

Review of compliance

High View Care Services Limited High View Care Services Limited	
Region:	London
Location address:	154 Croydon Road Penge London SE20 7YX
Type of service:	Residential substance misuse treatment and/or rehabilitation service
Date of Publication:	May 2012
Overview of the service:	High View Care Services Limited is a new service providing accommodation and personal care for up to ten adults and is based in Bromley, south-east London. Care is commissioned by a number of local authority and mental health teams in London and Oxfordshire. The accommodation is in a residential street in a two storey house with all en-suite bedrooms, and a

	garden containing a private room used for relaxation and therapeutic activities.
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

High View Care Services Limited was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, checked the provider's records, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

People we spoke with who used the service said they had been asked by the staff at High View about the support they needed. They said the staff were aware of how to support them, and that they were good at listening to them. They said they knew there was a care plan for them, and that they were happy that we examined it as part of the inspection.

They told us they had been visited by the home's management before deciding to move in, to ask them about their care needs. They were also able to visit the home before making a final decision. They said they were able to ask staff when they needed help or advice and staff listened to them.

People who used the service told us the staff were respectful, and they felt safe when being supported. People said staff were very helpful and always were quick to sort out any problems they had. They said that they were very happy at the home, and that daily planning meetings each morning helped them to organise their day and to ask for the help they needed.

People who lived at the home said the therapeutic activities such as music and games provided in a separate room in the garden were very enjoyable and relaxing.

What we found about the standards we reviewed and how well High View Care Services Limited was meeting them

Outcome 01: People should be treated with respect, involved in discussions about

their care and treatment and able to influence how the service is run

Suitable arrangements were in place to ensure people's dignity and privacy and that they were treated with respect. People were enabled to make or participate in making choices.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

The planning and delivery of care and treatment met people's needs and ensured their safety and welfare.

Outcome 07: People should be protected from abuse and staff should respect their human rights

Adequate systems were in place to ensure people were safeguarded against the risk of abuse, neglect and omission, and these were understood by staff.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Staff were appropriately supervised in their work, and received training that was appropriate to meet the needs of the people in their care.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

There were minor concerns regarding outcome 16: Assessing and monitoring the quality of service provision.

The provider was generally effectively operating systems designed to assess and monitor the quality and safety of services provided to people who received a service. However the quality assurance policy was not yet being fully implemented regarding carrying out annual quality assurance audits and the provider's visits did not include provision of a report of each visit for the manager to follow up on any improvements needed.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

The feedback we received from people we spoke with was complimentary about the way staff respected their rights and supported them. People said they had been asked by the home's management about what care they needed, and what they were able to do for themselves. They said staff listened to them and were kind and helpful. They said that they had a care plan in the home and that their key-worker discussed it with them each week and asked their views when it was being reviewed.

Some people told us about having asked for specific things they needed such as having their own fridge or doing a cookery course and these were provided. People who received a service said staff were respectful, and they felt safe when being supported by them. People said they were very happy with the service provided at the home, and that the manager was always available to speak with them.

We observed the staff and manager speaking with people who lived there, dealing with requests for help, and joining in activities such as a music sing-along session, and saw that they always responded in a positive, respectful and helpful manner.

Other evidence

The home had given the staff information about how to support people respectfully and

about how to listen to them. The home's policies included a code of conduct and diversity policy, which outlined staff responsibilities including the need to be respectful of people's religious and cultural differences. We saw evidence of this in the way that staff responded to a person's request for a snack outside of normal mealtimes, and provided it immediately.

There were care plans for people who received a service, showing the personal care support they needed, and emphasised the need to help people to be independent. Significant efforts had been made to ensure that one person from a specific cultural background had been enabled to get important support from that community. Consideration for religious and cultural issues was reflected in the provision of varied meals, and in providing support to attend religious services in care planning.

People who used the service told us that they were allowed to do things for themselves when they could and provided support when necessary. We saw that individual care needs were written up clearly in care plans.

