

# The Haynes Clinic Limited

## Quality Report

6 - 7 Warren Court  
Chicksands, Shefford  
Bedfordshire, SG17 5QB  
Tel:01462 851414  
Website:www.thehaynesclinic.com

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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

Are services safe?

Are services effective?

Are services caring?

Are services responsive?

Are services well-led?

### 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 do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- Effective and regular staff handovers were taking place. Staff had access to regular team meetings.
- The Clinic and the houses were spacious, visibly clean and tidy.
- The service had sufficient staff in post with the necessary skills and experience to deliver the treatment programme.
- Support workers transported client medication between The Clinic and the houses in safe locked boxes.
- Overall, 100% of staff were trained in safeguarding. Compliance with supervision and appraisal was 100%.
- Staff recorded incidents and were aware of lessons learnt.
- We reviewed six care and treatment records, five had an initial risk assessment in place.
- Doctors assessed all clients on admission. Prescribed medication was in line with the Department of Health guidance. Support workers completed physical health checks upon admission and routinely thereafter.
- Staff completed personalised recovery care plans for clients and updated them regularly.
- The service offered daily therapy, group work and access to mutual aid groups.

- The service offered twelve months post discharge support to all clients.
- Staff were observed to be passionate and caring and had a good understanding of clients individual needs.
- Staff provided clients with information about the service and treatment upon admission; clients were supported to visit The Clinic prior to admission.
- Clients knew how to complain and staff described how they supported clients to raise concerns.
- Managers completed risk assessments for staff with previous criminal convictions.

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

- Communal bathrooms were not designated for males or females.
- No emergency equipment was available on site.
- Compliance with some elements of mandatory training was low.
- Clients did not have anywhere safe to store their valuables in their bedrooms and could not lock their bedroom doors.
- The service was not fully accessible to disabled clients. In the houses bathrooms were located on the first floor.
- There were gaps in staff recruitment files and training records were not up to date.
- Policies were not always comprehensive. They did not provide guidance to staff of how to respond in certain situations.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
<b>Substance misuse/ detoxification</b>		Inspected but not rated

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# Summary of findings

## Contents

<b>Summary of this inspection</b>	Page
Background to The Haynes Clinic Limited	6
Our inspection team	7
Why we carried out this inspection	7
How we carried out this inspection	7
What people who use the service say	7
The five questions we ask about services and what we found	9
<hr/>	
<b>Detailed findings from this inspection</b>	
Outstanding practice	18
Areas for improvement	18
Action we have told the provider to take	19
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# The Haynes Clinic limited

Services we looked at Substance misuse/detoxification

# Summary of this inspection

## Background to The Haynes Clinic Limited

The Haynes Clinic is a standalone substance misuse service which opened in 2009 and currently provides residential rehabilitation, detoxification, and a 12-step therapy programme, for clients who are self-referring and self-funding. The Haynes Clinic includes a therapy unit known as The Clinic, and three residential houses. The Clinic currently accommodates a total of 18 male and female clients. At the time of inspection nine clients were accessing treatment and one client was accessing aftercare support.

Clients engage in a comprehensive therapy programme held at The Clinic in Chicksands Monday to Friday. At all other times, including weekends, clients 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 at each house.

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

The last inspection of The Haynes Clinic was carried out in September 2016.

Following the last inspection, we told The Haynes Clinic that it must take the following actions:

- 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.

During the current inspection we identified the service had adequate rooms to facilitate medical examinations and one to one sessions. However, there was no designated clinic room. The weighing scales and blood pressure monitors had been calibrated and medical notes had been typed and located within client files.

We noted that risk management plans were in place and were being updated regularly, including following incidents. Governance systems were in place. Incidents were being reported effectively, staff we spoke with were able to tell us about changes within the service following incidents.

Mandatory training compliance was 73%. There were some elements of training where compliance was significantly lower, these included principles of food hygiene and safety 33%, infection control 44%, principles of health and safety 44%, and equality, diversity and inclusion 44%.

Cople, Everton Park and The Spinney were last inspected in September 2016 with no issues identified.

