

TCH Therapy Services Limited, Haywain Barn

Quality Report

Barton Court
Barton Road
Buckland Brewer
Bideford
Devon
EX39 5LN
Tel: 01237 451526
Website: www.regainrecovery.com

Date of inspection visit: 2 - 3 August 2-17
Date of publication: 30/10/2017

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

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.

Overall summary

We do not currently rate independent standalone substance misuse services.

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

- There was a lack of governance and leadership to ensure the quality and safety of the service and environment. For example, there was a lack of oversight of medicines management. The provider did not have a full schedule of environmental risk assessments and checks and therefore they did not properly mitigate against risks.
- Staff had not completed essential training and their competence to do their job had not been assessed. Staffed had not received training in working with clients who misuse substances and therefore were not always able to identify the risks to clients' physical and

Summary of findings

mental health. Staff had not completed training in risk assessment, care planning and record keeping and the provider did not audit care records to ensure risk assessments and care plans were being completed fully. In addition, staff had not been formally assessed to see if they were competent to undertake medicines tasks and there were some inaccuracies or omissions in medicines administration records such as missing stop dates for medicines. People's allergies to medicines were clearly recorded on admission forms and medicines administration records.

- There were no nurses on site and no qualified clinical staff visited the service. The service did not provide physical and mental health monitoring and there were no arrangements with local GPs to monitor mental and physical health.
- When prescribing for clients, the service did not always ensure prescribing was safe by obtaining background information about clients' medical history and prescribing did not follow national good practice guidelines.
- There was no procedure for staff to follow in case of a medical emergency. Staff had not been trained to carry out first aid or cardio-pulmonary resuscitation. The service did not hold or prescribe emergency medicines to respond to medical emergencies such as seizures, which can occur during detoxification.
- Staff completed risk assessments of clients that covered physical and mental health and wellbeing but risk assessments lacked information. There was a lack of active planning or monitoring to support clients with the risks identified.
- However, we also found the following areas of good practice:
- The service was clean throughout and there were good facilities for clients to relax and exercise. There was a treatment room with safe storage for medicines.

- The provider offered a range of therapies recommended in the Department of Health's 'drug misuse and dependence UK guidelines on clinical management'.
- Supervision arrangements were in place for all staff groups.
- Staff were kind, compassionate, supportive and respectful to clients. Staff enabled clients' families and carers to be involved in their care if the client wished.
- Staff offered good follow up care to clients and supported clients to arrange where they would go and what they would do after their discharge to give them the best chance of remaining abstinent.
- Staff organised a good range of activities for clients.
- Staff said team relationships were supportive and they had good job satisfaction.

Following our inspection, we discussed our concerns with the provider. The provider recognised that the service it was providing was not safe for service users who required detoxification and voluntarily agreed to stop admitting service users who required detoxification immediately. Following the inspection we wrote to the provider setting out what action we would take if the provider broke the voluntary suspension on admissions for clients requiring detoxification. We told the provider it must submit an action plan detailing how it would make improvements in a timely manner. The provider sent us an action plan following the inspection highlighting the improvements it would make. The provider was keen to provide a good quality, safe service and was keen to ensure it took the required action needed to improve services. The provider made improvements to the service and we told them we would approve them admitting new clients for detoxification on 19th September 2017.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services		Inspected but not rated

Summary of findings

Contents

Summary of this inspection

	Page
Background to TCH Therapy Services Limited, Haywain Barn	6
Our inspection team	6
Why we carried out this inspection	6
How we carried out this inspection	6
What people who use the service say	7
The five questions we ask about services and what we found	8

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards	12
Outstanding practice	20
Areas for improvement	20
Action we have told the provider to take	21

Haywain Barn

Services we looked at

Substance misuse services.

Summary of this inspection

Background to TCH Therapy Services Limited, Haywain Barn

Haywain Barn provides a private, residential rehabilitation and detoxification service for clients who misuse alcohol. The service is abstinence based. During their treatment, clients take part in group and individual therapies and activities to support them in their recovery from addiction.

Haywain Barn consists of a large house, two cottages and leisure facilities set in five acres of land.

Clients' treatment is entirely self-funded. The service works with two referral agencies that promote services to prospective clients.

Haywain Barn is registered with the CQC to provide treatment of disease, disorder or injury and accommodation for persons who require treatment for substance misuse.

The service does not currently have a registered manager but an application is in progress. During the inspection, we met with the two company directors; the chief executive officer (CEO) and the operations director. The CEO is in the process of becoming the CQC registered manager.

The service was registered in November 2016 and has not previously been inspected.

