

Hebron House

Quality Report

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

Ratings

| | | |
|---|-------------|---|
| Overall rating for this location | Good |  |
| Are services safe? | Good |  |
| Are services effective? | Good |  |
| Are services caring? | Good |  |
| Are services responsive? | Good |  |
| Are services well-led? | Good |  |

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

Overall summary

- The service employed a sufficient number and range of staff for clients to receive one to one sessions with a counsellor twice per week as well as group sessions.
 - Staff completed thorough risk assessments for all clients, this included an early exit from treatment risk assessment and risk management plans.
 - Staff completed a comprehensive assessment and holistic individual recovery plan with all clients on admission to the service and these were reviewed in weekly one to one sessions.
 - The service provided a range of care and treatment interventions suitable for the client group including one to one sessions with a counsellor, cognitive behavioural therapy groups and 12-step therapy groups.
 - Blood borne virus testing was offered to all clients through a local health clinic.
 - Clients we spoke with told us staff were genuinely caring and compassionate. They felt respected and cared for by staff. Clients were fully involved in setting recovery care plan goals.
 - The service employed a resettlement manager who co-ordinated discharge plans and aftercare for clients completing treatment. Discharge plans included health, financial, accommodation and employment needs.
 - The service had a vision and strategy to empower women to live a life in recovery free from addictions and this was clearly demonstrated by staff. Staff reported high morale and good job satisfaction.
 - The service had completed all actions required from the last inspection.
- However,

- Staff did not always receive management supervision in line with policy.

Summary of findings

Our judgements about each of the main services

| Service | Rating | Summary of each main service |
|---------------------------|--------|---|
| Substance misuse services | Good |  |

Summary of findings

Contents

Summary of this inspection

| | Page |
|--|------|
| Background to Hebron House | 6 |
| Our inspection team | 6 |
| Why we carried out this inspection | 6 |
| How we carried out this inspection | 6 |
| What people who use the service say | 7 |
| The five questions we ask about services and what we found | 8 |

Detailed findings from this inspection

| | |
|---|----|
| Mental Capacity Act and Deprivation of Liberty Safeguards | 11 |
| Overview of ratings | 11 |
| Outstanding practice | 16 |
| Areas for improvement | 16 |

Good 

Hebron House

Services we looked at

Substance misuse services

Summary of this inspection

Background to Hebron House

Hebron House is 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 has a registered manager in post.

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 nine clients. 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.

Hebron House was last inspected in August 2017. 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 provider did not review and update the policies and there was no system in place to monitor this

Regulation 12 – safe care and treatment. The provider did not ensure that there were risk assessments in place when a DBS (Disclosure and Barring Service check) identified risks. The provider did not identify and take action where there were errors in transport, storage and administration of medication.

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

Our inspection team

The team that inspected the service comprised two CQC inspectors and a specialist advisor with experience of substance misuse services.

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme.

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

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

Summary of this inspection

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

During the inspection visit, the inspection team:

- visited the service;
- spoke with five clients who were using the service;
- spoke with the registered manager and the resettlement manager;
- spoke with four other staff members; including the deputy manager, a therapist and support workers;
- looked at five care and treatment records of clients;
- carried out a specific check of the medication management; and
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

Clients told us that they felt very supported at the service and that staff genuinely cared for them.

Clients spoke highly of the aftercare service and how they were prepared for returning home after treatment.

Clients told us there was a range of therapies and activities available and they felt the service met their needs. They understood why the rules were in place and felt the rules and restrictions kept them safe.

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 rated safe as good because:

- The service was clean and comfortably furnished, with all environmental risks assessed and mitigated against.
- The service employed a sufficient number and range of staff for clients to receive one to one sessions with a counsellor twice per week as well as group sessions.
- We reviewed five client records and found that they all had a thorough risk assessment completed, this included an early exit from treatment risk assessment and risk management plans. Risk assessments were reviewed as part of twice weekly one to one sessions.
- The service had not recorded any serious incidents in the past year. They had an incident reporting policy that all staff were aware of and any incidents were discussed in the weekly staff team meeting.
- Medications were stored and managed effectively.

Good



Are services effective?

