Care Quality Commission

Inspection Report

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

154 Croydon Road, Penge, London, SE20 7YZ

Date of Inspection: 11 January 2013

Date of Publication: February 2013

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Management of medicines	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ 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 up to ten adults and is based in Bromley, South London.
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

Contents

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'.

Summary of this inspection

Why we carried out this inspection

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.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 11 January 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

We saw that staff were respectful and involved people in making decisions about their day to day lives, including activities, meals, developing independence skills and in planning their future development. For example all of the people who lived at the home had experienced periods of mental and physical trauma, and were supported by counsellors who were employed by the provider to help them to improve their memory skills, and to engage in activities they wanted to, such as using computers, cooking and playing music.

We saw staff were regularly interacting positively with people who lived at the home, and sharing experiences in playing games such as pool and cards, and in chatting while preparing meals and snacks.

Care planning and reviews took place regularly with involvement from people, and had been signed as agreed by people who used the service or their representatives. People told us that they were always speaking with staff about things they needed to do, and that the staff were always very respectful and helpful.

We found that the staff understood people's care needs and how to protect them from risk and harm. Staff had adequate training and supervision, and worked with people to develop their confidence and independence.

Appropriate checks were being done by the provider to ensure that the quality of people's care was maintained.

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

More information about the provider

Please see our website 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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People's diversity, values and human rights were respected. The home had given staff information about how to support people respectfully and about how to listen to them. For example, 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. Care plans emphasised the need to required people to respect the rights and needs of others who lived with them. For example there was a signed agreement in each person's care plan showing they understood their responsibility to treat other residents with respect at all times, and to respect their different cultures..

Consideration for religious and cultural issues was reflected in the provision of varied meals, and in the assessment of people's wishes regarding attending religious services. We found the assessment process for each person included finding out about their preferred meals, and about their religious support needs. Care plans we looked at showed that these issues were included.

People expressed their views and were involved in making decisions about their care and treatment. There was a service user guide, which explained the services to be provided, which had been read and signed by each person who lived at the home. Two people who used the service said they had read this document and that it helped them to understand their rights to speak up and be listened to about their care. We looked at care plan reviews for four people who used the service. Each person had a care plan, which showed the care and support they needed, which had been signed by them. The provider may wish to note that although all care plans we saw had been signed at the start of service provision, some had not been signed by people following each annual review. Four care plans we saw showed that people were encouraged to do things for themselves when possible for example during personal care, and in doing household activities such as laundry and cooking. Four people we spoke with told us that staff spoke with them about their care needs regularly and always treated them respectfully and fairly.

There was family involvement for most of the ten people who lived at the home. The home used an advocacy service for some people who needed it, and had used this service to support a person to speak up for them-selves. For example one person was supported to complain about a poor quality of service they had received from an outside agency. We saw that people were able to make choices about food and activities. Three people who used the service told us they regularly took part in shopping and were asked about food they would like to have on the menu. We saw people freely making snacks for themselves in the kitchen when they wished to.

There were suitable arrangements made to ensure the privacy, dignity of people who lived at the home. We saw that people in the home had their own separate rooms, which were private and well maintained, allowing ample space and privacy to meet with relatives and friends. Four people who lived at the home told us they were largely independent in doing their own personal care, and that staff only helped to remind and prompt them when needed, but did not provide unnecessary support for example in the bathroom or when getting dressed.

