The Haynes Clinic

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

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 no designated clinic area. Medicines were administered from the main office. Client's privacy and dignity could not be assured during examination or interview, the room used for these purposes was not soundproofed. Urine testing was carried out in the disabled toilet located in a public part of the clinic.
- Staff had not switched on the fridge intended for clinical use. Weighing scales and blood pressure monitors had not been calibrated. Doctors did not record in detail physical medical examinations. Doctors handwriting was not legible.
- Data provided at the time of inspection showed 71% of care staff had completed mandatory training.
- While risk management plans identified current risk and suitability for treatment at The Haynes Clinic, they did not identify ongoing risk assessment and management.
- Staff were unclear about what incidents should be reported. Local governance arrangements were not robust; there were no robust systems in place for

Summary of findings

tracking and monitoring invesitgations, incidents, notifications, or safeguarding alerts. Therefore we could not be assured the provider was upholding their responsibilities under the duty of candour.

- The provider did not have any key performance tracking or monitoring systems in place to monitor the quality of their service. Policies, procedures, and protocols did not include quality impact assessments.
- The provider did not use recognised outcome measures to monitor the quality of their service. Neither management nor staff could clearly identify relevant National Institute for Health and Care Excellence (NICE) guidelines for substance misuse.

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

- Clinical and residential areas were clean, tidy, and well maintained. Cleaning audits were in place, there were effective infection control measures in place. Appropriate emergency equipment was present and maintained.
- Accommodation was based on the principles of therapeutic community in large shared houses, set in mature and private grounds. Clients were involved in running the houses and could cater for their dietary requirements and preferences.
- There were effective policies and procedures in place relating to medication management. A consultant psychiatrist was available 24 hours a day. All staff understood their responsibilities in relation to the Mental Capacity Act.
- The provider was a member of the Federation of Drug and Alcohol Professionals (FDAP). Therapy counsellors were members of the British Association of Psychotherapists (BACP). Doctors had been revalidated in the previous 12 months, and 91% of staff had up to date supervision and 100% of staff had in date annual appraisal.
- The consultant psychiatrist verified assessments before any detoxification regime was implemented. Staff had received appropriate specialist training to carry out health checks, monitor, and advice on side effects of medication and detoxification withdrawal symptoms.
- Clients had recovery orientated care plans. Clients formulated their own leaving plans. Staff offered telephone and aftercare support when clients had completed treatment. Staff handovers were effective. Clients told us they felt respected and valued by staff, and staff told us they felt respected and valued by the provider.
- Staff understood and supported the provider's vision and values. Staff spoke positively about the leadership at The Haynes Clinic. Staff were proud of the culture and quality of service they helped to develop.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse/ detoxification		We do not currently rate substance misuse services

Summary of findings

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The Haynes Clinic

Services we looked at
Substance misuse/detoxification

Summary of this inspection

Background to The Haynes Clinic

The Haynes Clinic, a standalone substance misuse service, opened in 2009, currently providing residential rehabilitation, detoxification, and a 12-step therapy program, for clients who are self-referring and self-funding.

The Haynes Clinic comprises of a therapy unit known as "the clinic" and three residential houses. The clinic currently accommodates a total of 18 male and female clients, known in the service as patients, but for the purpose of this report will be referred to as clients.

Clients engage in a comprehensive therapy program held at the clinic in Chicksands, Monday to Friday. At all other times, including weekends, they reside in one of the three houses known as Cople (six beds), The Spinney (five beds), or Everton Park (seven beds). The houses provide communal accommodation, with all clients and staff planning and sharing the household duties.

Each house is self-contained with a house manager / support worker on duty 24 hours a day. Clients have shared use of the kitchen, bathrooms, lounge, dining room, quiet rooms and extensive outside areas in each house. At least one bedroom in each house has en suite facilities and all houses and the clinic offer disabled access on ground floors.

The Haynes Clinic is registered with the CQC to provide accommodation for persons who require treatment for substance misuse. There is a registered manager on site.

CQC had previously carried out five unannounced focussed inspections. The last inspection was carried out in November 2013. The service was compliant and met all inspected outcomes at this time.

