Care Quality Commission

Hebron House

Quality Report

12 Stanley Street
Norwich
NR7 0BE
Tel:01603 439905
Website:www.hebrontrust.co.uk

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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.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services		We do not currently rate independent stand alone substance misuse services

Summary of findings

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Care Quality Commission

Hebron House

Substance misuse services

Summary of this inspection

Background to Hebron House

Hebron House was a residential rehabilitation service provided by The Hebron Trust for women with drug or alcohol dependency. It was registered with the Care Quality Commission to provide accommodation for persons who require treatment for substance misuse. Hebron House did not have a registered manager as the previous manager had recently left. A new registered manager had been identified.

The service was located in a residential area of Norwich. It was close to local amenities and public transport. The service was able to take up to ten clients at any time and had staff on duty 24 hours a day. At the time of our inspection, there were seven clients admitted. All clients had to be free of any substance use before admission, so they often arrived at the service following a detoxification programme.

Hebron House did not offer clinical or prescription medicine treatments. It delivered psychosocial interventions and provided a therapeutic environment to support recovery from addiction. Hebron House accepted admissions from statutory organisations and self-funders.

Hebron House had been working with women with alcohol and drug addiction since 1987. Clients took part in a therapeutic programme based on the 12-step principles of alcoholics anonymous. Staff delivered treatment for people whose main addiction is to alcohol or drugs. However, due to the model used, staff also considered secondary addictive behaviours, for example, eating disorders. The 12-step approach worked sequentially as a process to guide a person through the journey of recovery to a new way of life. The programme addressed the physical, mental, emotional and spiritual aspects of recovery. The principles behind this approach gave a person the starting point for a lifelong process. All aspects of Hebron House followed the ethos of the 12-step approach.

CQC had previously inspected Hebron House in 2011, 2012 and 2014. In March 2016, Hebron was inspected using the new methodology. At that time, we noted two breaches of the Health and Social Care Act 2008 (regulated activities) regulations 2014 as follows:

- Regulation 17 – good governance. The service had no formal processes in place to record all incidents.
- Regulation 18 – staffing. Staff did not receive appraisals.

During this inspection, we found that these requirements had been met.

Our inspection team

The team that inspected the service comprised CQC inspector Jane Crolley (inspection lead), and one other CQC inspector.

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. This was an announced inspection.

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:

- looked at the quality of the environment and observed how staff were caring for clients
- met with four women who were using the service
- interviewed the nominated individual
- spoke with the management consultant
- interviewed the resettlement manager
- met with three other staff members
- attended and observed one hand over meeting
- reviewed in detail five care and treatment records of current clients
- examined three resettlement records of previous clients
- carried out a specific check of the medication management
- reviewed a range of policies, procedures and other documents relating to the running of the service
- Collected feedback using comment cards from one client.

What people who use the service say

We spoke with four people who used the service. They all spoke positively about Hebron House and the care they received.

They said they felt valued, safe, listened to and supported.

Clients appreciated the environment and felt included in the decisions regarding their care and support.

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 no risk assessments or system in place to manage potential risk for individual staff where there had been previous offences declared via the disclosure barring system (DBS).
- Medication management systems where not robust. We saw errors in recording that staff had not identified and addressed. We found items that were out of date stored in the medication cupboard.

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

- The service had enough staff to care for the number of clients and their level of need. Vacancy rates and sickness absence were all low. There were regular people covering bank shifts ensuring continuity of care.
- Staff assessed and managed client identified risks effectively.
- Staff mandatory training was up to date.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients attended groups and individual sessions that followed the British Association for Counselling and Psychotherapy guidelines. The counsellors used their knowledge of cognitive behavioural therapies and person centred therapy to embed the 12-step approach for the treatment of the person's addiction. We saw a comprehensive timetable of therapeutic activity, including a relationship group and a life skills/ addiction group, both groups ran for 12 weeks.
- Hebron House had a resettlement officer who supported the transition back into the community. There is a 'move on' house that clients can transition to and there is significant support for clients relating to benefits, housing and debt management advice.
- There was an effective system in place to ensure the physical health needs of the patients were identified and met. There were clear records of client monitoring and progress.