Our inspection team

The team that inspected the service comprised CQC inspector, Francesca Haydon (inspection lead), an inspection manager with experience in substance misuse and a pharmacist inspector.

Why we carried out this inspection

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

inspection, we received information of concern about unsafe medicines management practice, lack of liaison with GPs and insufficient trained staff to ensure the safety of clients using the service.

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about the service and requested feedback from staff members.

During the inspection visit, the inspection team:

- visited the location, looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with six clients
- spoke with the chief executive officer and the operations director
- spoke with six other staff members employed by the service provider, including the psychiatrist, therapists, client liaison assistants and the chef
- attended and observed a daily meeting for clients

Summary of this inspection

- looked at 8 care and treatment records, including medicines records, for clients
- requested feedback about the service from GP practices
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

There were three clients in residential treatment at the time of our inspection and one client was visiting for one day per week. Clients said they felt safe at Haywain Barn. They said the service was always clean and they enjoyed the furnishings and décor. Clients liked the on-site leisure and gym facilities. Clients said there were enough activities arranged for them and when clients suggested activities, staff arranged them. They also had televisions in their bedrooms and access to their own mobile phones if they wished.

Clients said they always had access to a member of staff if they needed it. They said they felt cared for and that staff regularly ask them if they wanted anything.

Clients described Haywain Barn as 'like being part of a family'. They said staff and clients treated each other with respect. Clients said it was helpful having other clients experiencing the same problems to support them through treatment.

Clients felt confident in raising concerns or complaints with the provider if they needed to but they did not know the complaints process.

The service had completed satisfaction surveys as part of their discharge process but, at the time of the inspection, had not analysed the responses.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We do not currently rate standalone substance misuse services.

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

- Staff were not confident in providing safe care in a medical emergency, including during detoxification. There was no procedure for staff to follow if clients needed emergency treatment and staff were unclear about whether to call 111 or 999.
- The provider had not trained staff in first aid. There were no emergency medicines held in the service to treat seizures that can occur during alcohol detoxification.
- Risk assessments covered physical and mental health and wellbeing but they lacked detail about risks and potential triggers that might cause clients to become unwell. Staff did not mitigate known risks to clients. The provider did not obtain a full medical history from clients' GPs, or other health professionals to ensure they were safe for treatment.
- A full time registered nurse post was vacant and no medical staff had attended the service for over two months prior to the inspection. Clients requiring medication, including that to support detoxification, were prescribed medicines by Skype calls.
- The service had potential ligature points throughout. Environmental risk assessments had not been completed and clients had not been assessed as to the level of risk these posed to individuals so risks had not been mitigated.
- The provider had not completed competency assessments for staff that handled medicines to ensure they were doing so correctly.
- The provider did not always review disclosures and barring service checks prior to them working unaccompanied. Where disclosures and barring service checks showed potential risks, the provider did not always meet with staff to discuss and minimise risks.
- Staff had not completed the mandatory training outlined in the induction program or any other specialist training for their roles. None of the staff had completed training in infection control, health and safety, control of substances hazardous to health, challenging behaviour, first aid, cardio-pulmonary resuscitation, hand hygiene, diversity and equality, risk assessment, principles of care and confidentiality, care

Summary of this inspection

planning, assessing needs, consent, Deprivation of Liberty Safeguards, moving and handling, person centred care or record keeping. Only five out of 17 staff had completed fire safety training. Fourteen out of 17 staff had completed safeguarding training. Four staff were trained in medical administration. Only the chef had trained in food hygiene.

- The provider had not ensured all staff knew which untoward incidents to report so they could investigate incidents and reduce the likelihood of them happening again.
- Although staff were trained in safeguarding, staff we spoke with did not know how to make a safeguarding referral or who to contact to make a referral and no information was available to staff or clients.
- There was no written plan for addressing maintenance tasks. Although staff completed fire extinguisher checks, some fire extinguishers were not appropriately located; they were not visible or easy to access in an emergency.
- There were no criteria for clients the provider would or would not admit to the service.
- There were some errors and omissions in medicines administration records such as information about when a medicine should be stopped. The provider did not audit medicines administration. Staff made no records or checks of medicines clients self-administered.

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

- The service was clean throughout.
- The service had a treatment room, secure cupboards to store medicines in and facilities to ensure controlled drugs could be stored securely and recorded appropriately.

Are services effective?

We do not currently rate standalone substance misuse services.

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

- The provider did not actively monitor clients' ongoing physical and mental health.
- Although staff used nationally recognised rating scales to monitor clients' progress, they did not have the skills and knowledge to respond in the event of a clinical emergency. Staff had not received any specific substance misuse training.
- Staff had not completed training in risk assessment, care planning or record keeping as per the providers' training matrix.
- Only eight out of 17 staff had completed training in the Mental Capacity Act.

