

# 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

#### Overall rating for this location

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



#### Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

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

# Summary of findings

## Overall summary

### We rated Hay Farm as good because:

- Hay Farm had made improvements to the service since our last inspection. This included adding a new clinic room, ensuring bedrooms contained call alarms and the introduction of an admissions officer post that had resulted in strengthening the admissions process. The admissions officer streamlined the admissions process and ensured the service didn't take clients it was not able to care for them effectively or that didn't meet its criteria for admission.
- Staff were skilled and competent to provide safe care and treatment. Staff were aware of their responsibilities and dedicated to providing safe, high quality care for clients. We observed staff treating and discussing clients with respect, dignity and compassion. Clients feedback about their care and treatment was positive.
- There was a comprehensive assessment process for clients accessing the service. Risk assessments were detailed, regularly reviewed and contained a risk management plan. Staff collaboratively completed care and recovery plans with clients. Recovery plans were holistic and individual to each client.
- Staff provided a range of care and treatment interventions that were in line with guidance from the National Institute for Health and Care Excellence.
- There was fortnightly group clinical supervision for staff. Supervision was arranged so that staff could attend at least one session a month.
- There were a range of multidisciplinary meetings to ensure staff shared information appropriately. There was a system for reporting, reviewing and learning from incidents.
- There was a range of rooms to meet client needs. Regular activities both on site and away from the service were offered to clients.
- All clients received a welcome pack which contained information about how to make a complaint.
- Senior managers showed a good understanding of the service and could clearly describe how staff were working to provide high quality care.



- Staff were aware of the vision and aims of the service. A recent staff survey showed that 83% of staff felt satisfied working at the service.
- There were clear systems to support good governance. Senior managers continually explored ways to improve and develop the service.

### However

- Clients were unable to lock their bedroom doors and there was no CCTV or security at the service. Clients told us they were concerned about the lack of security and that other clients were able to enter their bedrooms.
- Fire extinguishers had not been checked by a qualified engineer in line with legislation.
- Staff stored clients' own medicines separately and administered medicines from stock. Staff only used client's own medicines if the service did not have them in stock. During the inspection we saw that medicines had been transcribed onto prescription charts for five clients. However, not all of these transcriptions had been authorised for administration by the doctor. Legislation requires authorisation from a prescriber before staff can administer medicines. Staff did not seek to obtain dispensed medicines from the pharmacy when clients' leave was planned. There was a risk that staff could dispense and supply medicines to clients without them being prescribed.
- Some staff had not updated their mandatory training for several years. The prescribing doctor had not completed any of the mandatory training specific to their role.
- The process to monitor staff competency during their induction did not demonstrate clear oversight and record keeping. Information including the signature of staff signing off competence was missing on some records.
- The prescribing doctor had little involvement in the clinical audits, including those that related to medicines management and prescribing practice.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services	Good 	
Residential substance misuse services	Good 	Start here...

# Summary of findings

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### Summary of this inspection

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Good 

# Hay Farm

## Services we looked at

Substance misuse/ detoxification

# Summary of this inspection

## Background to Hay Farm

Hay Farm is registered to provide mixed gender residential rehabilitation and detoxification for up to 12 clients over the age of 18 who require treatment for substance misuse and associated problems relating to alcohol or drug dependency. Hay Farm offers treatment to people with eating disorders and other addictive or compulsive behaviours.

Clients at Hay Farm are mostly self-funding although they do accept professional referrals. Hay Farm does not accept referrals for people detained under the Mental Health Act.

Hay Farm is registered to provide the following regulated activities:

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

There is a registered manager at the service although they do not attend the service daily.

This is the first time the service has been inspected using the ratings methodology for substance misuse services.

Hay Farm was inspected in June 2016, where it was found in breach of the following regulations of the Health and Social Care Act 2014:

Regulation 12 Safe care and treatment

Regulation 17 Good governance

Inspectors also found the service had breached regulation 12 of the CQC Registration Regulations 2009 because its statement of purpose (SOP) contained inaccurate information about the activities and service user bands the service was registered to provide.

We told the provider to take the following actions:

- The provider must have an accurate statement of purpose
- The provider must have a comprehensive admission or exclusion criteria to safeguard clients
- The provider must ensure that call alarms are available in client's bedrooms and that staff have alarms and carry these at all times
- The provider must obtain GP summaries for clients prior to admission
- The provider must ensure that clients risk assessments are comprehensive and contain risk management plans and crisis contingency plans

During an unannounced focussed inspection in October 2017, inspectors found that the provider had taken some action in response to the concerns, but that further improvements were required. Inspectors found that although call alarms had been installed, they worked intermittently due to power surges and the SOP still contained inaccuracies. After the inspection, the provider confirmed that issues with call alarms had been resolved and that following a discussion with inspectors, the SOP would be amended and submitted to CQC.

## Our inspection team

The inspection team comprised: two CQC inspectors, a specialist adviser with knowledge and experience of working within substance misuse and a medicines inspector.

## Why we carried out this inspection

We undertook an unannounced, comprehensive inspection of this service as part of our routine programme of inspecting registered services.

# Summary of this inspection

## How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before the inspection visit, we reviewed information that we held about the location.

During the inspection visit, the inspection team:

- looked at the quality of the environment and observed how staff were caring for clients
- spoke with staff including the consultant, clinical manager, compliance manager, admissions officer, group clinical director, nurse and health care assistant
- spoke with four clients
- observed a clinical meeting
- reviewed three care and treatment records
- reviewed staffing rotas
- carried out a specific check of the medicine management and looked at a range of policies, procedures and other documents relating to the running of the service.

## What people who use the service say

Clients were complimentary about the care and treatment they received. They told us that staffing levels were good and there was a good mix of male and female staff.

Clients said that they received a good introduction to the service and the assessment process was very skilled and helpful. They said that staff were polite, respectful and responsive to client needs

Clients told us that the treatment programme was structured, and they received regular one to one meetings with staff.

