

The Haynes Clinic Limited

The Haynes Clinic Limited

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location		Good	
Are services safe?	Requires Improvement		
Are services effective?	Good		
Are services caring?	Good		
Are services responsive to people's needs?	Good		
Are services well-led?	Good		

Summary of findings

Overall summary

The Haynes Clinic is a substance misuse inpatient service for males and females in Chicksands in Bedfordshire.

We conducted an on-site inspection to The Haynes Clinic in January 2023. We completed a focused, unannounced inspection, because we received information of concern about the sexual safety of clients and the quality of the service. We inspected the safe domain and have applied a new rating. We also inspected parts of caring, responsive and well led, however we have not applied new ratings to these domains.

Our rating of safe went down. We rated it as requires improvement.

Our findings were:

- We found that not all staff that had direct contact with clients in the service and residential houses had an up to date disclosure and barring certificate or associated risk assessment.
- Clients were not always treated with dignity and respect by therapy staff. Three complaints described treatment at the service as traumatising and emotionally distressing due to the undignified way they were spoken to by staff.
- We found that compliance with mandatory training requirements was below 40% for all staff across office, care and therapy sub teams. There were additional staff employed by the service who were not on the training register.
- Staff supervision and appraisal records were not always meaningful, they lacked new information month by month and did not demonstrate any measurable performance management.
- When complaints were made to the service there was no evidence that an appropriate investigation into the complaint occurred. There was no record within team meeting minutes, staff supervision records or annual staff appraisal records of complaints being shared with the wider staff team. This limited the opportunity for lessons learned, or to identify potential improvements in the service.
- Some policies we reviewed were not robust, they lacked detail and purpose and did not provide a comprehensive instruction for people working at or using the service. The equality and diversity policy and reasonable adjustments statement was not fit for purpose. Staff did not follow the correct procedures for making statutory notifications to the CQC.
- Residential houses and sleeping areas were not always separate for males and females. Although we were told by the service that there are separate male and female houses, there was evidence that some male clients were residing on the female only houses for periods of time during their treatment. Bathrooms were not designated for males and females on the residential houses to support client's privacy.

However:

- The female clients we spoke to said they felt safe at the service.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Community-based substance misuse services	Insufficient evidence to rate	

Summary of findings

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Summary of this inspection

Background to The Haynes Clinic Limited

The Haynes Clinic is a residential substance misuse service, which opened in 2009. The service provides residential rehabilitation, detoxification, and a holistic therapy approach to addiction, that includes supporting clients to access the 12-Step principles of Narcotics Anonymous and Alcoholics Anonymous. Clients engage in 1 to 1 cognitive behavioural therapy, family relationship groups and group therapy sessions. All clients self-refer and are privately funded.

The Haynes Clinic includes a therapy unit known as 'the clinic' and 2 residential houses, one for males and the other for females. The clinic provides treatment for up to 18 clients. Clients engage in a therapy programme held at the clinic in Chicksands, Monday to Friday between the hours of 9am to 5pm. At all other times, including weekends, the clients reside in 1 of the 2 houses completing written exercises as part of their programme, attending groups in the community, maintaining relationships with friends and family and having personal time to themselves. The houses run as small therapeutic communities with all clients and staff sharing the household duties.

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

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

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

We previously inspected The Haynes Clinic in January 2020 and rated it as good overall.

Following this inspection, we issued the provider with requirement notices for regulations 10, 12, 16 and 17. These related to person centred care, dignity and respect, safe care and treatment, good governance and receiving and acting on complaints.

What people who use the service say

During our inspection we spoke with 4 female clients and 3 male clients. In addition, we contacted 3 clients who had previously used the service after the inspection (known as discharged clients). We spoke with 10 clients in total.

All the clients we spoke to told us they felt safe at the Haynes Clinic during their treatment.

We spoke to a client who explained their needs were not being met due to their learning difficulty and obstacles they were facing with the written work as part of their treatment programme. They asked us to forward these concerns to the staff at the clinic which we did.

All the clients we spoke to informed us that during group therapy sessions sometimes personal information about clients had been shared. The clients thought this was helpful towards their recovery. Three clients informed us that discussing difficult subjects with their peers was a useful tool to help them through their treatment.

We found that the 3 discharged clients we spoke to had remained abstinent from substances since their treatment at The Haynes Clinic in 2022. These clients all agreed that counsellors used a 'tough love' approach at times during their treatment although they said they did not feel 'bullied'.

Summary of this inspection

Some clients told us about how the environment at the clinic and on the residential houses could be updated and they described some of the furniture as 'shabby'.

