

# Ley Community Drug Services

## Quality Report

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Date of inspection visit: 16-17 January 2018

Date of publication: 09/03/2018

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 areas of good practice:

- The organisation had a site safety team, staff monitored environmental risks daily and health and safety records were in order.
- The organisation had enough staff to care for the number of clients. Clients said they always had access to support from staff, their peer group and had regular key work sessions.
- The organisation had developed a new mandatory training matrix. This was discussed and monitored in staff personal development plans. Staff were encouraged to further develop their skills through specialist training.
- There were good links with local community and employers for clients to move on to the supported work stage of the programme.

# Summary of findings

- The Ley is a peer led therapeutic community, the organisation made it clear about behaviours that would not be accepted and all we spoke to were aware of this. Clients had to sign a resident's charter and staff signed a code of conduct.
  - The Ley offers a range of activities that promote recovery and these are tailored to individuals needs and strengths, these include physical exercise groups, art, therapy groups at all stages and voluntary work at later stages of a clients programme with employment as the main outcome at the end of the programme.
  - Staff were caring, supportive and showed real commitment in their work.
  - Staff knew and put into practice the service's values, and they had contact with managers at all levels.
  - There were clear frameworks in place for quality assurance, which had recently been established. There were regular board meetings and regular audits were completed.
  - All who we spoke to stated that there had been significant improvements in the organisation since the new management came into place. The management team were approachable and receptive to new ideas.
- However, we also found the following issues that the service organisation needs to improve:
- Staff did not record essential information about the client's allergies to medicines on the medication charts.
  - Staff appraisal figures were low, the organisation was using ongoing performance review rather than an annual appraisal system we were told that appraisals are being implemented and they are working towards being up to date with appraisals.

# 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, first established in 1971 to provide a residential service for all types of addictions. The Ley is situated in its own grounds in Yarnton, Oxford. The Ley provides a residential and detoxification service for men and women over the age of 18.
- The programme provided peer driven, self-help and abstinence and helped to enhance life skills and recovery capital (internal and external support for clients to maintain recovery). The programme encouraged behaviour change, developing self-worth, and self-confidence improved social skills together with the ability to manage personal responsibilities, physical and mental health and well-being.
- The Ley has two phases, the first lasts up to 26 weeks and the second phase (employment and move on support) also of up to 26 weeks is the aftercare and moving on part of the programme. Time periods are flexible. Within these phases are five stages starting with orientation and settling in and the last is independent living. The Ley community has three different houses Agulnik is used for clients at the beginning of the programme, Mandlebrote house is as clients are moving on (currently not being used for accommodation) and Palmer for moving on and independent living.
- Clients could self-refer or be referred by any other professional. Clients were funded by their local commissioning group or were self-funded. Referrals into the service came from Local authority, prisons, social care services and community substance misuse services.
- The location is registered with the Care Quality Commission to provide 'accommodation for persons who require treatment for substance misuse'. There was a registered manager in place.
- The Ley community was last Inspected in August 2016; we served six requirement notices and told the organisation it must:
  - ensure staff had received the mandatory training required to carry out their roles safely.
  - ensure that safeguarding issues were appropriately escalated
  - ensure that the health and safety of the environment was appropriately assessed and procedures for children visiting the service were in place
  - ensure that staff were receiving regular supervision and that complaints were being appropriately recorded.
- On this inspection, January 2018, we found that the organisation had met all the requirement notices and with a new management team had made the required improvements and was continuing with further development, improvements and changes.

## Our inspection team

The team that inspected the service comprised two CQC inspectors and one specialist advisor who was a senior nurse with experience of substance misuse and mental health.

