

Risdon Enterprises CIC

Quality Report

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Date of inspection visit: 21 March 2017
Date of publication: 21/06/2017

This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

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

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

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

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

Overall summary

We do not currently rate independent standalone substance misuse services.

Following our inspection in July 2016, we issued five requirement notices. During the current inspection, we found that the service had addressed the issues that had caused us to issue requirement notices under the following regulations:

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

- Regulation 12 HSCA (RA) Regulations 2014 Safe care and Treatment
- Regulation 18 HSCA (RA) Regulations 2014 Staffing

The provider was now meeting these regulations of the Health and Social Care Act (Regulated Activities) Regulations 2014.

However, the provider remained non-compliant with the following regulation breaches:

- Regulation 17 HSCA (RA) Regulations 2014 Good Governance.

Summary of findings

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

In addition, the provider was in breach of Regulation 9 HSCA (RA) Regulations 2014. This was because staff

placed blanket restrictions on clients who were not involved in developing and reviewing the code of conduct or had no say in the restrictions. The service did not meet the psychological treatment needs of service users and did not sufficiently reflect their preferences.

Summary of findings

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Risdon Farm

Services we looked at

Substance misuse services

Summary of this inspection

Background to Risdon Enterprises CIC

Risdon Enterprises Community Interest Company provides a rehabilitation programme for people with substance misuse problems. They are registered with the Care Quality Commission for 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 service is in the process of becoming a supported housing organisation and have been adapting their service model. This will lead to them applying to de-register with the Care Quality Commission. However, at the time of our inspection they continued to provide activities regulated under the Health and Social Care Act.

The male clients live in a large purpose built accommodation comprising a lounge, dining room, kitchen, bedrooms and meeting rooms. Female clients live in a separate farmhouse where the programme manager and his wife, a recovery worker, live. Each accommodation has 'house parents' who are live in staff that work as recovery workers. There were ten clients at the time of our visit and the service has capacity for ten clients. Clients' care is funded through a combination of funding sources including private or self-funding, council funding and sponsorship.

Our inspection team

The team that inspected the service was led by CQC inspector Francesca Haydon.

The team comprised another CQC inspector and a head of hospital inspection.

Why we carried out this inspection

We undertook this inspection to find out whether Risdon Enterprises CIC had made improvements to their substance misuse service since our last comprehensive inspection of the provider in July 2016.

Following the July 2016 inspection, we told the provider it must make the following actions to improve substance misuse services:

- 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 must be 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 that 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 that 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.

Summary of this inspection

- 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 that 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.

These related to the following regulations under the Health and Social Care Act (Regulated Activities) Regulations 2014:

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

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

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

Regulation 17 HSCA (RA) Regulations 2014 Good Governance

Regulation 18 HSCA (RA) Regulations 2014 Staffing.

How we carried out this inspection

We inspected this service to find out whether improvements had been made since our last inspection in July 2016. We focussed on aspects of the following five questions:

- 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 this inspection, we focused on those issues that had caused us to issue requirement notices.

During the inspection visit, the inspection team:

- visited the location and looked at the quality of the physical environment
- spoke with eight clients
- spoke with the registered manager, programme director and two support workers
- received feedback about the service from two stakeholders
- looked at five care and treatment records, including medicines records, for clients
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

Clients were generally happy with the service. They said they had good relationships with the staff. They described staff as kind, fair, responsive and caring. They all said that they felt involved in planning their care. They said they

had been given choices about involving friends and family in their recovery. Some clients thought the service needed more staff in order to provide them with more one to one time. Clients said they needed regular

Summary of this inspection

counselling and group therapy in order to make progress with their underlying problems. Some clients felt there was too much emphasis on work therapy. Clients were informed about the service before they were admitted and they were given the opportunity to visit. Some clients

said they were not given enough opportunities to socialise or get involved in the community to develop hobbies and interests. They told us that monthly outings the provider ran for them had not been taking place.

