

Ley Community Drug Services

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Inspection report

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Ratings

Overall rating for this service		Good	
Is the service safe?		Good	
Is the service effective?		Good	
Is the service caring?		Good	
Is the service responsive?		Good	
Is the service well-led?		Good	

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Summary of findings

The service could provide accommodation for up to 58 people who needed support with rehabilitation from addictions. At the time of our visit 29 people were using the service.

This was an unannounced inspection.

The last inspection for this service took place in January 2014. We found the provider did not have appropriate systems to assess and manage identified risks of people's treatment. We received an action plan from the provider who told us what they would do to improve. We found the provider had taken appropriate action. Where a risk had been identified as part of the person's care, support workers had implemented risk assessments.

People told us the support they received from all staff whilst receiving treatment at the Ley Community was great. People were supported with their rehabilitation, and felt they were never judged by support staff.

People had a structured rehabilitation programme and were given jobs in the community. People were involved in cooking and cleaning. These tasks enabled people to develop skills they would need when living independently.

People received treatment and support which was based on their individual needs and goals. People were supported by support staff to recognise and achieve personal goals which they could use after they had completed their treatment.

People were safe from abuse and harassment. People were supported to raise concerns in group therapy sessions. These sessions allowed people to discuss their concerns in a safe environment. People knew how to raise concerns, but felt group sessions allowed them to deal with their concerns effectively.

Staff were well trained, committed and passionate about the support they provided. A number of staff had previously received treatment for drug and alcohol addiction. Staff used their knowledge and experience to help people who were anxious about the treatment they needed. People were wholly positive about the support they received from staff. People and staff celebrated the successes of people's treatment and discussed how to ensure their treatment was current for their needs.

People's views and concerns were respected and acted upon. Support staff discussed people's concerns and ensured where action could be taken they were.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People received medicines when they needed. Staff had systems in place to ensure the risks around people's medicines were managed.

Staff knew how to keep people safe from abuse. They could identify the signs of abuse and knew the correct procedures to follow if they thought someone was being abused. Staff were recruited effectively and had the skills and training they needed to meet people's needs.

People and staff assessed and managed the risk to people. People had the equipment they needed to be cared for safely.

Good



Is the service effective?

The service was effective. People's treatment was individual to their needs. Treatment plans were personalised and detailed.

People were involved in planning and managing their treatment. People made goals and staff supported them to reach these. People told us the service was effective and they had access to the treatment, support and food and drink they needed.

Management supported staff effectively and staff had the skills and professional development they needed to support people through their rehabilitation.

Good



Is the service caring?

The service was caring. People told us the treatment and support they received was great. People praised all of the staff at the Ley Community and felt they were flexible and knowledgeable.

People were at the centre of their treatment, and made the decisions they wanted. People's views around their treatment were clearly recorded and respected.

People were treated with kindness and compassion by staff. Staff celebrated people's success and helped them plan for changes.

Good



Is the service responsive?

The service was responsive. Staff responded to people's needs and ensured their treatment was personalised.

People told us there were structured rehabilitation plans which was personalised to their needs and goals. People were encouraged to spend their free time creatively and given encouragement to plan events.

People's views and concerns were listened to and acted upon. The registered manager and senior staff dealt with complaints to find a positive outcome for all involved to ensure people's care needs were maintained.

Good



Is the service well-led?

The service was well led. The registered manager was supported by a Chief Executive and a Board of Trustees. All members of management monitored the service to ensure people's needs were met.

Good



Summary of findings

People were involved in decisions about the community. People and staff felt there were good levels of communication and a clear management presence.

The Board of Trustees had a clear development plan for the Ley Community and people and staff were involved in this plan.

Ley Community Drug Services

Detailed findings

Background to this inspection

We visited the Ley Community on 16 July 2014. This was an unannounced inspection. We spoke to 10 of the 29 people who were staying at the Ley Community. We also spoke with four support workers, the registered manager and the Chief Executive. We also looked around the Ley Community and observed the way staff interacted with people.