How we carried out this inspection

This inspection was carried out by 2 Inspectors who have experience in mental health. We visited The Haynes Clinic for a 1-day inspection. During our inspection, we: -

- Interviewed the registered manager
- Spoke with 1 counsellor
- Spoke with a volunteer at the service
- Interviewed 3 female clients.

In addition, we reviewed: -

- Staff supervision records
- Team meeting minutes
- DBS certificates
- Associated risk assessments
- The complaints folder.

We also attended 2 client handover meetings during our visit.

After the inspection we contacted 3 discharged clients of The Haynes Clinic and reviewed data submitted as part of our data request to the service.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

Areas for improvement

Action the service **MUST** take to improve:

- The service must ensure that all staff and persons who have access to clients in any capacity at the clinic, have an up-to-date disclosure and barring service (DBS) certificate in place and associated risk assessment. (Regulation 12).
- The service must ensure all clients are treated with dignity and respect by all staff (Regulation 10 (1) (2a)).
- The service must ensure complaints are thoroughly investigated and that clients and families are involved in complaint investigations and resolution. The service must ensure that the outcome of compliant investigations is shared with clients, their families and with all staff. (Regulation 16).
- The service must ensure all staff are up to date with all mandatory training requirements (Regulation 12).
- The service must ensure they have appropriate systems in place to ensure that staff supervision is robust and to monitor the quality and effectiveness of staff supervision and performance. (Regulation 17 (2a)).
- The service must put measures in place to minimise any risks to safety, privacy and dignity when using mixed sex accommodation to comply with best practice guidelines from the Department of Health on eliminating mixed sex accommodation (Regulation 10).

Action the service **SHOULD** take to improve:

Summary of this inspection

- The service should review their policies to ensure they fully explain the course of principles adopted within the service and clarify agreed actions and accountability for all staff and clients using the service.
- The service should ensure that they complete and submit notifications as required by the Care Quality Commission (CQC).
- The service should ensure clients are supported to participate and make decisions about their individual care needs and this is recorded in care plans.





Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community-based substance misuse services	Requires Improvement	Not inspected	Insufficient evidence to rate	Insufficient evidence to rate	Insufficient evidence to rate	Insufficient evidence to rate
Overall	Requires Improvement	Good	Good	Good	Good	Good

Community-based substance misuse services

Safe	Requires Improvement 
Caring	Insufficient evidence to rate 
Responsive	Insufficient evidence to rate 
Well-led	Insufficient evidence to rate 

Is the service safe?

Requires Improvement 

Our rating of safe went down. We rated it as requires improvement.

Safe and clean care environments

All clinical premises where clients received care were clean, furnished, and fit for purpose.

We completed a tour of the clinical area and the female residential house, we saw these environments were tired. There was plenty of seating, however some clients described the furniture as shabby and told us that both environments could do with redecorating and updating. We noticed a very strong smell of kerosene coming from the aga in the kitchen on the female house.

With support from the care staff, clients kept their residential environment and bedrooms clean and tidy which was an expectation as part of their treatment.

At the clinic, clients had access to a kitchenette with hand washing facilities, they were able to make themselves hot drinks as required throughout the day. This area led to an outdoor patio designated as the sites smoking area. Both areas were clean and tidy.

Safety of the facility layout

Counsellors and care staff were present in the clinic and observed clients in all areas of the environment. Between 9am and 5pm each day, clients were engaged in a planned therapy programme and as such, they worked directly with counsellors and care staff throughout the day.

The female residential home was a repurposed farmhouse in quiet, extensive grounds. Clients had freedom to use the space as they wished to. When out of the daily therapy programme, there was 1 care staff member on the house to support clients.

The service did not meet the requirements of safely managing mixed sex accommodation. We were informed that male clients had been admitted to the female house and that this had been risk assessed. However, the toilets and bathrooms on the female house were not designated to males or females. The service has reported one incident to CQC of a sexual safety incident that occurred at the clinic. However, the patients involved were in mixed sex accommodation.

Community-based substance misuse services

Safe staffing

The service had enough staff, who knew the clients. However, not all staff had basic training to keep clients safe from potential avoidable harm.

We reviewed the staff rotas and registers. We found the service was fully staffed with counsellors in the clinic and had adequate care staff on the residential houses. The service had no vacancies and did not use agency staff.

Volunteers with lived experience supported the staff and clinic.

Client handover meetings were given to all staff including care, therapies and office staff teams.

Mandatory training

We reviewed the training register and found that only 40% of all staff had received their mandatory training. The Haynes Clinic divide their staff into teams. There are 4 staff described as care staff, 4 staff described as counsellors and 2 staff members who work in the office.

The service's training register indicates that the care and office teams are required to complete 13 mandatory training courses. We found that 2 of the 4 the care staff had all 13 mandatory training courses in date and 1 of 2 of the office staff were in date with their mandatory training. Overall, we calculated that out of all 10 staff registered for mandatory training at the service, only 40% had met their mandatory requirements.

