

# 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

### 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.

### Overall summary

We do not currently rate independent substance misuse services.

We found the following areas of good practice:

- Staff established a therapeutic relationship with clients that enabled them to be fully involved in their care. A therapeutic relationship is a working relationship between a worker and a client; this is built on mutual trust and respect with the aim of bringing about beneficial change.
- Staff provided a supportive resettlement package to those clients who completed the programme at Hebron House.
- Staff provided clients with a full structured timetable.
- Clients were clear on the steps they needed to take to progress with their treatment. Recovery plans and workbooks played a significant role in a client's recovery.
- Staff treated clients with respect and kindness and supported them throughout their stay with the service.
- Staff morale was good and there was an open and honest atmosphere.
- Hebron House was clean and well maintained. There was a clear set of rules that helped clients stay safe from their addiction and enabled them to concentrate on their recovery.

# Summary of findings

However, we also found things that the service provider need to improve:

- Although the service took immediate action following an incident, they had no formal processes in place to record all types of incident. This meant that they were unable to identify patterns, effectively investigate or ensure that staff learnt and shared lessons.
- Although staff told us they felt supported, they did not receive supervisions in line with the organisation's supervision policy.
- Managers did not formally appraise staff. This meant that managers and staff had no means to effectively monitor and evaluate their performance against agreed objectives.
- Managers did not use key performance indicators to gauge the performance of the team and therefore assess if the service was meeting organisational targets.

# Summary of findings

## Contents

### Summary of this inspection

	Page
Background to Hebron House	5
Our inspection team	5
Why we carried out this inspection	5
How we carried out this inspection	6
What people who use the service say	6
The five questions we ask about services and what we found	7

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### Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards	9
Outstanding practice	18
Areas for improvement	18
Action we have told the provider to take	19

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# Hebron House

**Services we looked at**

Substance misuse services

# Summary of this inspection

## Background to Hebron House

Hebron House is a residential service provided by The Hebron Trust. The service provides treatment to rehabilitate women with drug or alcohol dependency. It is registered with the Care Quality Commission to provide accommodation for persons who require treatment for substance misuse. Hebron House has a registered manager who is also the nominated individual.

The service is located in a residential area of Norwich. It is close to local amenities and public transport. The service is able to take up to 10 women at any time and has staff on duty 24 hours. At the time of our inspection, there were five clients. All clients have to be free of any substance use before admission, so they often arrive at the service following a detoxification programme. Hebron House does not offer clinical or prescription medicine treatments. It delivers psychosocial interventions and provides a therapeutic environment to support recovery from addiction. Hebron House accepts admissions from statutory organisations and self-funders.

Hebron House has been working with women with alcohol and drug addiction since 1987. Clients take part in a therapeutic programme based on the 12-step principles of Alcoholics Anonymous. Staff deliver treatment for people whose main addiction is to alcohol or drugs. However, due to the model used, staff also

consider secondary addictive behaviours, for example, eating disorders. The 12-step approach works sequentially as a process to guide a person through the journey of recovery to a new way of life. The programme addresses the physical, mental, emotional and spiritual aspects of recovery. The principles behind this approach give a person a starting point for a lifelong process. All aspects of Hebron House follow the ethos of the 12-step approach.

CQC had previously inspected the service in December 2011, November 2012 and January 2014 against the previous outcome measures. The service was meeting all the requirements against the following standards:

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

This inspection was done using our new approach of asking five key questions about the quality of the service. See the section on 'How we carried out this inspection' below.

## Our inspection team

The team that inspected the service comprised one Care Quality Commission (CQC) inspector manager and one inspector.

## Why we carried out this inspection

We inspected this service as part of our ongoing substance misuse inspection programme.

# Summary of this inspection

## 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?

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

- spoke with five women who were using the service
- spoke with two women who had previously used the service
- spoke with the registered manager
- spoke with four other staff members
- attended and observed one hand over meeting
- attended and observed one group meeting
- looked at five care and treatment records of current clients
- looked at four resettlement records of previous clients
- carried out a specific check of the medication management
- looked at a range of policies, procedures and other documents relating to the running of the service.

## What people who use the service say

We spoke with five clients using the service and two previous clients.

They all spoke positively about Hebron House. They said there was plenty of staff about who really listened to

them and were not too overpowering. Clients told us they felt safe and that they got a lovely feeling when they walked into Hebron House. They told us that they were involved in their care and felt in charge of their recovery.