This inspection team consisted of an inspector, a specialist advisor and an expert by experience both with a background in drug and alcohol rehabilitation services. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Prior to this inspection, we looked at notifications received from the provider and information received via our website. We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Can you change this to this.

We looked at a range of records about six people's treatment including medicine records and how the service was managed. We saw feedback from people who had used the service and a range of audits.

Is the service safe?

Our findings

The service was safe and people told us they were protected from bullying, harassment and abuse. If people felt bullied or belittled they were encouraged by staff to bring their concerns up in group therapy sessions. One person told us, “We address any concerns quickly and discuss them, it is really important that we’re involved in discussing concerns as well as staff.” Another person said, “The staff here are fantastic, I feel that I can talk to any one of them if I have any concerns.”

Staff had received safeguarding adults training and knew how to raise any concerns with management or with external agencies such as local authorities or the Care Quality Commission (CQC). Staff showed a good understanding of the different forms of abuse and felt confident any concerns they raised would be dealt with effectively. One support worker said, “We are trained to look for signs of abuse. A lot of our clients have had some experience of abuse in their life.”

The last inspection for this service took place in January 2014. We found the provider did not have appropriate systems to assess and manage identified risks of people’s treatment. The provider told us they would take appropriate action. We found the provider had taken appropriate action. Where a risk had been identified as part of the person’s care, support workers had implemented risk assessments. These risk assessments identified risks of their treatment which included absconding and self-harm. Staff told us they were aware of risks and documented actions that had been taken.

People were involved in assessing and managing risks of their treatment. One person had a health condition. There was a clear risk assessment in place around actions the person and staff should take if the person injured themselves. The person and staff had also involved other healthcare professionals to help manage the person’s condition and help maintain their health and wellbeing.

People were protected from the risk of self-harm or relapse. People told staff where they were throughout the day. This ensured people who were at risk of relapsing or following negative behaviours had the independence and space they

needed. This was external to therapies and jobs within the community and the structure and support to maintain this. People told us they felt safe at the Ley Community as they were supported and never judged.

People were asked for their consent for treatment at the service. People also told staff who they could share information with about their treatment. Where people had made choices these were respected and people had over the course of their treatment the right to review their decisions where appropriate.

People told us they received their medicines when they needed. We looked at medicine records for six people. We saw these records had been completed appropriately. We clearly saw where people received medicines, the amount of medicine and the time the medicine was administered was recorded appropriately.

All medicines were securely stored in a room in one of community’s buildings. The key to this room was always held by a member of staff. People’s medicine records accurately reflected the medicine in stock for each person. Medicine stocks were checked weekly as there was a risk people may attempt to access medicines. These checks showed staff monitored stock to ensure medicines were not taken inappropriately.

Support workers told us they had completed medicines administration training. We observed a support worker assist people with their medicines. They prepared the medicines and watched the person take the medicines before recording the medicine had been given. This was done slowly and at the person’s pace. We also observed one person who was prescribed as required medicines. This person was given choice if they wanted their medicine, and they refused. Their decision was respected.

People were seen by the local GP. They were supported by staff to go to a local pharmacy for daily supervised administration of Methadone or Subutex. This service was available 7 days per week. This meant people had access to the support they needed to maintain their health and wellbeing and assist their rehabilitation.

People had daily jobs as part of their rehabilitation programme. These were skills people needed once they had finished their treatment such as cooking and cleaning. One person who worked in the kitchen said, “we have just

Is the service safe?

done our food hygiene and safety course. The facility is kept very clean and each week we do a deep clean of the kitchen.” Staff monitored if areas of the community had been cleaned to ensure safe standards were maintained.

The home had an infection control policy and procedure. Some people who stayed at the community had diagnoses of diseases which could be spread through blood and bodily fluids. The provider and staff had knowledge on how to deal with each situation and had sought advice from local healthcare professionals to develop management plans for these situations.

