

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

Ratings

Are services safe?

Are services effective?

Are services caring?

Are services responsive?

Are services well-led?

Overall summary

We do not currently rate independent standalone substance misuse services.

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

- Although the service had fitted call alarms in all bedrooms, they were not working during our inspection. This was an ongoing issue due to the service experiencing dips in power. Staff had acted to rectify this and expected the alarms to be working by the end of October 2017.
- Staff told us they had received training in incident reporting. However, this had not been recorded on the training matrix.
- Staff told us they discussed incidents during the weekly clinical management meeting. However, records from these meetings did not capture this information.
- Staff completed regular visual and physical observations, although they were inconsistent in their recording of these.
- Three pre-admission assessments recorded client consent for staff to contact their GP. However, only one record contained a GP summary.

Summary of findings

- Although the service had added exclusion criteria to their admissions policy, it lacked detail to support the screening of inappropriate referrals at the earliest opportunity.
 - The service had not updated the statement of purpose since our inspection in July 2016, when it was found to contain incorrect information.
 - Risk assessments contained appropriate information and were reviewed regularly.
 - The service had introduced an incident book since our inspection in July 2016.
 - Care plans were detailed and staff linked care plans to risk assessments.
 - We saw evidence of staff liaison with various health professionals to ensure safe care and treatment of a client.
- However, we also found the following areas of good practice:

Summary of findings

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Summary of this inspection

Background to Hay Farm

Hay Farm is registered to provide mixed gender residential rehabilitation and detoxification for up to 13 clients over the age of 18 who require treatment for substance misuse. The service provides treatment for associated problems relating to substance misuse, eating disorders and other compulsive behaviours. The service accepts referrals from professionals and self-referrals from clients or families.

Hay Farm is registered to provide the following activities:

- Accommodation for persons who require treatment for substance misuse
- Treatment of disease, disorder or injury

There was a registered manager at the service although they did not attend the service daily.

Hay Farm was last inspected in July 2016, when we found the service in breach of regulations 12 and 17 of the Health and Social Care Act 2014 concerning safe care and treatment and good governance. Concerns included lack of call alarms in client bedrooms, lack of detail in risk assessments, lack of risk management plans, incident reporting, staff not acting on client consent to contact their GP and lack of exclusion criteria.

We also found the service in breach of regulation 12 CQC (Registration) Regulations 2009 because the statement of purpose for the service contained incorrect information.

This inspection was to determine if the service was now compliant with these regulations.

Our inspection team

The team that inspected the service comprised CQC inspector Shelley Alexander-Ford (inspection lead) and one other CQC inspector.

Why we carried out this inspection

This was an unannounced, focused inspection to make sure that the service had taken action to address the requirement notices issued after the comprehensive inspection in July 2016.

How we carried out this inspection

As this was not a comprehensive inspection we did not pursue all of our key lines of enquiry. We focussed on the whether the provider had made the improvements that we said it should make at our comprehensive inspection in July 2016.

During this focussed inspection, we considered areas of the service to make a judgement on the following questions:

- 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 service through our intelligent monitoring processes.

Summary of this inspection

During the inspection visit, the inspection team:

- spoke with the group clinical director
- spoke with one nurse
- spoke with two therapists
- spoke with one trainee therapist
- spoke with three clients
- looked at the quality of the physical environment
- looked at six care and treatment records for current and previous clients, including risk assessments and care plans
- looked at the statement of purpose, training matrix and other documents relating to the running of the service.

What people who use the service say

We spoke with three current clients who said that staff were available when they needed them and that the level of observation by staff was good. One client said that they were aware that staff had increased observation levels when their mood was low.

Two clients told us that staff had not explained the call alarm system to them. However, they said that staff had provided a phone number to call if required. Another client told us that staff had not orientated them to the service.

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 issues that the service provider needs to improve:

- Since our inspection in July 2016, the service had fitted call alarms into client bedrooms. However, the alarms had been working intermittently due to difficulties experienced with the power supply at the service.
- Two of the three clients we spoke with told us that staff had not made them aware of the alarms when staff showed them around the service.
- Staff completed visual and physical observations for clients. However, staff did not routinely complete observation charts to upload onto the electronic records.
- Only one of the four records for current clients contained a GP summary.

However, we also found the following areas of good practice:

- The risk assessments were detailed and included risk management plans. Staff regularly reviewed risk assessments. Nurses emailed handover information to all staff at the end of each shift. Information included risk management plans.
- Since our inspection in July 2016, the service had introduced an incident reporting book.
- The clinic room contained an examination couch as identified during our inspection in July 2016.

Are services effective?