We rated effective as good because:

- Staff completed a comprehensive assessment and holistic individual recovery plan with all clients on admission to the service and these were reviewed in weekly one to one sessions.
- Staff provided a range of care and treatment interventions suitable for the client group including one to one sessions with a counsellor, cognitive behavioural therapy groups and 12 step therapy groups.
- Blood borne virus testing was offered to all clients through a local health clinic.
- Staff supported clients to live healthier lives through participation in physical activity and by encouraging healthy eating options. Clients could access smoking cessation through the local GP service.
- All staff, including volunteers completed an induction that covered role expectations, the service ethos and boundaries training.
- The service held weekly team meetings where staff discussed clients, risks, incidents, resettlement and training.

Good



However,

- Staff did not always receive management supervision in line with policy.

Summary of this inspection

Are services caring?

We rated caring as good because:

- Clients we spoke with told us staff were genuinely caring and compassionate. They felt respected and cared for by staff.
- Staff supported clients to understand and manage their care, treatment or condition. The service employed a number of staff who had received treatment for substance misuse and demonstrated to clients that long term recovery was achievable.
- Clients completed a self-assessment of their needs and agreed recovery plan goals for each area they had identified. Clients were fully involved in setting their goals collaboratively with staff.
- The service sent information to families and carers about what rehabilitation involves and what to expect. Families were invited to attend the service before a client completed treatment to discuss aftercare plans.

Good



Are services responsive?

We rated responsive as good because:

- The service employed a resettlement manager who co-ordinated discharge plans and aftercare for clients completing treatment. The service started discharge planning with clients on admission. Discharge plans included health, financial, accommodation and employment needs.
- The service offered a move on house for clients completing treatment where they could continue to access counselling and group sessions at the service.
- Clients catered meals for the whole service on a rota basis. Staff also ate with clients and supported with cooking where needed. Meal plans were agreed as part of the weekly planning meeting.
- Clients attended mutual aid support groups to help build recovery focussed support systems.
- The service had not received any complaints in the past year.

Good



Are services well-led?

We rated well-led as good because:

- The service had a vision and strategy to empower women to live a life in recovery, free from addictions and this vision was clearly demonstrated by staff. The service had a clear definition of recovery which was shared and understood by all staff.
- Managers had a good understanding of the services they managed. They could explain clearly how the team was working to provide high quality care.

Good



Summary of this inspection

- Staff told us they felt supported in their roles and were proud to work for the service. They had good morale and worked well as a team.
- The service had completed all the actions required following the previous inspection.
- The service had implemented a suggestions box and responses were published on a clients notice board and clients could also give feedback at weekly community meetings.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

The service had a mental capacity policy in place.

Clients were drug tested and breathalysed at the time of admission to the service and if they lacked capacity due to the influence of substances the admission process did not take place until clients had the capacity to do so.

Overview of ratings

Our ratings for this location are:

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|---------------------------|------|-----------|--------|------------|----------|---------|
| Substance misuse services | Good | Good | Good | Good | Good | Good |
| Overall | Good | Good | Good | Good | Good | Good |

Substance misuse services

| | |
|------------|--|
| Safe | Good  |
| Effective | Good  |
| Caring | Good  |
| Responsive | Good  |
| Well-led | Good  |

Are substance misuse services safe?

Good 

Safe and clean environment

- The service was based in a house that had a number of blind spots and ligature risk points (something that people might tie something to in order to harm themselves). The provider had completed a thorough environmental risk assessment that included ligature points. Risks were mitigated against by completing risk assessments of clients on admission and observation of clients during their stay.
- The service was a female only service and so complied with same sex accommodation guidance.
- Bedrooms did not contain call bells for clients to call for assistance. However, the service had a member of staff on site at all times including overnight so that clients could speak to them in case of an incident.
- The service was clean and comfortably furnished. Clients completed cleaning and housekeeping tasks as part of a weekly rota.
- Staff adhered to infection control principles, including handwashing and the disposal of clinical waste.

Safe staffing

- The staffing team were made up of a registered manager, deputy manager, resettlement manager, counsellors and support workers.
- The service employed sufficient staff for clients to receive one to one sessions with a counsellor twice per week as well as group sessions.
- The service could plan for staff absence and had regular bank staff to cover any vacancies and absence.