Our inspection team

The team that inspected the service comprised CQC inspector Debra Greaves (inspection lead), and two other CQC inspectors.

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.

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 location, asked other organisations for information.

During the inspection visit, the inspection team:

Summary of this inspection

- visited the clinic and all three residential houses at this location, looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with twelve clients
- interviewed the registered manager, and seven other staff members employed by the service provider, including a consultant psychiatrist, therapy counsellors and support workers / house managers
- attended and observed two hand-over meetings, a multidisciplinary meeting, and a daily meeting for clients
- collected feedback using comment cards from twelve clients
- looked at seven care and treatment records, including medicines records, for clients
- observed medicines administration
- looked at all staff records
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

- Clients who used the service reported they felt safe, understood and treated as responsible adults. Clients we spoke with felt the treatment programs and philosophy of the clinic were effective, challenging, and supportive.
- Clients were responsible for menu planning, shopping, preparing, and cooking their own food as part of the therapeutic community in each house. They felt they could have more or less anything they wanted and the food was of high quality. Clients reported staff were always professional and willing to go the extra distance to ensure they got the most out of their stay at The Haynes Clinic.
- Clients told us they felt well informed about their treatment, what was expected of them, and what they could expect from the clinic staff. They felt family were involved as much as they wanted them to be and staff always sought consent before contacting family members or other healthcare professionals.
- Clients reported the aftercare group and 24 hour telephone advice was very welcome as part of their ongoing support network, for themselves and their families.

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?

Safe means the services protect you from abuse and avoidable harm.

We do not currently rate standalone substance misuse services.

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

- There was no designated clinic, this meant staff dispensed medicines from the main office. Staff carried out urine testing in the disabled toilet located in a public part of the clinic. The fridge intended for clinical use was not switched on and there were no fridge temperature audits. Weighing scales and blood pressure monitors had not been calibrated.
- Data provided during the inspection showed 71% of care staff had completed mandatory training, this was short of the providers expected 100%.
- Staff completed risk management plans identifying clients' suitability for treatment at The Haynes Clinic, but they were not updated following incidents or disclosure of abuse. Doctor's medical examination records were not complete or legible.
- The provider did not use an effective tracking system to show how incidents had been followed up or fed back to staff and clients.

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

- Clinical and residential areas were clean, tidy, and well maintained. Furnishings were of a high standard, cleaning audits were in place. Appropriate emergency equipment was in place at both the clinic and the houses. Staff tested the equipment and kept up to date records.
- There were effective policies and procedures relating to medication management including prescribing, detoxification, and assessing clients tolerance to medication.
- There were enough skilled staff on duty during the daytime at the clinic. Staff were able to describe and identify the risks of withdrawal and spot adverse effects relating to detoxification. There were robust cover arrangements in place for staff absences. The Haynes Clinic used their own internal relief staff when required. There was 24-hour access to a psychiatrist.
- Eighty three percent of staff had completed adult and children's safeguarding. 91% had completed medication administration,

Summary of this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards. Staff we spoke with understood their responsibilities in relation to the Mental Capacity Act 2005. There was no waiting list for The Haynes Clinic.

- The provider monitored staff and client emotional and physical wellbeing in the daily handover / briefing meeting.
- Staff recorded risk assessments on admission, including current and historical drug and alcohol use, forensic history, past and current mental health and physical health. These assessments, were reviewed by the consultant psychiatrist and informed the clients overall suitability for treatment at The Haynes Clinic. Staff stored healthcare records in locked metal document boxes.
- Management ensured safeguarding policies and notices were available to both staff and clients. Between August 2015 and July 2016, no safeguarding alerts or concerns had been reported to CQC. Staff were aware of what constituted a safeguarding concern and how to make a referral.
- Between July 2015 and September 2016 there had been one serious incident notifications received by CQC. Management had investigated the incident, and made changes in response to the investigation outcomes.

Are services effective?

Effective means that your care, treatment and support achieves good outcomes, helps you to maintain quality of life and is based on the best available evidence.