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:

- The provider had not made sufficient improvements to its processes for reporting, analysing, investigating and learning from adverse incidents.
- The provider had not made sufficient improvements in developing robust systems to protect children from abuse or improper treatment. There were plans to deliver a bespoke training in safeguarding children to the staff. The provider was developing a new safeguarding policy.

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

- The service had addressed the deficits in risk assessments identified in the previous inspection. Staff identified risks and reviewed them every week. There were plans to introduce risk management plans.
- Since our previous inspection, the service had developed a brief bullying and harassment policy and clients told us they had read and signed it. Clients were very positive about staff and described them as caring and compassionate. There were no reports of bullying.
- Following our previous inspection, the service confirmed they were not planning to provide detoxification service themselves but would support clients who were undergoing detoxification under the care of a primary health provider such as a GP or NHS substance misuse service.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Following our previous inspection, the provider had addressed the issues regarding recovery plans. All clients had a recovery plan and staff involved clients in developing them and ensuring they were person centred and contained clear goals.
- Since our inspection in July 2016, the provider had introduced outcome measuring to measure the efficacy of the service and the progress clients were making.

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

Summary of this inspection

- The provider did not ensure there was sufficient therapeutic input to meet the needs of clients. The service described to clients was treatment for substance misuse issues and there was insufficient therapeutic input. Clients complained about the lack of talking therapies available and only met with their recovery workers once per week.
- The provider exercised blanket restrictive practices which meant clients were prevented from going out unless they were accompanied or from going out at all. This was considered part of the rehabilitation.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- During our inspection in July 2016, some clients said they felt intimidated by staff at times and complained of working too hard on the farm. At this current inspection, clients told us staff treated them with kindness.

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

- There was a lack of therapeutic and social activities to support clients with their recovery.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Since our last inspection, clients had been well informed about how to complain.

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

- The provider did not make provision for female clients with disabilities who required adjustments to access the service. There were no alternative arrangements for these clients.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following issues that need to improve:

Summary of this inspection

- The provider had not sufficiently developed their governance procedures and systems. The provider lacked systems and processes for analysing, investigating and learning from adverse incidents and complaints. The provider did not seek feedback to enable them to develop and improve the service.
- The provider had not yet implemented a specific policy for staff absence and sickness although it was included in the code of practice.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

- At our previous inspection, we found training in the Mental Capacity Act had been completed by 67% of staff and staff were unable to thoroughly or consistently describe the statutory principles although they were aware clients might lack capacity if they were influenced by substances. At the current inspection, knowledge of the Mental Capacity Act was mixed and the provider had not taken steps to ensure staff had a good working knowledge of the Mental Capacity Act and were aware of their responsibilities.

Substance misuse/detoxification

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse/detoxification services safe?

- During our previous inspection, we found staff assessed clients risk to themselves and others upon admission but the risk assessments lacked exploration of risks and potential triggers. In addition, clients did not have risk or crisis management plans or plans for an unexpected exit from treatment. However, during this inspection we reviewed five care records and found that although risk assessments were brief, risks were reviewed every week. GPs and community mental health teams were the primary providers of health and mental health care for clients in the service. With this in mind the risk assessments the service created with clients were good. There were plans to introduce risk management plans with clients. Staff did not create plans for unexpected exits from treatment to ensure arrangements were in place for their safety and wellbeing if they decided to leave the service early.
- During our last inspection, we found staff were not trained in child safeguarding although children did visit the service. There were no safeguarding alerts received by CQC in relation to the service during the six months prior to our inspection. Staff did online adult safeguarding training but they were not trained in safeguarding children. However, the service had plans to deliver this training in May or June 2017.
- During our previous inspection, clients raised concerns about staff behaving in a bullying manner towards clients. The service did not have a bullying and harassment policy. However, since our previous inspection, the service had developed a bullying and harassment policy and clients told us they had read and

signed it. During this inspection, all clients were very positive about staff and described them as caring and compassionate. Disputes between clients sometimes occurred but staff monitored them.