Some clients said they were worried that there was no lock on their bedroom doors and that the service would benefit from additional security.

# 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 requires improvement because:**

- Some clients told us they were concerned they were unable to lock their bedroom doors and that other clients may come into their rooms. There had been five recent incidents that involved one client entering other clients' bedrooms. There was no CCTV and people could access and leave the site at any time. Clients said they were concerned about the lack of security on site.
- There was little signage across the site and none of the buildings or rooms were named or numbered. This meant that there was a risk that clients, especially those receiving a medicated detox who may be disorientated or confused, may inadvertently enter another clients' bedroom.
- Fire extinguishers had not been checked by a qualified engineer in line with legislation. The last certificate for testing of fire extinguishers by an external agency was dated July 2016.
- The prescribing doctor did not always work from the service. Staff stored clients' own medicines separately and administered medicines from stock. Staff only used client's own medicines if the service did not have them in stock. During the inspection we saw that medicines had been transcribed onto prescription charts for five clients. However, not all of these transcriptions had been authorised for administration by the doctor. Legislation requires authorisation from a prescriber before staff can administer. Despite the contracted pharmacist and staff raising this with the prescribing doctor, charts remained unsigned.
- Staff did not seek to obtain dispensed medicines from the pharmacy when clients' leave was planned. There was a risk that staff could dispense and supply medicines to clients without them being prescribed due to the amount of transcribing without the doctor signing to authorise.
- Training data provided by the service showed that some staff had not completed refresher training since 2015. The prescribing doctor had not completed any of the mandatory training specific to their role.

**However:**

**Requires improvement**





# Summary of this inspection

- All bedrooms contained a call alarm for clients to alert staff. There was a nominated member of staff each day, who was responsible for responding to alarms. All bedrooms contained a credit sized laminate card which contained telephone contact details for staff.
- There was a clean well-equipped clinic room that contained the necessary equipment to carry out physical examinations. Staff had access to the emergency equipment in the clinic room. An external pharmacist completed a fortnightly audit of the clinic room and fed-back any learning to the senior management team.
- Registered nurses were available 24 hours a day. Nurses were skilled and experienced to deliver the care required to meet the needs of clients. Nursing qualifications included mental health, wound care and counselling.
- Risk assessments were detailed and up to date. All three risk assessments reviewed contained a risk management plan.
- Medicines were stored safely and securely in temperature monitored areas. The service kept emergency medicines, including oxygen. Staff checked these regularly to ensure they were safe to use. Medicines were administered by registered nurses and clinical therapists who had received training in the safe administration of medicines.
- Staff monitored clients' physical health and completed withdrawal assessment scales.

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## Are services effective?

**We rated effective as good because:**

- Clients received a comprehensive assessment on admission. The assessment process included a pre admission assessment with the nurse, a comprehensive medical assessment with the specialist medical prescriber and a psychiatric assessment with the psychiatrist.
- Hay Farm employed a multidisciplinary team which included a specialist medical practitioner, nurses, therapists and support workers. Some staff had additional lead roles including safeguarding and diet and nutrition.
- Hay Farm had created the post of admissions officer to strengthen the admissions process and ensure that it didn't take clients it was not able to care for effectively or met its criteria for admission.
- Care plans were holistic and recovery oriented. Care plans demonstrated staff working collaboratively with clients.

**Good**



# Summary of this inspection

- Staff followed the National Institute for Health and Care excellence (NICE) guidance in the prescribing of medicines to support alcohol and opiate detoxification.
- Therapists provided a range of psychosocial interventions and activities to meet client needs in line with NICE quality statement 23.
- Staff used recognised rating scales to assess and record symptom severity and outcomes of opiate and alcohol detoxification. We saw evidence of staff completing regular physical health observations including blood pressure and pulse in accordance with NICE guidance
- Staff received regular clinical supervision with an external supervisor. Meetings were arranged so that staff could attend at least one session per month.

## However:

- There was missing information on the staff induction and competency spreadsheet and there was no way of identifying who had recorded the information, formal oversight or dates reviewed.
- The group clinical director said that they held monthly line management meetings with senior staff. However, they were unable to provide evidence of these meetings during the inspection, so we could not be assured these had taken place.
- Although staff met with their line manager once or twice a year to review their performance development review, and could meet with their managers when required, they did not receive regular formal one to one meetings with their line manager.

The service employed staff who had lived experience of using substances but there was no additional assessment or support in place for staff who were in recovery.

## Are services caring?

### We rated caring as good because:

- Staff spoke with respect and compassion when discussing clients. They displayed a good understanding of individual need and a desire to provide high quality care. Clients told us staff were polite and respectful.
- Clients said that staff were compassionate and responsive to their needs. They said that staff had provided information about accessing additional support, where required.
- Staff supported clients to attend mutual aid groups by driving them to meetings

Good



# Summary of this inspection

- Clients were involved in completing their recovery plans, which were holistic, and person centred. Clients completed a continued recovery plan which contained information how they could maintain their recovery following discharge.
- Clients said they felt listened to and able to raise concerns directly with staff or during the weekly community group meeting.
- Hay Farm actively encouraged family and carer involvement. Staff regularly kept in contact with families and carers where consent had been obtained. Families and carers could eat dinner with their relative on Sundays and could attend individual and joint sessions with therapists. Staff used this as an opportunity to gather feedback from families and carers.
- Clients completed a satisfaction questionnaire prior to discharge. The questionnaire was in the process of being reviewed so that feedback was more meaningful to improve and develop the service.