Summary of this inspection

- Staff completed comprehensive assessment of needs prior to and upon admission. Staff used this assessment to ensure the care required could be provided and helped to formulate the plan of care.

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

- Care plans did not reflect the detail of work actually carried out, nor did it demonstrate that care was individualised, despite there being clear report from clients that it was.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff treated clients with kindness and respect. We observed interactions that were meaningful and supportive. We saw that staff understood individual clients' needs and were responsive to requests.
- Clients spoke highly of staff. They reported that staff knew them and listened to them.

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

- There was limited information in the clinical documentation regarding the level of involvement clients had with developing their individual care plans.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff assessed all referrals prior to admission. There were identified exceptions to admission based on risks the service was unable to support. These included risks such as offences against children, arson and significant recent self-harm history.
- The service had a clear policy around unplanned exit from services should a client decide to leave unexpectedly. Four of the five records reviewed had a documented plan in the clinical records. The fifth record had yet to be completed.
- There was a range of rooms available so that clients could have privacy whilst receiving counselling. The rooms were tastefully decorated to promote a relaxed and quiet space.

Summary of this inspection

- Mealtimes were protected and all clients were expected to sit together. Clients had the opportunity to contribute to menu planning for the week. There was free access to drinks.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff received appropriate training with all new staff working towards the care certificate standards. The manager monitored mandatory training compliance and action taken to ensure it was completed.
- The manager had recently implemented a new system of reporting incidents. There was a system in place to review the incidents and lessons learnt as a result.
- There was a risk register in place to monitor and address business risks and a business continuity plan to provide assurance of plans in case of a major incident.
- There had been a recent change in leadership that staff viewed positively. This was supported by the feedback provided by staff, who said they felt valued and supported in carrying out their roles.
- Staff reported that they had good job satisfaction levels. We saw positive team relationships and strong management support. Staff spoken to knew how to raise concerns and reported they felt safe to do so.

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

- Managers did not routinely complete out clinical audits, including care plan audits.
- Hebron House had a comprehensive list of policies to support the smooth running of the service. These policies had not been reviewed and updated.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

The manager had attended training regarding the Mental Capacity Act 2005 and was able to demonstrate knowledge of the five principles required to assess capacity.

The Mental Capacity Act was not part of core training for all staff. Therefore, if there were concerns about an individual's capacity, staff would discuss this with the initial referrer or to the GP.

The manager had received training on Deprivation of Liberty Safeguards. Staff had not made any applications in the 12 months leading to our inspection.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- There was no emergency equipment on site. The manager said that any medical emergencies would be responded to by accessing emergency services. For example by calling 999.
- A recent fire risk assessment was in place. There was an action plan in place to address the issues identified. Staff had received fire training and were able to carry out the fire warden role.
- Medication was kept in a locked cupboard. However, the medication fridge did not have a lock. Therefore, if staff accidently left the room unlocked there would be easy access to the contents of the fridge.
- Staff recorded the room temperature of the medication room and fridge daily. We did not see a plan of what staff would do if the temperature was outside normal range or how to report it.
- The premises were clean and well maintained. The water boiler for one side of the house was not working. The manager had implemented contingency plans to ensure there was minimum impact on clients. Staff took prompt action to resolve the issue and kept clients informed of progress.
- Clients participated in the cleaning of the house, sharing tasks each day.
- Staff worked alone within the house at weekends, evenings and nights. There was a lone worker policy and an on-call system in place to provide support. Staff carried the house phone at all times when working alone.

Safe staffing

- Information provided by Hebron house advised that there were 17 employed staff and no vacancies. This figure included business support and managers.
- We saw appropriate levels of staff during the core working day. At night there was one staff member who slept on site, with no waking staff.
- Bank workers were used for evening cover. They received training similar to regular staff and supervision was in place.
- Therapeutic activity took place during the week and we saw activities taking place on the day of inspection. Clients confirmed they had access to activities and were encouraged to fill their own time to encourage independence and self-coping mechanisms.
- The provider showed evidence of training figures which ranged from 83% completion to 94%. We saw the training plan and staff were booked to attend sessions.
- There were no risk assessments or system in place to manage potential risk for individual staff where there had been previous offences declared via the disclosure barring system.