Summary of this inspection

- Staff had not had a formal appraisal or personal plan and there was no procedure available to manage poor performance.

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

- Clients received prompt assessments upon admission.
- The service provided a therapy programme in line with guidance from the National Institute for Health and Clinical Excellence. The therapy programme included goal setting, meditation, psychoeducation, group therapy and individual therapy.
- Supervision arrangements were in place for all staff groups.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff were kind, compassionate, supportive and respectful to clients.
- Clients received a welcome pack during their admission that provided them with information about the service.
- The provider enabled clients' families and carers to be involved in their care if the client wished.
- Clients enjoyed the food and said it was nutritious.

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

- Care records did not show clients had active involvement and participation in care planning and risk assessments.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff offered good follow up care to clients. Clients could have daily contacts for the first week after they left and then weekly contacts for as long as the client wanted.
- The service ensured clients had a suitable place to live when they left the service and a plan for how they would remain abstinent.
- The service had good facilities for clients to relax and exercise and offered a range of activities.
- The provider had made adjustments for people requiring disabled access that meant they could access rooms with the use of ramps although bathrooms were not adapted.

Summary of this inspection

- The service had made changes in their processes in response to a complaint from a client.

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

- The service did not stock or display important information for clients such as how to contact the local authority safeguarding department and how to complain.

Are services well-led?

We do not currently rate standalone substance misuse services.

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

- The service had not yet developed a clear vision or set of values for the service that described what it wished to achieve and how it would do this.
- There was a lack of governance and leadership to ensure the quality and safety of the service. There were no medical staff on site and there was a lack of oversight of medicines management. Governance systems such as clinical record audits and environmental assessments were not in place.
- The provider had not ensured there was clinical input to ensure clients were safe when undergoing detoxification and that staff were competent to recognise and respond to a clinical emergency.
- The provider had not ensured staff had completed essential training and that they were competent in their job roles.
- The provider did not use any measures to understand how successful the service was although they kept in touch with clients after they left and clients said the service was helpful. However, we also found the following areas of good practice:
- The chief executive officer and the operations director worked on site with staff and clients.
- Staff said team relationships were supportive and they had good job satisfaction.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Training in the Mental Capacity Act had been completed by 47% of staff. Staff had some understanding of the act

and knew that clients under the influence of substances could lose mental capacity. Staff understood the importance of ascertaining mental capacity as part of the consent to treatment process.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- The service was visibly clean throughout and the décor and facilities were good. Some environmental risk assessments had not been completed, including ligature point risk assessments to ensure staff were familiar with them, aware of the risks and that they mitigated risks where possible. Although staff completed fire extinguisher checks, they had not placed fire extinguishers appropriately in visible locations. There was no written plan for addressing maintenance tasks to ensure they were completed. For example, the provider had not replaced a broken glass window.
- The service had potential ligature points, including in clients' bedrooms. Potential ligature points had not been risk assessed to ensure staff were aware of them to enable the risks to be mitigated. A ligature point is a place to which someone intent on self-harm might tie something to strangle themselves.
- The service had a treatment room. Staff stored medicines in secure cupboards accessible to authorised staff only. There were no medicines requiring additional security (controlled drugs) at the time of inspection. Facilities were in place to ensure controlled drugs could be stored securely and recorded appropriately.
- There was no dedicated medicines refrigerator and no medicines held that required cold storage. If a person admitted to the service had medicines that needed to be kept cold, they would be stored in the domestic refrigerator in their accommodation.
- There were policies for infection control and blood-borne viruses but staff had not completed training in infection control or hand hygiene. The chef

had trained in food hygiene and the kitchen had received a five star rating for food hygiene but staff who prepared snacks for clients had not completed training in food hygiene.

- The team used walkie-talkie radios to contact each other across the site. Although staff could use walkie-talkie radios in an emergency, there was no documented procedure for emergencies.

Safe staffing

- The provider had decided it required a staffing establishment of an operations director, a registered nurse, two senior therapists, a therapist in training, an activities co-ordinator/team leader, six client liaison assistants including one that worked at night, an administration/office manager, a chef, two maintenance and two housekeeping staff. Client liaison assistants were in a support worker role. The provider did not employ bank or agency staff.
- However, not all of the above were in post. The registered nurse post had been vacant since 20 May 2017. A registered mental health nurse was due to start work on 7 August 2017. There was a vacancy for a senior therapist and the post of night client liaison assistant worker had been recruited to and was awaiting disclosures and barring service checks.
- During the time that the nurse post was vacant there had been no registered nursing or medical input to monitor clients during detoxification or regularly monitor the physical or mental health of clients. A psychiatrist completed remote pre-admission assessments via video link and prescribed for detoxification but they never visited Haywain Barn. At the time of the inspection the psychiatrist was not insured to prescribe remotely and the provider had not checked this but immediately after the inspection the psychiatrist confirmed that they had the appropriate insurance.