## Are services responsive?

### We rated responsive as good because:

- The provider had introduced the post of admissions officer to strengthen the referral process and ensure that Hay Farm's exclusion criteria was adhered to.
- Although staff did not formally record plans for an unplanned exit, all clients completed a continued recovery plan (CRP) which contained details how they would continue their recovery in the community.
- Hay Farm was in the process of introducing a discharge appointment system so that all clients had a dedicated appointment to ensure robust discharge planning.
- There was a range of rooms and equipment to support treatment. There was a comfortable client lounge with games, books and a television. The main lounge was used for group therapy and there were individual consulting rooms. Clients had access to a well maintained outside area, where they could smoke.
- Hay Farm offered a range of activities to meet a range of individual needs and interests. These included equine therapy, drumming, massage, yoga and art therapy. Clients could choose from a range of external activities twice weekly, that were weather dependent. Staff support clients attend mutual aid meetings.
- Clients were complimentary of the food and that staff responded to their dietary requirements.

Good



# Summary of this inspection

- All clients were given a welcome pack which included information about what to expect from treatment and how to make a complaint. Complaints information included details about external agencies including CQC.
- Hay Farm offered a choice of food to meet clients' dietary requirements due to personal needs, allergies, religious or ethnic needs. Staff provided advice and support with healthy eating. A member of staff was the lead for diet and nutrition.

## However:

The standard of decoration in the bedrooms varied. Clients told us that some rooms were not as nice as others and staff had been slow to respond to a client's request to change rooms.

## Are services well-led?

### We rated well led as good because:

- The group clinical director and clinical manager were both visible in the service and approachable for clients and staff. They showed a good understanding of the service and could clearly describe how staff were working to provide high quality care for clients.
- There was a commitment towards continual improvement and innovation. The service had recently introduced the role of an admissions officer to strengthen the admissions process and ensure the service was able to meet the needs of the client. The service had completed an audit looking at the number of clients who were prescribed psychotropic medicines on admission and to see if physical health monitoring was taking place in line with guidelines.
- There was a clear system to report, review and learn from incidents.
- Staff were aware of the visions and aims of the service. There were regular meetings where staff discussed the strategy and plans to develop the service. Managers cascaded information to staff during team meetings and training days.
- Senior managers had arranged a day to review results of the staff survey to encourage staff engagement.
- Staff morale was good. Staff we talked to spoke positively about their job and providing the best service for clients.
- There were good internal processes to discuss and review the care being provided such as handovers, clinical meetings, team meetings, clinical governance meetings and heads of department meetings.

Good



# Summary of this inspection

- Staff were involved in the clinical audits. The results of the audits were discussed during the four monthly clinical governance meeting held to oversee audits and review governance.

**However:**

- The process to monitor staff competence during their induction did not demonstrate clear oversight and record keeping.
- The service did not have any key performance indicators and only used client feedback to monitor the effectiveness of the service.
- The prescribing doctor had little involvement in the clinical audits, including those that related to medicines management and prescribing practice.

# Detailed findings from this inspection

## Mental Capacity Act and Deprivation of Liberty Safeguards

The service had a policy for the Mental Capacity Act. Data provided by Hay Farm showed that 79% of staff had completed the mandatory Mental Capacity Act e-learning training. The prescribing doctor and psychiatrist had not completed the training. The provider did not have a target for training compliance, although the expectation was that all staff should complete mandatory training within 12 weeks as part of their induction. Dates that staff had completed the training ranged between 2015 and 2019. This meant that in some cases, staff knowledge had not been refreshed for several years.

The service only accepted clients who had capacity to consent to their care and treatment. Clients completed consent forms on their admission to allow staff to contact other healthcare professionals, such as the clients GP, for information.

CQC have made a public commitment to reviewing provider adherence to MCA and DoLS.






## Overview of ratings

Our ratings for this location are:

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

## Notes

# Substance misuse services

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

## Are substance misuse services safe?

Requires improvement 

Start here...

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

Good 

Start here...

## Are substance misuse services caring?

Good 

Start here...

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

Good 






Start here...

## Are substance misuse services well-led?

Good 

Start here...

# Residential substance misuse services

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

## Are residential substance misuse services safe?

Requires improvement 

### Safe and clean environment

- Hay Farm was set in converted buildings on farm land that had been adapted to meet the needs of the service. Staff referred to names when talking about each building, although there were no signs to identify names of buildings for clients or visitors. All bedrooms were en-suite and the standard of décor in the rooms varied. All bedrooms contained a safe for clients to lock away their valuables.
- There was little signage across the site and none of the bedrooms were named or numbered. This meant that there was a risk that clients, especially those receiving a medicated detox who may be disorientated or confused, may inadvertently enter another clients' bedroom.
- All bedrooms contained a call alarm for clients to alert staff. There was a nominated member of staff each day, who was responsible for responding to alarms. When triggered, the alarm sent an email to all staff and a telephone which was manned 24 hours a day by the nominated individual. The system continually sent alert emails to staff until the alarm had been deactivated. We tested the alarm and response time during our inspection and saw that staff responded within a few minutes. All bedrooms contained a credit sized laminate card which contained telephone contact details for staff.
- Rooms were allocated on a needs basis, which meant that male and female bedrooms were often in the same

building. Staff completed regular observations to mitigate risks. However, we saw that there had been five incidents involving a client entering other clients' bedrooms in December 2018. Some clients told us that they were concerned that they were unable to lock their bedroom doors and about other clients coming into their rooms.

- There was a range of rooms for activities, groups and one to one meetings. There was a bright and spacious lounge for clients. There was a large gym which contained a range of exercise equipment and an art room above it, although the building was cold and in need of repair.
- There was no CCTV and people could freely access and leave the site at any time. Staff completed regular environmental observations, although clients said that these were often predictable. Some clients told us they were concerned about the lack of security on the site.
- Staff mitigated environmental risks through regular observations. The environmental risk assessment was of good quality and showed that identified actions had been completed.
- Each building was linked to the fire detection system. We saw evidence that staff tested the fire alarms, detectors and door releases each week. There was a fire evacuation document which included a description of each client and bedroom location to assess if additional needs were required to escape the building. There was guidance for staff and clients in the event of a fire. However, inspectors were unable to review fire drill records. The provider sent records of fire drills after the inspection.
- Records showed that staff completed weekly checks of the fire extinguishers. The last certificate for testing of fire extinguishers by an external agency was dated July



# Residential substance misuse services

2016. The latest fire risk assessment available for inspectors was dated October 2012. After the inspection, the provider said that this was because there had not been any changes to the site.