# 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 found things that the service provider need to improve:

- The service took immediate action following an incident. However, they had no formal processes in place to record all types of incident. This meant that they were unable to identify patterns, effectively investigate or ensure that staff learnt and shared lessons.

However, we found the following areas of good practice:

- Hebron House was clean and well maintained.
- There was a clear set of rules that helped clients stay safe from their addiction and enabled them to concentrate on their recovery.
- Staff assessed and managed risks effectively.
- All staff received and were up to date with appropriate mandatory training.
- There were effective processes in place for storing, administering and reconciliation of medicines.

### Are services effective?

We found things that the service provider need to improve:

- Staff told us they felt supported. However, they did not receive supervisions in line with the organisation's supervision policy.
- Staff were not formally appraised. This meant that managers and staff had no means to effectively monitor and evaluate their performance against agreed objectives.

However, we found the following areas of good practice:

- Clients were clear on the steps they needed to take to progress with their treatment. Recovery plans and workbooks played a significant role in a client's recovery.
- All staff attended a hand over meeting where they discussed all clients in detail.

### Are services caring?

We found the following areas of good practice:

- Staff established a therapeutic relationship with clients that enabled them to be fully involved in their care.
- Staff treated clients with respect and kindness and supported them throughout their stay with the service.

# Summary of this inspection

- Clients had opportunities to give feedback on the service they received.

## Are services responsive?

We found the following areas of good practice:

- Hebron House had a clear pathway from assessment through to aftercare.
- Staff provided a supportive resettlement package to those clients who completed the programme at Hebron House.
- The premises were nicely modernised, welcoming and comfortable with a family atmosphere.
- Staff provided clients with a full structured timetable.

## Are services well-led?

We found the following areas of good practice:

- Managers had good systems in place to ensure staff were sufficiently trained and able to deliver all elements of the treatment provided.
- Managers kept trustees informed of service activity and risks.
- Staff morale was good and there was an open and honest atmosphere.
- Hebron House had joined a newly formed rehabilitation network to share good practice.

However, we also found things that the service provider need to improve:

- Managers did not use key performance indicators to gauge the performance of the team and therefore assess if the service was meeting organisational targets.

# Detailed findings from this inspection

## Mental Capacity Act and Deprivation of Liberty Safeguards

The Mental Capacity Act was not part of core training or personal development although two managers had attended training on the act. Staff presumed a person had capacity to consent to their treatment. If there were any concerns, they would refer back to the referral organisation or if already admitted, to the GP.

The management team had received training on Deprivation of Liberty Safeguards although staff had not made any applications in the 12 months leading up to our inspection.

# Substance misuse services

Safe

Effective

Caring

Responsive

Well-led

## Are substance misuse services safe?

### Safe and clean environment

Hebron House was clean and well maintained. Staff and clients told us that they felt safe.

Clients agreed to a clear set of rules before their admission, which staff reiterated regularly throughout their stay. These rules were in place to ensure that Hebron House was an environment where clients were safe from their addictions. The rules set boundaries, defined a code of conduct and stated an expectation for each client to be involved in the daily tasks for running the house. Management devised the rules to work alongside the initial steps in the 12-step programme, which helped clients regain control over their addiction and compulsive behaviour. The rules helped them to fully concentrate on their recovery with minimum distractions and protected clients from outside communication that may undermine their recovery.

Hebron House had a clear list of prohibited items that might affect client safety or recovery. Staff informed clients of these items prior to their admission and there were notices displayed around the premises as a reminder. These items included energy drinks, knives and sleeping pills. On admission, staff searched a client's bags in their presence to ensure they had brought in no banned items. Staff also searched client's belongings when they returned from an external visit.

All staff had completed first aid training, which enabled the service to have a first aider on site at all times. There were fire instructions displayed around the service informing people what to do in the event of a fire. All staff, clients and visitors signed in and out of the premises; this meant that if a fire did occur it would be clear check if anyone had not evacuated safely.

Clients received an admissions pack that contained procedures relating to infection control, food handling and prevention of blood borne viruses. The pack also contained information that detailed the specific duties relating to the cleaning of the house. All clients followed a rota of household chores that were clearly defined in the admission pack.

There was a fridge that stored client medication. Staff checked and recorded the temperature of the fridge on a daily basis. Records showed that this was within required limits.

