

High View Care Services Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 19 and 21 July 2017 and was unannounced

At the last inspection on 7 and 8 September 2016, the Mental Health Inspection Team inspected the service but did not rate it as we do not currently rate independent standalone substance misuse services. However, we found that robust recruitment checks had not been carried out for all staff because for one member of staff there was no explanation for a gap in employment. For another person only their previous job was listed and no other employment history was given. At this inspection of 19 and 21 July 2017, we found appropriate recruitment checks had been undertaken for all staff.

High View Care Services Limited provides accommodation and support for people with acquired brain injuries or substance misuse for up to 12 people. At the time of our inspection, 12 people were using the service. The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection on 19 and 21 July 2017, we found a breach of regulation as Medicine Administration Records (MAR) charts were not always completed. Quality assurance systems were in place to monitor the quality of the service, but these were not always carried out and were not always effective in identifying shortfalls and driving improvements. Annual resident surveys were carried out. However, the last survey carried out in March 2016 had not been analysed to identify if there were any necessary improvements that needed to be made at the service. You can see the action we have asked the provider to take in respect of this breach at the back of the full version of the report.

The service had appropriate safeguarding adults procedures in place and staff had a clear understanding of how to safeguard people. There was also a whistle-blowing procedure in place and staff said they would use it if the need arose. There were enough staff deployed to meet people's needs. Staff had appropriately been inducted into the service and were provided with appropriate training. Staff demonstrated a clear understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were supported to have a balanced diet. People had access to a range of healthcare professionals when required in order to maintain good health.

Staff were kind and caring. People's privacy, dignity and confidentiality were respected and people were encouraged to be as independent as possible.

People were involved in their care planning. Care plans were reviewed on a regular basis and detailed people's preferences and wishes. People were supported to participate in a range of different activities both inside and outside of the service. People were aware of the complaints procedure should they wish to make

a complaint.

Regular staff meetings were held. Staff said there was an open culture in the service and that the management team were supportive.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

An aspect of the service was not always safe.

Medicine Administration Records (MAR) were not always completed.

Appropriate safeguarding adults procedures were in place and staff knew how to safeguard people they supported.

Appropriate recruitment checks took place before staff started work. There were enough staff deployed to meet people's care and support needs.

Requires Improvement ●

Is the service effective?

The service was effective

Staff training was up to date. Staff were supported with regular supervisions and appraisals.

Staff were able to demonstrate their understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People were supported to have a balanced diet.

People had access to a range of healthcare professionals in order to maintain good health.

Good ●

Is the service caring?

The service was caring

Staff were kind and caring. .

People's privacy and dignity and confidentiality were respected.

People were encouraged to be as independent whenever possible.

Good ●

Is the service responsive?

Good ●

The service was responsive

Care plans were reviewed on a regular basis and detailed people's preferences and wishes.

People were supported to participate in different activities both within and outside of the service.

People knew about the complaints procedure should they wish to make a complaint.

Regular resident meetings were held.

Is the service well-led?

The service was not well-led.

Internal audits were not always carried out or were not always effective in identifying shortfalls and driving improvements.

Annual resident survey feedback had not been analysed to identify if there were any necessary improvements that needed to be made at the service.

Regular staff meetings were held.

Staff said there was an open culture in the service and that the management team were supportive.

Requires Improvement ●

High View Care Services Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 and 21 July 2017 and was unannounced. The inspection team consisted of one adult social care inspector.

Before the inspection we looked at the information we held about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also asked the local authority commissioning the service for their views of the service.

During our inspection we spent time observing the care and support being delivered. We spoke with one person using the service, five members of staff, the clinical psychologist, an assistant psychologist, the occupational therapist and the registered manager. We reviewed records, including the care records of seven people using the service, six staff members' recruitment files and training records. We also looked at records related to the management of the service such as surveys, accident and incident records and policies and procedures.

Is the service safe?

Our findings

People told us that they felt safe living at the service. One person said, "I feel safe here." Another person said, "I actually feel very safe".

At the last inspection on 7 and 8 September 2016, we found that robust recruitment checks had not been carried out for all staff because for one member of staff there was no explanation for a gap in employment. For another person only their previous job was listed and no other employment history was given. At this inspection of 19 and 21 July 2017, we found appropriate recruitment checks had been undertaken for all staff before they started work. Staff files contained completed application forms including employment history and qualifications. Each staff file also contained confirmation that references had been obtained. Criminal record checks were carried out for each staff member and the provider had carried out checks to ensure staff were entitled to work in the UK before they commenced work.

At this inspection we saw that improvements were needed as Medicine Administration Records (MAR) charts were not completed on 11 occasions in May 2017 for four people to show that people were given their medicines. MAR charts were not completed on four occasions in June 2017 for three people. MAR charts were not completed on five occasions in July 2017 for three people. MAR charts did not always detail why people had not had their medicines. For example if people had refused to take medicines. However, we reconciled the MAR charts with the balance of medicines and saw that although the MAR charts that had not been signed, medicines had been administered to people. We spoke to the registered manager about this who told us that they regularly reminded staff during team meetings about the importance of completing MAR charts accurately. Records we looked at confirmed this.