- Staff told us at our previous inspection that they had not provided a detoxification service for many years. We were concerned that the service was still prepared to provide detoxification although it was not equipped to do so. During this inspection, the service was treating a client for low risk detoxification but the clinical oversight was provided by a local community substance misuse provider and not by this service. The service confirmed they were not planning to provide detoxification service and the mental health team and GP were monitoring risks associated with mental health.

Reporting incidents and learning from when things go wrong

- During our previous inspection, we found the provider did not have robust systems and processes for reporting, analysing, investigating and learning from adverse incidents. We found adverse incidents were not formally recorded or analysed and that the policy was not robust. In addition, the provider could not demonstrate 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. At this current inspection the provider told us they supported staff to improve the reporting of incidents but there had been no changes to the policy and procedures.

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

Assessment of needs and planning of care

Substance misuse/detoxification

- We reviewed seven care records. At our previous inspection, we found some clients did not have current recovery plans. At this inspection, all clients had a recovery plan. Recovery plans were person centred and contained clear goals.

Best practice in treatment and care

- Treatment was focussed around a self-guided relapse prevention programme, based on challenging belief systems and destructive behaviours. During the inspection we looked at examples of this which was a workbook, completed by the clients (referred to as 'students'), and which referenced some models of cognitive behaviour therapy.
- However, there was insufficient provision of talking therapies for clients. Clients received one to one sessions with a recovery worker to work through the relapse prevention course. During this inspection, some of the clients complained about the lack of counselling. This was not in keeping with the registration of the service as a treatment for substance misuse. The provider recognised this and they were in the process of becoming a supported housing organisation and applying to de-register with the Care Quality Commission.
- At our previous inspection, we found the service did not use outcome measures to measure the efficacy of the service or the progress clients were making. However, the provider maintained contact with all clients for two years after they left the service to find out if they were still in recovery. Data for 2016 showed five out of seven clients remained in recovery and the provider had not been able to contact the remaining two. At the current inspection, the service had introduced outcome measuring and staff completed a treatment outcomes profile at the beginning, middle and end of treatment with each client.

Multi-disciplinary and inter-agency team work

- At our previous inspection, we noted staff did not have regular one to one supervision. At this inspection we found staff had ad hoc one to one supervision sessions but these were informal and were not in accordance with the provider's policy. The provider recognised this was an area for development and this was on their action plan. Staff met weekly for team meetings and each meeting discussed all clients' progress.

Good practice in applying the MCA

- At our previous inspection, we found training in the Mental Capacity Act had been completed by 67% of staff and staff were unable to thoroughly or consistently describe the statutory principles of the Act. At this inspection the provider told us all current support staff had completed training in the Mental Capacity Act. One member of staff was not familiar with the Mental Capacity Act. The provider did not ensure staff were competent and aware of their responsibilities under the Act. However, following our inspection the provider ran an internal refresher training for all staff in April 2017.

Equality and human rights

- During the current inspection, clients told us about restrictive practices that prevented them from going out unless they were accompanied or prevented them from going out at all. Clients were aware of the expected conduct as this was signed as a contract, and agreed to abide by it as a condition of their stay. One client told us they had also been prevented from meeting with their family as a penalty for their actions. This was considered part of the rehabilitation process.

Are substance misuse/detoxification services caring?

Kindness, dignity, respect and support

- At our previous inspection, clients complained of working hard on the farm and of being made to work when they were not well. At this inspection, we found three clients were unwell and they were resting. Clients described finding work therapy a good way to take their minds off their problems and they did not complain of working too hard.
- At our previous inspection, four clients complained about how they were treated by staff. However, on this inspection, we spoke to eight clients and they all said they were treated well and that staff were kind, approachable and supportive. We asked them if they had ever experienced or witnessed bullying and none of them had experienced this at the hands of staff. There had been interpersonal difficulties between the clients but clients felt these were resolved quickly.