### Safe staffing

The staffing establishment comprised one manager, a programmes manager, a resettlement manager, two accredited therapists, social worker, administrator, housekeeper and support staff. There were 17 staff in total which included six bank workers. The bank workers covered staff for holidays and evening cover. All staff were female. This is because some of the women in Hebron House have complex issues and histories relating to male relationships and are therefore vulnerable. This is lawful under the Equality Act 2010, schedule 9. One permanent member of staff and two bank workers had previously been clients at Hebron House. These were able to champion what opportunities recovery could bring and provided a mutual understanding in their recovery journey. There were no staff vacancies and there was no staff sickness in the 12 months prior to November 2015. One member of staff had left the service in the same period for family responsibilities.

The service regularly used the six bank workers; they were therefore familiar to clients. Staff and clients told us that the service never cancelled groups or therapy sessions. There was a back-up plan of watching recovery DVDs with bank staff in emergencies.

# Substance misuse services

One member of staff was present during the evening and night time hours. This was supported by an on-call rota for a manager to attend and another manager to advise as required.

The service also used volunteers to support clients on walks or outside appointments. This included a trustee who took clients out on a weekly basis.

All staff completed mandatory training as part of their induction and received refresher training as required. All 17 staff were up to date with the following:

- Medicines course for carers
- Emergency first aid in the workplace
- Fire safety fire marshal
- Safeguarding adults
- Introduction to child protection
- Foundation course in drugs and alcohol
- Screening and effective intervention
- Infection control
- Blood borne virus awareness
- Food safety

## **Assessing and managing risk to patients and staff**

Staff completed an initial risk assessment prior to a client's admission. This identified risks which may compromise a person's suitability to the treatment offered. If a client's application for a place was accepted, staff would then complete a comprehensive risk assessment on the client's admission day. The assessment considered risks relating to drug and alcohol use, suicide, self-harm, self-neglect, physical health, violence and aggression, exploitation, children, domestic violence and any unmentioned other risk. The assessment detailed whether the risks were current or historical, how staff would recognise early warning signs of a risk, what supportive factors were in place and actions staff should take to minimise the risk. All five current clients had full risk assessments and plans in place to reduce risk. However, two of the risk management plans were vague in detail. The service did not periodically formally review risks. Staff did however discuss clients on a daily basis, this included changing risks and plans to manage these. .

Resettlement staff carried out a further risk assessment on a client's discharge. This was because the risks were different for a person living in the community.

Staff and clients had plans in place describing what would happen if the client left unexpectedly. The service would take steps to ensure the person was safe. For example, contacting relatives and making sure they had a means to travel to where they wanted to go.

Hebron House reduced risks relating to a client's drug or alcohol use by removing personal belongings that may enable a client to access substances. These items included address books, keys, tickets, money, cards and phones. Staff labelled and securely stored these items away from temptation.

Staff received training in safeguarding and knew how to make a safeguarding alert. Clients were also made aware of what safeguarding meant and how to report it. This information was included in their admission pack along with external contact numbers. The service had made no safeguarding alerts in the 12 months prior to our inspection.

All clients admitted to Hebron House were required to be sober and not using any illicit substances. The service did not admit clients prescribed for an alcohol detoxification regime or anybody prescribed medication as a substitute for heroin use. An external GP would prescribe any other prescriptions. GPs had previously prescribed benzodiazepines to some clients. However, Hebron House would only accept these clients if they agreed that this prescription would be reduced safely to an end while at the service. Before admission, clients agreed to Hebron House storing and issuing out their medication when it was required. All staff received training to administer medication. There was a dedicated locked clinic room that contained a medications fridge. Staff issued prescribed medications according to the service's medicines administration procedures. Staff kept thorough records for all the current clients with excellent systems in place for medicines reconciliation and audits.

## **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**

Hebron House had an incident and accident reporting policy. However, this focused on client specific incidents and accidents and did not include more generalised

# Substance misuse services

incidents, for example, breakdown of the heating system or the finding of a banned item. There was no system that recorded all incidents in one place. Therefore, staff could not determine any patterns, had no formal processes to investigate and share any learning with staff and were unable to determine how many overall incidents had occurred.

However, staff did discuss client incidents during handover meetings and recorded the details in the client's records and on a daily record. Staff told us that informal investigations took place and managers shared any lessons learnt in team meetings and during handover. Staff were able to describe what actions they would take if something went wrong but did not recognise that certain events constituted an incident for recording.

