

***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

Date of Inspection: 14 January 2014

Date of Publication: February 2014

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

Respecting and involving people who use services	✓ Met this standard
Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Management of medicines	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ 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

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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 14 January 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

We spoke with two people in private who used the service and both indicated that the service supported their needs. We reviewed thoroughly two people's care records and viewed the risk assessments for all eight service users. The two care records reviewed showed that all successful applicants to Hebron House underwent a thorough pre-admission assessment. Such assessment included identifying and agreeing the individual's needs and wishes prior to and during their time at Hebron House. We also saw evidence of ongoing support offered when people moved on from Hebron House.

We noted that risk assessments were continuous throughout the person's time at Hebron House.

We saw that people had access to therapeutic sessions as part of their rehabilitation. We also saw that activities such as cooking, laundry, art and computer studies were made available.

We spoke with staff who told us they felt supported and valued. They said they were provided with the necessary and ongoing training in order to meet the needs of the organisation, the team and the people using the service.

One person using the service told us "I like to go out with my keyworker. I feel very supported." Another indicated they were allowed to smoke in the grounds of the house, but not indoors.

The home was clean, tidy, well presented and comfortable.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment.

We saw from individual care records that people had been involved in the decision to be admitted to Hebron House and we also saw evidence of continuing involvement in decisions about their care and treatment.

We spoke with three members of staff who worked with people who use the service. They all described they approached each person as an individual, supported them to identify their needs or goals and helped them to deal with them. One member of staff told us that when people had their first appointment, the staff always discussed the confidential nature of the service so that people were assured that information about them would not be shared inappropriately.

We reviewed records which demonstrated that people had received information about confidentiality and had been asked for permission for the service to share information should it be required to do so.

We also noted that people were given opportunity to discuss any matters of concern with their key worker and staff explained the routes through which issues might be addressed either on an individual basis or as a group.

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 reviewed thoroughly the care records of two of the eight people currently living at Hebron House. All of the people using the service were made aware of and agreed to the need to obtain consent for sharing certain information as part of the admission process. Consent forms for contact purposes and sharing information were viewed for all service users.

Signed application forms to join Hebron House together with terms and conditions, referral forms and agreed treatment plans were also viewed. Signed rehabilitation programme phases were also viewed. There was evidence that all documents relating to the person's stay at Hebron House had been discussed, agreed and signed by both the person and Hebron House.

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

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

When we spoke with staff they explained the assessment process each person goes through when being admitted to the service. This included an assessment of the person's background, personal circumstances and obtaining medical and medication histories. Care plans were agreed between the person and their key worker and the three phases of rehabilitation explained.

We reviewed two person's care records and spoke with them. Each care record was supported by a photograph and covered aspects such as admission checklist, risk assessments and treatment programmes. We found that each care record identified the person's goals and had been signed by them and their key worker. We noted evidence that regular reviews took place. Records demonstrated that risk assessments were completed regularly and that any additional support was agreed and worked through with the person concerned.

We also noted that Hebron House provided or sign-posted support and advice to assist people with issues that may cause them additional stress such as housing, financial and employment advice. Hebron House also made best efforts to ensure people ate healthily during their stay and had recruited specialist nutritionist training for their housekeeper to enable this. We noted that this was supported by a joint resident and staff protocol relating to food issues, in particular no snacking in TV rooms, no magazines likely to encourage body image issues and one-to-one nutritional advice if required.

We saw evidence of pre-admission checklists carried out containing such things as current medication, property, room and household. Admission induction for people using the service was also seen which covered aspects such as staffing, case notes, medical folders and personal folders. We also saw that drug and alcohol testing took place on admission. General health questionnaires and risk assessments were also completed as part of the admission process

All of the people who used the service that we spoke with were aware of their care plan, felt involved in reviewing it as their needs changed and had signed to say they agreed with

what had been written. They also felt confident that staff were able to support them and that they could access help from any member of the team.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

When we spoke with staff they were very knowledgeable about the kinds of abuse that can occur and knew what action to take if people were experiencing or were at risk of being abused. Staff confirmed that they received regular training to update their knowledge and enable them to protect vulnerable adults from the risk of abuse.

We reviewed evidence of a concern that was raised by a person who used the service. We noted that staff took prompt and appropriate action to support the person and helped them to prevent them from being vulnerable to further abuse.

Staff records indicated access to appropriate mental capacity training. In discussion staff demonstrated an awareness and understanding of safeguarding issues. They expressed confidence in their knowledge and understanding to know when to raise alerts appropriately, and if necessary alert all relevant agencies.

From our review of people's records, and discussions with staff, we were satisfied that where behaviour issues were identified, appropriate guidance was in place to deal with and resolve it.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Medicines were handled appropriately.

We saw minutes of team meetings reminding staff to record medicines appropriately. We saw that medical history and medication information was kept private and protected. A reminder regarding the correct safe disposal of medications was also noted. We also noted in the medicines management policy reference to the safe disposal of sharps.

Hebron House underwent a pharmacy advisory visit by their local dispensary in April 2013. It was noted that Hebron House had subsequently undertaken recommendations made therein and continued to do so.

The staff Medicines Management policy was signed by all staff and was last reviewed in June 2013.

Weekly medication checks took place. There was a refrigerator which could be used for storing medicines and corresponding fridge temperature log book which was accurate and in date.

The Medicines Administration policy, reviewed 2012, contained procedures for prescribed drugs and PRN (when required) medication. There were clear guidelines for recording on MAR (Medication Administration Records) charts both for prescribed and PRN medications.

We also noted in staff training files evidence of staff undertaking training relevant to medication and medication safety.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who use the service and staff were asked for their views about their care and treatment and they were acted on.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

There was a well established system in place for the monitoring of people using the service through regular support with key workers. We saw evidence of such monitoring and subsequent interactions recorded in daily records. We also saw evidence of opportunities for people to approach, in confidence, key workers should they need to. We noted interaction with external agencies related to safe medication practice.

We saw agenda and minutes of the weekly staff meetings for December 2013 and January 2014. Matters included for example programme management, funding and resettlement updates.

We saw no evidence of complaints made or received since 2009. We saw evidence of compliments received. One person had written "Thank you so much for looking after me for nearly nine months. This will be my first Christmas sober." Another had written "To the Hebron staff, what can I say? You've all helped me to save my life and taught me the tools to try and sustain it." One further person had written "Thank you so much for giving me a chance at life."

We reviewed exit questionnaires carried out with people who had used the service and which covered aspects such as rules and restrictions, community living and resettlement and aftercare. We also saw Hebron's responses to exit questionnaires.

We viewed the staff handbook which contained all policies and procedures. We reviewed the organisations daily record log which covered events relevant to people using the service. Each entry was completed by the keyworker with date, time, comment and signature.

We reviewed two staff member files. Contract of employment, staff induction and training were reviewed. We found evidence of continuing professional development, mandatory and routine training undertaken.

Two staff members were interviewed. One had been employed since 2006 and the other was new to the organisation. Both said the organisation supported their personal development. One said "it's a privilege to work with this client group. They (service users) leave with confidence and this is reflected in continuing contact with them once they have resettled." Another staff member said they were very nervous when they first started. With support from colleagues this quickly changed. She stated "I have never had so much training, some which the organisation funds from an external training organisation".

The quality assurance processes at Hebron House were fully supported by up to date policies such as staff code of practice, whistleblowing and clients rights. All were reviewed in 2012. We also viewed the Health and Safety policy and Fire and Safety policy, both were accurate and in date.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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