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Treatment was based on the 12-step Alcoholics Anonymous model of recovery from substance misuse and dependency. Treatment encouraged clients to attend mutual-aid support group meetings such as Alcoholics Anonymous. Staff had access to relevant treatment manuals.
- Staff had appropriate and comprehensive induction, and orientation. Staff received role specific training including medication management, and management of the detoxification process. We saw evidence of staff having been trained to formulate and implement specialised eating plans for two clients.

Summary of this inspection

- All clients received baseline physical and psychological health needs at the point of admission. The psychiatrist verified these checks before initiating detoxification plans. Staff repeated health checks during the admission and again on discharge.
- Staff knew what warning signs to look for when clients were on detoxification programmes. In consultation with the psychiatrist, staff implemented recovery orientated treatment plans following initial detoxification. Clients formulated their own leaving plans focussing on their strengths and expectations and which identified additional on going support they might need.
- The consultant psychiatrist was present at each admission, and periodically throughout the week as requested. Between visits, the consultant was available via e-mail, telephone, and online video consultation. Therapy programs included meaningful activity that was relevant to client's needs. Clients had named key workers who held regular one to one sessions with them.
- The provider was a member of the Federation of Drug and Alcohol Professionals (FDAP). Therapy counsellors were registered with the British Association of Psychologists (BACP). Psychiatrists had been revalidated in the last 12 months. All staff had regular and up to date supervision, and annual appraisal.
- We saw effective shift handovers. Staff considered current client issues including physical and emotional wellbeing, informed by the client's own daily diary sheets.
- Ninety one percent of staff had training in Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff had thorough understanding of the guiding principles of MCA and how it related to their practice. We saw policies relating to both MCA and DoLS. The provider had made one DoLS applications in the twelve months prior to inspection. There were signed copies of consent to treatment on clients care records. Clients told us staff had explained data confidentiality to them.

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

- The medical contact notes were not complete or easy to read. key information such as height and weight had not been recorded.
- Neither management nor staff could clearly identify the relevant National Institute for Health and Care Excellence (NICE) guidelines relating to detoxification, prescribing, and intervention.

Summary of this inspection

- The provider did not use recognised outcome measures to monitor the quality of their work and staff did not take part in local or clinical audit.

Are services caring?

Caring means that staff involve and treat you with compassion, kindness, dignity and respect.

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients told us staff understood their needs, and they felt respected for their individuality. Staff understood how different clients' lifestyles and beliefs could affect their substance misuse.
- There was an established culture of confidentiality, and clear therapeutic boundaries. Clients appreciated how staff encouraged a culture of respectful group sharing and being open and honest.
- Staff provided clients with clear information about their therapy and medications including the potential side effects of detoxification withdrawal and the medicines used for this. Clients told us how staff gave them all relevant information they needed to make informed decisions about treatment options.
- We saw how the therapeutic philosophy of the clinic was reflected in the caring interactions between staff and clients.

Are services responsive?

Responsive services are organised so that they meet your needs.

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- New clients sometimes visited The Haynes Clinic prior to any admission. Funding options and arrangements were explained in the comprehensive admission information pack given to all new clients.
- The provider had clear admission and discharge policies. We saw effective protocols in place for managing transfer of clients including unexpected exit from treatment. All clients who completed their therapy programs could access 24-hour telephone support.
- Data from October 2015 to September 2016 showed The Haynes Clinic had received 33 compliments and no complaints.

Summary of this inspection

- The provider had clear response times for accepting referrals and a clearly documented acceptance and admission criteria. The clinic was able to accept urgent referrals if appropriate for their service.
- Staff had training in equality and diversity and policies for this were available. Staff and clients told us they felt respected by each other. There were no blanket restrictions at the clinic. There was a complaints policy in place.
- When allocating key workers the provider tried to match staff skills and experience with clients' needs and preferences. Staff reviewed care plans regularly and reflected the diverse and complex needs of clients including clear care pathways to other supporting services.
- Accommodation areas were spacious and provided adequate quiet areas for privacy, and outside space. There were comfortable dining areas in the houses and large well-equipped kitchens. Clients were self-catering within a therapeutic community and therefore able to cater their own individual dietary needs and preferences. There was disabled access and ground floor accommodation. All clients received a comprehensive welcome pack and new starter information.

