

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

## High View Care Services Limited

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September 2014

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

<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Management of medicines</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	High View Care Services Limited
Registered Manager	Mrs Helen Lakidi Moro
Overview of the service	High View Care Services Limited provides accommodation and support for people with acquired brain injuries or substance misuse.
Type of service	Residential substance misuse treatment and/or rehabilitation service
Regulated activities	Accommodation for persons who require nursing or personal care Accommodation for persons who require treatment for substance misuse

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*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'.*

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 16 June 2014, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

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### What people told us and what we found

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We gathered evidence against the outcomes we inspected to help answer our five key questions. Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led?

Below is a summary of what we found. The summary is based on our observations during the inspection, speaking with people using the service, the staff supporting them and from looking at records.

If you want to see the evidence supporting our summary please read our full report.

Is the service safe?

Safeguarding vulnerable adults from abuse procedures were robust and staff understood how to safeguard people they supported. People told us that they felt safe living at the home and that staff treated them well.

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

There was an out of hours on call system in operation to ensure that management support and advice for staff was always available.

Is the service effective?

We found that people's health and care needs were assessed with them, and they were involved in writing their plans of care.

The provider employed an assistant psychologist and councillors. The assistant psychologist told us they provided advice to staff on how to support people with their behaviours and needs. The councillors encouraged people to tell their life history, build on relationships and partake in social and domestic activities.

Is the service caring?

We observed positive interactions between staff and people using the service during the course of our visit.

A person using the service said "The staff treat me absolutely wonderfully, they look after me properly. They talk to me about all the things I need, it's all lovely jubbly." A visiting relative said "I am very happy with this place. They talk to me about what my partner needs. The manager is very good and we communicate well."

Is the service responsive?

There were regular residents meetings where people using the service were able to express their views and opinions about the home. The minutes from the last residents meeting indicated that the meeting was well attended and people using the service discussed their upcoming holidays, activities and health and safety issues.

A relative of a person using the service said knew how to make a complaint if they needed to. They said they had raised concerns with the registered manager in the past and these had resolved promptly and appropriately to their satisfaction.

Is the service well-led?

We found there were effective systems in place to regularly assess and monitor the quality of service that people received.

A visiting relative said "The staff are very good here. The manager in particular works very hard and is really committed to the home."

Staff told us they enjoyed working at the home and they were well supported by the registered manager and the registered provider. They said they were up to date with their training and that they received regular supervision and an annual appraisal.

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

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## **More information about the provider**

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Please see our website [www.cqc.org.uk](http://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

### Care and welfare of people who use services

✓ Met this standard

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

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### 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.

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### Reasons for our judgement

A person using the service told us "The staff treat me absolutely wonderfully, they look after me properly. They talk to me about all the things I need, it's all lovely jubbly." A relative of a person using the service said "I am very happy with this place. They talk to me about what my partner needs. The manager is very good and we communicate well."

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at the care records of three people using the service. We saw essential information about them, referral and assessment information, a care plan and risk assessments. The care plans we looked at were detailed and provided information and guidance to staff about how people's needs and preferences should be met. They covered areas such as personal care, communication, eating and drinking, behavioural needs, spiritual needs, social and domestic activities and medication. They were person centred and included details of the person's background, their personal history, their hobbies and personal interests and how they preferred to be supported. The care plans had been signed by people using the service and were reviewed every month by key workers.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw that individual risk assessments had been completed for areas such as verbal aggression, abuse from others, self-neglect and medication. The risk assessments we looked at had been kept under review.

The registered manager told us the organisation employed an assistant psychologist and councillors. We spoke with the assistant psychologist. They told us they provided advice to staff on how to support people with their behaviours and needs. They worked with people and their keyworkers, they set and monitored goals and ensured these were reflected in people's care plans. The registered manager told us councillors met with people using to set goals and encourage them to tell their life history, build on relationships and partake in social and domestic activities.

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

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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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. People told us that they felt safe living at the home and that staff treated them well.

The registered manager told us they were the alerting manager for safeguarding at the home. They showed us the organisations procedure for safeguarding adults and told us this procedure was used alongside the "London Multi Agencies Procedures on Safeguarding Adults from Abuse".

We spoke with the registered manager and two members of staff about safeguarding vulnerable adults from abuse. They all demonstrated a clear understanding of the types of abuse that could occur, the signs they would look for and what they would do if they thought someone was at risk of abuse or harm including who they would report any safeguarding concerns to. The two members of staff said they would report any witnessed or suspected abuse to the registered manager. They both said if they were aware of the organisations whistle blowing policy. The registered manager showed us documentary evidence confirming that they and all staff had attended training on safeguarding adults from abuse.