There was a statement of purpose and a service user's guide for people and their relatives to help them to decide whether to use the services on offer. The home had policies and procedures in place to safeguard the personal information of the people who used the service. We noted that care plans were being reviewed with involvement from people who lived at the home.

We saw that people who lived at the home had pictures and other items in their rooms which reflected their own personal choices, and that staff only entered their rooms with their permission.

Our judgement

Suitable arrangements were in place to ensure people's dignity and privacy and that they were treated with respect. People were enabled to make or participate in making choices.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

We spoke with people who used the service about the care they received. They said they knew there was a care plan for them at their home. They said the care staff knew how to support them, and they were always able to ask the staff for help and advice and got help promptly.

People who used the service said they had been asked about their care needs and felt that they were allowed to do things for themselves. They said that the staff were good at listening to them about how they liked to do things for example in planning each day flexibly to suit their personal choices.

People told us that there was a group meeting each day to help them plan their day and the support they would need. They said that this was very helpful and that they were fully involved in the review of their care plan, with support from a key-worker and some healthcare professionals.

Other evidence

We saw that each person using the service had a care plan based on their assessment of health and social care needs. Care plans and risk assessments were reviewed regularly by the manager, or supervisors. There was a record of changes being made when necessary in risk assessments, health, mobility and personal care information. We noted that the care plans described how staff should support people, and also showed the areas where people could do things for themselves. This was evident for example in cooking or shopping and independently doing personal care activities and

going out without support.

We examined care plans of some people who used the service. We found they contained detailed care needs assessment information. We found people who used the service were protected against risk of receiving inappropriate care by the use of detailed assessments and care plans describing how to reduce risk. For example, in all cases risk assessments included involvement from relevant health care professionals who had a clear knowledge of the history of each person, and of the strategies for helping them to avoid difficult situations. Care plans had written guidance for staff to follow to protect people from risk. Assessments also included discussion with each person who used the service, and with their relatives, where the person requested their involvement. People who lived at the home had signed the care plans.

All of the people living at the home had a health action plan with full consideration of all healthcare support needs included. All were registered with a GP and there were records of regular contact with their GPs, dentists, chiropodists and with mental health support teams where appropriate. There were plans for how to support people with behavioural issues and how to help people with motivation and finding activities. For example one person had completed a cookery course and now did some cooking in the home. People living at the home were now going out to activities in the community on a regular basis, and some were able to go out independently.

Risk assessments relevant to people's assessed needs were in place. This included for example, management of mood, going out alone, accidental or self harm and personal money management. There were care plans and guidance for staff linked to these risk assessments, to ensure people were safely supported in these areas. This enabled people to be able to go out independently and to develop skills in a range of areas that would help them to live more independently. Medication risk assessments were included for all people at the home who took medication. We noted that people had been asked about the support they would need with medication at the commencement of their service and had signed to agree that the home would manage and administer medication. The manager said that self medicating was an important goal for some people who wished to move to more independent living, and that a process for achieving this was being put in place.

Care plans were up to date and well organised. There were clear daily records being maintained by staff and there was time allowed at the end of each working shift for the handover of relevant information.

Our judgement

The planning and delivery of care and treatment met people's needs and ensured their safety and welfare.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

People who used the service said the staff were respectful, and they felt safe while being supported by them. They told us they were able to speak with the manager or staff if they had any concerns, and that they always listened. They said that they saw the manager almost every day, and felt confident they could speak with them or any staff if they were concerned about anything.

Other evidence

The home had policies and procedures in place to safeguard and protect people who used the service. The vulnerable adults' policy had been updated prior to the home opening in 2011 and covered all necessary areas to protect people. This policy had been read and signed by all of the care staff at the home.

The registered manager was an experienced social worker and had experience in procedures related to safeguarding and protection of vulnerable adults. The manager was aware of the Pan London procedures for safeguarding adults, and specific training for staff in the protection of adults was provided. Staff showed a good understanding of support issues relating to people living at the home and most of the staff had worked at the home since it opened in 2011.