# Summary of this inspection

## Our inspection team

The inspection team leader was Deborah Holder.

The team that inspected The Haynes Clinic consisted of five CQC inspectors.

The team would like to thank all those who met and spoke with them during the inspection.

## 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.

During the inspection visit, the inspection team:

- visited all four locations, looked at the quality of the environment, and observed how staff were caring for clients
- spoke with 10 clients
- spoke with five staff including the registered manager
- attended and observed a handover meeting
- collected feedback using comment cards from 12 clients
- looked at six care and treatment records, including medicines records
- looked at policies, procedures and other documents relating to the running of the service

## What people who use the service say

We spoke with 10 clients that were currently using the service. Nine clients were current residents and one was accessing the service as part of aftercare support. We reviewed feedback via 12 comment cards.

Clients were positive about the care and treatment that they received at the clinic. They told us that staff were available, supportive and respectful to them.

All clients that we spoke with told us that they felt safe and that staff did the best to meet their needs. All clients were positive about the residential houses and described them as clean and spacious.

Clients we spoke with generally felt involved in their care plans and treatment programme. They told us that staff listened to them but also challenged appropriately within treatment.

## Summary of this inspection

Some clients told us that they would like more one to one sessions with the counsellors. Others were disappointed with the lack of access to a gym and opportunity for physical activity.

Clients told us that the service needed additional support worker to facilitate group leave as clients were not permitted out without staff and occasionally recreational activities could not be facilitated due to staffing issues.

# 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:

- Communal bathrooms were not designated for males or females.
- No emergency equipment or medication was available on site.
- We reviewed six care and treatment records, five had an initial risk assessment in place.
- Overall compliance with mandatory training was 73%. There were some elements of training where compliance was significantly lower.

However, found the following areas of good practice:

- Staff completed regular environmental risk assessment including ligature risk assessments.
- Effective and regular staff handovers were taking place.
- The Clinic and the houses were visibly clean and tidy.
- The service had sufficient staff in post with the necessary skills and experience to deliver the treatment programme.
- Staff and clients reported that they felt safe.
- Support workers transported client medication between The Clinic and the houses in safe locked boxes.
- Overall, 100% of staff were trained in safeguarding. Staff we spoke with were aware of the providers safeguarding process.
- Staff recorded incidents and were aware of lessons learnt.

### **Are services effective?**

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Support workers completed routine physical health checks upon admission.
- All clients were assessed by a doctor upon admission.
- Clients had a recovery care plan in place that was personalised and updated regularly.
- Prescribed medication was in line with the Department of Health guidance.
- The service offered daily therapy, group work and access to mutual aid groups.
- Staff were experienced and skilled. Most staff had personal experience of substance misuse.

# Summary of this inspection

- Compliance with supervision and appraisal was 100%.
- Staff had access to regular team meetings.
- The provider offered 12 months post discharge support to all clients following discharge.

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

- Compliance with equality, diversity and inclusion training was low at 44%.

## Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients described staff as caring and respectful.
- Staff were observed to be passionate and caring.
- Staff had a good understanding of client's individual needs.
- Staff supported clients to visit The Clinic prior to admission.
- Staff provided clients with information about the service and treatment upon admission.

## Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The Clinic and the houses were spacious and had the appropriate furnishing and equipment.
- Clients had their own bedrooms, some with en-suites.
- Clients were encouraged to undertake cooking and cleaning to support independent living.
- Clients knew how to complain and staff described how they supported clients to raise concerns.

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

- Clients did not have anywhere safe to store their valuables in their bedrooms. Clients could not lock their bedroom doors.
- The service was not fully accessible to disabled clients. In the houses, bathrooms were located on the first floor.

## Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The provider had a clear mission statement, visions and values, which staff were aware of.

# Summary of this inspection

- There has been no suspensions or dismissals in the last 12 months.
- Management had ensured that all staff entitled to receive an appraisal had done.
- All staff were supervised in line with the provider's supervision policy.
- Risk assessments had been completed for staff with previous criminal convictions.
- The provider had a whistle-blowing policy in place. Staff told us they knew the whistle-blowing process and said they felt able to raise concerns without fear of victimisation.
- Staff morale was good. Staff felt supported in their roles.