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Each person using the service had a care plan based on an assessment of their health and social care needs. Four care plans we looked at contained detailed care needs assessment information. Assessments also included discussion with each person who used the service and with their relatives and healthcare professionals where it was appropriate. Care plans and risk assessments were up to date and were regularly reviewed. All four of the care plans we saw had been fully reviewed annually and each section of people's plans had been checked and updated each month with the person receiving a service. These were well organised and available for staff and people who lived at the home. People who needed support in managing alcohol related care issues had this included in their care plan and had signed agreements regarding not using alcohol while resident at the home. The provider had included an assessment regarding medication administration in each person's care plan, and people for whom the provider administered and managed medication had been consulted and had signed an agreement for the home to do this on their behalf.
End of life care arrangements had been considered and included in people's care plans. The provider may wish to note that while a full range of arrangements had been considered, the process did not include supporting people in making their decisions made known to their GP, and when the plan indicated that people had did not have funeral arrangements in place, it did not clarify whether they wished to make such arrangements. All of the people living at the home had a health plan, which gave full consideration of all healthcare support needs. Staff we spoke with and the manager told us that each person was registered with a GP and there were records of regular contact with their GPs, dentists, chiropodists and other healthcare professionals. We saw evidence of this in four care plans we looked at. Specialist counselling services were provided to help people who had suffered injury causing cognitive or memory impairments to work to improve their memory and to develop their confidence. Some people we spoke with who used the service described how this had improved their confidence and helped them to speak up for themselves.

We found people who used the service were protected against the risk of receiving inappropriate care by the use of detailed assessments and care plans describing how to reduce risk. Care plans had written guidance for staff to follow to protect people from risk. Many of the risk assessments we saw included involvement from relevant health care

professionals who had knowledge of the history of each person, and of the strategies for helping them to avoid difficult situations. For example, risk assessments for we saw included involvement from counsellors in the management of challenging behaviour, and there was clear written guidance for staff to follow to minimise the risk of harm. There was a record of changes that had been made to people's risk assessments, health, mobility and personal care information following each review. People's care plans described how staff should support them, and also showed the areas where people could do things for themselves. This was evident, for example, in cooking or shopping, in doing personal care and in managing personal finances. The provider may wish to note that although mobility risks had been included in people's risk assessments, one person may benefit from having the use of stairs included more fully in their risk assessment.

There were arrangements in place to deal with foreseeable emergencies. There was a current fire risk assessment in place and arrangements and all staff had fire safety and first aid training provided. Regular fire practices and drills were conducted with staff and people who lived at the home.

Safeguarding people who use services from abuse ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People who used 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.

Reasons for our judgement

People who used 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. We observed that people were supported by staff who understood how to protect them and keep them safe. The provider had policies and procedures in place to safeguard and protect people who used the service. The vulnerable adults' policy had been updated in January 2013 and covered all necessary areas to protect people.

The manager we spoke with had knowledge of the local authority's safeguarding protocols and was available to speak with people who used the service on a daily basis. Four people who used the service we spoke with said they felt safe and secure with the service they received, and were able to easily speak with manager and the director of services when they had any queries or concerns.

Four staff training plans and records we looked at showed that staff had been inducted and trained in their responsibilities to protect people. All care staff had attended protection of vulnerable adults training in the past two years, and two staff we spoke with showed they understood how to identify and report suspicions or allegations of abuse or neglect. The manager and the majority of care staff had attended training regarding the Deprivation of Liberty (DoLS) and the Mental Capacity Act 2005 to help their understanding of legal requirements and best practice, when supporting people who were vulnerable.

Management of medicines ✓ Met this standard

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

Our judgement

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.

Reasons for our judgement

The provider's policies and procedures set out appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines. These had been reviewed in January 2013 and had been signed as understood by all staff. The home's manager checked these arrangements were being followed weekly with a more intensive check also being done monthly.

Appropriate arrangements were in place in relation to obtaining medicine. Medicines were dispensed by an external community pharmacy. We saw there were systems in place to check the medicines dispensed by the pharmacy were those prescribed by the GP.

Appropriate arrangements were in place in relation to the recording of medicine received, and for signing for medicines when given. Records we looked at showed an up to date record was maintained of a people's medicines, and that medication administration records were maintained. We saw there was a system of checks in place to ensure information from a person's prescription was transcribed accurately into their medication administration record.

Medicines were handled appropriately. We saw systems in place to receive and check deliveries of medicines from the pharmacy, to organise and store medicines, and to ensure appropriate stocks of medicines were maintained.

Medicines were prescribed and given to people appropriately. People using the service were registered with a local GP who prescribed their medicines, with the exception of medicines prescribed by psychiatry for some people.