The counsellor team are required to complete 3 mandatory training courses which are safeguarding, mental capacity and fire safety. Only 1 out of the 4 counsellors had their training requirements in date. Three of the counsellors had no up to date mandatory training recorded.

We further reviewed the services staff rota for 2023 and found there were 3 additional staff members identified although their roles at the clinic were not stated on the rota and they did not appear on the training register. This means that there were 3 staff members who had no mandatory training.

The service did not require volunteers to complete training. We were concerned how they were supported to undertake their roles at the clinic.

Assessing and managing risk to clients and staff

Staff did not always assess and manage risks to clients and themselves.,

Assessment of client risk

We found not all staff had disclosure and barring service (DBS) certificates in place or associated risk assessments. This meant we could not be assured that all staff were suitable to be working with a vulnerable client group.

Management of client risk

Community-based substance misuse services

Three male clients were living in the female accommodation. We reviewed 3 risk assessments and there was no evidence that measures were put in place to minimise risks to safety, privacy or dignity of female clients.

Safeguarding

Staff were required to complete mandatory training on how to recognise and report abuse and they knew how to apply it.

All 10 staff recorded on the training register were required to complete safeguarding training as a mandatory requirement. However, at the time of inspection, compliance with safeguarding training was 40%.

We were not provided with evidence that 3 employed and 1 voluntary staff at the clinic had completed mandatory safeguarding training.

We spoke with 1 counsellor and 1 volunteer at the service who each demonstrated an understanding of client safety and safeguarding. They each indicated that they were able to recognise the signs of abuse and were confident in escalating concerns to the service manager if required.

We found a recent safeguarding incident that met the threshold for reporting and had been referred into the local safeguarding team by the service manager. This incident also met the threshold for statutory notification into CQC, however a notification had not been raised with the CQC. However, after the inspection, we received the statutory notification from the service.

Staff access to essential information

Staff had easy access to clinical information, and it was easy for them to maintain clinical records – whether paper-based or electronic.

Staff routinely completed client handover meetings via a social media voice note phone application. These recordings were played in the staff office during handover meetings and staff took relevant notes. However, we learned that voice notes were being shared via the staff personal phones. This was not explicitly defined within the service policy with reference to the Information Commissioner's Office data sharing code of practice.

White board charts were visible in the staff office detailing client progress through the 12-step programme. Client notes were handwritten by staff following group therapies which were detailed, sufficient and accessible to relevant staff.

Reporting incidents and learning from when things go wrong

Managers did not investigate incidents appropriately nor share lessons learned with the service.

We reviewed 3 of the counsellor's supervision records from May 2022 to January 2023. Important issues were not discussed with counsellors formally through supervision meetings such as complaints made to the service that related to their behaviour. All staff supervision records were mostly copy and pasted from month to month which did not demonstrate any individual performance discussions took place or were monitored. The records did not document information around equality and diversity needs.

Community-based substance misuse services

We found that the dates recorded on the supervision records did not always correspond with the signatures of the supervisee and external reviewers. We were made aware that supervision meetings were often completed by external professionals which meant that the service manager was not always up to date with discussions and outcomes of the staff supervisions. We also found similar outcomes when reviewing staff annual appraisal records. There was little detail included in most records concerning performance management or targets for the forthcoming year in employment. There did not appear to be an effective process in place, to measure staff performance or growth.

Staff did not receive regular feedback about service issues. Team meeting minutes, supervision and appraisal records did not include information about the sharing of lessons. Staff assured us that they shared feedback dynamically however, there is no recording to support this and no examples of improvements to client care following feedback.

Is the service caring?

Insufficient evidence to rate 

Kindness, privacy, dignity, respect, compassion and support

Staff did not always treat clients with compassion and kindness. Clients' privacy and dignity was not always respected. Some clients were not supported to understand and manage their care needs, treatment or condition.

During our inspection we did not observe clinical therapy classes as we did not want to disrupt the clients. The observations of day-to-day interactions between staff and clients was respectful.

Three complaint records and client feedback indicated that some staff swore at clients, called them names and spoke to them without kindness and compassion.

Family members complained about the way their loved ones were treated at the clinic due to the language and behaviours shown by therapy staff towards clients which was described as undignified.

Clients were supported by the service to join and attend local community groups such as alcoholics anonymous and narcotics anonymous. Clients informed us this was beneficial to their recovery, and they had maintained this since leaving the service.

Staff did not always support clients appropriately who had additional needs, despite this being requested directly by clients.

Therapy staff continually cited that they used a 'tough love' approach with clients and felt this was a necessary part of recovery for clients.