- The service maintained online infection control and control of substances hazardous to health (COSHH) records. Housekeepers carried out daily cleaning of all rooms.
- The service allowed dogs to stay with clients in Owl House. Agreement was based on an informal risk assessment, based on the owners reports of the dog's behaviour and that dogs would be kept in clients' bedrooms. Hay Farm was considering stopping the service and had introduced additional charges for dogs to discourage clients bringing them.
- There was a clean well-equipped clinic room that contained the necessary equipment to carry out physical examinations. Staff had access to the emergency equipment in the clinic room. An external pharmacist completed a fortnightly audit of the clinic room and fed-back any learning to the senior management team.
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## Safe staffing

- In the 12 month period between December 2017 and November 2018, the service employed 31 members of staff, of which 10 were non clinical and five were part time. For the same period five staff had left and there was a sickness rate of 2.9%. Staff said that the closure of a sister service had impacted on the number of staff who had left.
- The clinical team consisted of a specialist medical practitioner in substance misuse, four nurses, seven therapists and four support workers. A consultant psychiatrist was contracted to work at the service two days per week. Staff told us there was sufficient staffing, although it could be challenging when the service was at capacity.
- The specialist medical practitioner completed clients' medical assessments. They were based from home and only regularly attended the service on Tuesdays when they completed reviews and then attended the clinical meeting. The remainder of the time was spent on call and working from home. The specialist medical practitioner was not at Hay Farm on the day of our inspection, although did come in and speak with the inspecting team later that day.

- The registered manager was not at Hay Farm on a daily basis although could be contacted as required. The group clinical director led the service and split their time between Hay Farm and a sister service. Other members of the management team included a clinical manager, admissions officer and compliance officer who were based at Hay Farm.
- There was 24 hour nursing cover at the service. We reviewed staffing rotas and saw that an agency nurse had worked two of the 16 shifts reviewed. On the rota's reviewed, we saw that there were between three to five therapists working each day. A minimum of three therapists were available between 9am to 5pm and another therapist worked between 11.30am and 9.30pm. We saw that one support worker worked between 6pm and 8am each day and another worked between 2pm and 10pm on the eight days reviewed.
- In the event of sickness, the service used agency nurses. The group clinical director told us that the closure of a sister service had reduced the availability of bank nurses and that they were in the process of reviewing how the service advertised nurse vacancies in an attempt to encourage applications.
- Staff were required to complete mandatory training. The service had 18 mandatory training courses which included: safeguarding adults and children, infection control, Mental Capacity Act and principals of care and confidentiality. Training data provided by the service showed that some staff had not completed refresher training since 2015. The prescribing doctor and psychiatrist had not completed any of the mandatory training.

## Assessing and managing risk to patients and staff

- Hay Farm had recently introduced a robust admission process which screened clients from the service with too high or complex needs. We reviewed records for clients screened from the service, which showed that the service was adhering to its exclusion criteria.
- All three risk assessments reviewed were up to date, detailed and included a risk management plan. Risk assessments demonstrated staff working collaboratively with clients. We saw evidence of staff recognising and responding to changes in risk and updating risk assessments accordingly.

# Residential substance misuse services

- Risk assessments were comprehensive and included a history of substance misuse, risk of blood borne virus and ratings scale audits such as the severity of alcohol dependency questionnaire (SADQ).
- Bedrooms were allocated dependent upon risk. Clients prescribed detox medicines were allocated rooms in the building closest to the clinic room. Staff completed increased observations for clients in the early stages of detox or with increased risks.

## Management of service user risk

- The service had a clear detoxification policy. The prescribing doctor followed National Institute for Health and Care Excellence (NICE) and national guidance that described best practice in detoxification or withdrawal. Prescribing doctors were qualified and competent to assess and prescribe.
- Staff carried out drug screens and breathalysed clients when they were admitted to the service and when they returned from unaccompanied visits.
- We saw that staff provided harm reduction advice and signposted clients for appropriate support, for example, the genitourinary clinic. Clients told us they had been given advice how to access electronic suicide support applications.
- The service had recently identified that questions regarding smoking were not included on the pre-admission document, so had since added this information. They were in the process of adding a question regarding smoking cessation.

## Use of restrictive interventions

- Staff searched clients bags and pockets during the admission process and on return from visits. Clients told us that staff were respectful when carrying out searches and were skilled at explaining the rationale for this.
- Clients could keep their mobile phones during treatment. Use of phones were discussed during one to one meetings and groups.

## Safeguarding

- The service had a safeguarding lead and deputy. Staff adhered to the safeguarding policy. Staff completed mandatory safeguarding training.
- In the last twelve months, CQC has not received any safeguarding notifications from Hay Farm.

## Staff access to essential information

- The service used a mixture of paper and electronic records. Staff completed paper admission assessments which were uploaded to the electronic system. We saw that documents were uploaded in a timely way. Staff completed online risk assessments, recovery plans and progress notes.
- Documents concerning clients' physical health were kept in the clinical room. This included prescription charts, modified early warning scores (MEWS) and clinical institute withdrawal assessment scales (CIWA-AR and CIWA-B) so that the information was readily available for staff.

