

Ley Community Drug Services

Quality Report

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

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

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

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

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

Overall summary

We do not currently rate independent standalone substance misuse services.

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

- There were failings in safeguarding practices amongst the staff and management. Staff were not auditing the services performance so were not aware of what might need improving. There were issues with the transparency of the service with CQC and the local authority and the management's ability to safeguard the clients within the service.
- There was a breach of same sex accommodation guidance. Disabled access was very poor.

Summary of findings

- The service had not conducted a health and safety assessment of the environment. There was no physical health monitoring equipment on site.
- Staff turnover was high and there was no on site medical or nursing cover. There was poor staff induction and there was no overdose prevention training or other specialist training for staff. Mandatory training compliance was very poor. Staff were not provided with regular supervision. Management oversight of training was poor and there was no oversight of who had been supervised
- Children were not adequately supervised when visiting the service.
- There was not a robust complaints process. There was a lack of recovery orientated information displayed around the site.
- There was comprehensive needs assessment that was transferred into evidenced based recovery plans using up to date guidance. Clients were registered with the local GP who undertook physical health checks on admission. There were good links with local recovery services.
- Staff were caring and understood individual client need. Clients were allocated a key worker and they were involved in recruiting staff into the service. They were given the opportunity to feedback about the service and help create an action plan around changes they would like to see.
- Beds were available due to low client numbers. The service was able to respond quickly to referrals into the service. There were transition arrangements in place for clients at the end of their stay.
- There was a range of rooms, the food was reported to be of a good quality and the chef was able to respond to cultural need. Activities were provided throughout the week and weekend and there were complementary therapies available.
- Staff felt management of the service had improved. There was a clear recovery focus and morale was good amongst the staff.

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

- The service had a clean environment, the clinic room was clean and well maintained. Sickness rates were low. Pre-employment checks were conducted.
- There was excellent comprehensive individual risk assessment and management. Staff were able to respond to changes in risk.

Summary of findings

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The Ley Community

Services we looked at:

Substance misuse/detoxification

Summary of this inspection

Background to Ley Community Drug Services

The Ley Community is a therapeutic community for men and women with dependency and addiction issues. This included addictions to: drugs, alcohol, new psychoactive substances (NPS, also known as legal highs), gambling, eating, and sex addiction. The site was situated in five acres of land in Oxford. Referrals into the service came from community substance misuse services, social care services and from prisons. The Ley Community had been operating since 1971.

The program provided peer driven self-help and abstinence and helped to enhance life skills (skills

necessary for participation in everyday life) and recovery capital (internal and external support and resources for clients to achieve and maintain recovery). The program encouraged behaviour change; developed self-worth and self-confidence and improved social skills. The service also supported clients to manage personal responsibility and physical and mental well-being.

The Ley Community was last inspected in 2014 and was found to be rated good in all areas. It has previously not met outcomes of inspection relating to care and welfare of people who use services.

Our inspection team

The team that inspected the service comprised CQC inspector David Harvey (inspection lead), one other CQC

inspector, a nurse specialist in substance misuse and an expert by experience. An expert by experience is a person who has personal experience of using, or supporting someone using, substance misuse services.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme to make sure health and care services in England meet the Health and Social Care Act 2008 (regulated activities) regulations 2014.

How we carried out this inspection

To understand the experience of people who use services, we ask the following five questions about every service:

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

Before the inspection visit, we reviewed information that we held about the location, asked other organisations for information, and gathered feedback from staff members in response to an email we asked the provider to send to them.

During the inspection visit, the inspection team:

- visited the location, looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with 14 clients, looked at seven care and treatment records and all medicines records and observed medicines administration

Summary of this inspection

- spoke with the registered manager and the chief executive
- spoke with seven other staff members employed by the service provider, including key workers and support workers
- received feedback about the service from commissioners
- attended and observed a hand-over meeting and a daily meeting for clients and observed two key worker sessions
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

- Clients we spoke with stated that staff were very supportive from the start of their stay at The Ley Community. We heard that they were open and that they felt they could go to staff about any problems. We found that previous clients who had used the service had returned there to work due to their positive experience in recovery.