Involvement of families and carers

Staff sought information from families and encouraged them to be involved in client care.

Community-based substance misuse services

As part of the client admission process, families were invited to share their experiences of their loved one's addiction through a family questionnaire. This information is used in 1:1 sessions with the client and counsellor and sometimes as part of group therapy with other clients.

Is the service responsive?

Insufficient evidence to rate 

Facilities that promote comfort, dignity and privacy

Each client had their own bedroom. There were quiet areas for privacy.

Each client had their own bedroom. Clients were encouraged against bringing valuable items to the service because of this.

Clients were permitted to bring mobile phones to the service during their stay and they were able to use them at the residential houses after therapy hours. Mobile phones were required to be given to staff after 10pm which some clients expressed was restrictive as they would rather have their phones to listen to music at night time.

The female residential house had a large garden which clients were able to use as they wished during evenings and weekends.

Clients were required to make and pack a lunch each morning before arriving at the clinic for their therapy programme. At the clinic a kitchenette was available where clients could make themselves hot and cold drinks as required without depending on staff.

Meeting the needs of all people who use the service

The service did not meet the needs of all clients, including those with a protected characteristic or with communication needs.

We spoke with 1 client who had a learning difficulty. They informed us they needed reasonable adjustments to participate in their treatment which had not been provided. We raised this issue during a staff handover observation to ensure that all staff were made aware that reasonable adjustments needed to be considered for this client.

The service did have a reasonable adjustments statement however, this focused on physical needs of clients such as continence and mobility with little attention given to clients learning, cognitive or language needs.

Listening to and learning from concerns and complaints

When the service received complaints, they were not always dealt with seriously. learned lessons were not always shared with the whole team and wider service.

Community-based substance misuse services

Managers did not always ensure complaint investigations and outcomes had been shared with the team. The records showed clients and their families were provided with a response to their complaints rather than an outcome following thorough complaint investigation which was in conflict with the provider's policy. There were no records available to evidence that families or clients had been involved in complaint investigations via resolution meetings as per the policy and no evidence to suggest that complaints were resolved according to each party.

The services complaints policy stated that it was the managers responsibility to investigate and respond to complaints however we were made aware that staff without DBS clearance were conducting investigations into complaints with female clients.

The staff office at the clinic displayed several greetings and thank you cards from previous clients.

Is the service well-led?

Insufficient evidence to rate 

Leadership

Leaders were visible in the service and approachable for patients and staff.

The manager was visible in the service and approachable for clients and staff. Staff informed us that they felt supported by management in their roles. All the clients we spoke to said they would feel confident in raising complaints to management.

Culture

Staff felt respected, supported and valued, however not all clients felt the treatment approach was helpful and supportive.

The staff we spoke to all told us they enjoyed their roles and working at The Haynes Clinic. The therapy staff had lived experience of addiction, and this made them proud of the progress clients achieved during therapy. All the clients we spoke to felt it was important that the staff had insight into addiction and explained it helped them identify and trust staff.

There was evidence that some counsellors spoke harshly to clients and lacked kindness when delivering therapies. It was recognised within the service which staff this related to and it was accepted as a tough love approach. Some staff believed this approach was helpful within the context of recovery.

Governance

Our findings from the other key questions demonstrated that whilst there were some governance systems and processes in place, they were not always suitable or effective.

Leaders had not ensured that all staff were suitably assessed to work with vulnerable client groups.

Community-based substance misuse services

We reviewed some of the services policies which were fit for purpose however we found the equality and diversity policy and the reasonable adjustments statement were not robust and did not provide clear rationale or instruction for staff and clients using them.

Although we reviewed complaint records, staff supervision and appraisal records and team meeting minutes, we were not able to identify any written record that demonstrated managers used feedback from complaints to promote staff learning or ways to improve the service.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity

Accommodation for persons who require treatment for substance misuse

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The service did not have appropriate systems in place to ensure that staff supervision was effective.

Regulated activity

Accommodation for persons who require treatment for substance misuse

Treatment of disease, disorder or injury

Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

The service did not ensure all clients were treated with dignity and respect.

Regulated activity

Accommodation for persons who require treatment for substance misuse

Treatment of disease, disorder or injury

Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

The service did not ensure complaints were thoroughly investigated and clients and families were not involved in complaint investigations and resolution.

Regulated activity

Accommodation for persons who require treatment for substance misuse

Treatment of disease, disorder or injury

Regulation

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

The service did not ensure that all staff had an up-to-date disclosure and barring service (DBS) certificate in place and associated risk assessment.

This section is primarily information for the provider

Requirement notices

The service did not ensure all staff were up to date with all mandatory training requirement.