## Medicines management

- During the inspection we looked at systems and processes for the management of medicines, including prescribing, ordering, receiving, administering and disposal. The service prescribing doctor and visiting psychiatrist prescribed clients' regular medicines and detoxification treatments on prescription charts. The service had arrangements with the local GP to provide blood monitoring for clients with long term conditions. For example, for clients taking warfarin.
- Staff administered most medicines from stock. Client's own medicines were stored separately and placed out of use unless a medicine was unobtainable in which case staff used client's own medicines following safety checks.
- We looked at prescription charts for six clients. We found that five clients had medicines transcribed by nurses on to their prescription charts without the doctor signing to authorise. For example, one client had three medicines that had been administered to them for 23 days against an unsigned prescription chart. The pharmacist had identified that the prescription charts were not signed and although nurses had contacted the prescriber, charts remained unsigned. **This is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 12 Safe care and treatment.**
- Staff dispensed medicines from stock for people going out of the service on leave. Dispensed items were checked by a second member of staff. However, staff did not seek to obtain these dispensed medicines from the pharmacy when people's leave was planned. There was

# Residential substance misuse services

also a risk that staff could dispense and supply medicines to people without them being prescribed due to the amount of transcribing without the doctor signing to authorise.

- Staff reported medicines incidents. Staff discussed trends and solutions at management meetings and action was taken to prevent reoccurrence. For example, nurses had carried out audits of medicine administration records and identified gaps where people had missed doses and also where medicines had continued to be administered to people after the duration for which they were prescribed. The service had introduced a new system to check records four times a day to prevent this happening.
- Medicines were stored safely and securely in temperature monitored areas. The service kept emergency medicines, including oxygen. Staff checked these regularly to ensure they were safe to use.
- Controlled drugs (medicines requiring extra checks and security due to their potential for misuse) were managed legally and nurses carried out balance checks of stocks against quantities recorded in the controlled drug register at each shift handover.
- Staff checked medicine expiry dates. Expired and unwanted medicines were disposed of in appropriate waste containers.
- Medicines were administered by registered nurses and clinical therapists who had received training in the safe administration of medicines. During the inspection we observed the nurse administering medicines to four people. People attended the clinical room individually. The nurse was caring, asked questions about their health and told people what medicines they were being given. People requesting pain relief were given advice and pain relief medicines were only given when deemed necessary. People undergoing detoxification were prioritised, completed questionnaires about their symptoms and those with specific conditions received physical health monitoring. For example, blood pressure monitoring. However, people's privacy was not always maintained as other members of staff interrupted the nurse and accessed the clinical room to obtain notes.
- Clients told us that they had received a medicine review on their arrival, which staff had explained very well.

## Track record on safety

- There had been no serious incidents at the service.

## Reporting incidents and learning from when things go wrong

- Staff recorded incidents in an incident book and then uploaded the form onto an electronic system. Incidents were reviewed by the group clinical director who used a colour coded system to identify themes.
- Incidents were shared via email and during handover and team meetings. We heard examples of changes made through learning from incidents. This included the introduction of audits to monitor gaps in medicines administration.
- Hay Farm had a Duty of Candour Policy. Duty of candour is a legal requirement that means providers must be open and transparent with clients about their care and treatment.

## Are residential substance misuse services effective?

(for example, treatment is effective)

Good 

## Assessment of needs and planning of care

- Clients told us that the assessment process was very skilled and helpful.
- We reviewed a range of assessment records which showed that the service met the National Institute for Health and Care Excellence quality statement (QS23) which states 'People in drug treatment are offered a comprehensive assessment'.
- Nurses completed a comprehensive pre-admission assessment for all clients. The assessment included information concerning substance misuse and mental and physical health. We saw that the prescribing doctor completed a thorough medical assessment at the point of admission. Clients receiving detox attended regular medical reviews to monitor physical health and withdrawal symptoms. Clients said that it sometimes took a while to be seen by the doctor at their request, although they were generally seen on the same day.
- A consultant psychiatrist was contracted to work two days per week. Staff told us that they would attend more frequently if required. All clients were seen by the psychiatrist for a mental health assessment. The

# Residential substance misuse services

admissions officer referred clients for an assessment with the psychiatrist where appropriate and prior to admission to ensure that their needs could be met by the service.

- Care plans were personalised, holistic and recovery orientated. Staff had not started a recovery plan for a client who had been at the service for three days. However, we saw that there was a comprehensive risk assessment in place.
- We saw that staff updated care plans where necessary. In one of the records reviewed, we saw that the risk assessment had been reviewed and updated seven times since the client had been admitted 40 days previously.
- We saw that staff had provided harm reduction advice to a client leaving the service, but this was reactive as unplanned exits had not been formally recorded during the assessment process. However, clients completed a continued recovery plan (CRP) during their treatment, which documented how they would maintain recovery following discharge. In the event of unplanned exit, staff assessed client capacity and asked them to sign a 'discharged against medical advice' form.

## Best practice in treatment and care

- Staff followed the National Institute for Health and Care excellence (NICE) guidance in the prescribing of medicines to support alcohol and opiate detoxification. The doctor referred to the British National Formulary when prescribing medicine.
- Therapists delivered a range of psychosocial interventions which met therapies recommended by NICE. These included motivational interviewing (MI), somatic intervention, cognitive behavioural therapy (CBT), dialectical behavioural therapy (DBT) and eye movement desensitisation and reprocessing therapy (EMDR).
- Hay Farm offered a range of additional activities for clients which included equine therapy, drumming, shiatsu massage, yoga, pilates and beauty services. Staff drove clients to mutual aid groups.
- Staff used recognised rating scales to assess and record symptom severity and outcomes of opiate and alcohol detoxification. This included the clinical opiate withdrawal scale (COWs), clinical institute withdrawal assessment (CIWA-AR), clinical institute withdrawal assessment for benzodiazepine (CIWA-B) and the

severity of alcohol audit questionnaire (SADQ). We saw evidence of staff completing regular physical health observations including blood pressure and pulse in accordance with NICE guidance

- Staff carried out drug and alcohol screening when clients were admitted to the service and at random times during their treatment. Hay Farm did not provide treatment for blood borne viruses but provided advice and onward referrals where appropriate, with client consent.
- Staff encouraged clients to give consent for them to contact their GP and requested a summary from GPs where consent had been obtained.
- Staff provided healthy eating advice to clients. During the clinical meeting, we observed staff explaining how they were encouraging healthy eating for one of the clients. Discussions included a referral to the lead for diet and nutrition.

