

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Hebron House

10-12 Stanley Avenue, Norwich, NR7 0BE

Tel: 01603439905

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Staffing	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Hebron Trust
Registered Manager	Ms. Mo Dunn
Overview of the service	Hebron House is owned and operated by Hebron Trust. It provides support for up to 10 women with a drug/or alcohol dependency.
Type of services	Care home service without nursing Residential substance misuse treatment and/or rehabilitation service
Regulated activity	Accommodation for persons who require treatment for substance misuse

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Consent to care and treatment	6
Care and welfare of people who use services	7
Safety and suitability of premises	8
Staffing	9
Complaints	10
About CQC Inspections	11
How we define our judgements	12
Glossary of terms we use in this report	14
Contact us	16

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 13 November 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

During our visit we spoke with two people in private and two members of staff as well as the Manager and Project Support Coordinator. We looked at two care records and a sample of maintenance records. We walked round the building and saw improvements had been made such as the replacement of windows and carpets.

We saw that several people living at Hebron House attended an organised meeting as part of their rehabilitation programme. When the meeting had finished several people continued with their tasks such as laundry, preparing lunch or relaxing. Staff were seen speaking to people within various communal rooms with one helping in the kitchen with lunch showing how both people living at the home and staff help and work together.

People told us "This is a lovely place to be, the staff are very friendly here, there's no one that I haven't been able to sit and talk to. They have supported me one hundred per cent."

"Lovely place. What is there to complain about? They have given me my life back."

The home was calm, quiet and people carried on with their everyday tasks.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases

we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We looked at two care records of the nine people currently living at Hebron House. We saw that people had been assessed by the manager before moving into the home to begin a structured rehabilitation programme of care and treatment. Within each of the care records was a signed consent to commence the rehabilitation programme as well as a consent form to share information with other health professionals. These were signed before people participated in treatment and after agreeing to the terms of residency and house rules.

We spoke with two people about their treatment. Both confirmed they had signed consent forms and had been informed about the structured phases of treatment. One person said: "I knew I was signing up for a phased programme of rehabilitation, and I knew it was going to be tough, but I knew this was my last chance."

Another person told us: "The staff told me at every step of the way, so I was well aware of the rules especially in phase one of the treatment."

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We spoke with two people in private who were at different stages of their treatment. One person told us: "I am going home soon, they (the staff) have done marvellous things with me and I have finally acknowledged I had a problem. I am now being supported to go home with better coping strategies and support systems."

People spoke positively about how the treatment was helping them acknowledge and cope with past dependency problems. They also told us that they supported each other during the tougher times and how supportive the staff continued to be. They told us they had a structured programme during the week, attending group meetings for discussion or counselling, one to one individual meetings with their key worker, group meetings for fun events such as the art class and weekly discussions to air their views.

Both people we spoke to gave us permission to look at their care records. We saw within their care records that each person had a planned three stage individual rehabilitation treatment programme. When they arrived at the home, a rigorous admission process was followed, possessions were searched and the person was interviewed and drug tested before any treatment commenced. Each person told us they were aware of the 'house rules' before they walked through the door.

One person told us: "I did not want to come here and reluctantly signed up for treatment. I found it tough during phase one, when I was accompanied by staff all the time. Now I am at phase three I can understand the need for all the support I got. The staff are wonderful here, so supportive and non-judgemental."

We saw in both care records during each phase of their treatment, records were kept of their initial risks continuing to the current phase of their treatment. Daily records of how people spent their time were recorded as well as their various meetings, when the key worker and the person would discuss how their treatment was progressing. We saw each person had their own goals they wanted to achieve during their twelve week initial stay. Risk assessments were constantly reviewed to see whether a further twelve week stay for individuals would be beneficial. The majority of people stayed up to the six month sponsored period.

One person we spoke with was at the end of their stay and said: "This is a lovely place to be, the staff are very friendly here. There's no one that I haven't been able to sit and talk to, they have supported me one hundred per cent."

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

We were shown round the building by a member of staff. We saw two bedrooms, each one had been personalised and contained people's own possessions. Two bedrooms contained en suite bathrooms and there were shared facilities on each floor. All areas of the home were accessible to people staying there except the staff room and treatment room which were locked.

The provider had taken reasonable steps to provide care in an environment that is suitably designed and adequately maintained. We saw there were several communal rooms; each was furnished with comfortable suites. All areas of the home were nicely decorated, clean and tidy. Some windows at the rear and carpets throughout the premises had been replaced. People were expected to keep their own room tidy and help clean the communal rooms when required. A suitable laundry room with washers and driers was also used by everyone.

We saw very clear signage for staff, people living in the home and visitors regarding action to be taken if there was a fire. Appropriate systems tests were carried out at regular intervals to ensure the fire alarms and equipment were working. We saw a sample of maintenance records to such as water records, health and safety checks and these were all in date. We saw certificates of agreement for waste collection and clear action plans for fire evacuation and other emergencies were in place to ensure the safety of people staying in the home and staff.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We looked at copies of the staff rota. They showed us there were sufficient numbers of staff on duty to meet the needs of people living at the home. There were also volunteers who helped at the home who were people who had been through the rehabilitation programme in the past and wanted to help others after their treatment. We were told they had undergone the recruitment procedures to ensure they were suitable to help other vulnerable adults.

We saw that staffing numbers were flexible and extra staff were used during outings, special parties or organised events. The management team were 'on call' covering weekends and overnight so that staff could receive support and advice in emergencies.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

The home had a very clear policy on how to raise a complaint, a copy of which was given to everyone before admission. The policy included clear timescales on how the complaint would be investigated and the outcomes communicated to the person. There were details of other agencies to contact if the person was not satisfied with the investigation made by the service. Staff told us they felt the manager had an 'open door' approach and would discuss any concerns appropriately.

Two people we spoke with told us: "I have nothing to complain about here, it is such a good approach they have and staff are very supportive."

"We have a meeting on a Friday afternoon where we have the opportunity to raise any concerns or issues where it can be discussed, worked through and resolved and that seems to work."

"Lovely place. What is there to complain about? They have given me my life back."

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.


You can tell us about your experience of this provider on our website.


How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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