

High View Care Services Limited

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This unannounced inspection of High View Care Services Limited took place on 20 September 2018. High View Care Services is a 'care home' for adults with brain injuries, mental health and substance misuse needs. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service accommodates 12 people in one adapted building and there were 12 people using the service when we visited.

The last inspection of the service took place on 19 and 21 July 2017 where we rated the service requires improvement as there was a breach of regulation relating to the management of medicines. We also found that the quality assurance systems in place were not effective. Following the inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions safe, effective, caring and well-led to at least good. The provider sent us an action plan on how they would improve.

At this inspection, we found that the service had made the required improvements and complied with our regulations. We have rated the service good.

There was 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.

Medicines were managed and administered in a safe way. Medicine administration records were completed fully by staff. Regular audits took place to identify any gaps or errors and these were addressed.

Risk assessments were completed and management plans put in place to reduce the likelihood of harm to people. Incidents and accidents were reviewed and lessons were learned from them. The environment was safe; and health and safety checks were carried out periodically. Staff followed infection control procedures. There were suitable facilities available for people to use.

Staff were trained in safeguarding people from abuse and demonstrated that they understood the signs of abuse and how to report any concerns in line with the provider's procedures. There were enough staff to support to people with their care and support needs in a timely manner. Staff employed at the service had undergone thorough checks to ensure they were fit to work with people. Staff were trained, supervised and supported to be effective in their roles.

People's needs were assessed in line with best practice guidelines. People were supported with their nutritional needs. People had access to a range of health and social care professionals to maintain their health and well-being. The service ensured people's care and support was coordinated effectively.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff understood their responsibility under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff treated people with consideration and respected their dignity. People were supported to learn new skills and to maintain their independence. Staff supported people to express their views and people were involved in planning their care and support. Care records included people's end of life wishes.

People received care and support tailored to meet their individual needs. Staff understood people's needs and how to support them. People were encouraged to participate in activities they enjoyed. People were supported to maintain relationships they choose to. Staff supported people to maintain their religious and cultural requirements. Regular reviews took place to ensure support delivered to people continued to meet their needs.

People knew how to make a complaint if they were unhappy with the service. The provider investigated complaints in line with their procedure. The provider made information accessible to people in various formats.

People and staff told us that the culture of the service was open and transparent. Staff received the support, direction and leadership they needed. People and their relatives were regularly asked for their feedback on the service. The provider monitored the quality of the service through audits and checks. The service worked in partnership with other organisations.

The service complied with the requirements of the registration. They notified us of significant incidents as required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. Risks to people were assessed and actions taken to mitigate harm to people. Staff understood how to recognise abuse and how to report concerns following the organisation's procedures.

There were enough staff available to support people. Thorough checks were conducted on staff before they started working with people.

People's medicines were managed and administered safely. Staff followed procedures to control the risk of infection. Health and safety systems were up to date. The registered manager reviewed incidents and shared lessons learned from them with staff.

Good 

Is the service effective?

The service was effective. People's needs were assessed following recommended guidelines. Staff were trained, supervised and supported in their roles.

People consented to their care and support. People's rights were protected in line with the Mental Capacity Act 2005 (MCA).

People had access to food and drink and staff supported people with their nutritional needs.

People's care and support was well coordinated and people had access healthcare services to maintain their health. There were suitable facilities for people to use.

Good 

Is the service caring?

The service was caring. Staff treated people with dignity and respect. Staff supported people with their emotional needs. People were involved in planning their care and support and their wishes were respected.

People were encouraged to learn new skills and to be as independent as possible.

Good 

Is the service responsive?

Good ●

The service was responsive. People's care and support was tailored to their individual needs and staff supported them to achieve their goals.

People took part in recreational and therapeutic activities. People were supported to maintain relationships which mattered to them. Equality and diversity was promoted across the service. Care plans recorded people's end of life wishes.

The provider made information accessible to people in various formats. People knew how to complain if they were unhappy the service.

Is the service well-led?

Good ●

The service was well led. There was a registered manager in place. People and staff told us that the registered manager was approachable and supportive.

People were given the opportunity through meetings to feedback and make suggestions about the service and these were acted on.

There were effective systems in place to monitor and assess the quality of service provided.

The service worked in partnership with other organisations to meet people's needs.

The registered manager complied with the requirements of their registration.

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 checked 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 site visit took place on 20 September 2018 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we had received about the service which included notifications from the provider about incidents at the service. We used this information to plan the inspection.

During the inspection we spoke with four people, two support workers, two team leaders, two members of the therapy team, the quality manager and registered manager. We observed how staff supported and interacted with people. We looked at five people's care records, and medicines administration records (MARs) for people using the service. We also looked at four staff files and records relating to the management of the service such as health and safety and quality assurance systems.