Substance misuse services

- There was no reported sickness in the 12 months before our inspection. However, the provider did not formally record sickness.
- Five staff had left the service since January 2017. This equated to a turnover rate of 29%.
- The operations director could adjust staffing levels to take account of case mix and client needs.
- None of the staff had trained in first aid. When we asked staff about what they would do in an emergency, there was no clear protocol in place. One member of staff said they would call 111 and two said they would discuss it with the team before calling 999. The service was about 20 minutes away from the nearest hospital.
- The service admitted patients who, along with their substance misuse, suffered from long-term conditions such as diabetes, but staff had not completed training to know how to respond to changes in a person's blood sugar levels and to identify signs that may indicate high or low blood sugar levels.
- Staff that had completed medicines management training either with the service or through previous employment, administered medicines. However, there were no formal, documented medicines competency assessments. The provider recognised this was an area for improvement and plans were in place to provide online medicines training for all staff handling medicines.
- Staff had not completed the mandatory training outlined in the induction program or any other specialist training for their roles. None of the staff had completed training in infection control, health and safety, control of substances hazardous to health, challenging behaviour, first aid, cardio-pulmonary resuscitation, hand hygiene, diversity and equality, risk assessment, principles of care and confidentiality, care planning, assessing needs, consent, Deprivation of Liberty Safeguards, moving and handling, person centred care or record keeping. Only five out of 17 staff had completed fire safety training. Fourteen out of 17 staff had completed safeguarding training. Four staff were trained in medical administration. Only the chef had trained in food hygiene. After the inspection, we asked the provider to provide urgent training in first aid and cardio-pulmonary resuscitation.
- Although the provider completed disclosures and barring service checks, staff started work unsupervised

before the checks had been completed. The provider did not formally review disclosure and barring checks and meet with staff to discuss potential risks arising from them.

Assessing and managing risk to clients and staff

- There were no protocols to enable staff to risk assess and monitor clients throughout their treatment. Staff completed a risk assessment for each client on admission. Risk assessments covered physical and mental health but they were brief and lacked full exploration of risks and triggers such as reasons why clients might relapse or leave the service earlier than planned. There was minimal planning or mitigation of risks and the service admitted clients who presented with risks to their health. When clients returned to the service for another admission, staff did not complete a second assessment.
- Staff used a recognised tool called 'the clinical institute withdrawal assessment for alcohol scale, revised' to monitor clients during their alcohol withdrawal. However, the provider had not ensured that they were competent in its use or could recognise when a client might require medical intervention.
- Staff searched clients upon admission and clients signed to say they consented to this. However, the provider did not have a policy for searching clients.
- Safeguarding training was completed by 82% of staff. However, staff we spoke to did not know how or when to make a safeguarding alert to the local authority and no safeguarding referral information was available to staff or clients.
- There were no emergency medicines held in the service and the provider did not hold emergency medicines to treat seizures. Seizures are a known risk of alcohol detoxification and can be life threatening. Staff had identified one client as being at risk of seizures during their consultation with the psychiatrist but they had not developed plans to mitigate this risk. Clients at risk of alcohol related seizures should not undergo alcohol detox without medical supervision as per National Institute for Health and Care Excellence guidance.
- The administration of medicines service was not completing the checks and audits needed to ensure it was safe and we found errors and omissions. In one

Substance misuse services

case, the psychiatrist had recommended a client take a nutritional supplement three times a day but staff were giving it to the client once per day. Staff had not identified or resolved the discrepancy.

- Staff did not make suitable checks with a client's GP, or other relevant health professionals, to ensure the service had a full and accurate record, including all prescribed medicines clients were taking. This meant that when the psychiatrist prescribed medicines that clients needed for detoxification they did not have all the necessary information to ensure prescribing was safe. For example, clients with chronic liver disease would not have liver function tests before detoxification medication was prescribed.
- Medicines administration records contained errors and omissions that can lead to staff making mistakes. Dates when clients should stop taking medicines were sometimes missing. Information about when to give medicines prescribed to take when required were sometimes missing. The service held over the counter 'homely remedies' to treat minor ailments and staff recorded when they gave them to clients. Staff recorded clients' allergies to medicines on admission forms and medicines administration records.
- The service enabled some clients to manage their own medicines. They discussed with the client how they would manage their medicines and assessed they were competent to self-administer. Clients signed a consent form and completed a risk assessment to self-administer medicines.
- Clients were encouraged to register as temporary residents at one of three local GP practices and staff facilitated access to appointments to specialist services.