Assessing and managing risk to clients and staff

- There were no incidents in the 12 months leading up to inspection.
- Staff carried out a comprehensive risk assessment of clients prior to admission and on arrival. However, there was a lack of detail in client clinical records about previous drug or alcohol use.
- There was limited evidence of harm reduction advice provided in client records, however, clients and staff did confirm this work was carried out. We were told there were plans to introduce access to an emergency drug called naloxone at the point of discharge if clinically required, however this was yet to be formalised.

Substance misuse services

Naloxone is administered in an emergency to reverse the effects of opioid overdose and can be prescribed to patients and families of those at risk of overdose along with receiving appropriate training in its use.

- Individual risk assessment and plans were shared with clients and there was also an unexpected exit treatment plan in place in four out of five records reviewed. The fifth record was not completed but the patient had recently been admitted.
- Adult Safeguarding training completion rate was 89%. The two remaining staff were new in post and we saw that the training had been booked. Child safeguarding training figures were 83% with one staff member requiring update in addition to the new staff waiting to receive their training.There had been no safeguarding incidents reported in the 12 months leading to inspection. Staff could describe the process for reporting these incidents.
- There was not a robust system in place for ensuring good management practice in relation to transport, storage and dispensing of medication.
- Unused medication was not transported securely in a locked container back to pharmacy.
- There were errors in recording of administration which were not identified and addressed by managers and there was out of stock homeopathic medication and creams stored in the cupboard. We brought this to the attention of the manager who took immediate action to address these concerns.

Track record on safety

- In the 12 months prior to our inspection, the service had no serious incidents that required investigation.

Reporting incidents and learning from when things go wrong

- Senior staff had reviewed their incident reporting processes and had strengthened the structure.
- Managers had not agreed a system of reporting medication errors.
- There was a new process for learning lessons from incidents that had happened and sharing those with staff. These processes had recently been introduced and yet to be embedded.

Duty of candour

- The manager was able to outline the provider's responsibilities under the duty of candour and there was a policy in place. There was no training identified for staff in this subject.

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

Assessment of needs and planning of care

- Staff completed comprehensive assessment of needs prior to and upon admission. Staff used this assessment to ensure the care required could be provided. This helped to formulate the plan of care.
- There was an effective system in place to ensure the physical health needs of the patients were identified and met. There were clear records of client monitoring and progress. Staff had not transferred this physical health information to the care plan.
- Staff documented information regarding client progress within the client's care and treatment records.
- There were clear steps in individual care plans regarding the aims and goals of treatment that were standardised. Care plans did not reflect the detail of work carried out, nor did it demonstrate that care was individualised.
- We saw staff had detailed knowledge regarding the clients and clients told us they were involved in their care planning.
- Clinical records were paper based and kept together in individual client folders. These were securely stored and accessible to all staff who were able to locate all the clients' information in one place.

Best practice in treatment and care

- The National Institute for Health and Care Excellence (NICE) guidance on alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence (NICE ref.CG115) recommends that clients have access to mutual aid support groups such as alcoholics anonymous. Mutual aid was typically treatment that occurs outside formal treatment settings and offers locally derived peer support networks. The alcoholics anonymous fellowship developed the12 step

approach used by Hebron House. Clients attended appropriate external meetings as part of their treatment and we saw signposting to this in the activity program. On discharge, clients were expected to continue attending meetings. If clients were leaving the Norwich area, staff would assist in identifying and introducing clients to local meetings.

- Clients attended groups and individual sessions that followed the British Association for Counselling and Psychotherapy guidelines. The counsellors used their knowledge of cognitive behavioural therapies and person centred therapy to embed the 12-step approach for the treatment of the person's addiction. We saw a comprehensive timetable including a relationship group and a life skills/addiction group, both groups ran for 12 weeks.
- A relapse prevention group provided help to clients to manage their addiction and be alert to their own risks of relapse.
- There was an emphasis on resettlement planning, supporting individuals to consider housing options, review of benefits and other practical support such as curriculum vitae planning or financial management and support.
- Clients had access to a local GP, dental and optician services. Staff supported clients to register temporarily with the GP.
- Some local audit took place. Staff recognised that additional audit was required. For example, there had not been an audit of the quality of care plans. Recent medication audits had not been undertaken and we saw errors in this area.