## 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.

# Summary of this inspection

## How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about the location.

During the inspection visit, the inspection team:

- visited the Ley community, looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with 12 clients
- spoke with the registered manager and the chief executive

- spoke with seven other staff members employed by the service, including key workers, site safety staff, chef and administration staff
- received feedback about the service from five commissioners
- spoke with three carers
- attended and observed one hand-over meeting and a daily meeting for clients facilitated by clients
- collected feedback using comment cards from 12 clients
- looked at five care records
- looked at all medicine cards and records
- observed medicines administration at lunchtime
- observed a handover meeting
- observed a daily morning meeting for clients
- looked at policies, procedures and other documents relating to the running of the service.

## What people who use the service say

All the clients we spoke to and feedback from the comment cards were positive about the staff. Clients stated they felt safe and that staff were very caring and supportive.

Carers spoke about the commitment and compassion of staff.

All clients and carers stated clearly that it was a strict programme and it would not suit all people. However, clients said the reason they chose it was because it gave them firm boundaries from which they could positively move forwards with their lives. Clients said that there was

a lot of support around and when they had feelings of wanting to leave the client peer support and staff team offered time to explore difficult emotions and feelings. Clients who had been at the programme for a while said that there had been noticeable improvements in the running of the organisation since the new management team came into place. Some carers said phone calls were supervised at first so they were not sure how clients were really finding the programme.

Some clients said that they would welcome more flexibility in the program to have private time.

# 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 areas of good practice:

- Environmental risks were monitored and reviewed regularly; the organisation had a site safety team. The appropriate health and safety records were present and in order.
- The service had a dedicated clinic room, medicines were stored securely. Medicines management was regularly monitored and reviewed.
- The organisation had an experienced staff team and clients spoke of having regular key work sessions. There were no vacancies at the time of inspection. They did not use any agency or locum staff. Clients said they always had access to support from staff and their peer group.
- Staff completed a mandatory training programme. A new training matrix had been introduced which included risk assessment, challenging behaviour, Mental Capacity Act, safeguarding and infection control. This was regularly reviewed in supervision as part of staff's continuous personal development plans.
- The organisation had a safeguarding lead. All staff were trained in safeguarding and demonstrated a good knowledge of the safeguarding procedures. These were clearly displayed in the staff office.
- Staff knew how to report incidents. Learning from incidents were shared in relevant staff and house meetings.

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

- Staff did not record essential information about the client such as allergies to medicines.

### Are services effective?

We found the following areas of good practice:

- The organisation had a dedicated admissions worker; pre-admission assessments were conducted which covered clients past history, support networks and physical and mental health. Clients were invited to spend a day at the organisation prior to admission.
- Care plans were completed with clients and regularly reviewed. Clients had a copy of their care plan.

# Summary of this inspection

- Staff received regular supervision; records showed detailed discussions on continual professional development.
- There were good partnership working arrangements with other agencies and organisations and good links with local employers.
- The organisation gave regular feedback reports to referrers with an update on the client's progress. Referrers said that when a client left the programme early the organisation kept them updated and put plans in place to ensure clients left as safely as possible with an established support network.

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

- Staff appraisal figures were low the organisation was using ongoing performance review rather than an annual appraisal system but we were told that they would ensure moving forward that they were up to date with appraisals.

## Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients told us that staff treated them with respect and were very caring. We observed staff showing dignity, compassion and respect towards clients.
- We observed two groups they were facilitated jointly by staff and clients. These were safe and supportive.
- All staff were confident and clear in how they were involving clients. Staff had strong commitment and belief in the program, and supported clients in establishing and maintaining links with family if they so wished.

## Are services responsive?

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We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Outside space and communal areas were accessible for clients.
- There were a range of rooms available for group work and key work 1-1 sessions. The Ley provided a varied programme of therapies and activities.
- The organisation had good procedures and policies in place to follow up with clients who left before completing the programme or where there were concerns.



# Summary of this inspection

- Clear information was displayed on how to raise a complaint. Clients were encouraged to give feedback on their care. Staff and peers were open and honest about the demands of the programme. However: Clients said that the written note they give to the peers known as 'pass ups' (a written note given to a peer if they wanted an issues raised) was not always responded to and that some stated they would welcome more private time. This was brought to the attention of the management team on inspection and they said this would be discussed further with the staff team and clients.