Track record on safety

- The provider reported seven incidents in the period since the service opened on 23 December 2016 until our inspection on 2 August 2017. None were classed as serious incidents
- The service had a serious untoward incident protocol.

Reporting incidents and learning from when things go wrong

- Staff were not aware of all the issues that should be reported as incidents. However, the provider told us they did not think all staff knew what to report.

- One of the reported incidents resulted in a team meeting to debrief staff and to review the incident. The meeting resulted in an action plan and improvements in safety such as adding window restrictors to office windows and purchasing walkie-talkie radios.
- Staff could not describe how they would record or respond to a medicines error. Staff had not reported any medicines administration errors. The provider had a book for staff to record medicines related errors. However, the book was for a community pharmacy setting and not a substance misuse service so important information would be missing.

Duty of candour

- The service had a duty of candour and being open policy. The provider was keen to learn and develop the service and was open about their areas for development. The service was new and had not yet had cause to use the duty of candour and being open policy.

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

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

- We looked at eight care records. All clients received an assessment promptly after admission.
- Care plans were up to date, personalised and included some information about physical, psychological, relational, emotional health and wellbeing. However, care plans did not contain detailed information and lacked exploration and discussion with the client. Care plans were not recovery focussed; there was no evidence of discussion of clients' ambitions or goals once they were substance free.
- Staff kept clients' care records securely in paper files in the staff office. Staff recorded progress notes electronically. All information was readily available to staff that needed it.
- Staff told us they were unclear which staff were responsible for completing each part of the assessment and the operations director told us they were reviewing the assessment process to make responsibilities clearer. Staff recorded an assessment of client's alcohol use, using a tool called the 'alcohol use disorders identification test' (AUDIT-C). However, the tool was not always fully completed.

Substance misuse services

Best practice in treatment and care

- Medicines prescribed for alcohol withdrawal were prescribed in line with best practice laid out in National Institute for Health and Clinical Excellence guidelines.
- The provider offered a range of therapies recommended in the Department of Health's 'drug misuse and dependence UK guidelines on clinical management'. There was a rolling programme of rehabilitation and talking therapy lasting four weeks. Therapeutic interventions included cognitive behavioural therapy, mindfulness, relaxation and a program of leisure activities. There was a psychoeducation group based on the principles of cognitive behavioural therapy that included goal setting and problem solving.
- The provider did not offer clients physical examinations or ongoing monitoring of physical health problems. However, there was evidence the service was supporting clients with long-term health conditions to access specialist care outside of the service during and after their treatment at Haywain Barn. Once the registered mental health nurse was appointed they would take over physical health checks and monitoring when they came into post on 7 August 2017.
- There were good examples of the service using client-centred prescription protocols for detoxification medicines, such as prescribing additional medicine to help clients during withdrawal.
- Staff used rating scales to monitor clients' progress, including the 'clinical institute withdrawal assessment for alcohol scale, revised', 'Beck depression inventory' and 'Beck anxiety inventory'.
- The provider had not produced or planned any clinical audits.

Skilled staff to deliver care

- There was no on site medical cover. There was a psychiatrist but they only conducted remote prescribing via Skype call. None of the staff had specific knowledge or skills in dealing with people experiencing detoxification. However, a mental health nurse had been recruited and was about to take up their post.
- The service had a team of staff including client liaison assistants and therapists. The directors had recruited a registered mental health nurse. Staff operated the service 24 hours per day and a client liaison assistant was on duty every night. The chief executive officer who was an accredited counsellor and the operations director were available on call.

- The service employed two therapists and a trainee. One of the therapists was accredited. Although the service had an induction program, staff had not completed the mandatory training outlined in it.
- Staff held regular team meetings and supervision. Therapists had counselling supervision every two weeks with an accredited supervisor and monthly line-management meetings with the operations director. Client liaison assistants had structured line management supervision that included professional boundaries and administration. Client liaison assistants also had monthly clinical supervision with a senior therapist.
- Due to the service being only seven months old, none of the staff had yet had an annual appraisal.
- The provider had not implemented a staff performance process to enable them to address poor staff performance promptly and effectively.