Skilled staff to deliver care

- Clients accessed medical and nursing services via external GP and local services.
- Staff had the necessary skills to carry out their duties and to deliver care. The staff team included two accredited psychotherapists who delivered one to one sessions with clients and a clinical advisor. There was also a social worker trained in Cognitive Behavioural Therapy who delivered groups and art workshops. There were managers for the therapeutic programme and for the resettlement of discharged clients. Some staff and volunteers were previous clients themselves.

Multidisciplinary and inter-agency team work

- Staff held regular multi-disciplinary meetings where there was a clinical review of client progress and care.
- Handovers took place twice daily to ensure effective communication.
- There were effective channels of communication with teams external to the organisation. For example, professionals from referring organisations, the local NHS crisis team, physical healthcare services such as the GP, dentist and optician, and resettlement organisations.

Good practice in applying the MCA

- The Mental Capacity Act was not part of core training for all staff. The manager had attended training on the act and was able to demonstrate knowledge of the five principles required when assessing clients.
- All clients had capacity assessed via the referring agency and upon admission. Upon admission it was presumed a person had capacity to consent to treatment. If there were concerns, staff would refer back to the original organisation or to the GP.
- The manager had received training on Deprivation of Liberty Safeguards. Staff had not made any applications in the 12 months leading to our inspection.

Equality and human rights

- Staff had received training during induction in relation to the Equality and Diversity Act. There was a policy in place to support this.
- Clients felt supported with their lifestyles and had access to appropriate spiritual, cultural and faith needs.

Management of transition arrangements, referral and discharge

- Referrals were reviewed by the clinical team and assessments carried out prior to accepting clients into the service.
- There were measures taken to reduce the risk to clients if they wished to discharge prior to the end of their program and there was an unexpected exit plan in place.

Substance misuse services

- There was a resettlement officer who supported the transition back into the community. There was a 'move on' house that clients could discharge to, and there was significant support for clients relating to benefits, housing and debt management advice.

Staff provided discharge information to the referrers and any other service as agreed with the client and referrer.

Are substance misuse services caring?

Kindness, dignity, respect and support

- Staff treated clients with kindness and respect. We observed interactions that were meaningful and supportive. We saw that staff understood individual clients' needs and were responsive to requests.
- Clients spoke highly of staff. They reported that staff knew them, listened to them and were supportive of meeting the clients' needs.

The involvement of clients in the care they receive

- Clients spoken with reported being involved in all aspects of their care throughout their stay.
- There was limited evidence in the clinical documentation regarding the level of involvement clients had with developing care plans.
- Clients confirmed they were involved in developing their care plans, although two patients we spoke to were unsure if they had a copy.
- Details of local advocacy services were available although one client did not understand what an advocate was.
- Clients attended community meetings weekly where they had the opportunity to discuss community issues and raise any concerns. Minutes of these meetings were limited regarding content of discussions.
- There were other opportunities to feedback suggestions such as via their one to one sessions. Clients were also able to comment on their care during their individual treatment reviews.

Are substance misuse services responsive to people's needs?

(for example, to feedback?)

Access and discharge

- Referrals mostly came from adult social care or community drug services. The service had a list of preferred providers who knew their admission criteria. They also accepted clients who self-referred and funded themselves.
- The treatment period was generally for 12 weeks with an option to extend to six months if clinically indicated. This was flexible to client needs.
- Staff conducted an assessment for all referrals prior to admission. There were identified exceptions to admission based on risks the service was unable to support. These included risks such as offences against children, arson and significant recent self-harm history.
- The service had a clear policy around unplanned exit from services should a client decide to leave unexpectedly. Four of the five records reviewed had a documented plan in the clinical records. The fifth record had yet to be completed.

The facilities promote recovery, comfort, dignity and confidentiality

- There was a range of rooms available so that clients had privacy whilst receiving counselling. The rooms were tastefully decorated to promote a relaxed and quiet space.
- There were plans in place regarding controlled access to phones and visitors. The restrictions in place were clear and shared with clients prior to admission. For example, there was no access to friends and a family or a phone for an initial period at admission. This was reviewed and relaxed throughout the program.
- The service accommodated up to 10 women. During inspection there were seven women admitted. All had their own bedroom. Two bedrooms were ensuite the remaining bedrooms had shared bathrooms. If the house was full, two rooms were shared. There were no plans to change this at the time of inspection.