Medicines were safely stored in a secure locked cabinet in the main office. Medicine cupboard temperatures were recorded on a daily basis to ensure they remained with the required range to store medicines safely. We also saw that a local pharmacist had carried out an annual medicines audit in October 2016 and had identified that that medicines did not always identify the dates they were opened or when they expired. At this inspection we saw that this had been done. Staff administering medicines had regular competency checks.

Risk assessments were carried out in relation to challenging behaviour, absconding, fire safety, falls, alcohol abuse and self-neglect. This meant that risks to people were identified and the relevant guidance was available for staff on how to minimise these risks. For example, one person was a smoker. Control measures had been identified to ensure that the person did not smoke in their bedroom and a smoke alarm had been installed. The person also had a person evacuation plan in place.

Appropriate safeguarding adults procedures were in place and staff knew how to safeguard people they supported. Training records confirmed that staff had received safeguarding training. Staff told us they were also aware of the service's whistleblowing policy and they would not hesitate to use it if they needed to.

We looked at staff rotas and through observations saw that there were enough staff deployed to meet

people's needs. The provider assessed people's dependency needs to calculate the number of staff required. One person told us, "There is always someone here, we have enough staff". A staff member told us, "There are enough staff".

Incidents and accidents involving the safety of people using the service were recorded and acted on appropriately and the action taken to reduce the risk of similar future occurrences. For example, we saw one person had been incorrectly administered a medicine. Staff took the appropriate action by contacting the GP who confirmed that the person would not suffer any adverse effects. Records confirmed learning from this incident was disseminated by the registered manager during individual supervisions and staff meetings.

The home had arrangements in place to deal with foreseeable emergencies. The fire risk assessment for the service was up to date. Staff were aware of what to do if there was a fire, and told us they undertook regular fire drills so as to be prepared. Staff training records confirmed that staff received regular training on fire safety and first aid.

Is the service effective?

Our findings

People told us that they thought staff were competent and well trained. One person told us, "Staff are trained well. They know what to do and know their jobs well."

People using the service were supported by specialist therapeutic teams. These included psychologists, counsellors, occupational therapists and a numeracy and literacy tutor. The therapeutic team worked closely with care staff so they were aware of how to support people. The occupational therapist told us, "We identify what is important to people and set goals for them to achieve. This included improving functional skills and motor skills. We work closely with care staff so that people's care needs are met seven days a week. The clinical psychologist told us, "The specialist teams and care staff work together so that people can be supported every day of the week".

We saw that staff had appropriately been inducted into the service. All new staff were required to complete an induction in line with the Care Certificate. The Care Certificate was introduced in April 2015 and is the benchmark that has been set for the induction standard for new care workers. Training records confirmed that staff had completed their mandatory training which included safeguarding, medicines, dementia, first aid, challenging behaviour, communication, fire and brain injury. One staff member said, "We get good training which includes specialist training in brain injury, dementia and challenging behaviour. This really does help me support people as I have up to date knowledge". Another staff member said, "I receive good training and have done all my mandatory training".

We found that staff were supported through regular supervisions and appraisals. Supervision sessions gave staff the opportunity to feedback and obtain feedback about their work. Areas discussed at supervisions included, people using the service, safeguarding, training and performance. One member of staff told us, "I have regular supervisions and they are very good and I get feedback about any improvements I need to make."

We checked to see whether people's rights had been protected by assessments under the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider followed the requirements of DoLS and had submitted applications to a 'Supervisory Body' to request the authority to legally deprive people of their liberty when it was in their best interests. We saw that applications under DoLS had been authorised and that the provider was complying with the conditions applied under the authorisation. We saw capacity assessments were completed to assess if people did not have the capacity to make specific decisions such

as travelling in the community and regarding personal care.

People were supported to have a balanced diet. Menus were displayed in the dining room and people were had a choice of alternative meals. We saw that fresh fruits were available in bowls in the kitchen and dining areas and people had access to the kitchen where people could help themselves to drinks and snacks. One person said, "I eat everything, my favourite meal of the week is a good Sunday roast".

People had access to a range of healthcare professionals in order to maintain good health. One person said, "Staff come with me to appointments to see the doctor and the dentist. They help me to answer questions". Records of these appointments and the outcomes were documented and maintained in people's care files.

Is the service caring?

Our findings

People told us that the staff were caring. One person said, "Staff, are very caring. If I ask them to do something they always help me. Help is always there 24 hours a day, seven days a week".

Throughout the course of our inspection we observed staff treating people in a respectful and dignified manner. The atmosphere in communal areas throughout the home was calm and friendly and we saw staff took their time and gave people encouragement whilst supporting them.