## Duty of Candour

The service had a Duty of Candour policy and managers were aware of their responsibilities under this.

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

### Assessment of needs and planning of care

Staff completed a comprehensive assessment of client's needs on their admission. This covered previous treatments, domestic violence, physical health and other compulsive behaviours. Clients then worked with the therapists to set their own care plans using the strengths they had been identified in the assessment. Hebron House used a three phase approach:

- Phase 1 was the primary care period lasting approximately 6 weeks
- Phase 2 was the settled phase lasting approximately 6 weeks
- Phase 3 was the phase where a client takes back responsibility and plans for resettlement, lasting approximately 12 weeks.

All five client records looked at showed that clients had a recovery plan for each phase of their treatment. Goals were clearly defined, personal to the individual and aligned with the 12-step approach. Additionally, each client had their own worksheets and workbook that detailed how they would progress through their rehabilitation during their

stay. These were used by clients on a daily basis. This formed the basis of a client's care from step one through to step 12 and remained with the person after discharge for their ongoing recovery journey.

On discharge, staff issued clients with three months further work sheets to continue their treatment.

Therapists had weekly one to one sessions with the clients. Both client and therapist reviewed the recovery plans at the end of each phase and set new objectives.

The service used a local GP that clients registered with on their admission. In most cases, staff had arranged for new admissions to be seen at the GP practice on their arrival day for an assessment of their physical needs. If this was not possible, the GP ensured it was the following day. The GP had a good relationship with Hebron House and understood the client's complexities.

All client records were stored securely in a locked cabinet. These were accessible to managers and the therapists. Daily records and risk assessments were accessible to all staff in a locked cupboard in the staff room. Staff working out of hours had a well-defined list of duties that included reviewing the daily records and new risk assessments. Staff were required to sign that they had read these on each shift.

### 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 is typically treatment that occurs outside formal treatment settings and offers locally derived peer support networks. The alcoholics anonymous fellowship developed the 12 step approach used by Hebron House. Norwich had good accessibility to mutual aid groups, which included alcoholics anonymous, narcotics anonymous and overeaters anonymous. Clients attended the appropriate external group as part of their treatment. On discharge, clients were expected to continue attending. If clients were leaving the Norwich area, staff would assist in identifying and introducing clients to local groups.

Clients attended groups and individual sessions that followed the British Association for Counselling and

# Substance misuse services

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.

Physical health needs were not part of the treatment provided by Hebron House. The service had an effective relationship with the local GP where clients registered as patients. They supported clients to appointments and referrals to specialists when needed. Staff would deal with any medical emergency by the emergency services and the local accident and emergency department.

Clients were able to access interventions and screening for blood borne viruses. Staff arranged this through the local recovery partnership.

Hebron House provided treatment to help a person to remain abstinent from their drug or alcohol use. There was a zero tolerance to drug or alcohol use while at the service. Staff tested clients for alcohol and drug use on their admission and randomly thereafter. This was done through urine tests and using a breathalyser. If a test resulted in a positive reading, staff would ask the client to leave the service. Staff took steps to check the integrity of the samples provided such as temperature testing as suggested in NICE guidance.

Managers ensured the service was kept up to date with best practice by attending conferences, receiving daily email updates from the substance misuse management in general practice and through accreditation with the federation of drug and alcohol practitioners.

Hebron House reported into the National Drug Treatment Monitoring Service (NDTMS). The NDTMS collects, collates and analyses information from and for those involved in the drug treatment sector. Public Health England manages the NDTMS. Although the manager at Hebron House reported into the NDTMS, the service did not use reports from the NDTMS to monitor their performance against similar services. These reports are available to providers and give a full picture of residential rehabilitation activity nationally.

The service had an audit programme which included medicines management, health and safety audits and house maintenance.

## Skilled staff to deliver care

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 CBT who delivered groups and art workshops. There were managers for the therapeutic programme and for the resettlement of discharged clients. One permanent member of staff and two bank staff were previous clients themselves. This meant that they were fully able to understand client's behaviours and anxieties.

New staff received a detailed induction programme that included all mandatory training. Hebron House supported staff to attend additional training that would enhance the delivery of treatment. This included borderline personality disorders, working with relational trauma, positive outcomes for dissociative survivors and acceptance and commitment therapy. The manager had attended an overview of mental health course.

