

Risdon Enterprises CIC

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

Overall summary

- Risdon Enterprises Community Interest Company provided rehabilitation for clients with alcohol or drug dependency issues. The provider had the potential to provide detoxification but had not done so for years and lacked the essential facilities to provide it. The service had made good links with local GPs and community mental health teams to support client care.
- The service assessed clients for risk but their assessments lacked exploration and planning to minimise risks. Care plans did not include a plan for the client leaving the service early.
- The service did not take adequate steps to ensure the safety of clients and visiting children and those of staff. It did not provide training in safeguarding children. Clients complained about how some staff treated them and there was no bullying and harassment policy. Clients were unclear about how to complain and did not have faith or confidence in the complaints process. Staff had not all completed the training in the Mental Capacity Act and when we talked to staff they had not fully understood the fundamental principles of the Mental Capacity Act.
- Processes and systems to enable the provider to learn from complaints and incidents and to develop the service accordingly were not in place. The provider did not measure or analyse staff sickness and turnover. Systems were not in place to ensure all staff had completed mandatory training on time. The provider did not produce audits of the service to ensure the service was operating safely and effectively. Staff did not use outcome measures with clients. This meant the service lacked the data needed to determine the effectiveness of the treatment they provided. There were no satisfaction surveys for staff or clients.
- Clients had supportive relationships with their individual recovery workers and met with them for individual support every week. Clients were involved in planning their care. Staff supported clients during their final phase of treatment to find accommodation, work or further education and they were encouraged to volunteer in the community. Throughout their treatment, clients were encouraged to gain skills, develop interests and to be involved in the community. Clients' families and carers were involved in their care when they wanted them to be.

Summary of findings

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Risdon Enterprises Community Interest Company

Service we looked at

Substance misuse/detoxification

Summary of this inspection

Background to Risdon Enterprises CIC

Risdon Enterprises Community Interest Company provides a rehabilitation programme and detoxification service. They are registered with the Care Quality Commission for caring for adults under 65 years, substance misuse problems and accommodation for persons who require treatment for substance misuse. Risdon Enterprises Community Interest Company work in collaboration with Gilead Foundations Charity.

The service has a registered manager.

The programme accommodates males and females between the ages of 18 and 65 years. The men live in a large purpose built accommodation comprising a lounge, dining room, kitchen, bedrooms and meeting rooms. Women stayed in a separate farmhouse where the programme manager and his wife, a recovery worker, lived. Each accommodation had 'house parents' who were live in staff that worked as recovery workers. There were eight clients at the time of our visit. The service had capacity for ten clients.

Clients' care is funded through a combination of funding sources including private or self-funding, council funding and sponsorship.

Detoxification is provided as a 'home detox'. Local GPs do not prescribe for this so the prescription comes from the client's referring GP with the service managing risks and providing 24-hour support during detoxification if required.

The service provide a 'Genesis Process' relapse prevention course which is under pinned by a neuro-chemical understanding of addiction and has a religious focus based on the Bible. The programme lasts up to 56 weeks with clients working through it at their own pace.

The service provides clients with work therapy on the farm the service is based on. The work therapy is designed to help people learn basic life skills and work ethics. The farm work included milking, animal husbandry, care of chickens, maintenance, gardening, catering, cleaning and administration.

The service has not previously been inspected.

Our inspection team

Team leader: Francesca Haydon, Care Quality Commission

The team that inspected the service comprised one CQC inspector, a specialist advisor and an assistant inspector.

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme.

How we carried out this inspection

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

- Is it safe?
- Is it effective?

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

Summary of this inspection

Before the inspection visit, we reviewed information that we held about the location, asked a range of other organisations for information and sought feedback from clients.

During the inspection visit, the inspection team:

- visited the location and looked at the quality of the accommodation
- spoke with six people who were using the service
- spoke with the registered manager and programme manager for the service
- spoke with nine other staff members; including, recovery workers, support staff and directors
- looked at seven clients' care and treatment records
- carried out a specific check of the medication management and

- looked at a range of policies, procedures and other documents relating to the running of the service

We left comment cards for people who were using the service to complete, but did not receive any comments.

We contacted stakeholders of the service and spoke with two GP practices.

We made a safeguarding referral to the local authority after our inspection because we had significant concerns about reports of staff behaving in an intimidating manner towards clients. Risdon Enterprises Community Interest Company works in collaboration with Gilead Foundations Charity. We contacted the chair of Gilead Foundations Trust following our inspection to inform them of some concerns emerging from our inspection.

