Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Risdon Farm

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Date of Inspection: 23 January 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Staffing	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Gilead Foundation Charity
Registered Manager	Mrs. Beth Rosanna Taylor
Overview of the service	Risdon Farm is a working, Christian community farm run by the Gilead Foundations Charity. The farm provides residential rehabilitation for people above the age of 18 who abuse drugs or alcohol and have related behaviours which adversely affect their lives. Admission is voluntary if a place is offered. The service is registered for a maximum of 10 people for phase one of the rehabilitation and training programme. People may also choose to continue to phases two and three.
Type of services	Care home service without nursing Residential substance misuse treatment and/or rehabilitation service
Regulated activity	Accommodation for persons who require treatment for substance misuse

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 23 January 2014, observed how people were being cared for and talked with people who use the service. We talked with staff and reviewed information given to us by the provider.

What people told us and what we found

During our inspection there were seven people residing at Risdon Farm. We spoke with three people using the service, three members of staff including the registered manager. We reviewed the care records of three people and all of the medication administration records.

People were involved in all aspects of their care and treatment programmes and consent was sought.

We found people's needs were assessed and individualised care programmes were devised to meet people's specific treatment needs.

People received their medicines as prescribed and safely. There were good procedures in place in relation to the management of medicines.

There were enough staff on duty with the right skills to meet people's needs.

There was a complaints policy in place and the provider listened to and acted upon people's concerns.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

People told us "Everyone has a choice"; "Consented to all of it" and "I received good information."

We spoke with three people who were using the service about the information they had been given prior to admission to ensure they understood the treatment programme and that their consent to participating had been sought.

People told us that they had received written and verbal information about Risdon Farm and what was involved in Phase One and Phase Two of the treatment programme. People told us that they had received information about the detoxification process, the therapeutic interventions which were offered and the commitments they would be required to make to the programme. Receiving the information prior to coming to Risdon Farm meant people had time to consider the commitment required and time to discuss the information received with their social workers and their friends and family.

Everyone we spoke with had capacity to understand the programme and treatment options. The registered manager and staff who worked at Risdon Farm allowed people time to consider their treatment options and the people on the programme were at the centre of their care decisions. For example, one person we spoke with told us they had been able to lengthen the time of their detoxification process to meet their needs.

In addition to the treatment aspects of the programme and the detoxification from substances, Risdon Farm also required people to participate in the running of aspects of the farm to enable them to build and develop life skills. There was a rota of "jobs" and people were able to consider the aspects they wished to focus on to develop new skills. One person we met had chosen to learn about the administration side and reception part of the organisation and had gained skills in this area.

Participating in the programme that Risdon Farm offered was entirely voluntary and people understood they could changed their minds about aspects of their treatment programme at any point. This ethos demonstrated that Risdon Farm staff respected people's human rights to make their own decisions. We spoke to two people who had relapsed during their programmes and left for a period and later returned. The staff respected these people's choices and supported them when they re joined the programme.

We reviewed three people's records and saw that care and support plans had been developed alongside them. "Code of practice" forms were in place which gave people information on the behaviours and "rules" in place at Risdon Farm so they understood the what was required of them when entering the programme. We saw that people had read these forms and signed them indicating their consent.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We spoke with the registered manager about the admission process. Most initial enquiries and referrals were taken by telephone and Risdon Farm encouraged the person seeking treatment to be a part of that initial contact. Risdon Farm took referrals from all over the country. Most people were funded through their local authority and had social workers or drug and alcohol case workers supporting their applications for treatment. Information about Risdon Farm was posted to people where this was possible for them to be able to fully consider whether Risdon Farm was appropriate to meet their particular needs.

Risdon Farm is a community with a religious philosophy that underpinned the counselling and the programme. As a working farm it offered people the opportunity to gain skills in this and people were encouraged to participate in the running of the farm such as maintenance tasks. The programme offered two stages of treatment, Phase One centred on rehabilitation and training. This phase included detoxification, relapse prevention and learning an accredited life skill. This stage could last up to thirty six weeks. Phase Two focused on training and transitional work and preparing people to move back into the community. The timescales were flexible to individual needs and some people chose to continue to live at Risdon Farm after their treatment finished.

When people chose Risdon Farm for treatment, where possible a visit was arranged so they could meet with people who were on the programme and meet with staff. People told us they had found this helpful.

Once a person had agreed to treatment and funding was in place, admission was arranged. People met with trained staff shortly after their admission and with support from the local GP's detox was arranged. A thorough assessment of people's history, type of substances used, the amount and route enabled care to be planned effectively and safely.