## Monitoring and comparing treatment outcomes

- We saw evidence of client involvement in reviewing their recovery plans. Clients were also actively involved in completing their continued recovery plan (CRP) in readiness for their discharge from the service.

## Skilled staff to deliver care

- All staff received an induction period of three months. Hay Farm had an induction / competency checklist which was overseen by the compliance officer. Each of the checklists reviewed with the group clinical director had missing information. There was a column to record when staff were 'competent', but there was no way of identifying who had recorded this and of formal oversight or dates reviewed.
- There was a staff training matrix which captured when staff had completed mandatory training. Staff received additional face to face training which included substance misuse and eating disorders, as recommended by NICE quality statement QS11 'Health and social care staff receive alcohol awareness training that promotes respectful, non judgemental care of people of misuse alcohol'. The group clinical director told inspectors that this training was delivered annually to ensure that all staff received this training.
- Fortnightly clinical supervision was available for all clinical staff and arranged so that shifts allowed staff to attend at least once a month. There was no formal line management supervision for staff, although they met

# Residential substance misuse services

with a nominated manager once or twice a year to complete a performance and development review (PDR). There was a set agenda for the PDR meetings which included continued professional development, goals and objectives.

- The group clinical director said that they held monthly line management meetings with senior staff. However, they were unable to provide evidence of these meetings during the inspection.
- Staff personnel files were not held at Hay Farm. Data provided by the service prior to the inspection showed that two staff had not received their disclosure and barring (DBS) check. The group clinical director provided a spreadsheet which showed that these certificates had since been received.
- Hay Farm used the same employment process for staff who were in recovery. The group clinical director said that the organisation would expect staff to have been sober for at least 12 months. However, the policy did not include a formal period of sobriety and there was no additional assessment or support in place for staff in recovery. We were told that the close working relationship of staff would easily identify and respond to any signs of relapse.

## Multi-disciplinary and inter-agency team work

- External agencies did not attend meetings held at Hay Farm.
- There were a variety of multi-disciplinary meetings held at Hay Farm. We observed a clinical review meeting where staff discussed clients' care and treatment. Staff demonstrated good knowledge and understanding of clients during this meeting and spoke with compassion and respect.
- Regular meetings included a managers meeting, governance meeting, department heads meeting and a nurses meeting
- Nursing staff carried out a handover at the end of each shift which they summarised and sent to all staff in an email. Therapeutic handovers were sent electronically to staff at the end of each day.
- Staff supported clients to complete their continued recovery plans which identified support networks and supporting services after discharge. We saw examples of staff signposting clients to other services to ensure that their needs were met.

## Good practice in applying the MCA

- Data provided by Hay Farm showed that 79% of staff had completed the mandatory Mental Capacity Act e-learning training. The prescribing doctor and psychiatrist had not completed the training. The provider did not have a target for training compliance, although the expectation was that all staff should complete mandatory training within 12 weeks as part of their induction. Dates that staff had completed the training ranged between 2015 and 2019. This meant that in some cases, staff knowledge had not been refreshed for several years.
- The service only accepted clients who had capacity to consent to their care and treatment. Clients completed consent forms on their admission to allow staff to contact other healthcare professionals, such as the clients GP, for information.
- The consultant psychiatrist completed a mental health assessment for all clients. Staff could arrange for the assessment to take place prior to admission if there were concerns regarding a clients' suitability for the service.
- The pre-admission assessment form considered if a client had capacity to engage in the assessment process. Staff explained that if a client was intoxicated, staff would revisit capacity with them prior to signing paperwork or contracts.

## Are residential substance misuse services caring?

Good 

## Kindness, privacy, dignity, respect, compassion and support

- We observed good interactions between staff and clients. Staff spoke with respect and compassion when discussing clients. Staff demonstrated a good understanding of individual need and a desire to provide high quality care.
- Clients told us that staff were polite and respectful. This was in accordance with the National Institute for Health and Care Excellence quality statement QS14 which states 'People using mental health services, and their



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families or carers, feel they are treated with empathy, dignity and respect'. They said that the assessment process was very skilled and helpful, and they received regular medical reviews.

- Clients told us that staff had given advice on how to access additional support, including suicide prevention apps. We saw evidence of staff signposting clients to specialist support including treatment for injecting related injuries.
- Clients ate all their meals together and staff supported clients during meal times who were undergoing treatment for eating disorder.
- Inspectors saw a notice board that had lots of rough pieces of paper pinned to it. Staff told us that these were 'thank you' comments from clients. However, we saw that many of the pieces of paper simply contained telephone numbers, with no way to reference who these belonged to. The notice board itself was untidy and did not clearly display its purpose.

## Involvement in care

- Staff completed a comprehensive pre-admission assessment for all clients which included consideration for interpreters and where English wasn't the clients first language.
- Recovery plan and risk management plans were holistic, person centred and showed client involvement. We observed staff adjusting care plans to meet individual need. All clients completed a continued recovery plan (CRP) that they kept when they were discharged from the service. The CRP recorded plans how to maintain their recovery and support networks available to support this.
- We observed a clinical meeting where staff discussed how families and carers were involved in the care and treatment of clients.
- Staff supported clients to attend mutual aid meetings, if desired. The National Institute of Health and Care Excellence (NICE) recommends that healthcare professionals should routinely provide information about mutual aid groups and facilitate access for those who want to attend.
- Clients said they could raise issues during the weekly community group meeting. We reviewed the minutes of four meetings, which had a set agenda for maintenance, housekeeping, food, therapy, activities and requests. We

saw that some discussions had been 'noted' and others where relevant staff were advised of comments. However, we could not see if these actions were reviewed to confirm they had been resolved.

- There were no posters for advocacy support displayed at the service.