What people who use the service say

We spoke with six clients. Clients said they generally felt safe but there were sometimes arguments and fights between clients. The service code of practice stated that violent behaviour was not tolerated and could result in instant dismissal from the programme. Some clients were unhappy about the way some staff treated them. We heard examples of staff behaving in an intimidating manner towards clients. We passed these concerns on to the local safeguarding authority.

Clients said they felt confident in the staff in regard to their mental health and social care needs. Clients raised concerns about the transition out of service. Four clients said discharge planning was a weakness or that there

were no plans for their discharge or for what would happen if they decided to leave early. Clients all described having good relationships with their individual key workers. Clients said they worked hard on the farm and that it was tiring. One client said the work was good because it was better than dwelling on their problems.

Clients were confused about how to make complaints. They were unsure which forms to use and what would happen if they made a complaint. One client said if they made a complaint it would be held against them. One client said they did not believe the staff would listen if they made a complaint.

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 found the following issues that need to improve:

- Assessment of clients' risks to themselves and others was brief and there was no evidence in any of the care records we reviewed that identified risks were being managed. None of the clients had crisis plans or plans for if they left the service unexpectedly.
- The mandatory training completion rate was 84% and some important training had not been completed by all staff including infection control, drug and alcohol awareness and first aid training.
- Safeguarding children training was not provided although adult safeguarding training was provided. Staff referred safeguarding concerns to the registered manager or programme manager who knew how to raise safeguarding alerts with the local authority.
- There were complaints about some staff behaving in a threatening manner towards clients; the service did not have a bullying and harassment policy.
- The service was not equipped to treat clients for detoxification because it did not have appropriate equipment.
- The service did not keep Naloxone, an emergency medicine used to treat overdose and the drug screening kits were out of date.
- The service lacked a robust process for recording, analysing, investigating and learning from adverse incidents.

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

- The service ensured clients registered with and enabled them to attend appointments with local GPs to ensure their physical health needs were met. We saw examples of physical health care being prioritised. Clients were supported to have their mental health needs met by the community mental health team.
- The environment was clean and well maintained.
- There were sufficient staff to ensure clients' activities were supported, including weekly sessions with their recovery worker. Staff lived on site and were available to offer support.

Staff had opportunities to discuss their concerns and to review clients' ongoing needs in regular team meetings.

Summary of this inspection

Are services effective?

We found the following issues that need to improve:

- The Genesis process was based on a neuro-chemical understanding of relapse and challenging beliefs and destructive behaviours. However, the Genesis process was not an evidence based treatment recommended by the National Institute for Health and Care Excellence or the Drug misuse and dependence UK guidelines on clinical management and no other evidence based treatments were on offer.
- There was limited understanding of the Mental Capacity Act and 33% staff had not completed the training.
- When clients returned to the service staff did not create a new recovery plan with them and did not revisit the previous recovery plan.
- The service did not use any outcome measuring tools.

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

- Clients had their care reviewed every week with their key worker.
- Towards the end of their treatment, there was a transition stage where clients began to set up a new life outside of the service. Staff supported clients to look for accommodation, work or further education and they were encouraged to volunteer in the community.
- Clients developed work and life skills by working on the farm and they could obtain training certificates and experience to enable them to gain work when they left treatment.
- There was good access to training to enable staff to develop in their roles and keep their knowledge up to date.
- There were weekly team meetings and daily handover meetings which gave staff the opportunity to discuss clients' progress and any difficulties or concerns.
- There were good working links with local GPs and with the community mental health team.

Are services caring?

We found the following issues that need to improve:

- Clients complained that some staff could occasionally be intimidating towards them.
- Some clients complained of tiredness from working long hours on the farm and said they felt under pressure to work harder

Summary of this inspection

and to work when they were unwell. The provider said short staffing could reduce the opportunities for training the clients while they were working on the farm because of the need to complete the farm work.

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

- Clients described their key workers as supportive and helpful and said they had good relationships with them.
- Clients were involved in planning their care with their recovery worker.
- Clients were given written information upon admission to enable them to be clear on the conditions of their stay.
- Families and carers were appropriately involved in clients' care and had regular meetings with the client and staff.
- Staff organised activities for clients and enabled them to be involved in the community and to develop hobbies and interests. The provider organised monthly group outings and tried to ensure they were of interest to everyone.

Are services responsive?