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

- There were gaps in staff recruitment files and training records were not up to date.
- Policies were not always comprehensive. They did not provide guidance to staff of how to respond in certain situations.

# Substance misuse/detoxification

Safe

Effective

Caring

Responsive

Well-led

## Are substance misuse/detoxification services safe?

### Safe and clean environment

- The service provided personal alarms to staff however we observed that not all staff routinely carried these within The Clinic location. Staff told us that they always wore the alarms when working at the houses. Staff based in the house also carried a mobile phone. Staff told us that they had little need to use their alarms and that they managed risk through individual risk assessment.
- All three residential houses were mixed sex accommodation. Some bedrooms had en-suites. Communal bathrooms were not designated for males or females therefore did not comply with the Department of Health guidance on eliminating mixed-sex accommodation.
- Staff completed environmental risk assessments including fire risk assessment, health and safety checks and ligature audits. A ligature point is a place to which a client intent on self-harm could tie something to harm themselves. Staff completed regular checks of fire alarms and fire extinguishers.
- The service did not have its own emergency equipment at The Clinic or the houses. There was access to a defibrillation machine at another local business near The Clinic however this was located a distance away and could not be accessed quickly should it be required. A process was in place to call emergency services if required. Staff did not have access to naloxone (used to reverse the effects of opioids).
- Neither The Clinic nor the houses had a dedicated clinic room. Clients' medication was stored in individual bags that were stored in a locked cupboard. Medication was

transported to and from the individual houses to The Clinic Monday to Friday. The office contained a fridge that could be locked when in use. Staff checked the fridge temperature but did not record when it was cleaned.

- The Clinic and the houses were visibly clean and tidy. Clients assisted with the cleaning of their allocated accommodation, for which there was a time-table. In addition to this, each accommodation had regular deep cleans, to include for example carpet cleaning.

### Safe staffing

- The service employed 12 members of staff and had access to a psychiatrist. The service used a local GP service for physical health issues.
- Management had estimated the number of staff required based on client need and the therapy programme in place at any given time. Each house had a support worker allocated to it. The support workers worked Monday to Friday and supported clients across the day and night. There were specific workers that supported over the weekend. The service employed three counsellors that facilitated the treatment programme Monday to Friday.
- The provider reported that they did not use agency staff. Regular staff were offered additional shifts to cover gaps in rotas. The provider also had a small pool of bank staff they could utilise when needed.
- Over the last 12 months four staff had left the service, which equates to 33%. There were no vacancies as the time of inspection. The provider reported no sickness.
- The provider had nine mandatory training elements. Overall compliance with mandatory training was 73%. There were some elements of training where

# Substance misuse/detoxification

compliance was significantly lower, these included principles of food hygiene and safety 33%, infection control 44%, principles of health and safety 44%, and equality, diversity and inclusion 44%.

- There were elements of mandatory training where compliance was better; fire safety and awareness 89%, the Mental Capacity Act 100%, safeguarding adults 100%, care and administration of medication 100%, basic emergency first aid 100%.
- The provider told us that following mandatory training there was a series of additional courses which were made available to all care staff. New courses were added to the portfolio available from time to time. Counsellors told us that they were supported to access specialist training relevant to their role.
- The psychiatrist reviewed all clients' medication on admission, introduced detoxification medication, and reviewed medication periodically during the clients stay at the service. The doctor advised staff on medication administration and was available for phone and face to face consultation when needed.
- Staff monitored early warning signs of mental or physical health deterioration during daily contact with clients and during medication administration. All staff had completed the administration of medication training.

## Assessing and managing risk to clients and staff

- We reviewed six care and treatment records for clients in treatment during inspection. Five clients had an initial risk assessment and risk management plans in place.
- Clients signed contracts upon admission that outlined expectations around behaviour. Clients that did not adhere to treatment rules and expectations were asked to leave the service when required.
- Staff told us that if they observed deterioration in clients' physical health they would refer them to the GP. All staff told us that the psychiatrist was available to support treatment decisions when required.
- The service used paper records to store client information.
- Each client had their own personal folder, which contained essential information such as medication prescribed, risks and details of treatment. These folders

were held centrally at the treatment centre and were transferred to the accommodation each evening with the staff, who kept these locked within a safe. This enabled the support worker on shift to have up to date information on each client.