- All staff were required to complete four mandatory training sessions that included medicines administration, first aid and safeguarding. Mandatory training compliance was 100%.

Assessing and managing risk to patients and staff

- We reviewed five client records and found that they all had a thorough risk assessment completed, this included an early exit from treatment risk assessment and risk management plans. Risk assessment were reviewed as part of twice weekly one to one sessions.
- The service had Naloxone available on site in case of an opiate overdose and all staff were trained in how to use it. Naloxone is an opiate antagonist that will temporarily reverse the effects of an opiate overdose.
- Staff conducted random drug and alcohol screening tests and room searches to ensure clients were not at risk of using drugs or alcohol.

Safeguarding

- Staff had all completed safeguarding adults training and knew what and how to report any concerns.
- The service had not needed to make any safeguarding referrals in the past year.

Staff access to essential information

- The service used paper based client records. Records were kept in a locked cabinet in the staff room to ensure confidentiality was maintained.

Medicines management

- The service did not store controlled drugs on the premises. Clients who were prescribed medication by the GP had their medication collected from a local pharmacy weekly and this was stored securely in dossett boxes inside a locked cabinet.

Substance misuse services

- All staff had completed medication administration training.

Track record on safety

- The service had not reported any serious incidents over the past year.

Reporting incidents and learning from when things go wrong

- The service had an incident reporting policy that all staff were aware of. Any incidents were reported to the registered manager for investigation.
- Staff discussed any incidents including outcomes and learning at the weekly staff meeting.

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

Good 

Assessment of needs and planning of care

- We reviewed five client records and found that they all had a comprehensive assessment of need completed on admission that included health, employment, accommodation and social needs.
- Staff completed a personalised, holistic care plan collaboratively with clients following assessment. Staff reviewed and updated care plan goals during weekly one to one sessions.
- Staff completed risk assessments for early exit from treatment and agreed management plans with clients.

Best practice in treatment and care

- Staff provided a range of care and treatment interventions suitable for the client group. The interventions were those recommended by, and were delivered in line with, guidance from the National Institute for Health and Care Excellence. These included one to one sessions with a counsellor, cognitive behavioural therapy groups and 12-step therapy groups.
- Blood borne virus testing was offered to all clients through a local health clinic.
- Staff supported clients to live healthier lives through participation in physical activity and by encouraging healthy eating options. Clients could access smoking cessation through the local GP service.

Skilled staff to deliver care

- All staff, including volunteers completed an induction that covered role expectations, the service ethos and boundaries training.
- Staff completed the mandatory training sessions as part of their induction.
- Managers identified the learning needs of staff and provided them with opportunities to develop their skills and knowledge.
- The service ensured that robust recruitment processes were followed and we saw that a risk assessment was completed for staff with previous criminal convictions.
- The service had a policy for supervision to take place every six to eight weeks. We reviewed three staff files and saw that staff did not always receive supervision in line with policy. However, staff also received fortnightly external supervision and staff told us that they felt supported.
- All staff had an appraisal completed annually.

Multi-disciplinary and inter-agency team work

- The service held weekly team meetings where staff discussed clients, risks, incidents, resettlement and training.
- The service worked closely with local health services to meet client need.

Good practice in applying the MCA

- The service had a policy on capacity which staff were aware of and could refer to.
- Clients were drug tested and breathalysed at the time of admission to the service and if they lacked capacity due to the influence of substances the admission process did not take place until clients had the capacity to do so.
- Staff ensured service users consented to care and treatment and this was recorded in care records.

Are substance misuse services caring?

Good 

Kindness, privacy, dignity, respect, compassion and support

- Clients we spoke with told us staff were genuinely caring and compassionate. They felt respected and cared for by staff.

Substance misuse services

- Staff supported clients to understand and manage their care, treatment or condition. The service employed a number of staff who had received treatment for substance misuse and demonstrated to clients that long term recovery was achievable.
- Staff told us they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes to clients without fear of any negative consequences.
- The service had clear confidentiality policies in place that were understood and adhered to by staff. Staff maintained the confidentiality of information about clients.