## Are services well-led?

We found the following areas of good practice:

- Staff demonstrated a good understanding and commitment to the organisation's visions and values. Team morale was good.
- There were clear frameworks in place for quality assurance, which had recently been established. There were regular board meetings and regular audits were completed.
- Staff felt very supported by the managers of the service. Staff and clients told us they found managers to be very approachable and were happy to raise concerns with them. They said it helped to know some staff had experienced the programme themselves.
- All we spoke to said that there had been significant improvements in the organisation since the new management team came into place and alongside that a quality management structure that had been implemented. Staff knew who all the senior managers were.

# Detailed findings from this inspection

## Mental Health Act responsibilities

The Mental Health Act is not applicable at this location.

## Mental Capacity Act and Deprivation of Liberty Safeguards

- All staff had received training on the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). This was online and face to face training. A mental capacity assessment screening tool was part of the initial assessment.
- Staff demonstrated a good knowledge of assessing someone’s mental capacity in our conversations with them. The organisation had a policy relating to its use of the Mental Capacity Act.

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Substance misuse/ detoxification	N/A	N/A	N/A	N/A	N/A	N/A

### Notes

# Substance misuse/detoxification

Safe	
Effective	
Caring	
Responsive	
Well-led	

## Are substance misuse/detoxification services safe?

### Safe and clean environment

- The Ley community is set in large grounds with four separate buildings, three residential one building was not currently being used by clients due to low numbers for that phase of the programme. We found the buildings to be in a good state of repair. The Ley community had a site safety team responsible for all repairs and reviews of equipment.
- Clients were responsible for the cleaning and looking after the animals and the grounds. There was a daily rota of jobs, all the buildings were clean and grounds were well maintained. Cleaning was checked and reviewed daily. Any problems with the environment were raised at a daily meeting.
- We had concerns at our inspection in August 2016 that the admissions and first stage house Agulnik had breached same sex accommodation guidance. That meant female clients had to pass through male corridors to use the bathrooms and toilets. This was also partly due to the organisation only having one house available at the time. Agulnik house now has separate male and female bedroom corridors, with a fire door separating the two. The fire door has a glass viewing panel. At the last CQC inspection concern was raised about clients being able to view clients going to and from their bedrooms to the bathroom. The fire service visited and reviewed the door and viewing panel and confirmed it needed to remain. To mitigate the concerns, there was a new house rule that after clients used the bath/shower room all clients must get dressed in the bathroom.
- The clinic room was clean. Medicines were stored securely and those which required refrigeration were kept at the manufacturer's recommended temperature.

Records were available to demonstrate this. However medication recording sheets (MARS) did not record clients allergies, this was raised on Inspection and the organisation rectified it. The organisation had a defibrillator and staff had all had first aid training. There was a BP monitor but no scales or heights measure. However, we were told these checks and physical examinations were done on their first appointment with the GP. Staff carried out daily fridge and clinic room temperature checks. Records we reviewed showed that they were all in the correct range. All fridges and clinic rooms containing medicines were locked. Naloxone, a drug administered for opiate overdose, was available and stored in the fridge. All staff received mandatory training about the use of Naloxone. Clients who left the programme early were discharged with Naloxone and the medication recording sheets.