- The service had a lone workers policy to support staff.
- If clients were prescribed medication, support workers transported this between The Clinic and the houses in safe locked boxes.
- Overall, 100% of staff were trained in safeguarding. Staff we spoke with were aware of the providers safeguarding process.

## Track record on safety

- The service recorded seven serious incidents between December 2015 and November 2017 as defined by their own policy.
- The service raised two safeguarding concerns to the CQC between January 2017 and January 2018

## Reporting incidents and learning from when things go wrong

- Staff recorded incidents in an incident book. Staff were able to tell us incidents that require reporting and how they would be reported.
- Lessons learnt and changes in practice following incidents were discussed at handovers and team meetings. Staff we spoke with were aware of recent lessons learnt. For example changes regarding recreational group leave. Staff told us that as they were a small team communication and sharing information was effective.
- Handovers were documented so staff not on shift could refer to them. Incidents could be discussed with senior staff on a one to one basis if necessary during supervision.
- Across the service there were very few incidents, however staff told us that following an incident they were supported by the counsellors and the manager.
- Support workers at the accommodation telephoned senior staff if an incident or accident occurred, to inform and seek advice. Each accommodation had an incident

# Substance misuse/detoxification

/ accident reporting book. Staff completed these following any incidents. The registered manager reviewed all forms completed, and took any further actions as necessary.

## Duty of candour

- Staff received a face to face briefing on duty of candour. Each staff member was required to sign to acknowledge they understand the regulation and its requirements.
- Staff told us that they were supported to be candid with clients.

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

## Assessment of needs and planning of care

- We reviewed six care and treatment records for clients in treatment during inspection. Five clients had up to date initial risk assessments in place. The sixth client had been admitted the day before the inspection took place and staff were in the process of completing paperwork.
- Support workers completed routine checks upon admission including blood pressure, breathalysing and urine testing before initiating a treatment and detoxification plan and routinely thereafter. All clients were assessed by a doctor upon admission.
- Counselling staff developed a recovery care plan for each client on admission; this included the client's personal goals. Client goals were reviewed weekly as part of the group work programme.

## Best practice in treatment and care

- The service followed good practice in managing and reviewing medicines including following British National Formulary (BNF) recommendations.
- The service told us that the clinical team prescribed medication as described by Department of Health guidance, drug misuse and dependence: UK guidelines on clinical management (2007) for alcohol and opiate detox. We saw record of thorough clinical assessments and prescriptions located within client care and treatment files. An alcohol and opiate detox protocol was in place which followed national guidance.

- The service offered daily therapy in the form of group work; supported with one to one sessions.
- Staff assessed all clients on a detox were using clinical institute withdrawal assessment of alcohol scale (CIWA-ar) or the withdrawal scale (COWS).
- Staff supported clients to access the local GP surgery and dentist for any healthcare needs as required.

## Skilled staff to deliver care

- The multidisciplinary team at The Haynes Clinic consisted of counsellors, support workers, administration support and the manager.
- Staff were experienced and skilled. Most staff had personal experience of substance misuse. Support workers received training on the handling of medications.
- Compliance with supervision was 100%. Counselling staff attended external monthly supervision. The manager supervised support workers. Most staff confirmed that monthly supervision took place.
- Staff had access to regular team meetings. Items discussed at meetings included client issues and concerns, staff issues, risk management, medication, health and safety and training.
- Overall, 100% of staff that were entitled to receive an annual appraisal had done so.
- No staff had been suspended or were under additional supervision.

## Multidisciplinary and inter-agency team work

- Twice daily handovers allowed effective handovers between support workers and counsellors. This included information about the day, as well as a review of any client risk, concerns and treatment plans. Handovers were documented and were accessible to all staff.
- Monthly team meetings took place.
- Staff told us they had good links with the dispensing pharmacy and the local GP surgery.