Substance misuse/detoxification

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

Meeting the needs of all people who use the service

- The accommodation for female clients was upstairs. Female clients with disabilities who required adjustments to access the service could not be admitted and there were no alternative arrangements for them to have their needs met elsewhere. However, the service had not yet needed to turn away a client with a disability.

Listening to and learning from concerns and complaints

- During our previous inspection, clients told us they were unsure about the complaints process and lacked faith in it. Clients said they did not feel staff listened to or acted upon their complaints. We heard from staff and clients that they were cautious about raising issues because the procedure was to discuss issues within a group environment. During this current inspection, the provider said they had made clients aware of the current complaints procedure and policy. Clients told us they knew how to complain and described what they would do to make a complaint. Complaint forms were available.

Are substance misuse/detoxification services well-led?

Good governance

- At our previous inspection we found governance procedures and systems were not in place to support

the delivery and development of a safe and effective service. The provider did not demonstrate to clients how the complaints system responded to complaints or what changed as a result of complaints. We also found that the provider lacked a system for analysing, investigating and learning from adverse incidents. There was no central monitoring or analysis of incidents and staff were not aware of the range of incidents that should be reported, including medication errors. The provider said the weekly programme team meeting reviewed incidents. However, minutes we reviewed only contained notes about discussions of clients. There remained a lack of purposeful recording of complaints and incidents and a lack of a means of overviewing and analysing complaints and incidents in order to make improvements to the service.

- At our previous inspection, the service could not provide evidence that it was measuring its effectiveness using measures of performance indicators, audits or satisfaction surveys. However, during this inspection the provider told us they were auditing to ensure thorough completion of client records. They also told us they completed health and safety audits. The service had received one client satisfaction survey in March 2017 and it had not been evaluated.

Leadership, morale and staff engagement

- At our previous inspection, we found the service did not record sickness and absence, did not have a policy on these and had not done any analysis. There was no policy on staff welfare and staff said they were stressed and had heavy workloads. During this current inspection the provider told us they planned to develop a policy on wellbeing, dignity and respect. In the meantime, they referred to the codes of practice for clients and staff.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure clients are receiving person-centred care. They must consider the rights of clients to live without unnecessary restrictions and review the blanket restrictive practices.
- The provider must ensure all clients with disabilities can access the service or make alternative arrangements.
- The provider must provide the activities it is registered to provide and those that are advertised. This must include substantial provision of recognised evidence based psychosocial interventions.
- The provider must ensure there are governance procedures in place to record, analyse and develop from adverse incidents, complaints and feedback about the service.

- The provider must ensure all staff are trained in safeguarding children. 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.

Action the provider **SHOULD** take to improve

- The provider should ensure it demonstrates to clients that it is responsive to complaints and illustrate developments they have undertaken in response to complaints to improve the service.
- The provider should develop a procedure for planning with clients for unexpected exits from treatment.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity

Accommodation for persons who require treatment for substance misuse

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider's systems and processes for reporting, recording, assessing, investigating and learning from adverse incidents and complaints were not robust. The provider did not seek and act upon feedback to enable them to continually evaluate and improve the service.

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

Regulated activity

Accommodation for persons who require treatment for substance misuse

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Staff placed blanket restrictions on service users. Service users were not involved in developing and reviewing the code of conduct and had no say in the restrictions.

The service did not meet the psychological treatment needs of service users and did not sufficiently reflect their preferences. The service did not provide what it advertised it would provide and which it was registered to provide as the provision of psychosocial interventions were minimal.

There were no adjustments for female clients with disabilities to enable them to be treated in the service and no alternative arrangements.

This was a breach of regulation 9(1), (3)(b), (3)(d), (3)(f), 3(h).

Regulated activity

Regulation

This section is primarily information for the provider

Requirement notices

Accommodation for persons who require treatment for substance misuse

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.

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

This section is primarily information for the provider

Enforcement actions

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.