- Mealtimes were protected and all clients were expected to sit together. Clients had opportunity to contribute to menu planning for the week. There was free access to hot and cold drinks.
- The clients' activity programme was comprehensive during the week. There was less structured activity during the evenings and weekends. Efforts were made to balance planned activities with time for clients to occupy themselves.

Meeting the needs of all clients

- The provider did not admit people with severe mobility issues or disabilities. This was considered as part of the pre-admission process. This was due to the environment of the house. All bedrooms were located on upper levels. There was a ramp to provide access to the property for visitors.
- The service provided a range of leaflets in reception for easy access.
- The meals provided supported individual dietary, cultural and lifestyle choices.
- The service had links to the Christian Community and there was a Christian ethos. However, people of all faiths were welcomed to access the service and all religions were respected and supported. The equality and diversity policies in place reflected this requirement.

Listening to and learning from concerns and complaints

- There were no formal complaints in the 12 months leading to this inspection.
- Minor concerns raised by clients in community meetings or care reviews were addressed locally as appropriate.
- Clients confirmed that they would feel comfortable in raising a concern or complaint.
- Staff reviewed all the complaints received and clients confirmed they felt able to raise concerns.
- Information on making a complaint was included with the admission pack.

Are substance misuse services well-led?

Vision and values

- The service had a mission statement which was discussed at staff induction to ensure awareness and staff commitment.
- The staff team work well together with a common goal of providing an excellent service to clients.

Good governance

- Senior managers had ensured that staff received appropriate training with all new staff working towards the care certificate standards.
- Mandatory training compliance was monitored and actions were taken to ensure it was completed.
- There was some evidence of clinical audit. Staff recognised that additional audit was required with action taken to correct any identified problems for example with the care plans.
- There was a new process for learning lessons from incidents that had happened and sharing those with staff. These processes had recently been introduced and yet to be embedded.
- Hebron House had a comprehensive list of policies to support the smooth running of the service. These policies had not been reviewed and there was no system for this to happen. This meant it was unclear when policies were due for update and we were not assured that each policy reflected current legislation and best practice.
- There was a risk register in place to monitor and address business risks and a business continuity plan to provide assurance of plans in case of a major incident.

Leadership, morale and staff engagement

- There had been a recent change in leadership that staff viewed positively. This was supported by the feedback provided by staff, who said they felt valued and supported in carrying out their roles.
- There were no reported cases of bullying and harassment under investigation at the time of inspection. Managers and trustees were aware of how to manage such cases if they arose. A whistleblowing policy was shared with new staff during the induction process.
- Staff sickness levels were less than 3% and two staff left in the 12 month period up to 31 May 2017.

Substance misuse services

- Staff said they had good job satisfaction levels and it was evident they enjoyed their work. We saw positive team relationships and strong management support.
- Staff spoken with knew how to raise concerns and reported they felt safe to do so.

Commitment to quality improvement and innovation

- The service had supported their clients to complete a 12 week sailing course achieving a certificate on completion. This course provided an opportunity for the clients to build confidence, experience teamwork and acquire new skills. Feedback from clients was very positive.
- A mindfulness course was trialled this year with positive feedback. There was high demand for further courses in the future for which the provider was seeking funding to deliver.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure that medication management systems are adhered to regarding safe transportation, storage and administration of medication.
- The provider must ensure there are risk assessments or system in place to manage potential risk for individual staff where there had been previous offences declared via the disclosure barring system (DBS).
- The provider must ensure that policies are regularly reviewed and updated to reflect current practice.

Action the provider SHOULD take to improve

- The provider should ensure that all care plans are individualised and provide sufficient detail to demonstrate all needs are addressed.

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	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment • The provider did not ensure that there were risk assessments in place when a DBS identified risks. • The provider did not identify and take action where there were errors in transport, storage and administration of medication. This was a breach of regulation 12

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 17 HSCA (RA) Regulations 2014 Good governance • The provider did not review and update the policies and there was no system in place to monitor this. This was a breach of regulation 17