Is the service safe?

Our findings

At our last inspection in July 2017, we found that medicines were not managed in a way that ensured people's safety. At this inspection, we found that people's medicines were managed safely. The provider had a medicine management procedure and this included procedures for the management of 'as when required medicines'. All staff were trained in the safe management of medicines and their competency was assessed on a regular basis through supervision and observation. Medicine records contained information about each person's medicines, their purpose, and side effects so staff knew what to expect and what actions to take. The service encouraged and supported people to self-administer their medicines after assessment had been completed to check it was safe for people to do so. At the time of our inspection, two people received minimal supervision from staff to administer their medicines. Medicines Administration Records (MARs) were completed fully with the signature of staff who administered the medicines and time.

Medicines were stored safely and securely. Medicines were kept in a locked cabinet in the office and only staff had access to the cabinet. There were systems in place for the receipt and return of medicines from the service. Staff followed and maintained these systems.

People told us they felt safe. The provider had procedures in place to safeguard people from the risk of abuse and staff had been trained to recognise abuse and how to report their concerns. One staff member stated, "Abuse can happen in many forms. If I suspect any abuse, I will let the team leader or registered manager know. I will whistle blow to CQC or social services if they don't do anything." Another staff member told us, "All types of abuse must be reported so it can be investigated. If I see or get informed about abuse taking place, I have a duty to record it and report it." Staff also knew to whistle blow if necessary to protect people. The registered manager understood their responsibilities to safeguard people from abuse including liaising with the local authority, cooperating with any investigations and notifying CQC. They had followed the provider's procedure in responding to a recent allegation of abuse.

People were supported appropriately to manage and reduce risks to their health, safety and well-being. Staff conducted risks assessments to identify risks to people's physical and mental health; behaviours and activities that may cause harm to them. Risk management plans to minimise risks to people's mental health relapsing included triggers, relapse indicators and actions for staff to take. We saw that one person was at risk of malnutrition, their risk management plan included guidance for staff regarding prompting the person to eat at regular intervals. The person's weight was checked weekly, as recommended by a dietitian and a food intake chart was maintained. We observed staff encouraging this person to eat during mealtimes. Staff we spoke told us people's relapse indicators and actions they would take to reduce risks to people. One staff member said, "If a person was showing signs of relapse, I would follow the person's support plan accordingly. Giving the person one-to-one time to chat might help. If the risk is high, I would discuss this with the registered manager, my colleagues and the in-house therapy team. We will make a decision together to make sure the person is properly supported." The registered manager told us and we saw records which confirmed that the service held weekly trans-disciplinary teams meetings to discuss concerns and risks to people and actions for staff to follow to appropriately support people. The multi-disciplinary meetings involved members of the care and support team and the therapy team

The service maintained a safe environment for people. Staff conducted health and safety checks ensure the environment was safe. Regular fire alarm tests took place to ensure fire systems such as emergency lighting and the fire alarm were working properly. The fire evacuation procedure was practiced at the service quarterly. Water temperature, kitchen fridge and freezer temperature were checked weekly to ensure they were within the safe range.

The service maintained safe staffing levels. People told us there were always staff available to support them with their needs. The registered manager explained and the rota confirmed there were four support staff in the mornings, three in the evening and two at night time. The provider's therapy team was also on site and they provided support hands-on support to people if needed. One staff member said, "Based on the needs of people, I think the number of staff we have on duty is enough." A team leader commented, "We have enough staff on duty. If people's needs increase, management increases staffing levels too." The registered manager told us that staffing levels was determined by looking at activities, appointments and people's needs. They said they covered unplanned and planned absence with staff who were willing to do extra hours. The provider also had bank staff who worked on a when required basis.

People were supported by staff who were safely recruited. Recruitment records showed that the provider had obtained at least two references and conducted criminal record checks, checks on staff identification and their right to work in the UK before they could start working at the service.

The service had systems to reduce the risk of infection. Staff had received training in infection control and food hygiene. Staff understood the importance of using personal protective equipment (PPE) such as gloves and aprons, where required. There was an infection control procedure in place which included the management of clinical waste, and the outbreak of communicable disease. The registered manager had developed an infection control audit system so the risk of infection could be identified easily.

The registered manager maintained records of incidents and accidents. Staff knew how to report incidents and accidents. The registered manager reviewed incidents and accidents daily and analysed trends and patterns monthly. Following an incident, one person's placement had been reviewed and extra support was put in place for the person. Handover and team meetings were used to discuss incidents and actions or lessons learned. Where required professionals were involved to discuss incidents and accidents; and agreed measures to reduce reoccurrence.

Is the service effective?