We found the following issues that need to improve:

- The female accommodation did not have any facilities that would meet the needs of people with disabilities; there were no ramps or grab rails to support people with restricted mobility. The service had not had to turn any clients away but did not have a plan should a female with disabled needs be referred to the service. The male accommodation had level access and an adapted bathroom but the provider had not thought about whether the facilities could be configured to enable a female to stay there.
- There was no documented analysis of why clients left the service early or learning when this happened to enable the service to develop.
- Clients were unclear about the complaints process and they lacked confidence in it. Clients felt unable to make complaints because they believed they could not do so confidentially. They were not confident their complaint would be taken seriously and that staff would take responsive action. There was a lack of overview or analysis of complaints raised and learning from complaints was not formalised.
- The service had not completed any client and staff satisfaction surveys.

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

Summary of this inspection

- Access to the service was efficient and admissions took place without unnecessary delay.
- The facilities were comfortable and spacious and this enabled clients and staff to eat and relax together.
- The service met the clients' dietary requirements and preferences.

Are services well-led?

We found the following issues that need to improve:

- The provider did not analyse whether the service was providing good outcomes for clients or whether its service was of a good quality through the use of audits, performance indicators or outcome measures.
- There was a lack of a robust processes for developing the service in response to incidents and complaints.
- The provider did not keep records of staff sickness and did not have a policy for managing sickness. Staff sickness and staff turnover were not measured or analysed.
- Safeguarding training and knowledge were insufficient because only the programme manager and registered manager knew how to make safeguarding alerts. There was no bullying and harassment policy.
- Some staff told us they were stressed and felt overworked and there was no staff wellbeing policy.

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

- Leadership of the service focussed on ensuring clients achieved rehabilitation. There was a focus on and determination to update and improve governance structures, policies and procedures.
- There were clear visions and values and these reflected staff objectives. These were published in the service user handbook.
- Staff were generally satisfied with their work.
- Some senior staff had been trained in leadership and management.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

- Training in the Mental Capacity Act had been completed by 67% of staff.
- Staff were unable to thoroughly or consistently describe the statutory principles.
- Staff were aware clients might lack capacity if they were influenced by substances. A 'consent to treatment and sharing information' form was in use but it had only been completed by four out of the seven clients.

Substance misuse/detoxification

Safe

Effective

Caring

Responsive

Well-led

Are substance misuse/detoxification services safe?

Safe and clean environment

- An environmental food premises inspection had given the kitchen a rating of 'very good'. Male and female clients stayed in separate accommodation but they had their meals together.
- There was a clinic room where medicines were stored. There was no refrigerator and the temperature of the room was not monitored to ensure that medicines were kept at the correct temperature. There were no facilities to carry out physical examinations because these were undertaken by local GPs. The clinic room was clean and tidy. There was a sluice room for hand washing.
- The provider had an infection control policy which included a policy on the management of risks caused by blood borne viruses.
- All areas were visibly clean and well maintained. We saw clients going about their cleaning duties. Cleaning rotas were complete and up to date.
- Farm equipment was tested for safety and fire risks were assessed. This work was carried out by external consultancies. Fire safety audits were undertaken regularly. Individual client risk assessments for use of specific pieces of equipment were in place.

Safe staffing

- There were 15 staff which included three volunteers and two professionally registered staff (a nurse and a social worker). All staff had Criminal Records Bureau or Disclosures and Barring Service checks in place. These checks were not repeated and some staff had been in post for many years. Every client had a named recovery worker.

- The registered manager said they were not recording staff sickness or staff turnover because these were not causing any difficulties or concerns. Two staff had recently retired from the service.
- The manager produced a rota each week to ensure the team could provide all the necessary services. The staff could take clients to medical appointments, run group sessions, and provide recreational activities. Staff met each week to discuss and agree the rota. Staff felt there were enough staff to support clients and their activities.
- Some staff lived on site and could respond during the night if needed. The male and female accommodation had their own 'house parents' who were recovery workers who lived with the clients and provided a family environment.
- Staff attended a meeting each morning which enabled staff to hand over between day and night staff and to discuss any emerging concerns or needs. There was a further meeting for all staff and clients at lunchtime.
- Bank and agency staff were not used because absence was covered by existing staff and there had never been a need to bring in agency staff. Sometimes the team used bank staff who were staff who had previously been employed in the service.
- The overall completion rate with mandatory training was 84%. Infection control had been completed by 71% of staff, drug and alcohol awareness had been completed by 63% of staff, assessing mental capacity had been completed by 67% of staff, first aid training had been completed by 67% of staff and first aid emergency training had been completed by 50% of staff. There were plans for four members of staff to update emergency first aid training but the training had not yet been booked.