Medicines were kept safely. Medicines were stored in locked cupboards in the office. Where required, medicines were stored in a secure refrigerator. Controlled drugs used were stored in a separate locked cabinet and these were only administered by specific experienced staff who had been trained to do this task. Appropriate arrangements were in operation to regularly check these medicines and administration required two staff to sign.

The records we looked at showed that a protocol was in place for the person's medicines which were to be taken as required, providing instructions for example about when and how to administer the medicine. Staff we spoke with understood the need to record

refused medicines on the medication administration record, and to report ongoing refusal to the GP, to ensure the person continued to receive appropriate medicines.

Medicines were disposed of appropriately. Facilities were in place for the safe disposal of medicines, including controlled drugs. The facilities were serviced by an external contractor. Records we looked at provided an account of the medicines that the home had disposed of.

Supporting workers ✓ Met this standard

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

Our judgement

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.

Reasons for our judgement

There was a staff induction process in place for new staff starting at the home. The induction process included introducing staff to policies and procedures to ensure they had their basic training needs met before starting work. Four staff records we looked at showed that they had all been given an induction to the home, and were helped to get to know the care needs of people who they would be providing support for before working independently.
Staff were from time to time able to obtain further relevant qualifications appropriate to their work. Staff had the opportunity to complete a National Vocational Qualification (NVQ) and the majority of the current staff had this qualification or its equivalent.
Staff received appropriate professional development. Training records we looked at showed that all staff members had received training in a range of areas appropriate to their work, such as: food hygiene, safeguarding adults, and health and safety. All permanent staff had completed training in the protection of vulnerable adults, moving and handling, health and safety, first aid and risk assessment in the previous 2 years year, and refresher training was scheduled for all staff on an ongoing basis.

Staff were supported by management to reflect on their practice and to develop their skills through one to one supervision, and at team meetings. They were provided with specialist training in areas such as challenging behaviour management and working with people with brain injury to ensure they could meet the needs of people using the service. Four people we spoke with who lived at the home told us that the staff were very helpful and knew how to support them.

Staff supervision was planned and provided for all care staff every two months. Two staff we spoke with confirmed this, and said they found supervision with their manager, and regular team meetings to have informed them well to provide care and support safely. The manager said that annual staff appraisals had taken place for all staff except new staff, and four staff files we saw showed that the appraisal schedule was being implemented. There were records of regular team meetings where care and support and training issues were discussed and staff had access to the manager most of their working days for support and advice.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Our inspection on March 2012 found that the provider's 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. The provider told us action would be taken to resolve these issues.
Our inspection of 11 January 2013 found that the provider's quality assurance policy was now being implemented. We saw that regular quality check visits were being carried out by the provider, and a written report was completed for the manager showing findings and recommendations for improvements. We saw that the registered provider visited the home each week, and completed a formal quality assurance check each month, using the Health and Social Care Act Essential Standards as a guide for carrying out quality assurance checks. A report was left at the home for the manager to share with staff and people who lived at the home, and to plan improvement action. For example one report showed that the home was managing new staff induction well, and recommended more spot checks to be done on medication administration to ensure consistency. The home complied with this by carrying out weekly and monthly medication checks in addition to the daily checks done by staff.

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

There was a quality assurance policy in place, which included conducting surveys with people who used the service and their relatives about their views on the service provided. The last survey was done in December 2012 and January 2013 and the results of this survey had not yet been compiled.

There were regular meetings with people to help them plan their activities and to discuss and agree any changes they felt were needed. There were key-worker meetings between staff and people who received a service to discuss issues such as holidays and changes in menus and planned activities. These discussions resulted in people being supported to change planned activities, and one person who used the service told us they felt more confident to speak up at these meetings as a result of the regular meetings they had with

their key-worker.

There were a range of quality checks in place to ensure that people were safe and that appropriate care was being provided. For example, health and safety checks done by the manager and staff, fire and electrical equipment checks by contractors, and monthly activities audits done by the manager and counselling team to ensure people were supported to have an active life at the home.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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.

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.

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

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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

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