## Involvement of families and carers

- Families and carers could visit the service on Sundays, where they could eat and spend the day with their relative. Therapists offered conjoint sessions between clients and relatives or carers.
- Clients completed a satisfaction questionnaire prior to discharge. Questionnaires were reviewed to see where changes could be made to improve the service. Hay Farm was in the process of reviewing the questions asked on the questionnaire, so that feedback was more meaningful to improve and develop the service.

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

Good 

## Access and discharge

- At the time of the inspection, there was no waiting list for treatment. There were six clients receiving care and treatment, although one was attending the service on a day care basis.
- Referrals were primarily self-funded, and although the service accepted referrals from professionals, these were rare.
- An admissions team sent brochures and information on initial contact to the service. An admissions officer was responsible for screening all formal referrals into the service to ensure that Hay Farm's exclusion criteria was adhered to. We reviewed a spreadsheet which recorded referrals that had been screened from the service because they did not meet Hay Farm's admission criteria.
- The admissions officer completed a telephone assessment, which considered substance misuse history and risk. The admissions officer signposted people to alternative services if Hay Farm was unable to meet individual need.

# Residential substance misuse services

- Staff completed a comprehensive pre-admission assessment for all clients. The doctor completed a medical assessment for all clients admitted to the service. Staff arranged a psychiatric assessment around the availability of the psychiatrist, unless urgent.

## Discharge and transfers of care

- Although staff did not formally record plans for an unplanned exit, all clients completed a continued recovery plan (CRP) which contained details how they would continue their recovery in the community. The CRP including information of housing and social needs, support networks and risk management plans. Staff contacted clients within a week of completing treatment and then every three months where clients have provided consent.
- At the end of treatment, clients could receive 'top up' care for the price of a week's treatment. This could be taken at any time and equated to 12 nights / 24 days. The client's continued recovery plan was reviewed during the top up sessions. This was in accordance with the National Institute for Health and Care Excellence quality statement QS23 which states 'People who have achieved abstinence are offered continued treatment or support for at least six months'.
- Hay Farm was in the process of introducing a discharge appointment system so that all clients had a dedicated appointment to ensure robust discharge planning.

## The facilities promote recovery, comfort, dignity and confidentiality

- Clients had their own en-suite bedrooms; however, these could not be locked. Clients told us they were concerned that they could not lock their doors and they worried about other clients coming into their bedroom.
- We saw that the standard of decoration in the bedrooms varied. Some clients said that some rooms were not as nice as others, a request for a room change and issues with some of the bathrooms and external lighting had not been resolved. They said that the cars used for transport were old and unreliable.
- There was a range of rooms and equipment to support treatment. There was a comfortable client lounge with games, books and a television. The main lounge was used for group therapy and there were individual consulting rooms. Clients had access to a well maintained outside area, where they could smoke.

- Water was available for clients throughout the day and there was a small kitchenette in the bedroom block. Meals were provided for the clients and food was good quality.

## • Patients' engagement with the wider community

- Staff encouraged family involvement at all stages of a client's treatment. There were no restrictions on visitors apart from during the group timetable. Sundays were dedicated to families and carers spending time with clients. Families and carers were able to join their relative for lunch and could also arrange individual and conjoint sessions with therapists.
- Hay Farm offered a range of activities which included equine therapy, drumming, massage, yoga and art therapy. Clients could choose from a range of external activities twice weekly, that were weather dependent. Staff supported clients to attend mutual aid meetings.
- During the clinical meeting, we observed staff discussing plans for a client to continue their higher education, and how their CRP supported these plans.

## Meeting the needs of all people who use the service

- Clients told us that there was sometimes a delay in seeing the doctor at their request, although they were usually seen on the day of their request.
- All clients were given a welcome pack which included information about what to expect from treatment and how to make a complaint.
- Hay Farm welcomed referrals from people with disabilities and from all ethnicities. Approximately 20% of referrals were international. Buildings were accessible for wheelchair users.
- Staff supported clients to celebrate or observe their religious beliefs by supporting them to attend worship off site.
- Clients were complimentary of the food and choices available. There was a daily choice of three meals for lunch and dinner. Clients said that requests do get listened to and staff responded to dietary requirements.
- Hay Farm offered a choice of food to meet clients' dietary requirements due to personal needs, allergies, religious or ethnic needs. Staff provided advice and support with healthy eating. A member of staff was the lead for diet and nutrition.

## Listening to and learning from concerns and complaints

# Residential substance misuse services

- Data provided from the service showed they had received three complaints between December 2017 and November 2018. One of the complaints had been partially upheld. Hay Farm had received 69 compliments during the same period.
- Clients said they knew how to make a complaint and felt able to raise concerns. Clients could discuss concerns during weekly community meetings and during one to one meetings with staff. Information about how to raise a complaint was included in the welcome pack and displayed on notice boards.

Complaints were discussed during team meetings and the quarterly clinical governance meeting. Hay Farm maintained records of complaints for audit purposes.

## Are residential substance misuse services well-led?

Good 

### Leadership

- The group clinical director was responsible for the business needs of the service and the clinical manager dealt with the day to day running of the service. The registered manager did not attend the service daily but could be contacted as and when required.
- The registered manager had experience of managing clinics and held a range of therapeutic qualifications and a degree in psychology. The clinical manager held qualifications in EMDR and coaching, however, they did not have a formal management qualification.
- The management team had a good understanding of the service and how to manage it. Both were visible in the service and approachable for clients and staff. They could clearly describe how staff were working to provide high quality care for clients.

### Vision and strategy

- Staff were aware of the vision to provide high quality care to support clients in their recovery so that they can live independently whilst maintaining their recovery. A recent staff survey showed that 67% of staff had a clear understanding of the provider's missions, vision and values.

- Hay Farm had a statement of purpose that detailed its aims and how it planned to support people who used the service.
- There were regular meetings where staff discussed the strategy and plans to develop the service. Managers cascaded information to staff during team meetings and training days.