- There was an on-site safety team of three staff. There was a weekly site check and repairs list, to which clients submit any repairs needed. The organisation had carried out regular checks of water temperatures and a specific test related to legionella. There was an up to date operational and environmental risk register covering medicines management, equipment, behaviour of clients such as threats of violence, physical health and this was regularly reviewed. The programme at the Ley involved clients in its daily running. All clients received training on food safety, manual handling, slips trips and falls and fire safety. Fire exits were clearly marked and fire drills were regularly undertaken. There were allocated fire marshals with a weekly test of the fire alarms and evacuation procedures.
- Staff undertook regular infection control audits. All staff and clients had infection control training. Clear guidelines and posters were displayed in the kitchen areas on safe food hygiene.
- Clients signed up to an intensive programme when they start at the Ley. If rules were broken there were

# Substance misuse/detoxification

consequences for this called 'going on contract'. A contract is used for incidents such as exclusive relationships and/or behaviours that have the potential to negatively impact on the safety and wellbeing of others. This is a joint decision made by the client peer group and staff team and reviewed by management. Clients are fully aware of this when they sign up to the programme and clients told us this is one of their reasons for coming to the programme is because of the firm boundaries.

## Safe staffing

- There were 15 staff, the team is made up of key workers, including a safeguarding lead, site safety team leader, admissions co-ordinator, human resources and finance, a chief executive and programme manager. In addition, a complementary therapist and personal trainer were employed on a sessional basis.
- Key workers worked weekdays, there was a separate rota for the evening and weekends, and this included a staff member and client at stage 5 of the programme. These clients were peers within the community, living in independent accommodation on site and in employment in the community. Senior managers participated on an on call rota. The organisation did not use agency staff but their own bank staff that were familiar with the programme and structure.
- The caseload on average was four clients to each key worker. There were no staff vacancies, there was a sickness rate of 2.49% over a 12 month period up to November 2017. Clients told us staff were always available.
- Medical cover was provided by a local GP or the emergency services. All clients had a routine check at the GP surgery on admission, escorted by staff. The organisation had established close links with the GP. Two of the board of governors for the organisation were GPs.
- On our last Inspection we identified that the organisation did not ensure staff receive their mandatory training. A new mandatory training matrix programme had been introduced covering 20 areas such as risk management and assessment, safeguarding, person centred recovery care planning, conflict management, first aid, lone working, Mental Capacity Act. This was discussed in staff supervision and made part of staffs' continual personal development plans. Managers and supervisors used the staff training

matrix to review and monitor staff compliance. All staff had completed their mandatory training. We reviewed the pre-employment checks, disclosure and barring service (DBS) and all these were sought pre-employment and in date

## Assessing and managing risk to clients and staff

- All case notes had up to date risk assessments and on initial referral an assigned staff member gathers all previous risk history. An initial risk assessment was completed on the clients first presentation into the programme and this was regularly reviewed. A risk management care plan was completed within the first week of a client's admission.
- The organisation had an assessment policy which sets out risk criteria for potential clients and the need to gather all information from those involved in the clients care. Clients being referred from prison could be assessed by skype interview. Staff visited prisons to give talks on the organisation, what they provide and the referral process.
- At the last CQC Inspection a requirement notice was given because staff did not have the knowledge of safeguarding practices and procedures. A safeguarding lead was in post, there was a clear safeguarding policy. The organisation had raised two safeguarding concerns with the CQC from 30 November 2016 and 30 November 2017. Staff spoke about following the four 'R's of the organisation: recognise, respond, report, and review. This was clearly displayed on notice boards. Staff had access to the safeguarding policy on the organisations shared drive. Any safeguarding concerns were recorded in an incident recording book, clear information on the process was displayed in the staff room. The organisation had built up good links with the local authority and had named workers as a point of contact.
- There were clear policies in place about visiting at the beginning of the programme for clients. At the last inspection concern was highlighted about potential risks in the environment for children visiting in particular the pool (now a pond) Areas of concern were fenced off and there was clear signage alerting to the potential dangers. Clients submitted requests for visits, these were reviewed and assessed by staff. There was a dedicated area for visitors.