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:

- There were failings in the knowledge of safeguarding practices and procedures amongst staff and management. This meant issues that required referral to the local authority, for safeguarding consideration, were not being escalated. This was a breach of a regulation. You can read more about it at the end of this report.
- Mandatory training compliance was very low for a high number of essential areas of practice. This meant that staff trained in first aid or fire safety procedures were not always guaranteed to be on site. This was a breach of a regulation. You can read more about it at the end of this report.
- There was a breach of same sex accommodation guidelines due to mixed gender corridors and the washing and toileting facilities attached to these. This was a breach of a regulation. You can read more about it at the end of this report.
- The service had not conducted a health and safety assessment of the inside or outside spaces. Therefore, there was no guarantee that risks in the building or grounds had been adequately assessed and managed. This was a breach of a regulation. You can read more about it at the end of this report.
- There was no physical health monitoring equipment, emergency medical equipment or medications on site.
- Staff turnover was high at 38%
- There was no on site medical or nursing cover.
- Children were not adequately supervised when visiting the site.

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

- Clients in the service took responsibility for the cleanliness of the buildings as part of their recovery.
- Overall sickness rates were very low. Pre-employment checks were conducted before staff started.
- There was excellent risk assessment comprehensively completed and updated regularly.
- Staff were able to respond to changes in risk and knew the procedure for clients wanting to leave.
- Medication was stored properly.
- Staff were aware of what was considered an accident or incident and knew how to report.

Summary of this inspection

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- There was comprehensive needs assessment and recovery planning using evidence based tools.
- All clients were registered with the local GP and underwent a number of physical health tests such as sexual health tests and Blood Borne Viruses testing on admission.
- Treatment Outcomes Profile assessments were completed at regular intervals.
- Staff performance issues were addressed appropriately.
- There were good links with local recovery services.

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

- Overdose prevention training was not provided for staff as recommended by the National Institute for Health and Care Excellence (NICE).
- There was poor induction for new staff working at the service and a lack of specialist training for staff.
- There was not always regular supervision for staff.
- It was not clear how staff had reached a decision assessing someone's capacity due to a lack of recorded information.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff were caring and understood the client groups' needs. Clients reported that staff were very helpful and could go to them for anything involving their care.
- Clients were allocated a key worker and reported they felt very involved in the recovery process.
- Clients were involved in interviewing new staff and their views were sought in the quarterly forum where an action plan was made for changes to the service.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- There were beds available in the service. This meant they were able to respond to new referrals quickly and assess and admit within six weeks.

Summary of this inspection

- There was a resettlement officer in place to help with transitions out of the service.
- There were a range of personal and group rooms. Clients reported that the food was of good quality. Clients reported that they were able to personalise their bedrooms.
- Activities were provided throughout the week and weekends. Complementary therapies such as acupuncture and reflexology were also provided.
- There was a good choice of food and the service was able to respond to culturally specific diets.

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

- The complaints process was not robust. There was no recording of complaints or learning conducted from issues within the service as a result.
- There was a general lack of recovery-orientated information such as leaflets and posters available for clients.
- There were limited adaptations for disabled people.

Are services well-led?

We do not currently rate standalone substance misuse services.

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

- Despite management oversight of training levels via a training matrix there continued to be poor adherence to mandatory training. As a result, there were a large number of staff missing training in essential areas.
- There was no on-going auditing conducted to check the performance of the service. Key performance indicators were only used for referral, admission and discharge.
- The service was not transparent with Care Quality Commission or the local authority. As a result issues within the service that would have been considered safeguarding issues were not escalated appropriately and necessary safeguards were not put in place.
- There was no oversight of the supervision process. As a result staff had gone four months without being supervised.
- Staff were not able to submit items to the risk register.

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

- Staff felt leadership and management had improved prior to the inspection. The service was recovery focussed and morale amongst the staff members was good.
- The management of the service was visible.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

- From records we looked at, 72% of staff had received training in the Mental Capacity Act (MCA). Staff told us that there was an MCA assessment completed on admission to the service although they would normally presume capacity. We found that when reviewing MCA assessments in the files that it was not clear how a decision had been reached on the client's capacity. However, the form had a tick box section to say that capacity had been assessed.