### Culture

- A recent staff survey showed that 83% of staff were satisfied working for the provider and 69% of staff agreed or strongly agreed that they felt valued at work. The lowest scores from the survey concerned training opportunities 35%, opportunities for professional growth 44%, opinions heard and valued 48% and communication between managers and staff 49%. A training day was planned to review the results of the survey with staff.
- Staff we spoke with were passionate about their work. They demonstrated a clear dedication to provide the best service for clients.
- Staff received regular clinical supervision. A clinical supervisor attended Hay Farm twice a month so that staff could attend at least one of these sessions despite their shift pattern.
- The group clinical director was unable to provide evidence of monthly line management meetings with senior staff. Staff told us that although they did not receive formal line management, they received support from their manager and could approach them as and when required. Staff told us they met with line managers once or twice a year to complete performance and development reviews. However, inspectors were unable to review these during the inspection.
- There were no bullying or harassment cases at the time of our inspection. However, the clinical governance manager was providing mediation for two members of staff.
- The recent staff survey showed that 76% of staff agreed or strongly agreed that the provider was dedicated to diversity and inclusiveness.

### Governance

- We saw how the service had introduced systems to improve the governance processes since our last inspection. This included the introduction of audits to monitor treatment, service delivery and trends. Hay Farm had recently created the post of an admissions



# Residential substance misuse services

officer to strengthen the admissions process. The role of the compliance officer had also been introduced to monitor training and client records. However, some of the spreadsheets were basic and they did not clearly show compliance. For example, there was information missing from the induction spreadsheet and did not clearly show that a manager had signed off staff competency.

- There was a clear framework of what should be discussed at various meetings to ensure information and learning was shared. There were good internal processes to discuss and review the care being provided such as handovers, clinical meetings, team meetings, clinical governance meetings and heads of department meetings.
- The service did not have any key performance indicators and used client feedback to monitor the effectiveness of the service.
- The service contracted a pharmacy to complete regular medicine and controlled drug audits. However, during our inspection we found examples where the prescribing doctors signature was missing from the prescription charts and staff transcribing medicines.
- Staff were involved in the clinical audits, however, input from the specialist medical practitioner was limited. The results of the audits were discussed during the four monthly clinical governance meeting held to oversee audits and review governance. Hay Farm hoped to increase the involvement of the prescribing doctor into the clinical audits.

## Management of risk, issues and performance

- There were quality assurance frameworks in place to monitor policies and procedures. Learning from complaints, incidents and client feedback was reviewed to identify themes which were shared with staff.
- Hay Farm did not have a risk register. This meant there was no formal mechanism to assess and manage risks to the service. This was discussed with the group clinical director who planned to discuss with the registered manager and introduce such a register.

## Information management

- Client and staff records were mainly electronic. Physical health records including prescription charts were kept in folders in the clinic room. Staff uploaded ratings scales and paper assessments and information onto the client's electronic record.

- Staff had access to laptops to complete their work. The provider ensured confidentiality of client records and used its own information technology infrastructure. Staff completed 'Principles of care and confidentiality' e-learning training. However, staff had completed this between 2015 and 2018, which meant that staff knowledge had not been refreshed for several years.
- Managers had access to staff information including training, security checks, staff competency and line management records. However, during our inspection, staff were unable to provide examples of line management records and there was missing information on the staff competency spreadsheet.

## Engagement

- There were regular meetings between staff where service delivery and improvement was discussed. The group clinical director and clinical manager worked in the team office which meant that they were accessible by staff.
- Hay Farm did not have a bulletin or newsletter for staff or clients. Meetings, handovers and emails were used to keep staff and clients up to date about the service.
- Clients completed a satisfaction survey at the end of their treatment. The group clinical director was in the process of reviewing the questionnaire so that it was more meaningful to ensure learning and improvement of Hay Farm. Hay Farm did not invite feedback from carers.
- Clients told us they felt able to speak with senior managers at any time.

## Learning, continuous improvement and innovation

- The consultant psychiatrist had recently completed an audit to review the number of clients prescribed psychotropic medicines on admission and ensure that physical health monitoring was in keeping with national guidance.
- We saw commitment from the senior management team towards continued improvement of the service. We saw that Hay Farm had responded to previous inspection findings and had created a clinic room and introduced the posts of admissions officer and compliance officer. Other changes included the introduction of audits to monitor incidents and service delivery and drive improvement of the service.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider **MUST** take to improve

**A rating of requires improvement will result in an action the provider MUST take.**

#### Action the provider **MUST** take to improve

- The provider must ensure that the doctor signs prescription records to authorise staff administering medicines.
- The provider must ensure that they take all necessary precautions to ensure that clients are safe in their own rooms at the service.
- The provider must make sure that fire extinguishers are checked annually by a qualified engineer in line with the Fire Reform Act 2005.

### Action the provider **SHOULD** take to improve

**Action the provider **SHOULD** take to improve**

- The provider should ensure that staff regularly complete mandatory training to make sure that their skills and knowledge is current and up to date.
- The provider should obtain medicines for people going on planned leave from a pharmacy wherever possible.
- The provider should ensure key members of the clinical team, including the prescribing doctor, are actively involved in the clinical audits that relate to their practice.
- The provider should ensure that all information concerning staff induction, competency and compliance is accurate and demonstrates oversight.
- The provider should ensure that staff still in recovery receive appropriate support.
- The provider should provide opportunities for managers to undertake a formal management qualification.

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	Regulation
Accommodation for persons who require treatment for substance misuse  Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>Staff were transcribing medicines onto clients' prescription charts without the doctor signing to authorise the prescription.</b></p> <p>Clients were unable to lock their bedroom doors. There had been five incidents in December 2018 which involved a client walking into other clients' bedrooms. There was no security or CCTV on site which meant that people could enter or leave the site unnoticed at any time.</p> <p>The fire extinguishers had not been checked by a qualified engineer in line with legislation since 2016.</p>