Multidisciplinary and inter-agency team work

- The team took part in weekly clinical case reviews but there were no regular staff meetings to talk about service issues and plan improvements. The directors held monthly meetings to review the service and these had focused on staffing issues.
- Staff shared information with each other through handovers and care records. Staff completed handovers verbally and in writing. Staff updated progress notes on each client throughout each day, documenting the client's activities, wellbeing and progress.
- The provider was building up links with three local GP practices. We contacted them to ask feedback about Haywain Barn.

Good practice in applying the Mental Capacity Act

- Training in the Mental Capacity Act had been completed by 47% of staff.
- Staff had some understanding of the act and knew that clients under the influence of substances could lose mental capacity. Staff did not assess clients while they were intoxicated due to them potentially lacking capacity to consent to treatment. Staff understood the importance of ascertaining mental capacity as part of the consent to treatment process. The service had a policy on the Mental Capacity Act to which staff could refer. Staff knew they could get advice about the Mental Capacity Act from a medical professional.

Substance misuse services

Equality and human rights

- The service had an equality and diversity policy and some procedures. There were limited facilities for people with disabilities requiring adjustments, including a downstairs bedroom and ramps. Although bathrooms were not adapted, the provider said a client that used a wheelchair had successfully stayed at the service with the help and support of staff.

Management of transition arrangements, referral and discharge

- The service did not have specific arrangements for clients to transition to other services, as the service provided was a standalone intervention. The service worked with two referral agencies that promote services to prospective clients. Referrals came from these agencies or from clients directly to the service. Clients attended the service for a fixed time agreed with staff on admission. Clients told us staff had helped them to prepare for a successful discharge. The service provided one client with contact details of therapists in their local area so that they could continue to receive support when they returned home.

Are substance misuse services caring?

Kindness, dignity, respect and support

- Staff had respectful and supportive attitudes towards clients. Staff were encouraging, supportive and kind towards clients. Staff provided appropriate practical support when clients asked for it. We observed a journal group where staff helped clients to talk about their thoughts and feelings. Staff spoke with compassion and understanding and ensured all clients had an opportunity to share with the group and support each other.
- Clients said staff were compassionate and skilful. Two clients said being at Haywain Barn was like being in a family.

The involvement of clients in the care they receive

- Staff gave clients a welcome pack that provided them with information about the service, what is expected of them and the house rules.
- Care records did not show clients had active involvement and participation in care planning and risk

assessments. Staff created individualised care plans for clients but did not document clients' views and experiences. Clients could have access to their care plans if they wished.

- The provider enabled clients' families and carers to be involved in their care if clients wished them to be. Two clients said their family had come to dinner at the service and they said this had been helpful. Clients could involve their families in therapy sessions if they wished to enable their families to support them in their recovery from addiction.
- Clients enjoyed the food and said the chef considered their preferences.
- The provider asked clients for their feedback when they left the service but they had not analysed the feedback.
- Clients said staff asked for their input into the running of the treatment program. Clients had not been involved in decisions about the service itself.

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

Access and discharge

- There were no admission or exclusion criteria for the service. This meant the service did not have a clear to ensure they did not admit clients they are not able to treat safely in line with National Institute for Health and Clinical Excellence guidance.
- Since opening on 23 December 2017, the service had discharged 21 clients.
- Staff offered clients daily contacts for the first week after their discharge and then weekly contacts until the client felt able to do without it. One client was visiting the service for a day per week at the time of our inspection.
- The service was flexible in accommodating clients until they could discharge them safely, for example, if their accommodation was not ready.

The facilities promote recovery, comfort, dignity and confidentiality

- The service had good facilities including private therapy rooms, a dedicated group room, a treatment room, a kitchen, a swimming pool with a hot tub and a gym. Clients had spacious bedrooms with their own safe to store personal belongings and televisions.

Substance misuse services

- There were two cottages adjacent to Haywain Barn that clients' families could use to visit clients during their admission.
- Staff allowed clients to have their mobile phones during their admission. Clients could choose to hand them to staff if they felt their mobile phones were distracting them from their recovery and use the office telephone under supervision instead.
- Haywain Barn is set in five acres of land and clients could go out within the property. If clients wanted to go outside the property, a client liaison assistant accompanied them.
- Clients could make their own drinks and staff provided them with snacks on request.
- Clients could personalise their bedrooms in consultation with their therapist.
- The service provided a therapy programme that included short-term goal setting in therapy groups, meditation, psychoeducation, group and individual therapy.
- Staff arranged activities for clients including kayaking, archery, walks, surfing and fishing. Kayaking, archery and low level walking had been risk assessed. Staff encouraged and supported clients to attend community support groups for substance misusers such as alcoholics anonymous and narcotics anonymous.