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

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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Two people told us staff supported them to take their medications and reminded them when they needed to attend health care appointments. This helped keep them safe and well.

Medicines were kept safely. We saw that medication was stored securely in a locked cupboard in the office. We saw records of medication received into the home and a medication returned to the pharmacist. Medicines were prescribed and given to people appropriately. The registered provider told us that only trained staff could administer medications to people using the service. Staff training records indicated that all members of staff had received training on the administration of medication.

Medicines were safely administered. We looked at the homes medication folder. The folder included individual medication administration records for people using the service, their photographs, details of their health care professionals and information about their health conditions. The folder also included the homes medication policy and the names, signatures and initials of staff trained to administer medication. We checked the medication administration records for six people using the service. These indicated that they were receiving their medication as prescribed by health care professionals.

The registered manager showed us a report and an action plan from an internal medication audit carried out at the home in April 2014. They told us they had completed the recommendations in the action plan. We also saw a report from the dispensing pharmacist following a visit to the home, in October 2013, to offer advice on the safe storage and administration of medication. They made some recommendations, for example ensuring the GP signed homely remedies and using an appropriate thermometer to check fridge temperatures. The registered manager showed us evidence that these recommendations had been addressed.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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A visiting relative said "The staff are very good here. The manager in particular works very hard and is really committed to the home."

Staff received appropriate professional development. The registered manager told us that almost all of the staff had completed a National Vocational Qualification (NVQ) or equivalent, all were up to date with their training and all had been receiving regular supervision and, where appropriate, an annual appraisal. We spoke with two members of staff. They said they were up to date with their training and that they received regular supervision and an annual appraisal. They said they enjoyed working at the home and they were well supported by the registered manager and the registered provider. There was an out of hours on call system in operation to ensure that management support and advice was always available.

We looked at staff training records and saw that in the last eighteen months all staff had completed training on fire safety, food hygiene, first aid, health and safety, moving and handling, infection control, the administration of medication and safeguarding vulnerable adults from abuse. Some staff had completed training on brain injury, diabetes, coping with aggression and epilepsy. On the day of the inspection staff were attending training courses on alcohol dependency and communication. The registered manager showed us a training needs analysis and a training programme for the home. They told us they had prioritised staff training relevant to the needs of people using the service. They said a senior manager was in the process of setting up training in these areas for staff. At the time of this inspection we were not able to assess the impact of this on the care provided .

The registered manager showed us the "Employee Handbook". The handbook included information such as general terms of employment and various policies and procedures, for example, health and safety, whistle blowing, equal opportunities and discipline and grievance. The registered manager told us that all staff were provided with a copy of the handbook when they commenced employment.

## 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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. The registered manager showed us some satisfaction surveys they had recently received back from some to people using the service, their relatives and professionals with an interest at the home. Comments included "Accommodation is excellent, staff friendly and welcoming" and "I am very pleased with the way High View Care Home conducts itself." The registered manager told us that once all of the surveys had been received that they would produce and publish a report and an action plan. They said they would use feedback from the surveys to make improvements at the home. The registered manager told us there were regular residents meetings where people using the service were able to express their views and opinions about the home. The minutes from the last residents meeting, 4 May 2014, indicated that the meeting was well attended and people using the service discussed holidays, activities and health and safety issues.

On 29 April 2014 the London Fire and Emergency Planning Authority visited the home and identified that certain conditions specified in and required by the Regulatory Reform (Fire Safety) Order 2005 were being contravened. They detailed a number of steps that needed to be taken related to fire safety procedures in the home by 16 September 2014. During this inspection the registered manager showed us an action plan and told us they had addressed and met all of the recommendations made by the London Fire and Emergency Planning Authority.

The registered manager showed us reports from the registered provider's monthly monitoring visits to the home. The latest report, 2 May 2014, included improvement plans agreed as a result of the visit with timescales for action. For example holding fire drills at night, repairs and maintenance required at the home and staff training. The registered manager told us that many of these actions had been met. We saw that health and safety, fire safety checks and medication audits were being carried out at the home. We saw a book and forms for recording and reporting incidents and accidents. We saw that action plans were completed following these incidents so that the home could make appropriate changes and reduce the risk of them happening again.

The provider took account of complaints and comments to improve the service. The relative of a person using the service said they had received information about the service including the complaints procedure, they knew how to make a complaint if they needed to. They said they had raised concerns with the registered manager in the past and these had resolved promptly and appropriately to their satisfaction. We saw the homes record of complaints including details of how these had been investigated and resolved.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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