Involvement in care

- Clients completed a self-assessment of their needs and agreed recovery plan goals for each area they had identified. Clients were fully involved in setting their goals collaboratively with staff.
- Staff engaged with people using the service, their families and carers to develop responses that meet their needs and to ensure they had the information needed to make informed decisions about their care.
- The service sent information to families and carers about what to expect and what rehabilitation involves. Families were invited to attend the service before a client completed treatment to discuss aftercare plans.
- Families were encouraged to visit clients at the service and clients could visit home overnight once they had been in treatment for ten weeks.

Are substance misuse services responsive to people's needs?

(for example, to feedback?)

Good 

Access and discharge

- The service could accommodate ten clients and had nine clients in residence at the time of inspection.
- The service had clear criteria for admission and only refused admission where people required clinical support that the service could not meet or had a conviction for arson.
- The service had a policy for any unplanned exit from the service to keep clients safe if they left treatment early.

- The service employed a resettlement manager who co-ordinated discharge plans and aftercare for clients completing treatment.
- The service offered a move on house for clients completing treatment where they could continue to access counselling and group sessions at the service.
- The service started discharge planning with clients on admission. Discharge plans included health, financial, accommodation and employment needs.

The facilities promote recovery, comfort, dignity and confidentiality

- Clients had either a single or shared double bedroom, with shared bathroom facilities.
- The service had a sufficient number of rooms including a group room and one to one rooms. There was a large and comfortably furnished communal lounge and dining room with a kitchen attached.
- Clients had access to the kitchen at all times where they could make hot and cold drinks as well as snacks.
- The service had a garden for clients to access fresh air and a designated smoking area.
- Clients catered meals for the whole service on a rota basis. Staff also ate with clients and supported with cooking where needed. Meal plans were agreed as part of the weekly planning meeting.

Patients' engagement with the wider community

- Staff supported clients to maintain relationships with family and friends where appropriate.
- Clients attended mutual aid support groups in the community to help build recovery focussed support systems.

Meeting the needs of all people who use the service

- The service was unable to accommodate wheelchair users due to the number of stairs at the location, and this was made clear to referrers.
- Staff demonstrated an understanding of the potential issues facing vulnerable groups and offered appropriate support.

Listening to and learning from concerns and complaints

- The service had not reported any complaints in the past year.
- The service had a complaints policy that was given to all clients on admission.

Substance misuse services

- Clients had the opportunity to raise informal complaints in the weekly community meeting before escalating to a formal complaint.

Are substance misuse services well-led?

Good 

Leadership

- The registered manager, deputy manager and resettlement manager were all based at the service and were visible and approachable to clients.
- Managers had the skills, knowledge and experience to perform their roles.
- The service had a clear definition of recovery which was shared and understood by all staff.
- Managers had a good understanding of the service they managed. They could explain clearly how the team were working to provide high quality care.

Vision and strategy

- The service had a vision and strategy to empower women to live a life in recovery free from addictions and this was clearly demonstrated by staff.

Culture

- Staff told us they felt supported in their roles and were proud to work for the service. They had good morale and worked well as a team.
- Two staff members had left the service in the past year and sickness levels were low at 1.6%

- The service had an Equality and Diversity policy that supported both staff and clients, and protected against discrimination based on protected characteristics.

Governance

- The service had completed all the actions required following the previous inspection.
- The managers attended board meetings every other month where they discussed performance and governance.
- The manager had oversight of staff training, appraisal and supervision.

Management of risk, issues and performance

- The service had a business continuity plan in place in case of adverse events that would affect the running of the service.

Information management

- Staff had access to the relevant technology required to do their job. Client records were paper based and were stored in a locked cabinet in the staff room to maintain confidentiality.
- The service had a shared access drive on the computer system where staff could access policy and procedure documents.

Engagement

- Clients had the opportunity to provide feedback on the service as part of the weekly community meetings.
- The service had implemented a suggestions box and responses were published on a client notice board.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

Action the provider **SHOULD** take to improve

- The provider should ensure that staff receive management supervision in line with policy.