People told us there were enough staff to meet their needs. One person said, “there’s always lots of staff around during the day and at night there is always a member of staff around too.” People and staff told us there was an on call facility 24 hours a day which could be used in an emergency. There was a calm atmosphere at the community throughout our visit. We observed staff assisting people with therapy throughout the day. This was relaxed with staff focusing on the person and their needs.

Records relating to recruitment showed that the relevant checks had been completed before staff worked unsupervised at the Ley Community. These included employment references and Disclosure and Barring Service (DBS) checks to ensure staff were of good character. DBS is a service that maintains criminal records providers can check before employing staff. In addition staff received induction training and a period of shadowing with more experienced staff.

Everyone at the Ley Community had capacity to make decisions about their care and treatment, and their choices were respected. We spoke with the registered manager about Deprivation of Liberty Safeguards and the Mental Capacity Act 2005. They told us that no one was kept at the Ley Community against their will. We were told when people first arrived for treatment they often asked to leave, this was not encouraged but people were not stopped if they desired to leave.

Is the service effective?

Our findings

People were positive about the Ley Community and felt the treatment they received was effective. People told us they were involved in planning their treatment and were at the centre of their care. One person said, “The support we receive from the staff is overwhelming.”

People felt the service they received was sensibly managed and tailored to their individual needs. They felt the treatment was challenging, but was a life changing and rewarding experience. People described their positive experiences such as building up their confidence and dealing with their individual issues and behaviours.

People had detailed treatment plans and risk assessments that helped them receive the support they needed. These covered areas such as detox from addictive substances, social needs and health needs. Each person’s plan was detailed and involved the person’s views. One staff member said, “We put a lot of emphasis on people in the first three months, it can be a very difficult time for them.”

People’s treatment plans showed people they had clear goals, such as abstaining from addictive substances, seeking employment or further education. One person had a goal that they wanted to build their self-confidence. They and staff looked at opportunities such as peer groups, activities and excursions in which they could be supported with their goal. The person was able to say how the plan was going and felt their confidence was increasing.

People were encouraged to support each other as part of therapy groups. Staff encouraged people to discuss their feelings and promoted peer support. People told us they benefitted from support from other people as well as staff. One person said, “All of the treatment here is focused on relationships. We’re encouraged to share our feelings openly and support each other.” People felt this gave them additional encouragement to complete their treatment and achieve their goals.

One person struggled in loud environments. Staff assisted this person to have the facilities and support they needed to stay in the community. This enabled the person to receive treatment in the community that best suited their social and physical needs.

The Ley Community submitted monthly returns to the NDTMS (National Drug Treatment Monitoring System)

which reported on the number of people successfully completing treatment. Recent reports showed 91% of people successfully completed treatment at the Ley Community. Staff told us they kept people connected to the programme and motivated them towards being abstinent to give people the best chance of maintaining work and social relationships after treatment.

People felt the Ley Community had a relaxed family feel and this extended beyond their treatment. People told us former residents came back to the community and were also involved in coffee sessions, open days and regular community football matches. People benefitted from speaking with people who had been through the treatment and had been supported in the community. People said they could discuss how people dealt with their treatment, and how their lives had changed. Staff told us this helped people stay focused and increased people’s social skills.

People told us they had a healthy, balanced diet and the portions they wanted. One person said, “the food is great and there is lots of it. We have three meals a day and can have fruit anytime.” People ate their meals in the community together. People told us this helped build relationships and peer support. People were asked for their views on the food they were served and changes were made when needed.

Staff told us people had access to vegetarian food, gluten and lactulose free foods. People were involved in planning their meals, including budgeting weekly meal allowances and cooking. Meals were planned with the “five a day system” (five portions of fruit or vegetables each day) and were varied. This gave people the skills for managing their nutritional needs and finances.

All support workers had completed mandatory training required by the provider. Examples of subjects covered during this training included safeguarding, emergency first aid and various training sessions around drug and alcohol rehabilitation. Support workers told us they could access additional training for their professional development and could be supported to access college courses. One staff member said, “We’ve been allowed to develop and grow.”