# Substance misuse/detoxification

- The organisation had a lone working policy. Staff and clients signed in and out when they left the site, a record was kept about client's movements and activities at the main house. Staff would escort clients in pairs if required and can increase staffing to accommodate this.
- A dedicated staff member was the lead for ensuring the processes and systems for administering medicines were managed in accordance with policy, this was regularly reviewed. Three staff have had specific training and passed the course in the safe handling of medication. All staff had training on medicines management, there were clear processes in place. There was a contract with an external pharmacy that visited the organisation regularly and collected out of date medication. , with audits regularly completed. This ensured medication management was monitored and delivered safely.
- The organisation had a clear 'detoxification protocol' and an established partnership with a local GP. The organisation did not take clients for alcohol detox only opiates and the detox would be for those needing a short detox. The organisation sent a medical summary to the GP before accepting a client for this. The doctor assessed and examined the client who was asked to sign a consent form for detoxification treatment.
- Supervision of the detoxification schedule was managed by the GP and the local pharmacy. A staff member escorted clients to these appointments. The pharmacy supervised prescriptions every day except Sunday. Where appropriate a prescription was generated on the Saturday to take away for Sunday and staff at the Ley Community supervised consumption on Sundays.

## Track record on safety

- The organisation had not recorded any serious incidents in the 12 month period leading up to our inspection.

## Reporting incidents and learning from when things go wrong

- Staff we spoke with were clear about how to report and record incidents. Staff discussed any incidents within their daily handover meetings, clients were part of these meetings and information was passed onto the larger client group at daily group meetings and morning house

meetings. Clients were made aware on admission that incidents were discussed openly, if there were sensitive issues that needed to be discussed a one to one could be requested from a key worker or a peer.

- There was a clear policy in place for reporting incidents. A copy of the incident report was given to the client, the person reporting the incident also recorded this in the client's case file.
- At the quality assurance and continuous improvement sub-committee key learning was discussed and reviewed, for example the visiting policy and procedure. As this new committee develops the organisation will be asking for client representation from the clients that have been at the programme for sometime.

## Duty of candour

- The duty of candour is a regulatory duty that relates to openness and transparency and requires organisations of health and social care services to notify clients (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person.'
- Staff we spoke to commented that there was a culture of being open and transparent when things had gone wrong. Clients and carers we spoke with stated that staff were very honest and sought to respond and apologise when clients did not feel supported.

## 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)

- A dedicated admissions worker completed initial assessments on a standard form developed by the organisation. Information included the clients past history, physical health, current substance misuse, and involvement of other services. Due to the nature of the programme staff considered the ability of potential clients to adhere to the programme. We were given examples of referrals that were turned down due to the service being unable to support a client's specific mental health needs.

# Substance misuse/detoxification

- We looked at five care records, which were up to date and had evidence that a comprehensive assessment had taken place alongside the client. Staff had documented physical health, past history and a care plan was formulated in collaboration with the client. Records were kept in a locked filing cabinet in a locked room.
- There was a system of administering homely remedies to service users. A homely remedy is another name for a non-prescription medicine that is available over the counter in community pharmacies.
- All assessments of a client's physical state were undertaken preadmission to The Ley and the organisation requested information relating to clients' physical health. All clients registered with and were seen by a GP on admission. Clients told us they felt able to get a doctor's appointment within 24 hours and that staff adequately monitored their physical health. However a client told us that they had not had an appointment request for a dental check followed up. This was raised on inspection, staff acknowledged that this should have been done and openly apologised.
- At our last inspection not all staff were getting supervision. We looked at staff supervision records, all showed regular supervision and reviews took place and recorded detailed discussions around continual professional development and further training required. Staff we spoke with reported that they had regular supervision and good access to their managers as situations arose. The organisation was using ongoing performance review as a way of appraising and supervising staff.
- The management team demonstrated a real commitment to the improvement of staff training by increasing face to face, mandatory training and identifying at stage three of a staff members training plan areas for development and those of interest. The organisation was also promoting specialised areas of training such as diabetes, mental health awareness and dementia training.
- Staff had to complete a competency framework. All staff had training on administering medication and followed the care certificate training for areas such as group work facilitation, conflict and resolution, Naloxone training. This meant they had to demonstrate competency in carrying out their roles by providing evidence of their work. This was reviewed in supervision as part of the recently introduced ongoing performance review and workforce development plan.
- There were regular staff team meetings. On site was a single point of information room where all key information for staff regarding processes and I forms for staff were held.