We spoke with one person who had been admitted recently. They told us that the staff had supported them 24/7 during their detox and that staff had liaised with their GP to have physical checks due to the health problems they were experiencing from long term alcohol

use. These processes ensured the safety and welfare of people. The trained nurse we spoke with told us that if indicated, people would be supported to be screened for blood borne viruses. One person we spoke with told us that many of their health checks they had not been having regularly when using substances were being arranged for them such as dental and eye care. One person we met had been pregnant through their treatment programme. Care and support for their unborn child and themselves was organised and supported by the staff at Risdon Farm.

People received weekly "Genesis" counselling. This is a person centred counselling based on a Christian approach. The staff were trained in this to support people to consider aspects of their lives to support their recovery from addiction. People were also allocated case workers who were staff assigned to support them through their rehabilitation programme. Weekly meetings were held where the group were able to raise issues and ask for support. People's care plans detailed their individual needs, relapse triggers and goals for their treatment. Individual risk factors for relapse were recorded in people's care records and if relapse had occurred and people had returned to the programme, these were used as opportunities for learning.

Daily records were kept about people's progress and significant events which had occurred. This enabled sharing of information between staff. All of the care and trained staff who worked at Risdon Farm also lived on site as part of the community which meant they knew people well and their individual needs.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We spoke with the trained nurse on duty about the management of medicines, read the medicines management policy, reviewed all of the medication administration records (MAR) and looked at the storage facilities for medicines.

We found there was a policy in place for the management of medicines at Risdon Farm. The policy detailed all aspects of the obtaining, recording, using, safe keeping, dispensing, administration and disposal of medicines kept at Risdon Farm. We found all staff administering medicines had received training in this area to ensure they understood their roles and responsibilities in this area.

There was no one on a controlled drug at the time of our visit but there were procedures in place for the safe storage of controlled drugs. We looked at the register kept for previous controlled drugs and were able to see a clear audit trail of medicines received and used. The keys were held by staff who were trained in medicine administration. This ensured limited access to the medicines.

We looked at the MARs. People's medicines were clearly recorded on the charts with the names of medicines, dosage and times people required them. If people required additional medicines "as required" (PRN) these were stated with instructions about how much should be given and for what reason. This ensured people received the medicines they required at the correct time. The provider may wish to note that there were gaps on three of the MARs we examined with no explanation as to why the tablets had been omitted (if they had been). We spoke with the registered manager about this who told us they were intending to make improvements to the recording of medicines.

Clear, precise records were kept of all medicines received and all medicines disposed of. We spoke with one of the trained staff about the disposal of medicines. There was a clear audit trail of the medicines returned to the pharmacy and all records were signed and dated.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

All of the care and trained staff that support people at Risdon Farm live on site. This means that although there was a rota of staff who were rostered to work, there were also staff readily accessible in the event of sickness or an emergency.

The accommodation in which people lived was supported by care staff who lived there also. This meant that during times when people required additional support and observation there were staff there. Volunteers also worked at Risdon Farm and one person told us that during their detox staff had been available all night to support them during this period.

We reviewed the staff files for three people. We were confident people had the necessary skills and abilities to meet the needs of people at Risdon Farm. Most staff had undergone significant training in the area of illicit substances. Where new staff had limited experience, training was provided which enabled them to feel competent in this area. We spoke with one of the volunteers and saw their induction checklist which included training in drug and alcohol awareness in addition to the policies and procedures of Risdon Farm.

Five staff had been trained in Genesis Counselling to enable people to receive the counselling they required as part of the therapeutic programme. Risdon Farm had a trained nurse which extensive experience in the drug and alcohol field and the support of the local doctors was available when it was required.

We saw that the staff employed at Risdon had the right knowledge, skills, experience and skills to support the people in the treatment programme. We saw staff training certificates in the safe handling of medication, first aid, epilepsy training, a cognitive behavioural therapy approach called Jay Adams and safeguarding. Some staff held health and social care qualifications. Reference checks and additional safeguard checks such as the Disclosure and Barring checks (DBS) were completed for all staff to ensure their suitability to work with vulnerable adults. Staff also underwent a probation period to ensure their suitability. We also saw that many staff had come to volunteer at Risdon Farm prior to permanent employment to ensure the type of work and the community would suit them.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

We spoke with the registered manager about the process for managing complaints and enquired whether there had been any recent complaints. There had not been any complaints made about Risdon Farm for us to review.

We read the complaint's policy which detailed how people could make a complaint and the process which would be followed if people had raised a concern. Verbal or written complaints could be made to any staff member which would then be investigated. If the complaint could not be resolved there were further steps detailed in the policy which people could take. The addresses for the external agencies such as the local authority, who would investigate individual complaints were provided. The contact details for the Care Quality Commission were also detailed if people wanted to make us aware of a complaint they had made.

The people we spoke with felt able to approach any of the staff should there be the need to make a formal complaint but people told us that they were able to raise issues as they arose either individually with staff or through the weekly meetings held. The service user information which people received outlined how people could raise a complaint if they needed to.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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