We found the following areas of good practice:

- Care plans were detailed and reflected the individual needs of clients. Staff regularly reviewed care plans with clients, adding activities and goals to support progress.
- Staff linked care plans with risk assessments and included details about the risk management plan.
- Nurses emailed handover notes to all staff at the end of each shift. Nurses recorded observations and risk management plans in nursing notes.
- Although none of the staff had formal qualifications in diet and nutrition, the service contracted with a nutritionist who provided advice and input as needed.

However, we also found the following areas for improvement:

Summary of this inspection

- There were no continued recovery plans in any of the records reviewed.

Are services caring?

We do not currently rate standalone substance misuse services.

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

- The medicine cabinet had not been moved from the busy staff office to ensure the privacy and dignity of clients, as identified in our report in July 2016. However, there were plans for this to be moved when building works to the clinic room had taken place.

Are services responsive?

We do not currently rate standalone substance misuse services.

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

- Since our inspection in July 2016, the service had added exclusion criteria to their admissions policy. However, the criteria did not contain detailed information to support staff to determine an inappropriate referral.

Are services well-led?

We do not currently rate standalone substance misuse services.

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

- During our inspection in July 2016, we found that the statement of purpose (SOP) for the service contained inaccurate information. The action plan submitted by the provider stated that a new SOP should be in place by 1 May 2017. However, we found that the service had not amended their SOP since our last inspection.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Some of the nursing staff were registered mental health nurses, which meant that they had a good understanding of mental capacity. Staff completed Mental Capacity Act e-learning training. Staff could refer to the Mental Capacity Act policy for further guidance.

Substance misuse/detoxification

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse/detoxification services safe?

Safe and clean environment

- At our inspection in July 2016 we found that client bedrooms did not contain call alarms. During this inspection we saw that the service had fitted call alarms in client bedrooms. However, fluctuations in power at the service had led to staff having to replace part of the system with new power packs. Staff had ordered the necessary replacement equipment and expected the alarms to be in full working order by the end of October 2017. Two clients told us that staff had not made them aware of the alarms during their orientation to the service. This meant that they did not know the alarms were not working and may think they had activated the alarm in the event of an emergency. Staff mitigated risk by completing hourly observations, which were increased where a need was identified. Staff put clients who required closer monitoring in ground floor bedrooms close to where night staff were situated. Clients could also contact staff on a telephone which was manned 24 hours a day. Clients told us that there was a good staff presence within the service.
- During our inspection in July 2016 we identified that the clinic room was basic and did not include an examination couch. We saw that an examination couch was now available. However, the room remained basic with little equipment other than a desk, couch and an area to take bloods. On the day of our inspection the room was untidy and the bin had not been emptied. Staff rectified this when we brought it to their attention. The service planned to renovate the room in the coming months to provide a more suitable clinical environment.

Assessing and managing risk to clients and staff

- At our inspection in July 2016 we found concerns regarding the level of detail in risk assessments and lack of GP summaries. During this inspection we reviewed the care and treatment records for four current clients, one previous client and an unplanned exit from the service. We found risk assessments to be detailed and included risk management plans. Staff regularly reviewed risk assessments and recorded relevant information. Risk management plans were included in the nursing handover notes. Staff had linked risk assessments to client's care plans. We saw examples of staff acting on concerns including increasing observation levels and arranging appointments with the service's doctor or psychiatrist. However, one risk assessment contained conflicting information which inspectors brought to the attention of the group clinical director who followed this up with staff.
- Staff completed general visual and physical observations for clients. Observation levels were generally hourly, although staff increased the frequency where a need had been identified. Clients said that their experience of staff observations was positive and that staff would regularly check on their whereabouts. Clients said that staff had completed physical observations hourly during the night during their first few days of admission. One client said that staff had offered them a ground floor room near the staff office due to initial anxiety. We saw that nurses recorded observations in nursing notes. However, staff did not routinely complete observation charts for clients. Inspectors brought this to the attention of the group clinical director who was aware of this and was in the process of implementing a new observation protocol for staff. This included performance management for staff who did not complete appropriate paperwork.
- We found that staff had contacted and received information from a GP and health professionals involved

Substance misuse/detoxification

in the care of one client. However, we saw no evidence of staff requesting a GP summary for other clients, despite records showing that two had given consent for staff to contact their GP. Although staff had completed the GP contact details for another client, the question asking if the client had given consent to contact was empty. Staff told us that one client had only been admitted to the service two days prior to the inspection, so this information may not yet have been received. However, we saw no evidence that staff had requested this information. Staff explained that clients sometimes withdrew their consent. However, staff had not recorded this so it was unclear if the client had withdrawn their consent.