## Good practice in applying the MCA

# Substance misuse/detoxification

- All staff had completed training on the Mental Capacity Act. The provider told us that they completed a weekly audit check of the application of the Mental Capacity Act.
- Every client entering treatment was deemed to have the capacity to consent. Each client had a contract in place which staff discussed with them, and agreed, prior to admission.
- Staff told us that if clients arrived at the service under the influence of a substance they would not be asked to sign contracts and care plans until they presented as able to consent to treatment.
- Clients formulated their own discharge plans as part of the exit survey. Plans included support the client would access upon discharge, improvements in mental and physical health and feedback on the treatment they received.
- The provider offered twelve months post discharge support to all clients following discharge. There was a weekly session where discharged clients could access the service for ongoing support. Staff contacted clients following discharge.

## Equality and human rights

- The provider had an equality, diversity and human rights policy in place.
- Overall, 44% of staff had completed training in equality, diversity and inclusion. This was mandatory training.
- There were restrictions on mobile phones for one week upon entering treatment, after this week clients were allowed access to their mobile phones at agreed times outside of treatment. These restrictions were outlined in the contract that all clients signed.

## Management of transition arrangements, referral and discharge

- The provider had a criteria for admissions and assessed clients on a case by case basis. There was a clear discharge processes in place.
- Admissions were accepted daily and could be facilitated at short notice. Staff worked with clients to agree an admission day.
- Staff conducted initial admission telephone assessments with all clients, which were reviewed by the manager. Additional face to face assessments were completed prior to admission where it was indicated that it was required. For example if clients had previous offending behaviour. On admission the psychiatrist assessed clients and prescribed appropriate treatment. The provider did not have a waiting list for new admissions.
- All clients were privately funded and self-referred. Clients were able to visit the service prior to admission.

## Are substance misuse/detoxification services caring?

### Kindness, dignity, respect and support

- Clients told us that staff treated them with respect; that staff were caring and offered them appropriate support.
- We observed that staff were passionate about helping clients through recovery and had a sound understanding of the clients individual needs.

### The involvement of clients in the care they receive

- Each client, and their families or carers, had the opportunity to visit the treatment centre, as well as the accommodation prior to admission to the service. They were also given the opportunity to meet staff.
- Each client had a welcome manual in their allocated bedroom, which outlined the house expectations, in relation to behaviour and therapeutic duties. Each folder also had an individualised time-table.
- All clients were able to participate in a regular community group which were held at the treatment centre. These meeting gave clients the opportunity to discuss any maintenance issues around the accommodation, or any other concerns around group dynamics. In addition regular planning meetings took place where clients met to discuss shopping and family visits.
- Clients completed feedback forms to contribute to improvements of the service.
- The provider sent questionnaires to families to capture their views in order to provide more informed treatment.

# Substance misuse/detoxification

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

### Access and discharge

- The service admitted clients on the day they requested, except in exceptional circumstances. There was no waiting lists and no delay in treatment being offered.
- Between June and November 2017 bed occupancy rates averaged 59%.
- Overall, there had been 12 readmissions within 90 days of discharge in the last 12 months.
- Average length of stay for clients that had been discharged between December 2016 and November 2017 was 20 days. Average length of stay for clients in January 2018 was 13 days.

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

- The Clinic was spacious with appropriate rooms and facilities to deliver the treatment programme.
- Each house had sufficient facilities for an accommodation site. There was ample space which enabled clients to access quiet spaces. Each house had a separate lounge and dining area, large kitchen and utility room.
- Clients had their own bedrooms, which were furnished with desks. This enabled clients to undertake any work in their own bedroom should they wish to do so.
- During the first week of treatment clients did not have access to their personal mobile phones. This was agreed prior to admission. During the first week of treatment, each client could have supervised telephone calls to family or friends. After the first week, clients had access to their mobile phones, outside of treatment hours, enabling them to make telephone calls in private.
- Clients were encouraged to undertake some cooking, supported by staff. Clients had free access to food and drinks throughout the 24 hour period.
- Clients did not have a safe in their bedrooms. Any valuable items were stored in the accommodation safe, which was locked by staff.

### Meeting the needs of all clients

- Each house had bedrooms on the ground floor. However, the bath and shower rooms were located on the first floor. Therefore these would not be accessible to clients with disability. Staff told us that they would assist clients with hygiene needs in the event of them being unable to access the bathroom, although this had never occurred.
- The service had no clients with disability at the time of inspection. They had previously had a client with mobility difficulties. The client was assessed prior to admission, and a walking aid sourced.
- Information on how to make a complaint was included in the welcome manuals provided to each client upon admission.
- Staff ordered the weekly groceries. Clients were able to request certain foods for different dietary requirements during a weekly planning meeting.

### Listening to and learning from concerns and complaints

- The provider received three complaints within the last 12 months; none of which were upheld. One complaint was in relation to medication, the second in relation to staff behaviours and third in relation to a referral that had not been accepted. Within the same period the provider received 25 compliments.
- Clients knew how to complain and staff we spoke with could describe how they would support clients to raise concerns.

## Are substance misuse/detoxification services well-led?

### Vision and values

- The Haynes Clinic had a clear mission statement, visions and values, which staff were aware of.
- As a small provider, all staff knew the most senior members of staff well and had daily contact with the registered manager.

### Good governance

# Substance misuse/detoxification

- There had been no suspensions or dismissals the 12 months prior to inspection.
- Management had ensured that all staff entitled to receive an appraisal had done so.
- All staff were supervised in line with the provider's supervision policy. Counselling staff received external supervision.
- We reviewed eight staff files and were not assured that the provider had a robust recruitment process in place. One staff file contained only one reference whereas the provider's standard was to gain two employment references. One file contained no Disclosure and Barring Service record and four contained no application forms. One file was missing a contract and four were missing curriculum vitae's.
- The training records contained in staff files were not up to date. They did not reflect the 100 % compliance the provider reported in the Mental Capacity Act, safeguarding adults, care and administration of medication, and basic emergency first aid.
- Managers completed risk assessments for staff with previous criminal convictions.

- The provider had policies in place. We noted that some policies contained a brief statement rather than guidance to staff of how to respond.

## **Leadership, morale and staff engagement**

- The provider had a whistle-blowing policy in place. Staff told us they knew the whistle-blowing process and said they felt able to raise concerns without fear of victimisation.
- None of the staff or management team we spoke with raised any concerns regarding bullying or harassment.
- Staff morale was good. Staff told us that they felt valued and rewarded for the job they do, staff said they enjoyed their roles and that the team was supportive. We saw positive interactions between staff members. Staff said they worked well together as a team.
- Staff felt able to input into service development. Staff told us they could request items that they needed and it would be supported by the manager.

## **Commitment to quality improvement and innovation**

- The provider did not participate in any national accreditation schemes.

# Outstanding practice and areas for improvement

## Areas for improvement

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

- The provider must adhere to a robust recruitment policy that ensures that staff the service employs are qualified and competent and safe to work with the service user group.
- The provider must ensure that staff are up to date with all mandatory training requirements.
- The provider must ensure emergency equipment is available on site.
- The provider must ensure that male and female clients have designated bathrooms.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment <ul style="list-style-type: none"><li>• There was no resuscitation equipment on site in case of medical emergency.</li><li>• Male and female clients did not have designated bathrooms.</li></ul> <b>This was a breach of regulation 12</b>
Accommodation for persons who require treatment for substance misuse Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing <ul style="list-style-type: none"><li>• Data provided at the time of inspection showed only 73% of staff had completed mandatory training. Some elements of training were considerably less.</li></ul> <b>This was a breach of Regulation 18</b>
Accommodation for persons who require treatment for substance misuse Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed <ul style="list-style-type: none"><li>• Staff files did not contain the correct level of employment references, one file contained no Disclosure and Barring Service record and four contained no application forms.</li></ul> <b>This was a breach of regulation 19</b>