Meeting the needs of all clients

- The provider had made adjustments for people requiring disabled access that meant they could access rooms with the use of ramps. Bathrooms were not adapted and this meant clients admitted to the service needed to be able to use a bathroom that had not been adapted with the help of staff.
- The service did not stock or display information for clients. This meant clients did not have access to information on local services, safeguarding, or how to complain. The provider agreed to install a notice board and to provide information. The provider included details of local support meetings in client activities schedules.
- There was no information available in foreign languages but the provider said they had never needed to provide them. They were willing to source translation services if needed.
- Staff were willing to provide for clients' religious and spiritual needs as required.

Listening to and learning from concerns and complaints

- There had been one complaint since the service began. The complaint had led to a change of policy about clients locking their rooms. Since the complaint, clients could ask to have a key for their bedrooms if they wished to have one and the request would be risk assessed by staff.
- Staff informed clients that the service had a complaints policy in their welcome pack but did not tell them how to complain. Clients we spoke to did not know how to complain but they told us they were willing to approach staff to complain if necessary. If clients complained there was no external body for them to complain to as the provider did not have a board.

Are substance misuse services well-led?

Vision and values

- The provider did not have a formal vision and values statement for staff to follow.
- The provider told us the objectives of the service were to provide the best possible service to clients, keep them safe and give them the best chance of recovery when they leave.
- The chief executive officer and the operations director worked on site with staff and clients which meant they were available to staff and clients.

Good governance

- The provider had not put in place processes to ensure they had oversight of the quality and safety of the service. There was a lack of leadership to ensure staff were trained and competent to complete their work and staff had not undertaken essential mandatory training. The provider had policies and procedures but staff did not show awareness of them, for example, the safeguarding procedure was in the policy but staff did not know what to do. Staff did not know which incidents to report although there was some evidence that staff evaluated, debriefed and developed the service in response to incidents. The service did not complete any audits so the provider could not assure themselves of the quality and safety of the service. Monthly management meetings did not address the range of

Substance misuse services

governance issues required to ensure a safe service. The service had been operating without the appropriate medical staffing and clinical oversight and this put clients at risk.

- The provider did not use any key performance indicators to evaluate their service or the performance of the staff team. The provider was therefore unable to evidence the success of the service or evaluate individual staff's strengths and areas for development.

Leadership, morale and staff engagement

- The leaders of the service lacked understanding of regulations and evidence based practice. There was a lack of governance to ensure the quality and safety of the service such as clinical record audits and

environmental assessments. The leadership team had not ensured there was oversight of medicines management or that staff were trained and competent to complete their work.

- We asked staff if they were aware of bullying or harassment taking place in the service and they said there had not been any.
- Staff told us they knew about the whistle-blowing process and would be willing to use it if required. They felt able to raise concerns without fear of victimisation.
- They told us the staff teams were supportive and they had good job satisfaction. The team was small and members were new to the service but there was mutual support. Staff told us they enjoyed their work with clients.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure it has appropriate processes in place to gather sufficient information about clients' health prior to admission to allow for safe detoxification, including the safe prescribing of medicines used as part of detoxification and for the treatment of any physical health conditions.
- The provider must deploy enough appropriately qualified, skilled and competent staff to deliver safe detoxification, including appropriate medical and nursing staff.
- The provider must develop appropriate and clear policies and procedures for staff to follow if clients need emergency medical treatment. The provider must also hold emergency medicines to treat seizures and train staff so they are competent to recognise when and how to use them.
- The provider must ensure systems and processes are in place to assess and monitor the safety and quality of the service.
- The provider must audit medicines administration, ensure staff report medicines errors, and investigate them in line with the provider's serious untoward incident protocol.
- The provider must ensure remote prescribers have insurance for remote prescribing.
- The provider must develop clear exclusion criteria for the service to ensure they do not admit clients they are not able to treat safely in line with National Institute for Health and Clinical Excellence guidance.
- They must ensure staff complete comprehensive risk assessments for clients' physical and mental health and wellbeing that include exploration of risks and triggers and plans to mitigate known risks. The provider must ensure staff create plans for unexpected discharge from treatment to ensure clients and staff have a detailed plan if a client decides to leave before their planned discharge date.
- The provider must audit care records to ensure they are comprehensive and that clients are actively involved in developing care plans and risk assessments.

- The provider must provide ensure staff have appropriate training to enable them to do their job and complete and update all mandatory training in accordance with the provider's training matrix.
- The provider must complete regular environmental risk assessments and checks including fire equipment. They must have a clear plan for addressing maintenance tasks within appropriate timeframes
- The provider must ensure staff know how to apply safeguarding principles to their work and how to make a referral to the local authority. The provider must clearly display safeguarding contact information for staff and clients.
- The provider must ensure all staff know which incidents to report and that they are familiar with the provider's serious untoward incidents protocol.