Support workers were supported through supervisions (meetings with a manager) and appraisals. All support

Is the service effective?

workers confirmed they had supervisions and were able to discuss any concerns and any development needs. One staff member told us, “I have the support I need when I need it.”

Is the service caring?

Our findings

People were wholly positive about the treatment they received from staff. People told us staff went above and beyond the call of duty when it came to supporting them. They said staff were flexible with their time and shared their own personal experiences to help people grow and recover. One person said, “Staff provide a deep level of empathy and understanding.”

People were supported by key workers (a support worker who helped them review their treatment and was their first point of contact). People told us this gave them access to individual treatment they had agreed with their key worker. People’s care plans clearly showed the involvement of the person. One person said, “everyone here has a different care plan, and we agree this with our key workers. This is fluid and will change during our treatment.”

Support workers supported a peer lead therapeutic programme which enabled people to look at their thinking, behaviour and actions and how these affected themselves and those around them. We observed one person using a space at the community dedicated to reflect. They were supported by another person in a caring and understanding way.

We observed two support workers celebrate with one person who had been successful with a job interview. Both were happy and supportive. One support worker said they’d be around if they wanted to talk about anything they needed or any anxieties they may have around the job.

People spoke positively of the support and respect they were shown by support workers. One person had stayed at the service and was now working in the community. They told us, “The Ley community is great at supporting you after you leave. When I first came here I was overwhelmed by it all and was not ready for recovery. The Ley staff helped and supported me and my treatment is going well. I am now working full time and I am pleased I can come back and talk to staff, they’re friendly and supportive.”

Support workers were passionate about the treatment programme and how effective it can be in helping people to turn their lives around. They gave examples of how they supported people throughout the service and seeing them move on with their lives. One support worker said, “It’s challenging but really worth it when you see people getting better”.

Support workers provided a safe and respectful environment for people to discuss their personal issues. If people didn’t feel able to disclose their views their choice was respected. People could discuss issues in group therapy sessions and with key workers. People told us they felt their privacy and dignity was respected.

We discussed end of life care with the registered manager and chief executive. The chief executive said each person has a detailed admission assessment before they come to the Ley Community. They said people with complex care needs and those at the end of life could not be supported at the service and they would look for other services which could support those people.

Is the service responsive?

Our findings

People told us they were at the centre of their treatment. People's views were recorded and they were fully involved in the planning of their treatment. When people's needs or views changed over the course of their treatment these were recorded. Where risks changed these were documented and people were involved in managing their treatment and risks.

People were given support and time to review their treatment on a weekly basis. People's treatment records contained the person's feedback on their treatment which included what went well and what could've been improved. Comments made in these reviews were discussed with support workers to ensure the person's on-going treatment was responsive.

Staff were responsive to people's needs. One person told us about their needs when they were admitted to the Ley Community. They said staff were responsive to their oral health needs and concerns over their personal appearance. They told us staff had encouraged them to recover their personal identity and supported them to go to the dentist. They said, "I have re-gained my femininity and I am so grateful."

People had access to a structured weekly programme which enabled them to develop skills. People were given jobs such as cleaning, reception duty and cooking to help them develop employment and social skills. People spoke positively of this programme and the skills they had gained. One person told us it had improved their social skills and their cooking skills, which had helped their confidence to be independent.

People told us they had personal time each day. People could watch DVDs, talk with their peers, go for walks and play football. There were often open days at the Ley Community and people were given responsibility to show visitors around. There were also coffee events which were held away from the Ley Community for people who were staying or had stayed at the community. This allowed people to talk about their treatment and what they had achieved. People told us they benefitted from discussing how their treatment had gone and hearing positive stories from people who had completed their treatment.

People's views were listened to and taken into consideration. One person told us, "every three months there is a forum where everyone is encouraged to voice their opinions. This is an opportunity to voice concerns and complaints and suggest changes." Everyone said they felt listened to and were comfortable to raise concerns to support workers.