Our findings

The registered manager conducted assessment of people's needs to establish what support people needed to maintain or improve their mental and physical health. As part of the needs assessment process, the in-house therapy team looked at people's strengths and weakness, and goals. A member of the therapy team explained that they followed the National Institute for Clinical Excellence (NICE) guidance for older people with social care needs and multiple long-term conditions and the NICE guidance for rehabilitation programmes for acquired brain injury. Assessments were also completed for people by the mental health team under the Care Programme Approach (CPA). CPA is the programme of support offered to people with mental health needs. It examines what support people need, goals and how to meet these. Based on people's assessed needs, support and therapy programmes were developed to enable people to maintain or improve their well-being and achieve their objectives.

Staff received appropriate training to deliver care and support to people effectively. New members of staff completed an induction when they first started work. The induction completed by staff without previous care experience was in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the standard for new social care workers and covers core topics in care. Training records showed that staff had completed training in safeguarding, medicines administration and management, infection control, health and safety, Mental Capacity Act (MCA) 2005, Deprivation of Liberty Safeguards (DoLS) and other training specific to the needs of people using the service such as, substance misuse, brain injury, mental health and challenging behaviour. Staff told us they found training they had completed helpful. One member of staff said, "I have done the course on brain injury, de-escalation techniques, substance misuse and many others. They have helped me a lot to understand the conditions of people, and how to work well and support them."

Staff told us and supervision records showed that staff received regular supervisions. One staff member told us, "I feel supported. I have one-to-one supervision meetings on regular basis. If I am struggling I will speak to the team leaders and registered manager. They always support me when I need it. The therapy team is also available and provide us with support when we need it." A team leader told us, "I feel supported in my role. I get meetings and supervisions with management. It gives me opportunity to express myself and discuss issues. They act on them, it might not be immediately but they do." Notes of meetings showed discussions involved the support people received, team work and working with professionals. Appraisals were conducted annually. These were used to give feedback to staff on their performance and identify training and developmental needs.

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 procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA. Staff had all been trained in MCA and understood their responsibilities in enabling people to make their own decisions and respecting their choices. One staff member said, "We always work with the assumption that people can make their own decisions until proven otherwise and even so we still support people to make decisions about their everyday care. If complex decisions are needed, we carry out best interest decisions." We saw that people's relatives and relevant professionals were involved in making best interest decisions for people where it was established that the person was not capable of making that decision. We observed staff obtaining consent from people before they supported them.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS protect the rights of people who may require their liberty restricted lawfully in order to protect them from harm. Where required, the registered manager submitted DoLS authorisation applications to the local authority and completed all necessary processes in line with the legal framework, to ensure they did not deprive people of their liberty unlawfully. At the time of our inspection, eight people were on DoLS and the conditions of these were met. We saw people were able to leave the service and returned as they wished.

People's nutritional and dietary were met. People told us that the meals provided by staff were nutritious and tasted good. One person commented, "High View is a 5-star hotel when it comes to nutrition." We saw staff encouraged people to help themselves to food, drinks and snacks during our inspection. People told us and the menu confirmed that a range of food options were available to people including specific requirements, such as food from people's ethnic groups. For example, people were supported to cook Caribbean and halal food.

People received well-co-ordinated support across different services. Each person had a personal profile sheet which contained their personal details, list of medication, medical history, care and support needs. Staff told us they ensured people took this information sheet with them when they moved between services. For example, when they went into hospital. The registered manager told us they also ensured that they gave a detailed handover to the service the person was going into. This ensured people received the support they needed.

People had access to GP services, a pharmacist, district nursing team and other health care services as required to meet their day to day health needs. A range of services were involved in people's care such as the community mental health team (CMHT) and substance misuse services. The provider had an in-house therapy team who were also involved in meeting people's health and social care needs. Staff supported people to attend appointments if required. Staff told us that they could contact the CMHT team for advice and support if required and they found them helpful.

The service had facilities suitable for people. Each person had their own individual bedroom. People could personalise their rooms as they choose. There were communal areas for people to socialise and relax.

Is the service caring?

Our findings

People told us staff were caring. We observed that people and staff interacted in an open but friendly manner. People felt comfortable with staff; and they chatted about different matters. Staff responded politely and with respect. We heard staff address people by the first names or by the names people preferred to be called.

Staff knew people's interests, likes and dislikes and what made people happy or upset because their care records contained this information. Staff knew to respect people's choices and wishes; to be sensitive in the way they worked with people. One member of staff told us, "To build relationship with people you [staff] must be gentle, respectful, show interest in them but do not intrude in their personal matters. Give them time to know you and trust you. Gradually they will realise you are there to support them and they will become open to you."