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

- There was only one small non-soundproof interview room available at the clinic, therefore client's dignity and privacy was not respected when carrying out examinations or interviews.
- Client information packs were not available in other languages or braille.

Are services well-led?

Well led means that the leadership, management and governance of the organisation make sure it provides high-quality care based on your individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.

We do not currently rate standalone substance misuse services.

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

- Local governance arrangements were not robust. There were no robust tracking systems in place for monitoring incidents, notifications, or safeguarding alerts.

Summary of this inspection

- The provider did not have any key performance tracking and monitoring systems in place to monitor the quality of their service.
- Policies, procedures, and protocols did not include quality impact assessments.

However, we also found areas of good practice, including:

- The provider had a clear vision and set of values, which prioritised quality, care, and safety. Staff knew of, and supported the provider's vision.
- Staff had clear job descriptions; staff records were well maintained and organised. The provider monitored staff sickness and absences. Staff had objectives focussed on service and personal development, improvement and learning.
- Leadership was effective and encouraged an open, honest, and supportive culture in the service. Clinical team leads provided clinical leadership for the wider team.
- Job satisfaction and team morale was high. Staff were aware of the providers' whistleblowing policy and how to use it. Staff were not aware of any bullying or harassment at The Haynes Clinic. Staff said they were proud of the culture they helped to nurture, and quality of the service they provided. They said they felt valued by the provider.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

We saw 91% of staff had completed Mental Capacity Act (MCA) training, and 91% of staff had completed Deprivation of Liberty Safeguard (DoLS) training.

Staff showed thorough understanding of the guiding principles of MCA, and how it affected their working practice. There was a policy relating to MCA and DoLS, and staff knew of this policy.

Managers reported they had made one DoLS applications in the 12 months prior to the inspection. This had been upheld.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure they have adequate and private rooms to ensure clients dignity, respect and confidentiality is maintained during medical and health examination, including urine testing, consultation, and medicines administration and one to one therapy.
- The provider must ensure the weighing scales and blood pressure monitors are calibrated.
- The provider must ensure that all medical contact notes are complete and legible.
- The provider must ensure that risk management plans are updated regularly including after incidents.
- The provider must ensure that staff are up to date with all mandatory training requirements.
- The provider must ensure they have effective and transparent governance systems, and tracking for monitoring incidents, notifications, or safeguarding alerts. To show how they are meeting their responsibilities under the duty of candour.
- The provider must ensure they have recognised key performance outcome measures and tracking systems to monitor the quality of their service.

Action the provider SHOULD take to improve

- The provider should ensure the refrigerator intended for clinical use is switched on and the fridge temperature is monitored according to guidelines.
- The provider should consider installing effective sound proofing within all therapy rooms at the clinic to ensure clients confidentiality and privacy is maintained.
- The provider should ensure that they and all staff are aware of and use National Institute for Health and Care Excellence (NICE) guidelines relating to detoxification, prescribing, and intervention.

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	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect **Dignity and Respect** • There was no clinic, medicines were administered from the main office, and urine testing was carried out under staff observation in a disabled toilet located in a public part of the clinic. • The room used for carrying out health examinations, consultations, and one to one therapy was not soundproof. This is a breach of regulation 10

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Safe care and treatment** • The provider had not calibrated their weighing scales or blood pressure monitors. • Risk assessments and risk management plans were not updated in the care records. This is a breach of Regulation 12

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 **Good Governance**

This section is primarily information for the provider

Requirement notices

- The provider did not use any recognised key performance outcome measures, or effective tracking systems to monitor the quality of their service.
- The medical notes were not complete, and the handwriting was not legible.

This is a breach of Regulation 17.

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 **Staffing** • Data provided at the time of inspection showed only 71% of health care staff had completed mandatory training. This was short of the providers expected 100% compliance. This is a breach of Regulation 18

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse Treatment of disease, disorder or injury	Regulation 20 HSCA (RA) Regulations 2014 Duty of candour **Duty of Candour** • The provider did not have effective and transparent governance systems, and tracking for monitoring incidents, notifications, or safeguarding alerts. Therefore, we could not be sure they were meeting their responsibilities under the duty of candour. This is a breach of regulation 20