Assessing and managing risk to clients and staff

Substance misuse/detoxification

- We reviewed seven care records. The provider used a standard risk assessment for all clients which were completed upon admission. All clients had risk assessments but in all cases they were brief and lacked exploration of risk to self and others. Where risks were identified there were no documented plans in place to minimise risk. There was a lack of documentation of discussion of risk, crisis planning, consideration and planning around triggers for relapse. Risk assessments and care plans were not updated although clients were monitored on a weekly basis and their health and mental health were considered and documented during weekly reviews. Notes of weekly sessions included a risk rating score but risks identified as scoring highly were only accompanied by a sentence or two describing the risk. Where risks were identified they were not explored. There was no planning for increases in risk or consideration of triggers that might cause risks to increase. The community mental health team treated clients with mental health difficulties that needed secondary care support.
- The service brochure explained the eligibility criteria for the service. The provider ran checks on the clients' criminal history and physical and mental health during the screening process prior to admission. People who were on bail when they applied were not admitted to the service. People under court orders were not accepted because they were required to want to change voluntarily. Psychiatric reports were required for clients with mental health difficulties to ensure they were stable enough for entry into the programme. The provider checked on clients' criminal convictions to inform the risk assessment. Clients who had sexual convictions or offences or who may pose a risk to others were not admitted for the protection of vulnerable people and children resident on site. People who had been convicted of arson were not admitted because of the risk to the environment and this was also a condition of the farm's insurance.
- None of the assessments included a crisis plan or a plan for unexpected exit from treatment.
- There were no safeguarding alerts received by CQC in relation to the service during the 12 months prior to our inspection. Staff did online adult safeguarding training but they were not trained in safeguarding children. The service considered parents to be responsible for their children when they visited. Staff did not demonstrate an understanding of safeguarding issues and procedures.

Staff referred safeguarding concerns to the registered manager or programme manager who knew how to raise safeguarding alerts with the local authority. There were some concerns raised about conflict between clients and of staff threatening clients. There was a policy that violence was not tolerated and could result in instant dismissal from the programme. There was no bullying and harassment policy and there had not been any training. This meant staff and clients had not been informed about unacceptable bullying and harassment behaviours and were not told what to do if they had concerns.

- During the day clients worked across several sites on the farm. Staff carried mobile phones. This enabled them to raise an alert with other staff if an incident occurred. A member of staff always accompanied clients when they were working.
- There was no clinical oversight of detoxification from doctors or pharmacists which meant the service could only manage low risk detoxification. They could not recall when they last admitted a patient for detoxification but said it had been years since the last detox at the service. In addition, emergency drugs such as Naloxone were not kept and there was no medicines refrigerator. The temperature of the clinic room where medicines were stored was not monitored. There was a double locked cupboard for controlled drugs but there were none currently on site. The service did have recognised assessment tools to measure withdrawal symptoms if needed including the Clinical Institute Withdrawal Assessment Alcohol Revised Scale.
- The nurse had mentored three members of staff and assessed them as competent to handle and administer medication. Medicines were collected from a local pharmacy and locked in a cupboard in the clinic room and dispensed from there at specified times. Drug screening kits were out of date. We were told there had not been any serious medication incidents but the service did not have a formal system for recording medication errors.

Track record on safety

- The service reported no serious incidents requiring investigation in the 12 months previous to our inspection.