Reporting incidents and learning from when things go wrong

- The service had introduced an incident book since our inspection in July 2016. We saw that staff recorded incidents although there were inconsistencies in recording information about immediate actions taken. Staff gave examples where they had used the incident book to identify trends. The service had identified that most incidents concerned medicine errors. The service had a process in place in the event of medicine errors to reduce the risk of future incidents and identify where additional support or training for staff may be required. The action plan submitted by the provider following our last inspection stated that staff had received training in incident reporting in February 2017. During this inspection, staff said that they had received training in incident reporting. However, the training matrix did not include this information. Staff told us that they discussed incidents and learning at the weekly clinical meeting. We reviewed the record of clinical management meeting form for five meetings. The forms did not include information about incidents and didn't prompt discussion or information about learning to be captured. After the inspection, the group clinical director confirmed that the service planned to introduce a new system for staff to log incidents and record learning and any proposed actions.

Are substance misuse/detoxification 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)

- Care plans were in line with the Drug Misuse and Dependence guidelines. Care plans were detailed and reflected the individual needs of clients. Care plans were responsive and recovery focussed. Staff regularly reviewed care plans with clients, adding activities and goals to support progress. Staff monitored clients physical health and recorded details of prescribed and as required medicine and observation levels. Staff linked care plans with risk assessments and included details about the risk management plan.
- Nurses completed a handover meeting at the end of each shift and emailed handover notes to all staff. Handover notes included actions for staff to complete. Nurses recorded observations and risk management plans in nursing notes.
- Staff had recorded having completed a verbal continued recovery plan (CRP) in one record; however none of the records reviewed contained a written copy. A continued recovery plan is a care plan that supports recovery after clients have left treatment. Inspectors raised this with the group clinical director who spoke of plans to introduce a more dynamic process that supported clients and staff. The service planned to replace the CRP with a discharge summary that would be started during treatment, a relapse action plan and a relapse prevention plan.

Skilled staff to deliver care

- The service provided 24 hour nursing cover. The service employed a doctor who completed medical assessments and also was on call if staff had concerns or there were emergencies. The doctor worked between Hay Farm and local a sister service. The service contracted a psychiatrist who completed mental health assessments. The service employed six therapists and five trainee therapists. The therapists provided one to one sessions with clients and facilitated groups.

Substance misuse/detoxification

- At our comprehensive inspection in July 2016 we identified that the service should ensure clients had access to appropriately qualified staff, for example a dietician. The group clinical director confirmed that although none of the staff at Hay Farm held a formal qualification in diet or nutrition, the chef had enrolled on a diet and nutrition course. Where required, the staff lead for diet and nutrition contacted the nutritionist previously employed by the service for advice. The clinical governance director confirmed that the service paid for sessional nutritionist work where appropriate.

Are substance misuse/detoxification services caring?

Kindness, dignity, respect and support

- During our inspection in July 2016, we identified that the service should review the location of the medicine cabinet to ensure the privacy and dignity of clients. During this inspection, we saw that the medicine cabinet remained in the staff office. However, staff told us of plans to renovate the clinic room which would include moving the medicine cabinet.

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

Access and discharge

- The service had added exclusion criteria to their admissions policy since our inspection in July 2016. The criteria explained that the service could implement the policy at any time during the referral process. Although the criteria defined categories of patient that the service would not provide treatment to, there was limited detail to support timely screening of referrals to ensure clients received the most appropriate treatment at the earliest opportunity.

Are substance misuse/detoxification services well-led?

Good governance

- During our inspection in July 2016 we found that the statement of purpose (SOP) contained inaccurate information. The action plan submitted by the service dated 10 March 2017 said that a new SOP was expected to be in place by 1 May 2017. The SOP reviewed during this inspection contained inaccurate information concerning the activities and service user bands the service is registered to provide. Inspectors raised this with the group clinical director and explained CQC scope of registration to support appropriate registration of services. The group clinical director confirmed that the service would act on this information.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure that call alarms are working at the earliest opportunity.
- The provider should ensure that staff record observations for clients on the appropriate paperwork and upload onto client records.
- The provider should ensure that training records are accurate and up to date.
- The provider should ensure an effective system is in place to record incidents, learning and actions.
- The provider should ensure that all clients receive a full orientation to the service.
- The provider should ensure that staff act on client consent to contact their GP and maintain up to date and accurate recording of consent.
- The service should ensure that the exclusion criteria contains more detail to ensure appropriate screening and onward referral of clients.
- The provider should ensure that the statement of purpose contains accurate information.