## Best practice in treatment and care

- The organisation offered a very structured programme and daily routine. Clients and referrers to the organisation said the programme could be seen as strict. However, all clients we spoke with said they chose The Ley because of this structured approach. Staff made the expectations of the programme very clear at the referral stage and both referrers and clients we spoke with said this information was shared with them. Examples were given of referrals the organisation might turn down such as a person with serious anxiety or depression as the programme would be unsuitable for a person at that stage in their lives they would be too vulnerable..
- The organisation used a mind mapping model this is a recognised tool used by substance misuse services by key workers as way to increase clients participation and capturing effectiveness of interventions.
- The staff team used the Short Opiate Withdrawal Scale (SOWS), this is a process used to measure the signs and symptoms of withdrawal. Clients and carers we spoke to told us that as a preference clients went through detoxification before coming to the Ley community.

## Skilled staff to deliver care

## Multidisciplinary and inter-agency team work

- The organisation worked in partnership with mental health and physical health services for individuals at the programme who needed support beyond what the programme could offer. The organisation also had links with the local GPs and pharmacies, the probation service, prisons, the local authority and local drug and alcohol twelve step services.
- The organisation gave regular feedback reports to referrers with an update on a client's progress, referrers said the communication from the organisation was very good and there was a prompt response to referrals..
- Considerable work was done with local employers to establish good links. We spoke with local employers who were very positive about the honest relationships that the Ley community had developed with them.



# Substance misuse/detoxification

Some employment placements have not been stable due to issues that client had at the time. However, because of the relationships built by staff at the Ley community, employers continued to offer work to other referred clients.

- The organisation had established relationships with local education organisations to give learning opportunities that aid clients for example those who had dyslexia received the support needed to get into employment. .

## **Adherence to the MHA**(if relevant)

- The organisation was not registered to accept clients detained under the Mental Health Act. If a client's mental health were to deteriorate, staff were aware of who to contact.

## **Good practice in applying the MCA**

- Staff demonstrated a good understanding and all received training on the Mental Capacity Act. Staff discussed this in terms of assessing clients' understanding of what the programme involved and their readiness to apply themselves to it within the assessment interview.
- Staff discussed this in terms of assessing clients ability to being ready to apply themselves to the programme within the assessment interview.
- A mental capacity assessment screening tool was part of the initial assessment. The organisation had a policy on how it would implement the Mental Capacity Act.

## **Equality and human rights**

- The organisation had equality and diversity as mandatory training. This ensured staff had an understanding of the protected characteristics and their responsibility to work in an inclusive way. Staff signed a code of conduct and clients signed a 'resident's charter', both of which promoted equality and human rights. The documents set out terms and conditions and the expectations of both staff and clients. Clients also received expert training from a qualified employment lawyer who was also a Board member.
- The organisation recognised that the client group was predominately male and was setting up a female only group to counterbalance this. We saw they had already run groups to discuss gender specific issues.

## **Management of transition arrangements, referral and discharge**

- The organisation took referrals from all over the country both funded and self-funded. An admissions worker triaged referrals. Clients were encouraged to visit beforehand.
- There were good links with commissioners, local authorities, prisons and other referral agencies. A regular report and update was given on the clients progress through the programme
- The Ley was part of a Choices Network, a group of 15 similar services offering substance misuse support. If a client's needs could not be met at the community, or the organisation felt that the client would benefit more from being placed elsewhere, the Choices Network offered alternative options.
- Discharge interviews were conducted both for clients who had completed the programme successfully and those who chose to leave before their completion date.
- Unplanned discharges were discussed within the team. Staff met with the client and tried to discuss any further support that could be given to help them remain at the community. Staff looked at support networks, aftercare support and accommodation. Referrers we spoke with said that communication with them when a client wanted to leave was very good and safeguarding was raised if necessary.