Action the provider **SHOULD** take to improve

- The provider should ensure all staff have disclosures and barring service checks, verify the checks and develop risk assessments and action plans to support any risks.
- The provider should ensure staff have formal appraisals or personal plans. They should implement a performance management process, including key performance indicators to evaluate the service and the performance of the staff team and take prompt action if performance is poor.
- The provider should tell clients how to complain and explain the complaints process.
- The provider should risk assess potential ligature points to ensure staff are aware of them and to enable the risks to be mitigated.
- The provider should review disabled access to bathrooms and make adaptations or make alternative arrangements for clients who are unable to access the service.
- The provider should install a dedicated medicines refrigerator for medicines that require cold storage.
- The provider should develop a shared vision and values in collaboration with staff.
- The provider should consider holding regular staff meetings for staff to consider service issues and plan quality and safety improvements.

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 9 HSCA (RA) Regulations 2014 Person-centred care

- The provider had not trained staff in risk assessment, care planning and record keeping as listed in the provider's training matrix and had not completed audits of care records to ensure clients were actively involved in developing their care plans and risk assessments.

This was a breach of regulation 9 (3)(a), (b), (c), (d)

Regulated activity

Accommodation for persons who require treatment for substance misuse

Treatment of disease, disorder or injury

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

- The provider had not trained all staff in the Mental Capacity Act and staff did not formally assess clients' capacity to consent to treatment.

This was a breach of regulation 11 (1)

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 provider had not ensured staff completed comprehensive risk assessments for clients' physical and mental health and wellbeing that included exploration of risks and triggers and plans to mitigate known risks.
- The provider did not ensure staff knew which incidents to report.

Requirement notices

- The provider did not have clear policies and procedures for staff to follow if clients need emergency treatment. They had not trained staff in first aid and cardio-pulmonary resuscitation. They did not hold emergency medicines to treat seizures and had not trained staff to administer them.
- The provider did not ensure staff created plans for unexpected discharge from treatment so clients and staff have plans if a client decides to leave before their planned discharge date.
- The provider had not trained all relevant staff in medicines administration or appropriately assessed staff as competent to undertake medicines tasks. The provider did not audit medicines administration. They did not ensure staff reported medicines errors or investigate and learn from medicines errors. They did not provide a dedicated medicines refrigerator for medicines that may require cold storage.
- The provider had not ensured the psychiatrist that completed remote pre-admission assessments and prescribing via video link was insured for remote prescribing.
- The provider did not have a process for gathering sufficient information about clients' health prior to admission for detoxification to ensure clients are safe to undertake detoxification.
- The service did not have exclusion criteria to ensure they did not admit clients they could not safely treat.
- The provider did not ensure there was provision of qualified medical monitoring of clients' ongoing physical and mental health regularly throughout their treatment.
- The provider did not have a full schedule of environmental risk assessments and checks and therefore they did not systematically mitigate risks. The provider had not positioned fire equipment correctly and they had not identified and mitigated potential ligature points. There were no clear plans for addressing maintenance tasks within appropriate timeframes.

This was a breach of regulation 12 (2)

This section is primarily information for the provider

Requirement notices

Accommodation for persons who require treatment for substance misuse

Treatment of disease, disorder or injury

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

- The provider did not have procedures and processes to protect service users from abuse. The provider had not ensured staff knew how to apply safeguarding principles to their work and that they knew how to make a referral to the local authority. Information on safeguarding was not made available to staff and clients.

This was a breach of regulation 13 (1), (2), (3)

Regulated activity

Regulation

Accommodation for persons who require treatment for substance misuse

Treatment of disease, disorder or injury

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

- The provider had not told clients how to complain.

This was a breach of regulation 16 (2)

Regulated activity

Regulation

Accommodation for persons who require treatment for substance misuse

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

- The provider did not have systems and processes in place to assess, monitor and mitigate risks to health and safety. They did not actively monitor and improve the quality and safety of the service. The provider did not carry out audits to identify and address quality and safety problems

This was a breach of regulation 17 (1), (2)(a), (b)

Regulated activity

Regulation

Accommodation for persons who require treatment for substance misuse

Treatment of disease, disorder or injury

Regulation 18 HSCA (RA) Regulations 2014 Staffing

This section is primarily information for the provider

Requirement notices

- The provider had not trained staff in accordance with their training matrix and they had not provided training on working with service users with substance misuse issues to enable staff to identify the risks to service users' physical and mental health.

This was a breach of regulation 18 (1), (2)(a),