Staff attended a weekly meeting. Managers expected those who were unable to attend, to read the minutes and sign that they had done so.

All staff told us they felt supported by management and that they received supervision. However, records showed that the frequency of these was sporadic. The supervision policy stated that it should be no less than four times a year. Eleven staff had not received this minimum requirement in the period January 2015 to December 2015. Five other staff were new in post in this period. New staff who were on probation had received a probationary report review. The therapists received their clinical supervision from an external source.

There was no process in place for staff to receive an annual appraisal. This meant that managers had no formal means to evaluate staff against agreed objectives. Additionally, staff had no way of monitoring their own performance in a measurable way. The manager told us that staff participated in peer group discussions around work objectives and they discussed strengths and weaknesses in supervision. However, this did not provide a clear process for evaluation particularly if evidence around poor performance was required. The service had a staff dismissal and disciplinary procedure that stated how managers would respond to poor performance. At the time of the inspection, Hebron House did not have any staff with performance concerns.

# Substance misuse services

## **Multi-disciplinary and inter-agency team work**

Staff attended a handover meeting before and at the end of each shift. They discussed each client in turn to ensure all staff were aware of any incident or risk. Staff recorded handover discussion in daily logs.

The service provided updates to a client's referring agency at agreed intervals. Staff had established effective relationships with the local recovery partnership and with local organisations. These supported clients leaving the service who were remaining in the Norwich area with volunteering opportunities, ongoing mutual aid and training. Mutual aid are groups set up outside formal treatment provisions for people with similar experiences to help each other in their recovery.

## **Adherence to the MHA and the MHA Code of Practice**

The service did not admit people detained under the Mental Health Act 1983.

## **Good practice in applying the MCA**

The Mental Capacity Act was not part of core training or personal development although two managers had attended training on the act. Staff presumed a person had capacity to consent to their treatment. If there were any concerns, they would refer back to the referral organisation or if already admitted to the GP.

The management team had received training on Deprivation of Liberty Safeguards although staff had not made any applications in the 12 months leading up to our inspection.

## **Are substance misuse services caring?**

### **Kindness, dignity, respect and support**

We saw positive interactions between staff and clients. Staff were kind and approachable, treating clients with respect. This helped establish a therapeutic relationship. We observed clients to be relaxed and well supported with staff understanding their individual needs and providing daily structure in their treatment. Clients told us that staff were supportive both emotionally and in a practical way.

Staff joined clients during lunch. This included administrative staff and managers. We observed staff and

clients interacting on equal terms; this included sharing the washing up responsibilities. Clients and staff told us that this was a daily occurrence and that it provided structure and encouraged normalised behaviours.

Staff respected people's confidentiality. There were information sharing agreements in place between the client and the service. This included consent to share information with GPs, NDTMS, Public Health England and family members.

## **The involvement of people in the care they receive**

Staff informed people about Hebron House during their pre-admission interview. All clients received an admission folder on their admission. This pack provided information around admission procedures, terms and conditions for their stay, rules, the programme, rights, guidelines, details of how to make a complaint, disciplinary procedures, confidentiality and safeguarding. Staff used a 'buddy' system to orientate new client with the routines of the service.

All clients were fully involved in their treatment. They used their workbooks and systematically considered the 12-steps throughout their stay. This formed a live care plan that clients worked on daily with regular support from the staff. Clients were fully involved in setting their own personal goals and reviewing their progress.

The involvement of family members was restricted initially to allow clients to concentrate on their recovery. Clients received no contact from family in the first two weeks and no visits in their first four weeks. Following this, staff and clients planned for visits on an individual basis. The service agreed exceptions to this for women with children where they agreed a schedule of contact.

Clients attended a weekly community meeting. This meeting was an opportunity for clients to feedback any concerns or suggestions to management. Clients were also able to comment on their care during their treatment reviews and through exit interviews.

## **Are substance misuse services responsive to people's needs? (for example, to feedback?)**

## **Access and discharge**

# Substance misuse services

Referrals mostly came from adult social care or community drug services. Hebron House had regular referrers that knew their criteria; this meant that the agencies making the referral had already informed the client about the treatment offered and carried out an initial screen to assess a person's suitability. Hebron House also accepted clients who referred and funded themselves.