Substance misuse/detoxification

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse/detoxification services safe?

Start here...

Safe and clean environment

- Ley community was set in four separate buildings in large grounds that included a swimming pool, astro-turf and a lake. One of the buildings, Palmer House, had recently been evacuated of clients due to an issue with bed bugs. This had meant that all clients were transferred over to Agulnik House while improvements were being made funded by Public Health England. As a result there was a breach of same sex accommodation guidance within Agulnik House with mixed corridors meaning that female clients had to pass male occupied areas to get to their toilet and washing facilities. We found the buildings to be in a good state of repair and the grounds were looked after by clients and a volunteer.
- As part of the rehabilitation process clients were given jobs around the site. This meant that they were responsible for cleaning the houses, including communal areas, toilets and personal rooms. We found that issues with the cleanliness of the building were handed over to staff on a daily basis in a formal handover. Senior peers walked around daily to check the cleanliness of the environment and that the jobs by junior peers had been completed. However, a recent infection control audit had identified the need for cleaning schedules to be in place to ensure that all areas of the site were cleaned regularly.
- There was a staff member designated for building maintenance. They were responsible for weekly walk rounds to check for maintenance issues and to perform weekly fire alarm checks.

- The site had an in date fire risk assessment and we found evidence that fire safety checks had been completed. Fire extinguishers had been checked and were in date.
- There was no evidence that a health and safety assessment of the buildings had been completed and, when asked, staff were not able to produce any assessment of risks inside or outside the building. This meant that external areas such as the chicken coop, lake, pond and astro-turf had not been assessed for risk. Staff had completed a risk assessment for the pool area and there was a clear procedure for clients wanting to use the swimming pool. Staff showed good knowledge of the procedure for using the swimming pool.
- There was a clinic room which held medication and a fridge for temperature sensitive medication. The clinic room was clean and tidy and well maintained. However, there was no physical health monitoring equipment available to staff. As a result staff were not able to monitor changes in physical health for the clients within the service. Staff told us that physical health monitoring was the responsibility of the GP. There were no emergency medications relevant to substance misuse or equipment such as a defibrillator on site. Staff informed us that in an emergency they would ring the emergency services. Naloxone, a drug administered for opiate overdose, was not available to staff. This meant they were not able to respond quickly and effectively to a potentially life threatening situation, such as a client relapse and over dose.

Safe staffing

- The service had regular key workers for the weekday but kept a separate rota for the evenings and weekends. There was no rota for weekday staff. Regular key workers included bank workers that the service could utilise when there were staffing issues. There was no

Substance misuse/detoxification

requirement to be professionally registered to become a staff member at the service so staff were not required to have any formal qualifications, however, we found that key workers included qualified social workers, previous students and clients of the service.

- There was a temporary registered manager in post. There was a plan in place for this role to be taken over by the chief executive. There were support staff in admissions dedicated to the triage and assessment of referrals coming into the service. There was human resources input on site.
- The service employed 18 staff and a volunteer and had an annual substantive staff chi of 38% in the period up to June 2016. There was a low overall sickness rate of 2%. The service was not recruiting into vacant positions at the time due to low client admission numbers which had resulted in less income.
- Staffing levels were constant through the week and the service worked on skeleton staff at the evenings and weekends. We found that whilst they were using bank staff, there were enough staff for key worker sessions to happen and activities to be facilitated. Leave was conducted on a peer support basis so, unless there were planned formal appointments, leave would not need to be facilitated by staff. This allowed a greater freedom for the clients to leave the site.
- There was no medical cover or nursing cover on site. Medical cover was provided by a local GP or the emergency services.
- Across the 16 training sessions offered by The Ley Community there was a very low overall compliance rate of 33%. We found that the following areas had low completion rates:
 - Equality and Diversity 0%
 - Health and Safety 11%
 - CQC regulations 22%
 - COSHH (Control of Substances Hazardous to Health) 22%
 - Basic First Aid 22%, Food Safety 27%, Infection control 33%
 - The Ley Community Policies and Procedures 33%
 - Fire Safety & Fire Marshalling 33%

- Safe Handling of Medication 50%
- Mental Capacity Act 72%.
- The low levels of training meant that the staff could not guarantee that there was cover for essential areas, such as having a first aider on site at all times or to be aware of how to respond appropriately in the event of a fire. We found that these failings on training levels had impacted staff as they felt they should be given more training. There were only six staff (33% of the workforce) that had received training in substance misuse in the past two years. However, there was a 94% completion rate for safeguarding children training and 89% completion rate for training in safeguarding adults at risk. .
- We reviewed the employment records of six staff members and found pre-employment checks, such as Disclosure and Barring Service (DBS) and references, were sought prior to staff starting. We found that the volunteer had also undergone a DBS check.

Assessing and managing risk to clients and staff

- The Ley Community received referrals from around the country from community substance misuse services, social services and prisons. Each referral was assessed before a place was offered. Assessments were done over the phone for prison referrals but a day placement was offered so that the client could meet peers and look around before having an assessment. We found that when reviewing client folders that the admission assessments were not always comprehensive and showed only very basic information about substance misuse. They did not provide a full assessment of substance or injecting history, sites, durations of intravenous drug use or mental health history. The service had a policy of not admitting clients with a dual diagnosis but there had been referrals that had been accepted. There had been issues with these admissions, such as friction between the clients on site which had resulted in a client in need of rehabilitation, being asked to leave.
- When clients were admitted into the service we found that risk assessments were comprehensive and translated into a risk management plan. Staff reviewed risk assessments at regular intervals and when risks changed. The seven risk assessments we reviewed were

Substance misuse/detoxification

all comprehensively completed. Staff were risk aware and spoke of the different risks they may face with the client group. We found good evidence of client involvement in the risk assessment process.

- We found that staff were able to respond to changes in risk such as if a client wanted to leave the service. Staff were aware of the procedure for clients wanting to leave and would allow peers to step in to try and refocus the client as well as offer time themselves. We found that staff were able to offer money for travel and would re-refer back to local drug and alcohol services for clients wishing to leave. However, we felt that due to the lack of training around physical and mental health there was a gap in staff ability to respond to changes in these associated risks.
- Care records were up to date and organised. They were stored correctly and in a secure area. There was a plan to introduce an electronic notes system, the service was transitioning to this system at the time of the inspection though were continuing to use paper written notes.
- While staff had received some training in safeguarding adults and children we found they had poor knowledge of types of abuse that would need a safeguarding referral. We found that there were serious failings in safeguarding residents from potential abuse. We saw evidence of incidents on the site that were not escalated to the Care Quality Commission or the local authority despite clear evidence of abuse. Staff had failed to escalate incidents of client on client abuse, staff on client abuse and potential abuse involving the children of clients. We found evidence of drug taking around children that the service had not alerted to safeguarding despite being informed of this in the clients' initial assessments. The service had failed to develop relationships with the local authority and, as a result, had not gained a clear idea of expected levels of transparency. No alerts had been made to safeguarding within the last year. Staff were not free to escalate safeguarding alerts and they were required to go through management. When staff did escalate abuse that had happened on site there was no further escalation from the management team. During the inspection management stated that they had made decisions themselves that safeguarding alerts were not required in clear situations of abuse. Staff had the opportunity to make a 'no names' phone call to safeguarding at the local authority to inquire whether an issue needed to be alerted and had used this in the past.
- The failings with the services safeguarding had impacted on the transparency of the service to the CQC. Incidents of abuse that would require a statutory notification under Regulation 18 were not being recognised and reported as such. As a result the service was not safeguarding clients from potential serious harm.
- Medication was stored properly in a lockable cabinet in the clinic room, the boxes were clearly labelled and each client had their own tray in the cabinet for their medications. There were no controlled medication kept on the site. We noted two medication administration errors in the previous year and found that these had been escalated appropriately. The fridge and room temperature of the clinic was checked regularly and noted to be within normal limits. There was a sharps bin and clinical waste bin available. The staff used a separate room for drug urine testing. There were clear procedures for signing in and out medications and a process where peers were accompanied to collect their own medications from a community pharmacy. There were signs clearly displayed outlining dispensing times. Medication cards were tidy and clearly written with administration times, allergies, quantity received and essential client identifiable information.
- Staff were not involved in the supervision of children who visited the site. Clients would observe their peers so the responsibility was on them to ensure the safety of children visiting. We felt that this did not safeguard children from potential harm whilst they were on site, particularly considering any potential risks associated with the swimming pool and lake in the grounds. We found evidence in client files that some child visits were time limited due to social services involvement. Staff were not aware of the formal procedure for children visiting the site which meant that the risk to children had not been considered.
- Medication reconciliation was done by the local GP who was responsible for the prescribing of physical health and detox medications.

Track record on safety

Substance misuse/detoxification

- The service reported no serious incidents requiring investigation over the previous 12 months. However, we found evidence of an overdose of illicit substances that required medical and hospital treatment. As a result of this not being considered a serious incident there was no guarantee of learning or extra training for staff.

Reporting incidents and learning from when things go wrong

- Staff were aware of what to report as an accident and incident. Forms were completed and submitted to the management team. We saw examples of physical accidents that were reported, for example accidents on the football pitch. A copy of an accident and incident form was kept in a central file and also within the clients paper file.
- Management had oversight of incidents on the site but staff felt that there was no learning cascaded around for them. We found that there was good peer to peer debrief among the residents around incidents and issues within the house and that many complaints, accidents and incidents were resolved quickly in this way.

Duty of candour

- The service had a policy on the duty of candour. We found that the service had been transparent around an incident involving injury to a client within the service. This had been followed up with an investigation and disciplinary procedure before being fed back to the client.

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

Assessment of needs and planning of care (including assessment of physical and mental health needs and existence of referral pathways)

- Staff completed a comprehensive assessment following admission to the service. We found that staff offered weekly key worker sessions with clients to update care plans and risk assessments. Life stories were completed as part of the rehabilitation process. Reviewing care records showed that staff completed assessments promptly and considered a range of issues around the

clients' substance use. The drug and alcohol star, a client led tool to assess areas of strength and weakness, was used with the support of key workers and updated regularly.

- Every client was registered with the local GP who became the lead for physical health care at the service. On admission an appointment was made with the GP who conducted physical health screening, blood borne virus (BBV) test and a sexual health test. On-going physical health care was provided by the GP as the service had no means to monitor physical health issues. The service was informed of all physical health checks undertaken by the GP.

Best practice in treatment and care

- Staff used the evidence based Public Health England manual Routes to Recovery to help clients' motivation in recovery. This was used in conjunction with the drug and alcohol star for all clients and was updated at regular intervals. This psychosocial approach was in line with National Institute for Health and Care Excellence guidance on opiate detoxification, we also found the detox process to be in line with this guidance.
- Clients were able to access physical healthcare through the local GP service. We found that staff would use the emergency services to respond to physical health emergencies.
- Staff used Treatment Outcomes Profile as directed by the National Treatment Agency (TOP). TOP measures change and progress in key areas of the lives of people being treated in drug and alcohol services. TOP consists of 20 simple questions focusing on the areas that can make a real difference to clients' lives, such as substance use, injecting risk behaviour, crime and health and quality of life. Staff updated these at regular intervals.

Skilled staff to deliver care

- There were no nurses or medical staff employed by the service and the service relied upon community substance misuse services in the local area and local GP and hospital services for 24/7 medical support.

Substance misuse/detoxification

- Overdose prevention training was not provided for staff, clients or carers. NICE guidance on opiate detoxification state that staff should provide information and guidance around the increased risk of overdose and death from illicit drug use.
- The service employed staff from a range of backgrounds and also people that had used the service and were in recovery. There was a volunteer who helped out around the hospital grounds.
- Due to the low completion of staff training we found that induction into the service was poor. There was no guarantee of staff being trained in areas specific to their role and they told us that they relied on their experience from previous jobs training and from their formal education. Staff told us that there was no specialist training relevant to their role and were concerned that it was not being offered. For example, they had not been trained in overdose prevention or volatile substance misuse training.
- Staff told us they did not always receive regular supervision from their line manager. We found that when reviewing the supervision records there were three staff members who had gone a period of four months without formal supervision.
- The management submitted evidence that a staff member had been dismissed for a variety of allegations and issues. While this process was well documented and evidenced, inspection staff felt circumstances around the dismissal that impacted clients, also warranted escalation to the local authority which the service had not recognised.

Multidisciplinary and inter-agency team work

- Multidisciplinary team meetings had been regularly conducted by the service. However, following a recent audit of the service against the Health and Social Care Act (Regulated Activity) Regulations 2014, the chief executive had decided to stop these meetings and instead concentrate on becoming compliant with the audit. We found that staff had valued this monthly meeting where they could discuss the progress of the clients within the service but now the focus had gone onto meeting the regulations.

- There was a twice-daily peer led handover. This meant that the peers would give a handover of any concerns or positive issues concerning their health or wellbeing or any issues with the buildings.
- There were good links with local recovery services as well as the support groups Narcotics Anonymous and Alcoholics Anonymous. There was The Freedom Project on site for support of people that had experienced domestic violence and rape. Plans were in place to bring Self-Management and Recovery Training (SMART) recovery groups into the service to provide extra support to the clients. Staff showed us evidence of working closely with a local mental health team for a client with mental health problems.

Good practice in applying the Mental Capacity Act.

- From records we looked at, 72% of staff had received training in the Mental Capacity Act (MCA). Staff told us that a MCA assessment was completed on admission to the service, although they would normally presume capacity. We found that when reviewing MCA assessments in the files that it was not clear how a decision had been reached on the client's capacity. However, the form had a tick box section to say that capacity had been assessed.

Equality and human rights

- None of the staff had received training in equality and diversity.

Management of transition arrangements, referral and discharge

- Referral into the service was through prison services and community drug and alcohol services. The services received referrals from all across the country. Referrals were triaged by an admission department and assessments were conducted by a dedicated admissions worker.
- The service had a phased approach to clients' treatment. Following the formally funded part of a client's treatment there was the opportunity to self-fund using housing benefit. A resettlement officer was in place to help clients gain work experience and improve their CV before moving on into formal employment.

Substance misuse/detoxification

Are substance misuse/detoxification services caring?

Kindness, dignity, respect and support

- We observed that staff were caring and had a good knowledge and understanding of the issues with the client group.
- Key worker sessions were in depth and put the client at the centre of the experience, with them very much leading the session. Staff told us that they were devoted to the therapeutic nature of the community and that they were there to ensure that there was a strong focus on peer support, rather than having a staff led service.
- Clients we spoke with stated that staff were very supportive from the start of their stay at The Ley Community. We heard that they were open and that they felt they could go to staff about any problems. We found that there were previous clients of the service that had returned there to work due to their positive experience in recovery.

The involvement of clients in the care they receive

- On admission to the service the client was allocated a key worker and senior peer to offer support. This was known as 'the safety net' stage. The therapeutic community then actively engaged them in the process of their care and was the catalyst for change.
- Clients told us they felt fully involved in the process of their recovery and were well supported by both staff and their peers. They were able to keep copies of their recovery plans, life stories and drug and alcohol stars as well as the maps completed from Routes to Recovery.
- The service had policies in place that meant that families and carers were only allowed to visit once every six weeks unless there were formal arrangements in place such as those in contact with social services. However, there had been a sports day put on by the service where all families were invited. There were plans to put on a Christmas dinner for families as well. Families were invited to the graduation from the service.
- Clients were involved in the interviewing process and were able to sit on the interview panel for prospective staff.

- Every three months there was the 'Quarterly Residents Forum', where residents were able to feedback about the service. Sheets were given out prior to the forum where clients could comment on the service. These then went to the CEO, who collated them and met with the residents to create an action plan for the points raised. Issues such as, more phone calls, more fruit and vegetables in the meals and available for clients had been addressed through this forum.

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

Access and discharge

- National Drug Treatment Monitoring Service analysis for residential rehabilitation substance misuse services data showed the service was able to respond to referrals and then admit quicker than the England average with admissions being within six weeks of referral. A dedicated admissions team screened each referral and undertook the assessment either in person or over the phone.
- Due to relatively low client numbers there were beds available within the service.
- Staff were able to support clients that did not get on at the service with what they called the Choices Loop. This allowed clients to consider other options that met their rehabilitation needs and receive support with the referral process.
- We found that the service had a policy of not admitting clients with a dual diagnosis. In the event of an assessment highlighting a dual diagnosis, the admissions team discussed the management of the client with the staff in order to assess whether it was appropriate. We found that there had been clients with a dual diagnosis admitted to the service and that this had caused issues with their peers and had resulted in them being asked to leave the service. A resettlement officer was in place to ensure a smooth transition from the service into the community. This included setting up benefits, looking for work and looking for suitable accommodation.

Substance misuse/detoxification

The facilities promote recovery, comfort, dignity and confidentiality

- The service had a wide range of rooms for both communal activities and one to one key worker sessions. There was ample outside space, including a swimming pool, astro-turf, lake and large gardens.
- There was a new policy for phone calls that meant clients could make a phone call in private. Previously phone calls had to be observed by peers.
- Clients reported that the food was very good quality. A chef from a local restaurant who was a previous client in the service was employed to come to the site to train peers in cooking the meals. He was also able to train clients in safe hygiene techniques in the kitchen. Food and snacks were available throughout the day and night.
- We found that clients were free to personalise their bedrooms, although many of them shared their rooms with their peers. There was a lockable area for clients to store their personal possessions.
- Internal and external staff throughout the week and the weekends provided activities. There was a strong focus on peer support groups within these. Activities focussed on recovery as well as physical and emotional wellbeing.
- Complementary therapies such as reiki, reflexology and acupuncture were offered.

Meeting the needs of all clients

- We found that disabled access to the service was poor and there were no disabled adapted bedrooms at the time of the inspection due to one of the houses being evacuated due to infestation.
- There was generally a lack of visible recovery orientated information displayed around the site. There were no leaflets of external services available in the local area and there were no recovery orientated posters on display. We found that this lack of provision of local services around recovery could potentially impact on clients' ability to engage with the right services.
- Staff told us that they were able to access an interpreter service if needed.

- There was a choice of food according to dietary preference. We spoke to a client who was very impressed with the way the service had responded to his need for a culturally specific type of food. We found that the service was sensitive to requests of food such as kosher and halal.
- Staff told us there were good links with local faith groups in the area, and they encouraged clients to attend if they felt they would benefit. .

Listening to and learning from concerns and complaints

- The service had not recorded any complaints in the previous 12 months due to the service trying to resolve complaints before they escalated.
- We heard that there had previously been no record of complaints held by the service and that they always tried to resolve complaints in a peer to peer environment. There was complaints information displayed around the service in order for clients to know what the local complaints process was and how they would make a formal complaint.
- A new complaints policy had been implemented where the service recorded compliments, comments and complaints. There had been no complaints recorded on this template and we were told that the service preferred to concentrate on compliments. As a result there had been no feedback to staff about potential issues with the service and management could not guarantee that they were fully aware of any issues within the service.

Are substance misuse/detoxification services well-led?

Vision and values

- There were no vision and values displayed but there was a strong peer support focus that was clear in many areas of the service. We found that staff and clients prescribed to the model of the therapeutic community.
- The management of the service were visible and staff were aware of who the management were.

Good governance

Substance misuse/detoxification

- Supervision levels at the service were inconsistent and there appeared to be a lack of oversight on adherence to supervision.
- Despite a training matrix being kept, mandatory training levels for all staff were very poor and staff had not received training in vital areas of their work. This meant that the service management could not guarantee the safe running of the service or the ability of staff to respond effectively to issues such as physical health problems, fire or issues with health and safety.
- There was no auditing of care notes which meant that there was no oversight of what had been completed in the clients file. There had been an audit schedule drawn up for the service in response to an audit against regulations but there had been only one infection control audit completed at the time of the inspection.
- The service kept key performance indicators on referral rates, admissions and discharges. The lack of auditing meant that the service was not able to gauge its performance in other areas, including effectiveness of treatment.
- Human resources files were up to date and Disclosure and Barring Service checks had been completed for staff and volunteers.
- The service had recently begun to implement new policies and procedures, however, not all of these had been written. The service had prioritised writing what they felt were the most important ones.
- We found that there was a lack of responsibility from management to be transparent about the issues faced by clients within the service. This meant that when safeguarding issues around peer to peer violence were raised, they did not see fit to report them to the local authority safeguarding team. There was no recording of

potential safeguarding incidents. This lack of awareness at the top level meant that vulnerable clients within the service were missing out on vital services to safeguard them from abuse.

- The lack of recording verbal and written complaints did not guarantee complete oversight of potential issues and trends within the service. Therefore, staff were not informed of issues regarding practice within the service.
- Due to the lack of safeguarding alerts being raised there was a lack of reporting to Care Quality Commission for areas that we would expect a statutory notification.
- The service had a risk register in place to officially record risks and a plan to reduce them. We found that the register concentrated on corporate risks such as those associated with a lack of client numbers within the service rather than clinical or operational issues. The focus on corporate risks meant that staff were not able to submit clinical items to the risk register.

Leadership, morale and staff engagement

- Sickness and absence rates for the service were very low at 2%.
- Staff felt leadership and management had improved over the preceding months and they felt comfortable to raise concerns. However, they told us there was a lack of training and that they would be much better prepared with more mandatory and specialist training.
- Staff we spoke with told us that they felt good about their jobs and felt it was a happy team with good morale. They were motivated and looked forward to working with the clients. There were staff members who had previously used the service and were pleased with the opportunity to support others as staff members.

Commitment to quality improvement and innovation

- The service was not involved in any quality improvement or innovation initiatives.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that the mandatory training identified is sufficient to support staff to carry out their roles safely and that staff are inducted into their roles within the service.
- The provider must ensure that when there are potential safeguarding issues within the service that they are appropriately escalated to the local authority. The provider must ensure that these incidents are alerted to CQC.
- The provider must ensure that children are appropriately supervised when visiting the service.

- The provider must ensure that the health and safety of the environment is assessed.
- The provider must ensure that staff are provided with regular supervision.
- The provider must ensure that complaints are appropriately recorded.

Action the provider **SHOULD** take to improve

- The provider should ensure physical health monitoring equipment is available for staff to monitor clients physical health.
- The provider should ensure gender separation in line with the published department of health guidelines.

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 18 HSCA (RA) Regulations 2014 Staffing

Mandatory training compliance was very low for a high number of essential areas of practice. This meant there was no guarantee of a first aider being on site at all times or staff who were aware of what to do in the event of a fire.

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

There were failings in the knowledge of safeguarding practices and procedures amongst staff and management. This meant issues that were considered to need referring to the local authority to be considered for safeguarding were not being escalated.

Regulated activity

Accommodation for persons who require treatment for substance misuse

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The There was no evidence that a health and safety assessment of the buildings had been made and when asked staff were not able to produce any assessment of risks inside or outside the building. This meant that external areas such as the chicken coop, lake, pond and astro-turf had not been assessed for risk.

Regulated activity

Regulation

This section is primarily information for the provider

Requirement notices

Accommodation for persons who require treatment for substance misuse

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Staff were not involved in the supervision of children who visited the site. Clients would observe their peers so the responsibility was on them to ensure the safety of children visiting. We felt that this did not safeguard children from potential harm whilst they were on site, particularly considering any potential risks associated with the swimming pool and lake in the grounds.

Regulated activity

Regulation

Accommodation for persons who require treatment for substance misuse

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Staff stated that there was not always regular supervision from their line manager. We found that when reviewing the supervision records there were three staff members who had gone a period of four months without formal supervision.

Regulated activity

Regulation

Accommodation for persons who require treatment for substance misuse

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

A new complaints policy had been implemented where the service recorded compliments, comments and complaints. There had been no complaints recorded on this template and we were told that the service preferred to concentrate on compliments. As a result there had been no feedback to staff about potential issues with the service and management could not guarantee that they were fully aware of issues with the service.

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.