## **Are substance misuse/detoxification services caring?**

### **Kindness, dignity, respect and support**

- Staff were very respectful of clients confidentiality and included them in all aspects of their care. Clients and carers we spoke with told us staff were very approachable and respectful.
- Staff treated clients with care and compassion. Staff demonstrated respect and dignity when discussing clients and showed a real commitment to the programme. The programme is peer driven, peers and buddies were also expected to treat others with care and respect.
- We observed the daily meeting run by clients, the rules of the group and programme were clearly displayed and clients were supported to share aspects of the

# Substance misuse/detoxification

programmes and their lives they were struggling with. Peer advice was given and positive support from the whole group was given to individuals, showing great understanding of the situation.

- New clients were allocated a fellow client as a peer to show them around and help them settle in. Information about what would be expected of them during their time at the service.
- On our inspection there was an incident involving friction between two clients that had been brought up in one of the groups. We observed lots of time being given by staff including from senior managers to the situation and the people involved.

## The involvement of clients in the care they receive

- Clients on admission were allocated a peer for a two week period. The peer orientated that person to the buildings and informed them about the daily routine. After this they were then allocated a buddy for support.
- Peer clients (also known as house co-ordinators) met with staff on a daily basis to handover any issues and concerns. There was a house meeting every morning where clients could check in, and discuss any tensions.
- Care plans were completed with clients, they were responsive to individual needs, and they were reviewed regularly in the clients weekly key work sessions, and adjusted in line with the client's needs and goals. All clients had a copy of their care plan in their rooms.
- Clients signed a contract when they came to Ley community which clearly outlined the expectations for the client and what was expected of them and the terms and conditions of the stay at the Ley.

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

## Access and discharge

- The Ley had could accommodate up to 46 clients were able to take referrals quickly from the point of referral. Clients were encouraged to visit the community for a day prior to admission into the therapy programme.
- The main therapeutic intervention programme was known as phase one which lasts up to six months. From here clients can be supported into the aftercare phase where clients are prepared for and supported to move

on back into the community clients experience a range of voluntary work placements before securing full-time employment. Staff provide support with finding employment and accommodation in the private rented sector.

- Staff were clear with clients at the point of referral about the programme and expectations. It was important clients knew what they were committing themselves to. Clients we spoke with said that expectations were made very clear to them before coming to the programme. Referrers we spoke with said that there would be some clients they would not refer because of the structured nature of the programme. For example, a client whose vulnerabilities had increased due to experiences such as domestic violence. Staff said that they would consider carefully before taking clients with severe anxiety or depression.
- Referrers and commissioners we spoke with said that when they have had clients leave unexpectedly there was very good communication from the Ley and they ensured that they were put into contact with housing and local supporting team and a full handover was given to them.

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

- Clients told us they felt comfortable in the environment. Clients had access to a range of activities and therapies and access to a large garden. There was access to a football pitch and a gym. In the grounds they had a number of animals to look after and areas to maintain, clients stated they enjoyed this.
- Clients said the food was of very good quality. The chef worked hard to deliver a choice in order to respond to different dietary needs. The chef trained the clients in food hygiene techniques, food preparation and clients took it in turns to work in the kitchen. Food and snacks were available during the day and night.
- Smoking was permitted in the garden areas. Clients at the first stage of the programme shared a room but this was flexible depending on individual needs. However, clients did say that they would welcome more private/personal time, to read for example. We brought this to the attention of the organisation on inspection and they were going to discuss this further with the community.

