicines audit to ensure staff were adhering to medicines procedures. Staff also stock checked medicines twice a day.
- Staff did not always document reasons for clinical decisions in client's care records. For example, a client had been placed on an alcohol detoxification but there was no recording of the reason for the choice of medication used. However, when we spoke to staff, the rationale for the decision was clear and appropriate.

Track record on safety

- The service had no serious incidents in the 12 months prior to the inspection.

Reporting incidents and learning from when things go wrong

- Staff knew how to report incidents and what to report as incidents. Managers shared learning from incidents through email, handover meetings and team meetings.
- Managers and staff investigated incidents and implemented change as a result. For example, following an investigation into a medication error staff implemented a new system for checking medicines to ensure that errors were spotted promptly.
- Staff understood their responsibilities under the duty of candour and how to explain to clients and families if something had gone wrong in their care, including providing an apology.

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

Good 

Assessment of needs and planning of care

- All client care and treatment records had a comprehensive assessment completed at pre-admission, admission and regularly throughout treatment. This included a risk assessment, and if applicable relevant tools and assessments such as the severity of alcohol dependence questionnaire (SADQ), Beck's depression inventory and a cognitive assessment. The risk assessment included an assessment of the client's mental health status including asking if they had recent or historical self-harm behaviours and suicidal ideation.
- Staff developed recovery plans that met the needs identified during assessment. Therapy staff completed person-centred treatment plans with all clients shortly after admission. Treatment and recovery plans contained client's goals and aims for treatment and were reviewed weekly with clients. For example, a client had identified they needed support to improve their

Substance misuse/detoxification

sleeping pattern. Actions included developing a specific recovery plan for this goal, addressing this in one to one sessions with a therapist and attending psycho-educational groups.

Best practice in treatment and care

- Staff provided a range of care and treatment interventions suitable for the client group. These included medicines, psychological therapies, and meaningful activities to aid recovery. Clients were provided with four one to one sessions a week with a named therapist and attended two daily groups. If a client identified in a one to one session that they were feeling anxious groups could be tailored to address this need. Groups were based on cognitive behavioural therapy and were run by therapists with appropriate qualifications. Groups included cycle of change, relapse prevention and mindfulness.
- The service did not offer a blood borne virus service to clients; however, this could be accessed in the community. The nurse had a good knowledge of the local services which provide blood borne virus testing and vaccinations in the community.
- Staff used technology to support clients effectively. For example, blood test results were received same day and staff used online tools such as TED Talks to run the psychoeducational groups.

Monitoring and comparing treatment outcomes

- Therapy staff reviewed treatment and recovery plans weekly with clients.
- Staff evaluated the effectiveness of treatment by monitoring clients during treatment as part of weekly reviews and after discharge by obtaining client feedback. The service's management team reviewed feedback to inform improvements to the treatment model. Staff did not use recognised outcome tools to determine the effectiveness of treatment. For example, by using the Treatment outcomes profile (TOP) or the Alcohol outcomes record (AOR).

Skilled staff to deliver care

- Staff were provided with a comprehensive induction. At the time of the inspection, two staff were undergoing an induction and the nurse was overseeing this. Staff competencies were assessed regularly by the nurse to check their understanding of safeguarding, Mental Capacity Act and the completion of the Clinical Institute

withdrawal assessment of alcohol scale, revised (CIWA-Ar). The CIWA-Ar is a form used to monitor the severity of client's withdrawal symptoms whilst undergoing alcohol detoxification treatment.

- Staff completed mandatory training. The manager utilized the local college and all staff had been enrolled or completed 'understanding the safe handling of medications' and 'awareness of mental health problems courses'. The therapy team also completed training for their own professional development to remain accredited with the British Association of Counselling and Psychotherapy (BACP). The service nurse maintained their professional nursing registration. All staff had an enhanced disclosure and barring service checks in place prior to commencing employment.
- The manager and nurse supervised staff. During supervision and appraisal meetings learning needs were identified and the manager provided staff with opportunities to develop their skills and knowledge. Therapists received external supervision monthly. The nurse received supervision from the registered manager and the service GP although this was not formalised as clinical supervision. The nurse also did not have access to peer supervision. All staff received yearly appraisals.
- Poor staff performance was addressed promptly and effectively by line managers. Line managers addressed poor staff performance in supervision and in follow-up meetings.

