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

Tel: 02086594568

Date of Inspection: 12 September 2013

Date of Publication: October 2013

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

Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Staffing	✓ Met this standard
Records	✓ 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 12 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 12 September 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

All the people we spoke with told us that they were happy living at the home. One person told us that it was the "best" home they had ever lived in and that they had en-suite facilities and staff were "friendly" and "polite". Another person told us "I like it here because staff are good to talk with" and that staff had "plenty of time" for them. People told us that they were involved in their care planning and knew what support staff should provide.

We found that people using the service were adequately supported to achieve their goals. Each person had a care plan with relevant risk assessments and action plans in place to mitigate any potential risks. There were arrangements in place to ensure that people were protected against the risk of abuse. People were cared for in an environment that was safe and comfortable. There were enough qualified staff on duty to provide the appropriate support people required. We found that people's care and support plans, staff records and other records relevant to the management of the services were accurate and fit for purpose.

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

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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Before people began using the service, the provider had carried out a health and social care needs assessment to ensure the home was suitable for the person. People's records we looked at showed that the assessment covered areas such as mobility, mood and behaviour, continence, communication, medication and religion. We found that prior to admission; people were given opportunities to visit the home to assess whether the home could meet their needs. The five care plans we looked at had been developed using information obtained during the assessment process to ensure individual needs were met.

People had completed an assessment relating to their behaviours and a recovery plan was in place, for example, for eating disorder or substance misuse. We saw that people had set goals relevant to their individual needs. People told us that staff supported and assisted them to make progress towards achieving their goals, for example, support with acquiring volunteer work in the community and staff confirmed they were aware of the support to provide. All the care plans we looked at had been signed by people to demonstrate they were in agreement with the care and support that had been planned for them. Care plans were reviewed annually and updated monthly by the individual's key worker to ensure they reflected any changes and the person's needs were met.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We found that each person had relevant risk assessments for areas such as self-neglect, absconding, substance misuse, mobility, diabetes and medication. We saw that action plans had been developed to mitigate these risks. For example, one person diagnosed with diabetes had a diabetic care plan in place which provided staff with guidance of the action to take such as to support the individual to eat healthy meals, take insulin boosters when required and to provide support with attending a diabetic clinic to mitigate any potential risks. Another person with mobility needs was supported by care staff to maintain a clean and tidy room free from clutter to mitigate the risk of them falling.

People who used the service had a health action plan in place. People we spoke with told us that staff supported them to attend health appointments and records we looked at confirmed this. Other professionals such as community nurses, behaviour support advisor, social workers, general practitioners (GP), opticians and dentists were involved in peoples care where required. This ensured that the care delivered met the individual's needs.

There were arrangements in place to deal with foreseeable emergencies. The provider had a business continuity plan in place which provided staff guidance on the actions to take in the event of any emergencies such as low staffing levels or extreme weather in order to maintain people's safety. Staff we spoke with were aware of actions to take in the event of an emergency and they told us they would contact the emergency services where required. Staff training records we looked at showed that all staff had completed first aid training which provided them with the skills to support people in the event of an emergency.

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 use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The provider had safeguarding vulnerable adult's policy in place. We saw that the policies and procedures folder was accessible to all staff in the staff office or on the provider's computer system. The safeguarding vulnerable adult's policy we looked at included the types and signs of abuse, confidentiality and staff responsibility to report and record abuse. The communal areas also had information on safeguarding vulnerable adults to ensure that people were aware of actions to take if they had any concerns of abuse. The contact details of relevant authorities such as the local authority were included to ensure that both staff and people were aware of organisations they could contact if they had any concerns of abuse.

All the staff we spoke with knew what constitute abuse and could identify the types of abuse. Staff told us that they would report any concerns of abuse to their line manager, an on-call manager or to the local authority. The registered manager was aware of their responsibility to report abuse to the local authority and to the Care Quality Commission. They told us that since our last inspection in January 2013, they had not been any concerns or allegations of abuse. Training records we looked at showed that all staff had attended safeguarding vulnerable adults training within the past two years.

People who use the service were protected against the risk of unlawful or excessive control or restraint because the provider had made suitable arrangements. The provider informed us that restraint was not used in the service and that de-escalation methods were used to manage people's behaviour. Accident and incident records we looked at showed that staff acted appropriately by reporting and recording any accidents or incidents that took place and they took immediate actions to ensure people remained safe. For example, we saw that when three people were involved in a situation that agitated them, staff used separation and communication methods to manage their behaviours. A behaviour support advisor was also involved in people's care to ensure that people's behaviours were managed appropriately. Staff training records showed that staff had completed Mental Capacity Act (2005) and handling violence training. Staff we spoke with demonstrated an understanding of Deprivation of Liberty Safeguards (DoLS) and whistleblowing

procedures.