Reporting incidents and learning from when things go wrong

Substance misuse/detoxification

- Adverse incidents were not formally recorded or analysed. Incidents of any description were captured on reporting sheets. These were a flexible reporting method which clients or staff could use. For example, they could be completed to provide feedback about conflict between clients or to describe a client's behaviour including giving good feedback. Recovery workers undertook any required actions such as meditation between clients or discussion in weekly assessments sessions with individual clients, and then the forms were filed in the clients' care records. The policy on incidents focussed on accidents. The manager was unable to give examples of improvements made as a consequence of learning from adverse incidents. Due to the lack of a reporting system for incidents, we could not be satisfied that incidents that should be reported were being reported. Staff gave examples of the kinds of incidents they would report and these were largely behavioural, such as clients' timekeeping, smoking in the wrong area and wearing incorrect clothing for work. Meetings provided opportunities to reflect on incidents and to make adjustments in clients care. Conflicts between people were handled by meditation where the programme manager brought people together to make amends.
- All seven clients were completing the Genesis Programme, which was a self-guided relapse prevention course of treatment based on The Bible and a neuro-chemical understanding of addiction. The Genesis process was based on a neuro-chemical understanding of relapse and challenging beliefs and destructive behaviours. However, the Genesis process was not an evidence based treatment recommended by the National Institute for Health and Care Excellence or the Drug misuse and dependence UK guidelines on clinical management. This was the sole treatment available to clients using the service.
- Clients received one to one sessions with a recovery worker to work through the relapse prevention course. Clients were part of an extended family structure overseen by live in support staff called 'house parents'. Staff and clients met together weekly to give each other feedback on each other's behaviour for their self-evaluation. Self-evaluation was required as part of the treatment and was a method of examining behaviours with the help of feedback from peers and improving choice around sabotaging or compulsive behaviours.
- Part of the therapeutic programme focussed on clients gaining work skills and experience, clients worked on the farm during the day. They had a day off per week. Clients were encouraged to try all of the work activities to find out what they liked and were good at. Their assigned work activities were then based on their strengths and preferences. During the third phase of their treatment, clients were encouraged and enabled to spend more time in the community as they prepared to leave. Staff helped them to find suitable employment and housing.
- All clients were registered with the local GP and clients were supported to attend healthcare appointments. If a client had mental health needs that required secondary care treatment, they were treated by the local community mental health team.
- The service did not use outcome measures to measure the efficacy of the service or the progress clients were making. They maintained contact with followed clients up for two years after they left the service but they did not collect any data from them.

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

Assessment of needs and planning of care

- We reviewed seven care records. Four clients had care plans which had been completed upon admission. Three clients did not have an assessment form in their current file. This was because they had been in the service, left and then come back into the service. A new assessment was not completed, reviewed or revisited on re-admission. Care plans were goal focussed but goals were not always measurable or time limited.
- Care plans were completed on paper and filed and then weekly assessment session notes were completed on a database which was the ongoing system used for recording care. Both sets of records were accessible.

Best practice in treatment and care

Skilled staff to deliver care

Substance misuse/detoxification

- There were 15 staff in total. The seven permanent staff had had an appraisal within the last 12 months. The six directors had not had appraisals. It was being arranged for the Gilead Foundation trustees to complete these. The quality of appraisals was good.
- All staff had access to clinical supervision via weekly team meetings. However, staff did not receive formal individual supervision. Staff were encouraged to approach managers and directors if they needed individual supervision but this was not being recorded.
- The team included a qualified mental health nurse and a qualified social worker as well as other key workers and house parents.
- Staff induction included mandatory training which was provided using an online training programme. Staff were also taught awareness of the activities on the farm, health and safety, policies and procedures.
- Staff were provided with training in the Genesis relapse prevention programme, understanding autism, recovery worker and care planning skills, drug and alcohol awareness training and epilepsy awareness. All permanent staff were trained in health and social care. However, staff were not trained in evidence based psychosocial interventions as recognised by the National Institute for Health and Care Excellence or the Drug misuse and dependence UK guidelines on clinical management
- There was an understanding that clients under the influence of substances could be temporarily incapacitated and that this could affect their decision making.
- A consent to treatment and sharing information form was in use but it had only been completed by four out of the seven clients.
- There was a policy on the Mental Capacity Act and the service said they would approach the local community mental health team if they needed help with concerns about a client's mental capacity.
- Some staff were trained in restraint although we were told they had not needed to use it for years. There was a policy on restraint. Restraint could be used if someone was acting in a way that posed a threat to their own health or safety or that of others. Physical intervention was to be used only by trained staff and as a last resort.

Are substance misuse/detoxification services caring?

Kindness, dignity, respect and support

- We observed staff being polite, helpful, kind and caring towards clients. Clients felt they had to work hard on the farm and said they were tired. We heard reports of people being encouraged to work when they were not well. The provider was committed to encouraging clients to develop their work ethic and to build their skills and confidence. However, they said there were times when there was less time to train and work with clients because work needed to be completed, especially when they were short staffed. They were recruiting more staff and believed this would improve.
- Clients generally described having good relationships with their key workers. However, four clients were unhappy about the way some staff treated them. We heard some examples of staff behaving in a threatening manner towards clients. The clients also described tension between clients themselves that had resulted in fighting which staff had intervened in. There was a policy that violence was not tolerated and could result in instant dismissal from the programme.
- Five out of the seven care records we reviewed had signed confidentiality agreements included in them.

Multi-disciplinary and inter-agency team work

- The team held weekly team meetings and daily handover meetings each morning. There was a procedure for handing over information to staff in the evenings. The weekly team meetings included discussion of client's progress and care plans.
- There were good working links with local GPs and with the community mental health team.

Good practice in applying the MCA

- Training in the Mental Capacity Act had been completed by 67% of staff.
- Staff were unable to thoroughly or consistently describe the statutory principles.

Substance misuse/detoxification

- Clients were not allowed mobile 'phones during their stay, they were allowed to make three 15 minute telephone calls per week, there was a policy that telephone calls were monitored by staff. Clients were aware of this and agreed to it prior to admission to the service. We were told this was to prevent clients from accessing drugs or alcohol from family or friends in the community. The policy said staff should listen in to telephone calls but this was not always carried out consistently. Clients said they sometimes had freedom to make more regular phone calls and staff did not always listen in on them. There was no recorded rationale for why clients were afforded different privileges.

The involvement of people in the care they receive

- Clients were involved in their recovery planning and had access to their recovery plans. Staff discussed treatment options and goals with clients and supported them through the self-directed course of treatment. Potential clients were invited to visit the service before deciding whether to take up a place. Clients were given a service user guide and code of practice so they understood the conditions of their stay.
- There was evidence of staff involving clients' families and carers in their care when the client wished this to be the case. Families and carers were encouraged to visit. Clients had a care meeting every four to six weeks with their accountability team. The accountability team included their recovery worker and named family members or friends.
- The service said they encourage clients to access Citizens Advice Bureau if they needed it.
- Clients could give feedback about the service using reporting sheets or during weekly meetings and we saw evidence of the matters reported being acted upon when needed. They were not involved in interviewing but they had been asked for feedback on the newly appointed house parents.
- During their admission, clients worked on the farm and received skills training and certificates, for example, in health and safety, food hygiene, fire safety and infection prevention and control. Clients were also encouraged to socialise in the community, for example, by going to the

local gym, going on walks or going to the library. Clients were encouraged to develop hobbies. There were opportunities to go to local churches. The service offered a monthly group outing.

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

Access and discharge

- There were no waiting times for the service and there was capacity to take new clients. Clients were usually offered an initial telephone interview and then a site interview to ensure the programme was appropriate to meet their needs.
- Prior to admission a full history of the client was reviewed to ensure that their admission to the service was safe for them and others. Clients with a history of arson were not admitted to the service as this was a condition of the farm's insurance. Clients who had committed sexual offences were not admitted to the service for the protection of other residents. Female clients with disabilities could not be admitted to the service because the female accommodation had not been adapted for people with disabilities.
- Clients with mental health needs were supported to engage with the community mental health team and local GP services as required.
- Clients who left the service were sometimes readmitted due to relapse or because they left early and wished to return. Clients were followed up for two years to monitor their progress.
- Over the previous year, ten clients had been discharged from the service. Five were planned discharges and five were unplanned. No clients were asked to leave.

The facilities promote recovery, comfort, dignity and confidentiality

- The service had good facilities including a large open plan lounge and dining space and rooms for private meetings. Clients had their own bedrooms. The farm provided people with the opportunity to work with and gain confidence with animals and some clients said they had found this fulfilling.

Substance misuse/detoxification

- There was a comprehensive service user handbook and code of practice, which gave clients information about their rights and restrictions.

Meeting the needs of all people who use the service

- The male accommodation had disabled access including a disabled bathroom. However female accommodation was not accessible to wheelchair users and it was not possible to accommodate female clients if they needed adapted facilities.
- None of the information provided to clients, such as the code of practice and service user handbook, was available in easy read format or in foreign languages. The provider told us these had never been required.
- The service had an equality and diversity policy. The service facilitated clients of different faiths to visit places of worship. Clients attended meal times together and food was prepared on site for all staff and clients. Clients could view the menu in advance and make requests for different food. The kitchen kept a list of clients' dietary, cultural or religious requirements which was adhered to during menu and food preparation. Clients could also order their own personal food free of charge each week.

Listening to and learning from concerns and complaints

- The service reported that it had received no formal complaints or compliments during the past 12 months. Complaints could be made in person or in writing to the directors. However, several clients brought concerns to our attention.
- Clients were unsure about the complaints process and they told us that they lacked faith in it. They were unsure which forms to use and what would happen if they made a complaint. There was a complaints record that could be obtained from reception to make formal complaints and the manager said they had recently reminded clients about it. There was a complaints policy and procedure and if complainants were not satisfied with the outcome of their complaint they could take it to the chair of Gilead Foundations Trust. Some feedback from clients about complaints included staff not acting on complaints, complaints being held against them and staff not listening to complaints.
- Informal complaints were made using reporting sheets. Staff or clients handed these in and the programme manager or one of the recovery workers handled any

difficulties highlighted in them. Oversight and analysis of informal complaints took place during team meetings. Reporting sheets were filed in clients' care records.

- Conflict between clients was handled by calling a meeting and asking the people involved to listen to one another and then make amends. We heard from staff and clients that they were cautious about raising issues because the procedure was to discuss issues within the group environment.
- The service had not completed a client or staff satisfaction survey.

Are substance misuse/detoxification services well-led?

Vision and values

- The mission, vision and aim of the service were printed on the first page of the service user handbook and all clients had a copy. The vision described an aim to unlock people from addictive lifestyles and enable them to reach their potential in society through rehabilitation in a family environment. Staff were working within these values and worked towards these objectives.

Good governance

- Governance procedures and systems were not in place to support the delivery and development of a safe and effective service.
- The lack of purposeful recording of complaints and incidents meant the service could not demonstrate learning and progression in response to experiences. Staff were unable to give us any examples of learning from results of investigations of complaints or incidents. Reports of incidents were made on the same reporting forms used for concerns and complaints. These were reviewed by managers and there was evidence they were addressing individual issues as they arose but there was no central recording or analysis.
- Medication errors were not recorded.
- Although there were team meetings, staff did not receive regular individual supervision where they could discuss their work in private and receive support or raise concerns.

Substance misuse/detoxification

- Staff were not sufficiently clear about their responsibilities in regard to safeguarding adults or children and did not know how to raise an alert.
- Some clients stated that some staff behaved in a threatening manner towards them. There was no policy or procedures for bullying and harassment and managers were not aware of these reports. Some concerns were raised with us which we referred to the local authority safeguarding board.
- The provider lacked oversight of incidents. The policy on incidents did not detail the full scope of incident that should be reported and incidents that should be reported such as medicines errors were not reported. Staff were not trained in reporting incidents.
- The service did not measure its effectiveness using measures of performance indicators.
- The manager said they did not have enough administrative support and they were currently getting administrative support from a client as work therapy for them. A new member of administrative staff was being recruited.
- The provider did not conduct any audits. We heard that the registered manager reviewed care records periodically and the nurse checked medicines weekly but these activities were not documented anywhere. Although there had been informal reviews of the care records there was no formal audit.
- The provider was not measuring its efficacy. They said they keep in touch with clients for up to two years after they leave to find out if they are still abstinent but they could not provide any data on this.
- The provider recognised the need for improvement in their management and oversight of the service and had procured a new electronic management system and database which they expected would support them with the development of policies.
- Leadership of the service focussed on ensuring clients achieved rehabilitation. There was a focus on and determination to update and improve governance structures, policies and procedures. The collaboration between Risdon Enterprises Community Interest Company and Gilead Foundations Charity enabled the service to access support and advice. Risdon Enterprises Community Interest Company directors sat on the Gilead Foundations Charity board.
- The service did not record sickness and absence, did not have a policy on these and had not done any analysis.
- There were no recorded cases of bullying and harassment but there was no policy on this and there had not been any training.
- Staff we spoke with felt able to raise concerns with the directors of the service and said they had opportunities to do so.
- There was no policy on staff welfare. Staff were generally satisfied with their work and felt the work was worthwhile. The staff team expressed mixed views re their workloads and stress levels, some told us they were stressed and others said they were not. A client and a member of staff complained of being under pressure to work when they were sick and a lack of compassion.
- The registered manager, social worker and director in charge of fundraising and marketing had all completed National Vocational Qualification level four certification in leadership and management training.
- Staff were aware of their responsibilities to apologise if things went wrong and there was an open culture which encouraged people to make amends with one another.

Commitment to quality improvement and innovation

- The service were international advocates for the Genesis Process relapse prevention programme. They had done some external teaching and had trained trainers in the model.

Leadership, morale and staff engagement

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must not deliver a detoxification service, now or in the future, unless it has the appropriate equipment, skilled staff and support from local GPs to do so, including on call medical care and follow up.
- the service is sufficiently equipped to treat clients for detoxification safely, including ensuring medicines are kept at the correct temperature and ensuring drug screening kits are within their use by date.
- The provider must ensure all clients have up to date recovery plans at all times. They must have thorough risk assessments and risk management plans should be in place and regularly reviewed. There must be a policy and process in place to safely manage clients unexpectedly leaving the service.
- The provider must ensure all staff are trained in safeguarding adults and children and that their training is updated. All staff must be fully conversant with safeguarding procedures and able to identify abuse. The provider must ensure there are robust systems in place to safeguard children of people using the service and that staff act on any concerns they may have in relation to the safety and potential abuse of children or adults.
- The provider must ensure there is a bullying and harassment policy and that clients and staff are aware of procedures to report bullying and harassment.
- The provider must ensure there is a clear complaints process for clients to use and that they are encouraged to use it. Clients must be supported to feel confident their complaints will be investigated and resolved. A complaints log must be kept to enable the provider to analyse and learn from complaints.

- The provider must ensure there is a clear process for reporting, analysing, investigating and learning from adverse incidents. Staff must be clear on the range of incidents that should be reported. The provider must evaluate the service using audits, performance indicators, outcome measures and satisfaction surveys to enable them to monitor and improve the service.
- The provider must ensure all staff are trained in the Mental Capacity Act and that they have a clear understanding of the implications for their practice.

Action the provider **SHOULD** take to improve

- The provider should ensure it is providing recognised evidence based psycho-social interventions.
- The provider should provide staff with the opportunity to have regular individual supervision and the opportunity to discuss their performance and concerns.
- The provider should ensure they can accommodate females with disabilities that require adjustments or are able to make alternative provision for females with disabilities.
- The provider should ensure mandatory training is completed by all staff.
- The provider should ensure there are adequate staffing numbers to provide support and training for clients while they are at work on the farm.
- Develop a policy to determine how often Disclosure and Barring Service checks are repeated.

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

Regulation

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

Robust systems were not in place to protect service users and children from abuse or improper treatment. Safeguarding children training had not been provided. Children visited the site and staff should also be aware of their responsibilities to report any concerns they might have about the safety of children they hear about, including the children of people using the service. There were complaints about some staff behaving in a bullying manner towards clients and there was no bullying and harassment policy.

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

Regulated activity

Accommodation for persons who require treatment for substance misuse

Regulation

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

There was a lack of overview or analysis of complaints raised and learning from complaints was not formalised. Clients were unclear about the complaints process and they lacked confidence that their complaints would be taken seriously and acted upon. The system they were using to raise complaints was an informal one and clients were unclear about the distinction between the informal and formal complaints process. Clients and staff did not have a private forum to enable them to raise complaints confidentially without it being shared with other clients. This caused them to be cautious about speaking openly.

This was a breach of regulation 16 (2)

This section is primarily information for the provider

Requirement notices

Regulated activity

Accommodation for persons who require treatment for substance misuse

Regulation

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

Clients did not all have up to date recovery plans and risk assessments. Staff had not worked with clients to consider actions they might take to remain safe if they left the service early or if their risk escalated. There was no policy or process for managing unexpected exits from the service. Where risk had been assessed, risks were not adequately explored and risk management plans were not put in place.

The provider did not have the appropriate equipment, skilled staff, support from local GPs, on call medical care and follow up care to provide safe detoxification.

This was a breach of regulation 12 (1), (2)(a), (2)(f)

Regulated activity

Accommodation for persons who require treatment for substance misuse

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider's systems and processes for reporting, analysing, investigating and learning from adverse incidents were not robust. Staff were not aware of the range of incidents that should be reported.

The provider did not evaluate the service they were providing using, for example, audits, performance indicators, outcome measures and satisfaction surveys to enable them to monitor and improve the service.

The provider was prepared to deliver a detoxification service but did not have the appropriate equipment, skilled staff, support from local GPs, on call medical care or follow up to manage detoxification safely.

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

Regulated activity

Regulation

This section is primarily information for the provider

Requirement notices

Accommodation for persons who require treatment for substance misuse

Regulation 18 HSCA (RA) Regulations 2014 Staffing

There was limited understanding of the Mental Capacity Act and 33% staff had not completed the training

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