Multi-disciplinary and inter-agency team work

- The multi-disciplinary team comprised of a nurse, therapists, recovery workers, a registered manager and the service GP. One of the recovery workers also had the role of admissions co-ordinator. The team met weekly to discuss clients progress.
- When relevant, staff liaised with community teams, such as community mental health teams. Prior to the admission of a client under the care of a community mental health team, a nurse from the team visited the service to talk to the staff about the symptoms their client experienced and the best way for staff to manage them.

Good practice in applying the Mental Capacity Act

- The service ensured that clients consented to care and treatment. For example, clients signed an administration of medication consent form.

Substance misuse/detoxification

- All staff had completed Mental Capacity Act training. Staff had a good level of understanding of the Mental Capacity Act and the underlying principles.
- The provider had a Mental Capacity Act and Deprivation of Liberty Safeguards policy in place. However, it did not contain any guidance on substance misuse specific issues. For example, what staff should do if a client arrives intoxicated and does not have capacity to consent to staying at the service.

Are substance misuse/detoxification services caring?

Good 

Kindness, privacy, dignity, respect, compassion and support

- Clients told us that staff attitudes and behaviours demonstrated compassion, dignity and respect and that they were provided with responsive, practical and emotional support as appropriate. We observed staff interacting with clients in a respectful and friendly manner.
- Staff supported clients to understand and manage their care and treatment.
- Staff directed clients to other services and supported them to access those services for example local Alcoholic Anonymous (AA) and Narcotics Anonymous (NA) groups.
- The service had a confidentiality policy in place which staff adhered to. Staff maintained confidentiality of information about clients. Client's records contained a confidentiality agreement which had been signed and dated by the client.

Involvement in care

- Each client had a recovery plan and risk management plan in place that demonstrated the client's preferences and treatment aims and goals.
- Staff actively engaged clients using the service in planning their care and treatment.
- The service encouraged family to engage with the service and held weekend family days for family to get to know the service.

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

Good 

Access, waiting times and discharge

- The service had developed good working relationships with outside agencies such as a detoxification unit in Bristol. Clients who were not suitable for detoxification treatment at the service were referred to the unit in Bristol and then would be admitted to Haywain Barn to complete their rehabilitation treatment. The service also had good links with another substance misuse provider, who provided staff with some relevant training.
- The service provided clients with alternative treatment options, in addition to the treatment provided at Haywain Barn. For example, the service had made links with an equine therapist in Exeter and could support clients to access this therapy if they wished.
- The service was able to respond to referrals promptly and these were received over the phone. The manager oversaw the referral and admission process. However, a recovery worker had taken on the additional role of admissions co-ordinator to support the manager with this process. The manager screened and checked potential clients for suitability for the service. Clients were assessed prior to admission although the admissions policy did not contain clear referral or exclusion criteria.
- Staff planned for client's discharge. Clients were involved in discharge planning at pre-admission, admission and post-admission. Clients discussed discharge in weekly sessions and those nearing discharge had a final discharge plan detailing where they were going and what aftercare they would receive from the service. Clients typically received four follow-up calls from their named worker after leaving the service. Clients we spoke to told us they were able to call the service 24 hours a day for additional support as well. Staff supported clients to access community-based treatment after discharge.

Substance misuse/detoxification

- The program delivered by the service was an abstinence based program. Staff supported clients to manage their addiction and did not automatically discharge clients if they relapsed.

Facilities that promote comfort, dignity, and privacy

- The service had a range of facilities for clients, including a swimming pool and a gym. There was a communal lounge and quiet areas that clients could use. There was a group therapy room and rooms for one to one therapy sessions.
- There was disabled access to the building. Those requiring use of a wheelchair could access the building at the back and a ramp was available to use. We were told that a client with mobility issues would access the downstairs bedroom and bathroom. However, there was a step into the bedroom and the bathroom was not an accessible bathroom. The provider said that they would purchase necessary equipment for a client with mobility issues to be able to access the service.
- Clients had their own bedrooms and were not required to share. Two bedrooms had ensuite facilities. Clients with a bedroom without an ensuite shared communal bathrooms. Typically, the communal bathrooms were shared between two clients. At the time of inspection all clients were male. Female, or clients who were undergoing gender transition would be allocated the bedrooms with an ensuite. All bedrooms contained a safe for clients to store their valuable belongings.
- Staff accommodated dietary requirements and provided clients with a choice of food. The chef had a list of all clients' allergies and intolerances, and would accommodate those with specific dietary requirements such as providing vegan or halal food. Clients could access drinks and snacks at all times.
- Staff ensured that client's spiritual needs were met for example by facilitating visits to the appropriate religious establishment in the community.