Staff supported people with their emotional needs and well-being. Support plans detailed people's emotional needs and support they needed from staff. One person's care plan included details of a person's recent loss, bereavement and the feelings the person still experience as a result. The plan stated, 'Staff to provide the person one-to-one time in a quiet space, staff should be sensitive in the way they approach them. Approach them with empathy and consideration and be wary of tone.' Throughout our inspection we observed the registered manager and staff checking on how people were feeling and doing. On one occasion we saw the registered manager sat with a person who appeared low in mood to find out how they were and saw them reassuring them. On another occasion we observed staff calming down a person who was getting agitated. They did this by taking them to a quiet place to talk about their feelings. Staff were observant of people's moods and responded quickly to their needs.

People told us they were involved in developing their support plans. People could tell us why they were at the service and the support they received from staff. People's relatives were also involved in planning their care and their views were listened to. Relatives were positive about the support people received from the service. People had a key member of staff who was responsible for ensuring their well-being and progress. Keyworkers supported people to express their views during meetings. If people wished to have an independent advocate to represent their views, staff arranged for this. We saw that people had used this service in the past.

People knew their keyworkers and they told us they could discuss their concerns with them. Staff provided information and support to people through regular one-to-one key working sessions to enable people share openly their concerns and discuss support they required from staff.

Staff maintained people's their dignity and privacy. People told us staff always knocked on their doors and waited for a response before entering their rooms. People were neatly and appropriately dressed. We saw staff approach people with respect and spoke to them in a dignified manner. People's personal records were kept secured in locked cabinets.

People were supported to maintain their independence. Care plans stated what people could do and things they needed support with. People were encouraged to assist in preparing meals, do domestic tasks and shopping.

Is the service responsive?

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Is the service well-led?

Our findings

At our last inspection of July 2017, we found that quality monitoring systems were not effective as they had not identified issues regarding medicines that we found during that inspection. At this inspection, the provider had made the required improvements.

There were systems in place to regularly assess and monitor the quality of service provided. The registered manager conducted audits of health and safety and medicines management. Following a recent medicine audit, staff were reminded in a team meeting to ensure they always signed medicine records clearly and legibly. The provider's quality manager conducted regular visits to check the service was delivered to required regulations and standards. The visits involved looking at records, the environment and speaking to people and staff. We saw an improvement plan developed to address areas of concern identified as a result of the last visit and we noted the actions had been completed. For example, care records were up to date at the time of our inspection and these had previously been identified as an area for improvement. The provider held regular quality meetings with registered managers and members of the management team across all of their services. They discussed various issues and how to improve the quality of the service provided. For example, the quality meeting held in August 2018 examined how to address areas of concern from a satisfaction survey conducted in May 2018. An action plan had been put in place to address the area highlighted from the survey which related to maintaining confidentiality. For example, the registered manager told us that they had reminded staff of the need to ensure handover meetings were done in the office or where others could not overhear the discussion. We spoke to staff about this and they confirmed they were now holding handover meetings in the office.

The service had a registered manager who understood their role and responsibilities for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. They complied with the requirements of their registration and had notified us (CQC) of significant events as required. The provider displayed the last inspection rating of the service as required.

There was a visible management presence at the service. People knew who the registered manager was and knew senior members of the support team and therapy team. People knew who to go to if they had concerns and we observed people speak to the registered manager freely regarding various matters. The atmosphere in the service was open and relaxed. We noted that the registered manager and staff responded to people's feedback promptly. For example, one person reported to the registered manager about a conflict they had with another person and the registered manager immediately had a chat with both parties and resolved it.

The service held monthly resident meetings. These meetings were used to update and obtain feedback from people about the service. Notes of meetings showed people's views were used in planning activities, menus and developing house rules for the service. People were also given a chance to raise any concerns/complaints they may have about the service.

Staff described the culture of the service as 'good'. One member of staff told us, "The registered manager,

senior managers and therapy team members are approachable. They listen and take your concerns on board and act on things." Another member of staff commented, "Management listen and act on feedback. It makes you feel valued. This place is a good place to work." Regular team meetings took place with staff and management. Notes of these meetings showed staff contributed and concerns about people, team work and running of the service were discussed and resolved.

Staff had the leadership and direction they needed to deliver their roles and responsibilities. Staff told us they had the support of the registered manager to be effective in their roles. One member of staff said, "The registered manager and therapy team are very supportive. They support you to deal with issues you may have with people quickly. They believe in prevention rather than dealing with emergencies. They are also understanding and supportive to our needs as staff too." There was on-call duty system in place to ensure staff had out of hours support when needed.

The provider worked in partnership with other agencies and services to achieve outcomes for people. People had access to community centres, and services such as Headway centres which work to improve the well-being of people with brain injury. Staff also worked with professionals from MIND centres, which are community and wellbeing services including programmes and workshops for people with mental health needs. Staff encouraged people to engage with these services. The service also worked with service commissioners to develop the service and with training providers to improve staff skills and knowledge.