Referrers generally funded a person for an initial 12 weeks. This could be extended for a further 12 weeks dependent on progress reports,

Staff conducted an assessment interview for all referrals prior to admission. This was a telephone interview or face-to-face appointment and staff used this interview to identify any risks that the service would not accept.

Exclusions included arson convictions, long-term psychiatric medication, a history of violence against children, a history of violence against adults that was not related to drug or alcohol use and serious co-existing physical or mental health problems.

Hebron House admitted accepted referrals without any delays if a bed was available and the referrers had agreed funding.

As a client progressed through their recovery, staff at Hebron House encouraged them to shift their involvement to more external activities such as voluntary work. This was in preparation for their discharge and integration into their community.

The service had a dedicated resettlement team and provided aftercare for around 12 weeks to women completing the 24-week programme. This was particularly supportive for those women who lived or relocated to the Norwich area.

Resettlement workers visited a client's home in their last phase of treatment at Hebron House. This identified support structures available in and around their home. For example, making contact with local Alcoholic Anonymous groups and ensuring seamless transition of care to GPs. They also checked that the environment was a safe place to go. They did this for all discharges whether local to the area or further away. Some clients chose to relocate to the Norwich area to break away from negative relationships or for a fresh start. Hebron Trust leased a three bedroomed

house in Norwich that they used to provide aftercare accommodation for a period of 12 weeks. During this time, staff worked with Norwich City Council to secure move on accommodation.

We looked at five records of clients who had left Hebron House. All showed that staff provided a comprehensive package which included continued counselling sessions, continued attendance at Hebron House groups if local, assistance with budgeting and regular drug and alcohol testing. One record for a client, who had returned to her home out of the Norwich area, showed that staff maintained regular contact and support five months after her discharge. The service invited ex-clients to Sunday lunch each week at Hebron House.

Staff told us that Hebron House occasionally offered ex-clients sabbatical weekends at the service if rooms were available. This was to give ex-clients the opportunity to refresh their recovery approach if needed.

Twenty two clients left Hebron House in the 12 months prior to our inspection. Staff followed up all 22 within seven days of their discharge. This included those clients leaving in an unplanned way.

## **The facilities promote recovery, comfort, dignity and confidentiality**

Hebron House was located in a quiet residential area of Norwich. The house was in walking distance of all city amenities. Staff and clients scheduled use of the local amenities into timetables. The house was a modernised building with a welcoming and comfortable atmosphere. There were eight bedrooms in total, six of these were single rooms and the other two were doubles. Bedrooms were spacious and homely. Staff told us that clients might share rooms initially on admission; this provided mutual support as clients often initially found night times particularly difficult. Two of the bedrooms had en suite facilities. Additional to this, the house had two bathrooms and two shower rooms. The house also had a large dining area, two relaxing lounges, an activity room and kitchen and utility areas. There was a secluded and well-maintained garden which clients for clients to use.

Client artwork was displayed around the premises along with literature relating to recovery, data protection, service guidelines and local mutual aid groups.

# Substance misuse services

Staff provided a structured and full timetable for clients. This included various groups, one to one sessions, external trips, keep fit activities, household chores and time scheduled for individual homework. Activities continued into weekends. We observed a structured group that encouraged involvement from all clients.

Clients shared cooking duties and they mutually agreed menus in advance. All clients ate together and this included staff at lunchtime. Clients were able to access drinks outside set mealtimes. We saw a family atmosphere throughout the service and this was particularly evident during mealtimes.

## Meeting the needs of all people who use the service

Hebron House could not offer treatment to people requiring a wheelchair. However, they had made improvements to stair bannisters to enable people with limited physical disabilities to climb the stairs. All bedrooms were located on upper levels. The layout of the building would mean any modifications to provide ground floor accommodation would compromise client privacy and dignity. There was a ramp to provide wheelchair access to the property for visitors.

The treatment provided meant that clients needed to be able to contribute to group activities. Staff would assess this ability prior to a person's admission. The service was able to provide a good variety of audio materials to support those with reading or writing difficulties. Staff were also able to obtain AA books in other languages if English was not their first language. However, clients needed to be able to converse at a reasonable level in English.

The 12-step approach originated from Christian beliefs. However, it refers to a power greater than ourselves; this higher power is individual to the person and could be any religious or spiritual power. The service therefore did not align to any one faith or inflict religion on its clients. Clients were able to bring in their own religious material in if they choose. There was one patient at the service during our inspection that was of Sikh religion; her treatment followed the 12-step approach equally to that of her peers.

Staff arranged for specific dietary requirements relating to religion and physical health.

## Listening to and learning from concerns and complaints

Hebron House had received one complaint in the 12 months leading up to our inspection. This was relating to a client that staff had asked to leave the service following rules being broken. Managers fully investigated the complaint within one month. The service did not uphold the complaint. The service formally responded in detail to the complainant. Managers, the complainant and an advocate also attended a meeting to ensure the ex-client was able to progress with her treatment elsewhere. Records evidenced that the complainant was satisfied with the outcome.

The service had a client concern policy and a complaints procedure that staff issued to clients on referral and their admission. This was also reissued to clients as part of their aftercare package. The complaints policy detailed time frames in which staff should respond to, and investigate complaints received. The service's trustees discussed all complaints at their meetings.

Clients told us they knew how to complain if they needed to.

## Are substance misuse services well-led?

### Vision and values

The aim of Hebron House was to provide high quality residential care for women with drug and alcohol problems and to promote each woman's recovery from addiction. Their management objective was to provide a quality service that operated within legislative and customer requirements.

They based their values on the ethos of the 12-step approach. There was a staff code of conduct that defined expected behaviours.

Management were actively involved in the day-to-day activities of the service and familiar to all clients. Trustees visited for meetings; one trustee attended each week to support clients on external trips.

### Good governance

Hebron House had good systems in place that were effective in ensuring that

- staff received necessary training
- complaints were recorded and investigated

# Substance misuse services

- client activities were not cancelled due to staffing shortages
- staff followed safeguarding procedures.

Policies were reviewed annually and updated when necessary and in line with new legislation and guidance. The service had a Duty of Candour policy and managers were aware of their responsibilities under this. There were very clear procedures in place for staff to follow to make sure all tasks were completed and to ensure effective communication.

However, managers did not use indicators to gauge the performance of their team and formally appraise staff against these. This meant staff could not measure their performance and the provider would be unable to set objectives in line with the overall organisational goals. Although managers used the supervision process to discuss strengths and weaknesses, staff did not have clearly defined targets to achieve. Supervisions were sporadic and varied in detail. This would mean that poor performance or exceptional performance would be difficult to determine.

Managers attended a trustees meeting approximately every six weeks. The manager submitted a report on each of these meetings updating trustees on admissions, discharges, incidents and complaints. There was an organisational risk register that the trustees reviewed at each meeting. Managers told us that the trustees fully supported them and they had sufficient authority to deliver the service.

## **Leadership, morale and staff engagement**

All staff appeared motivated and happy with their work. There was minimal sickness and staff turnover was low. Staff felt confident about raising concerns and they had opportunities to give feedback on the service if they wished.

Staff were open and honest with the clients; there was an atmosphere in the service of mutual respect among both staff and clients. Morale appeared high.

Hebron House met the fit and proper person's requirement. This requirement ensures that trustees or directors are fit and proper to carry out their role. We looked at all trustees documents. They carried out pre-employment checks covering criminal record, financial background, identity, right to work, employment history, professional registration and qualification checks. They also carried out checks on the companies' house website to identify any disbarment from running a business.

## **Commitment to quality improvement and innovation**

Hebron House was a member of a national network of rehabilitation services for substance misuse. This was a newly formed network giving services the opportunity to share best practice with similar provisions.

The service used other informal approaches to consider continual improvements. Staff attended relevant conferences spoke to partner organisations and referrers for feedback and kept up to date with new developments.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider **MUST** take to improve

- The provider must ensure that systems are in place to record all incidents within the service. Processes must ensure incidents are effectively investigated, trends identified and staff learn from these.
- The provider must formally appraise staff against agreed targets to allow both managers and staff to monitor and evaluate their performance against organisational objectives.

### Action the provider **SHOULD** take to improve

- The provider should ensure that staff receive supervision at least four times per year as per the organisation's supervision policy.

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

Accommodation for persons who require treatment for substance misuse

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The service had no formal processes in place to record all incidents to enable them to identify patterns, effectively investigate and ensure staff learnt and shared lessons.

This was a breach of regulation 17(2)(a)

#### Regulated activity

Accommodation for persons who require treatment for substance misuse

#### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Staff were not appraised which meant that managers and staff had no means of monitoring and evaluating their performance against agreed objectives.

This was a breach of regulation 18(2)(a)