Client's engagement with the wider community

- Staff supported clients to maintain contact with their families. Clients had access to their mobile phones and were not restricted in their use so they could maintain contact with families and friends. Visitors were also permitted to the service. Clients were encouraged to meet family in the community. For example, by going for a meal together.

- Clients were encouraged to engage in the local community. Clients had completed voluntary work in the village community shop and a client had been supported to volunteer at a dog's charity.
- All clients have access to external community support groups such as alcoholics anonymous (AA) and self-management and recovery training (SMART) groups, which clients spoke highly of.

Meeting the needs of all people who use the service

- Staff understood the clients' needs, including different social and cultural needs including those with protected characteristics such people from the lesbian, gay, bisexual and transgender community.
- Clients told us that treatment and activities were never cancelled.

Listening to and learning from concerns and complaints

- The service did not hold a complaints log and recorded complaints in client's care and treatment records. Clients were able to raise complaints or concerns during the daily morning meeting or with staff or the manager directly.
- Staff responded to complaints promptly and provided feedback directly to the client or in the next daily morning meeting.
- Lessons learned from complaints were discussed in the weekly governance meeting and shared with staff in the team meeting, during handover and via email.

Are substance misuse/detoxification services well-led?

Good 

Leadership

- The nurse and service GP provided clinical leadership to the service and the registered manager provided operational leadership. The registered manager was also a therapist and provided guidance and supervision to the therapy team. The manager had a good understanding of the service they managed and could explain clearly how teams were working to provide high quality care. The management team had the skills, knowledge and experience to perform their roles.

Substance misuse/detoxification

- The service had a clear definition of recovery and this was shared and understood by all staff.

Vision and strategy

- Staff knew the vision and values of the service and their role in achieving that. All staff had a job description.

Culture

- Staff told us there was a positive and supportive culture within the organisation. They felt respected, supported and valued by the provider. Staff told us that senior members of the organisation were approachable and supportive. Staff told us that the manager was passionate about the service and staff felt supported by the service nurse.
- Staff were aware of the whistleblowing policy and how to raise concerns. Staff said they felt able to raise concerns without fear of repercussions.
- Staff had access to physical and emotional support through the registered manager, nurse and service GP if required.

Governance

- The service held weekly governance meetings. Agenda items included, discussing all current clients and referrals, staff training needs, health and safety issues, audits, incidents and staffing levels. There was a clear framework of what must be discussed at the meetings and minutes were disseminated to staff.
- The service had a whistle-blowing policy in place.

Management of risk, issues and performance

- There was a clear quality assurance management framework in place that was integrated across all policies and procedures. Staff were allocated as leads in specific areas and were given responsibility for this area. For example, there was a health and safety lead, a clinical lead and a safeguarding lead. The manager had oversight of the service's quality assurance processes and was supported by the nurse and service GP.

- The provider had a risk register which was regularly reviewed and updated in governance meetings.
- The service had no formal plan to manage an emergency such as a fire or a flood at the service. However, the nurse and manager were clear in the actions they would take.

Information management

- Staff had access to the equipment and information technology needed to do their work.
- Information governance systems included confidentiality of client records. Paper records were locked in a filing cabinet and staff required a log-in before accessing electronic client records.
- Staff made notifications to external bodies as needed such as the CQC and the local authority.

Engagement

- Staff and clients had access to up-to-date information about the work of the service and the services they used for example via newsletter and during meetings.
- Clients were requested to give feedback on the service they had received at Haywain Barn following discharge. The manager reviewed the results of the client satisfaction questionnaire and used the feedback to make improvements for example the service had improved the outside smoking shelter following feedback.
- Clients could meet with the leadership team to give feedback as they were based at the service or contactable by phone.

Learning, continuous improvement and innovation

- All staff had objectives focused on improvement and learning in their supervision meetings. For example, staff have been offered phlebotomy training.
- The registered manager was working towards the service becoming a centre of excellence.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure that all staff receive child safeguarding training.
- The provider should ensure that products identified as hazardous have a risk assessment alongside the appropriate data sheet.
- The provider should continue to update all environmental risk assessments, specifically for the swimming pool and ligature risk assessment.
- The provider should ensure there is a robust contingency plan in place when the service's nurse and GP is on leave.
- The provider should ensure that all clinical decisions and rationale are clearly documented in client's care and treatment records.
- The provider should ensure the service's nurse receives formal clinical and peer supervision.
- The provider should ensure that the Mental Capacity Act policy contains guidance specific to the service's client group.
- The provider should ensure that there is a formal contingency plan for if an emergency incident occurs. For example, the service floods or is significantly damaged by fire.