## Meeting the needs of all clients



# Substance misuse/detoxification

- The buildings were accessible for wheelchair users. There was a portable temporary ramp available to aid wheelchair access. There was a downstairs bedroom available with adapted bathroom.
- Staff told us that there were good links with local faith groups and churches, clients were encouraged to attend if they wished.
- Clients were encouraged to maintain links with family and carers. Clients told us about how staff supported them to re-establish contact with children and how important this was to them.
- The organisation was able to access help for those needing specialist care and an example was given about a client who revealed they had an eating disorder, The Ley organised specialist counselling for a period for this client.
- Information was printed in a different colour for example for a client with dyslexia.

## Listening to and learning from concerns and complaints

- At our last Inspection CQC identified that complaints were not being recorded properly. All complaints and concerns were recorded in the incident recording book which we were shown, these were discussed in all meetings and learning fed back to both clients and staff.
- Clients told us they knew how to complain and this was clearly displayed on the noticeboard in the communal area. Staff and clients aware they could share their experience with the Care Quality Commission and this information was displayed in the building. A suggestion box was in the main communal area for clients and the programme manager reviewed these
- There was a weekly client user group where compliments and complaints are discussed these meetings are recorded and this was handed to the manager who replied via a 'You said we did board'.
- Clients were encouraged to feedback on their care; this was done through house co-ordinators who met with staff on a daily basis to bring up any issues of concern. Clients filled in what was called 'pass ups' to make requests however some clients said this was not passed on by the peer workers to staff.

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

### Vision and values

- Staff spoke knowledgeably about the organisations vision and values and spoke about their commitment and belief in the programme. Staff were familiar with the senior management team in the organisation and said that there had been significant positive change since last year when new management team came into post.

### Good governance

- There were clear frameworks in place for quality assurance and regular clinical governance meetings. The team managers and staff spoke about the regular audits that were completed for care plans, risk assessments and health and safety. Senior management were also involved with auditing staff files. Managers reviewed these audits regularly. The senior management team had worked hard at establishing a number of audits and involving staff in this, and to set performance indicators for the organisation to be measured against.
- Managers we spoke with stated they had sufficient authority to do their job and were provided with enough administration support.
- The Ley Community had a board of governors currently made up of eight people from different backgrounds, such as two GPs, one with substance misuse experience, and a lawyer. The manager and CEO report to these meetings and present reports and audits on the quality of the service, finances, repairs, care.

### Leadership, morale and staff engagement

- Staff described the team as supportive and always there for each other, sharing workloads at busy times or if someone is off sick. Staff and senior peer clients told us that the senior management structure that came in August 2017 had started to make a noticeable difference. Staff were approachable and receptive to new ideas and suggestions. Some staff had been through the programme as clients and all said they felt supported by the senior management team

### Commitment to quality improvement and innovation

# Substance misuse/detoxification

- There was a commitment towards continual improvement. The organisation had set up a quality assurance and continuous improvement sub-committee. It planned to involve clients further by having representation from the client group at these meetings.
- The organisation was looking at expanding its board of trustees so that they could have a wider range of disciplines and expertise, such as psychology, on the committee.
- The organisation had identified areas for improvement. It was planned that the board of trustees would become more involved in the day to day running of the community and become more familiar to staff and clients through visits.
- The organisation had initiated an evaluation feedback to capture the experience of clients, outcomes and contributory factors. This evaluation will be completed in the next year. Ley community had submitted proposals to the University of Oxford with the support of a post-doctorate anthropology academic and Ph.D. student of sociology to undertake an immersive study of the programme. It was anticipated that the research would help to improve the understanding of the whole experience of care and to identify specific success factors. This needed to be agreed through an ethics committee but if agreed the study would be completed in 2019.

# Outstanding practice and areas for improvement

## Areas for improvement

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

- The organisation should ensure that all staff have access to appraisal.
- The organisation should make sure that they record essential information about the clients allergies on the medication charts.