The staff training plan and records showed that staff were routinely inducted, and trained in their responsibilities to protect people. Care staff were able to describe the process for responding to any concerns or suspicions of abuse or neglect.

There had been two safeguarding concern raised since the home had opened. Both had been reported appropriately and investigated and none were upheld.

Our judgement

Adequate systems were in place to ensure people were safeguarded against the risk of abuse, neglect and omission, and these were understood by staff.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

People who used the service told us the staff provided support when they needed it and knew their care needs well.

Other evidence

Induction training had been provided for all staff. A detailed staff induction process was in use to introduce staff to policies and procedures to ensure they had their basic training needs met before starting work. Staff we spoke to said they had been given a good induction to the home, and were helped to get to know the care needs of people who they would be providing support for.

Staff experience, skills and competency were assessed at the induction stage. The home ensured that the subsequent training programme met the training needs of each individual staff member. Staff told us that the training they had received was good, and felt it equipped them to do their job well. They said that they felt supported by management to get to know the needs of people who used the service. They were provided with specialist training in areas such as mental health, awareness of diversity and deprivation of liberties. The manager told us that she had also considered provision of staff training in the management of challenging behaviour and would be pursuing this.

Staff had the opportunity to do a National Vocational Qualification (NVQ) and the majority of the current staff had this qualification or its equivalent. Training records we inspected showed that all staff members had received training in a range of areas appropriate to their work such as food hygiene, safeguarding adults, health and safety

and fire safety.

Staff supervision was consistently provided for all care staff, with the appraisal system having now commenced as was appropriate for this newly registered service. We saw that attention was given also to ensuring that staff who were car drivers were inducted in the use of the home's car, to ensure that they were aware of their responsibilities in doing safety and maintenance checks.

Our judgement

Staff were appropriately supervised in their work, and received training that was appropriate to meet the needs of the people in their care.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

There are minor concerns with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

People who lived at the home said they knew who they would talk to if they had a complaint, and felt able to raise any concerns that they might have with the manager and staff.

People we spoke with said they felt safe and comfortable with staff supporting them. They said they had regularly been asked about their care needs and that they were very happy with care they received. They said staff asked about their needs and listened to them.

Other evidence

There was a system for reporting any concerns raised by the people who used the service, or their relatives. There was evidence to show that this was being done in records held at the home.

There was a quality assurance policy in place, which included conducting surveys with people who used the service and with their relatives about their views on the service provided. We saw that the latest survey had been carried out in January 2012. Results showed that people were generally happy with the service provided. There were daily and monthly meetings with people who lived at the home to help them to plan their activities and to ask about any changes needed.

There were a range of quality checks in place to ensure that people were safe and appropriate care was being provided. Some of these were; fire and electrical equipment

checks by contractor, management care plan and risk assessment/money and medication checks every two weeks, daily fridge and hot water checks.

Monthly visits were being carried out by the provider or by a person appointed by her to do quality checks on areas such as; the environment, care plans and risk assessments and medication. However a report of each visit was not provided to the manager to follow up on any improvements needed.

However the quality assurance policy had not been fully implemented as regards undertaking of annual quality assurance audits.

Our judgement

There were minor concerns regarding outcome 16: Assessing and monitoring the quality of service provision.

The provider was generally effectively operating systems designed to assess and monitor the quality and safety of services provided to people who received a service. However the quality assurance policy was not yet being fully implemented regarding carrying out annual quality assurance audits and the provider's visits did not include provision of a report of each visit for the manager to follow up on any improvements needed.

Action we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	<p>Why we have concerns:</p> <p>The provider was generally effectively operating systems designed to assess and monitor the quality and safety of services provided to people who received a service. However the quality assurance policy was not yet being fully implemented regarding carrying out annual quality assurance audits and the provider's visits did not include provision of a report of each visit for the manager to follow up on any improvements needed.</p>	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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