People were concerned that someone had come to the service with an infectious disease. Support workers liaised with the Terence Higgins Trust (an organisation who supports people with a positive diagnosis of HIV). Staff from Terence Higgins Trust came to the Ley Community to provide training and knowledge to people. People and support workers felt this was beneficial and gave them knowledge which calmed their concerns.

People were aware the provider had a complaints policy and knew how to make concerns. The provider had received no complaints in 2014 but had a number of compliments from people who had attended the community.

Is the service well-led?

Our findings

There was a registered manager in post who was supported by the Ley Community's Chief Executive. People told us the registered manager was approachable and they felt comfortable raising concerns with them if needed. People said the registered manager and support workers encouraged people to raise concerns in group therapy sessions and this meant their concerns were often addressed without needing to complain.

People were asked for their views of the treatment they received. These views were studied by support staff and were discussed in quarterly residents meeting. One person had used their feedback form to say their mattress was not comfortable. Support workers discussed this with people at their meeting and it was agreed that people felt mattresses could be improved. People were involved in picking mattresses which were all replaced.

Quarterly residents meetings were led by people at the service and allowed them to discuss what was important to them. People had raised concerns there was not enough physical activities available. Meeting minutes showed that staff encouraged people to manage their free time and plan the activities they wanted to do, such as football, swimming and walking. People told us they were always involved in decisions and as a group decided what they wanted to address. One person told us, "there are things to do, the focus is rightly on us to organise them."

All staff from the Chief Executive to support workers knew the core values of the service such as integrity, passion and equality. All staff spoke positively about the support they provided people. Staff were passionate and committed about their work. A number of staff had received treatment in the past for drug and alcohol addictions. Staff used their experiences to assist people going through similar treatment. People told us staff treated them with respect and were committed to helping them as individuals. People described staff as, "the carriers for change" and that staff fostered a, "I can, I will" attitude.

Good communication between staff was evident from staff meeting records which showed the same information was consistently shared with staff on all levels of the community. This openness extended to people. People told us the service were open about their treatment and

changes to the service. All staff felt they were supported to assist people and were motivated to do this. Staff told us, "I feel supported in my work" and "the work is challenging but really worth it, when you see people getting better."

The Chief Executive had developed a clear business plan for the Ley Community. This covered areas for growth and improvement as well as where the community currently was. Clear plans were in place around increasing the profile of the community and evaluating people's recovery to ensure the service delivered to people was in line with best practice from the Public Health England. The plan showed how the service was going to achieve this, which included involving people who used the service and ensuring their views were communicated to stakeholders and maintaining a constructive and open culture within the community. The Chief Executive and Board of Trustees aimed for the Ley Community to be respected as an authority on addictions and recovery.

The Chief Executive and Board of Trustees supported the registered manager and ensured all staff had effective support and skills to assist people with their rehabilitation. The Board of Trustees met quarterly to discuss concerns and current changes to the service. We saw meeting minutes which showed the board wished to discuss changes to CQC inspections. Each board member had clear involvement with the service and ideas to help the community grow. Two board members were working to promote the aftercare the community provides people who had finished their treatment at the community.

The service welcomed the involvement and feedback of external professionals about the rehabilitation treatment people received. We saw a member of the Substance Misuse for Public Health England had visited the Ley Community and acted as a critical friend. The Board of Trustees discussed the views of this person and what changes they could make to the service. The service used this feedback to ensure the rehabilitation treatment they provided was in line with best practice.

The provider and registered manager monitored the quality of service provided at the Ley Community. The registered manager conducted an audit which is used to identify actions and concerns. As well as this the Board of Trustees conducted a trustee inspection. All Trustees had a

Is the service well-led?

background in drug and alcohol rehabilitation services. This enabled the board to visit and identify any concerns. These issues are fed into board meetings and followed up to ensure action was taken.