Staff told us that they used verbal de-escalation techniques to calm people when they became agitated or confused, such as offering them reassurance, going for a walk or carrying out an activity. Staff knew how to support people. They understood and were able to describe the individual needs of people who used the service. For example, the type of food they liked or disliked or the time people liked to go to bed and wake up.

Staff told us they maintained people's privacy and dignity by ensuring they knocked on people's bedroom doors before entering and kept bedroom doors and curtains closed when assisting people with personal care. One person said "Staff are very good; they knock before coming into my room". A staff member said, "I always shut doors and curtains and ensure people's care folders are locked away". Another staff member said, "I always make sure people are suitably covered when I assist with personal care and always explain what I am doing. I also ask if they are happy for me to help them".

People were encouraged to be as independent as possible. This included cleaning their rooms and doing their own laundry. People were also encouraged to cook simple meals as part of their rehabilitation programme. This helped to prepare them for supported or independent living. We saw people had a named keyworker whom they had regular meetings with so that they could discuss specific issues or care needs. Records showed that these meetings were documented.

Staff showed an understanding of equality and diversity. People's care records included details about people's ethnicity, culture and preferred faith. We saw one person was supported to access people from their own cultural background out in the community so that they could converse in a common language and partake in cultural food. Staff told us should anyone want to attend a particular place of worship, they would be supported to do so by staff.

People had a personalised end of life care plan in place which documented their wishes should they pass away whilst living at the service.

People were provided with information about the home in the form of a service user guide. This guide outlined the standard of care to expect and the services and facilities provided at the home, as well as details about how to raise a complaint.

Is the service responsive?

Our findings

People told us that they were involved in their care. One person told us, "I am very involved; I have regular meetings with staff".

We saw people's care and support needs had been assessed prior to them moving into the service. Care files were regularly reviewed. Care plans provided information about people's needs and included information about nutrition, skin integrity, falls, moving and handling, communication and medicines. Each person had a personal profile in place, which provided important information about the person such as next of kin details, date of birth, food preferences, ethnicity, life histories and spiritual needs. Personal profiles also provided information on the person's diagnosis and support requirements, for example, the type of support required to promote independence and help with personal care.

Care plans were person centred and identified people's choices and preferences. For example, the activities people liked to do and what their likes and dislikes were. People were assigned keyworkers to give individual and focused support. Daily progress notes were maintained to record the care and support delivered.

People were supported to participate in a range of different and individualised activities both inside and outside of the service. These included coffee club, cinema, bowling, swimming, pool, music club, board games, cards and using the computer or electronic tablets. People also enjoyed holidays away. During the inspection we saw one person enjoying cultural music on their electronic tablet. One person told us, "I enjoy playing pool and listening to music. I also go out for coffee, walks and on holiday".

People's bedrooms were personalised, this included displaying pictures on walls, having a television and electronic devices. There was also a board that displayed in people's bedrooms that detailed the date, the day's activity, and the name of the person's keyworker. People had the option of carrying a key to their bedroom and locking it when it was not in use.

We saw the home had a complaints policy and procedure in place which people had access to. Complaints raised were recorded, investigated and resolved in line with the provider's complaints procedure. Since our last inspection the service had not received any complaints. The complaints procedure was also displayed in people's bedrooms should they wish to raise a complaint. One person said, "I don't have any complaints but if I did, I would tell my keyworker or the manager and they would sort it out for me".

Is the service well-led?

Our findings

People told us they were happy with the service they received and were complimentary about the registered manager and specialist teams. One person said, "The registered manager is good as gold. They are very caring and always take the time to listen to me."

At this inspection we saw the service had quality assurance systems in place. These included medicines, care plans, risk assessments and health and safety. However these were not always effective as they had not identified the issues we had found in relation to medicines. For example, we found that no medicine audits were carried out for the month of June 2017.

Medicine audits carried out in May 2017 had identified that MAR charts were not always signed when people were administered medicines and reasons why people had not had their medicines was not always documented on MAR charts. For example, when people refused medicines. We raised this with the registered manager who told us that they discussed this at staff meetings to remind staff about the importance of completing MAR charts in full. However, these issues were still occurring.

We saw that a resident feedback survey carried out in March 2016 had not been analysed at the time of the inspection. This meant any improvements needed had not been identified. The registered manager told us that they had not documented the action they had taken.

These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home had a registered manager who had been in place for some time and was supported in running the service by the deputy manager. The registered manager was knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014.

Staff meetings took place on a regular basis and were minuted. Items discussed included, incidents and accidents, people using the service, policies and completion of documentation. One staff member said, "I attend team meetings. It's an open floor for discussion to discuss people and the service overall".

Staff told us they were happy working in the service and spoke positively about the leadership being receptive to staff input. They told us the registered manager operated an open door policy and was very supportive. One staff member said, "The registered manager is good, they work very hard." Another staff member said, "The registered manager is very approachable, I can go and see them whenever I want to".

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Internal audits were not always carried out or were not always effective in identifying shortfalls and driving improvements. Annual resident survey feedback had not been analysed to identify if there were any necessary improvements that needed to be made at the service.