Safety and suitability of premises ✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The provider has taken steps to provide care in an environment that was suitably designed and adequately maintained. The provider's health and safety policy stated they would ensure their premises and facilities were maintained to an acceptable standard to protect people, staff and visitors from harm. The care plans we looked at included health and safety assessments which covered areas such as fire safety, windows, floors, carpets and the use of a shower or a bath. This was done to ensure that where issues such as falls were identified, people were supported to remain safe. All the people we spoke with told us that they enjoyed living at the home because they had their own en-suite facilities which they felt was hygienic and promoted their privacy. People told us that they felt safe in the home because they had keys to their rooms and could lock the door from inside.

We saw that the home was visibly clean and the furniture was in a good condition. We found that a housekeeper was responsible for deep cleaning the house twice a week and this included people's bedrooms. Staff we spoke with told us night staff were also responsible for maintaining the cleanliness of communal areas during their shift. People we spoke with told us that staff supported them to clean and tidy their rooms and that they felt the home was clean.

People were protected against the risk of fire. We saw that the provider had carried out weekly fire tests and monthly fire drills. Everyone we spoke with was aware of the actions to take in the event of an emergency and people were able to identify their emergency assembly point. Appropriate fire safety equipment was in place and this included fire door guards and smoke alarm detectors. We saw that each floor had a fire exit point that led to an outside stairway with clear direction to where people should assemble in the event of fire. A smoking shed was available for people to use to ensure that people smoked in a safe environment. Electronic equipment such as fridges, kettles and cookers had passed a portable appliance test (PAT).

The home manager told us that the provider had employed the services of a maintenance man who was responsible for repairing and updating the home to an appropriate standard. They told us that a gardener was responsible for maintaining the grounds People we spoke with told us that things were quickly repaired once they had been reported and the maintenance book we looked at confirmed this. The building had been adapted to meet

people's needs. We saw that there were hands rails in communal areas on the ground floor and extra set of handrails were provided on the stairs to ensure that people's mobility needs were met.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

There were enough qualified, skilled and experienced staff to meet people's needs. The provider told us that staffing levels were planned to meet the needs of people. This included three care staff being available during the day in addition to the registered manager and the deputy manager. Night cover included one waking night staff and one sleep-in staff to ensure that there were enough staff available to support people in the event of an emergency. The staffing rota showed that the number of staff on each shift matched the numbers that had been identified as being required to meet people's needs for example in August and September 2013. We found that where people were required to attend health appointments, additional staff were employed to provide support during these periods. We found that a behaviour support advisor was employed on full time basis to provide expert guidance for staff in managing challenging behaviour. Two drugs and alcohol counsellors worked with people two days a week to develop strategies that support their recovery. An activities co-ordinator responsible for organising stimulating activities such as visits to places of interest and a massage therapist were also available to provide appropriate support where required.

There were plans in place to cover staff shortages. The provider told us that the agency and bank staff were not used to cover staff shortages and that permanent staff from other High View Care Services were used to promote continuity of care. Staff we spoke with told us that they could work overtime if they wished to cover any staff shortages. The staffing rota we looked at showed that there was adequate permanent staff available to cover shifts when this was required and staff confirmed the current staffing level was sufficient to meet people's needs. People we spoke with told us they felt staff had time to support them. The home manager informed us that staffing levels were taken into consideration prior to people moving into the home and that these could be adjusted to meet people's needs.

Staff had appropriate skills and suitable qualifications to provide the service required. People we spoke with told us that they felt staff had the appropriate skills to support them. Training records we looked at showed that all staff had completed mandatory training in areas such as medication, safeguarding vulnerable adults, health and safety and infection control and food hygiene. Most staff had received brain injury, alcohol and coping with aggression training. Staff had also completed National Vocational Qualifications and Newly Qualified Social Worker programme level 2 or 3. The provider told us that staff were

provided allocated study time which they used to improve their professional developments. Staff told us that these training courses had provided them with skills to support people where required.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

People's personal records including medical records were accurate and fit for purpose. The care plans we looked at included suitable information such as people's medical conditions, current medications and any known allergies to ensure the care provided was appropriate and met the individual's needs. We saw that people had consented to their care and treatment in areas such as substance misuse and alcohol management and some people had signed documentation to be searched and breathalysed after they had been out in the community. The care plans included contact details of relevant professionals involved in people's care and treatment. This included people's GPs and social workers staff could contact in the event of an emergency. We saw that end of life care had been discussed with people to ensure that appropriate actions were taken when required.

Records were kept securely and could be located promptly when needed. All care plans were kept securely in the staff office and we saw that the door was locked when the office was not being used by staff. People we spoke with told us that they could access their care plan when they needed it and that they had monthly meetings with their key worker to talk about their care and support needs. Staff records were kept in lockable cabinets in the home manager's office. All records were provided promptly when required.

Staff records and other records relevant to the management of the services were accurate and fit for purpose. Staff induction, training, team meeting and supervision records were mostly up to date. Other records relevant to the management of the service such as resident's monthly meetings, legionella test, quality checks, policies and procedures, health and safety checks and maintenance records were mostly up to date.

Records were kept for the appropriate period of time and then destroyed securely. The home manager told us that records such as people's care plans were kept for six years. However they were unable to show us any records retention policy, therefore we were unable to evidence whether records were being kept for the appropriate duration of time. We were shown a shedder at the home which was used to destroy records that had exceeded their retention period.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk