High View Care Services Limited

High View Care Services Limited - 161 Croydon Road

Inspection report

161 Croydon Road
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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 161 High View Care Service took place on 23 May 2018. 161 High View Care Service is a 'care home' for adults with substance misuse and mental health needs. People in care homes receive accommodation and nursing or personal care as a 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 five people in one adapted building and five people were using the service when we visited.

This was the first rating inspection of 161 High View Care Service since they registered. We have rated the service Good overall.

There were two registered managers 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.

Risks to people were managed in a way that promoted their safety. Risk assessments were in place and detailed measures to reduce harm to people. 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 provide safe and effective support to people. Staff employed at the service had undergone thorough recruitment checks to ensure they were fit to work with people. Medicines were administered and managed safely and in accordance with the provider's procedures. Incidents and accidents were reviewed and lessons were learnt from them. Health and safety systems were in place and up to date. The service was clean and well maintained. Staff followed food hygiene and infection control procedures.

Staff were trained, supervised and had the skills and knowledge to meet people's needs. People's needs were assessed with involvement of relevant professionals where required to ensure their needs were met. Staff understood how to support people with their needs. People were supported to have a balanced diet. Staff worked effectively with health and social care professionals to attain positive outcomes for people. People received the support they needed to access healthcare services to maintain good health. People's care and support were well coordinated. There were suitable facilities available for people to use.

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 understood people's needs and treated them with respect, kindness and dignity. Staff supported people to express their views and people were involved in planning their care and support. Care plans noted people's Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) status and staff knew about them.

The service tailored the care and support they delivered to people to achieve positive outcomes for them. Each person had a support plan which set out how their needs would be met. People were supported to improve their daily living skills and to become independent as much as possible. People were encouraged to participate in activities they enjoyed. People were supported to maintain relationships they chose. Regular reviews took place to ensure the 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 registered managers understood their responsibilities and complied with the requirements of their registrations. Staff received the support, direction and leadership they needed to perform their roles efficiently. Various audits and checks took place to monitor and assess the quality of service provided. People's views were sought through annual surveys and key worker sessions to improve the quality of the service. The service worked jointly with internal and external professionals and services to develop and improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Risk assessments were completed and management actions put in place to mitigate harm to people. Staff understood how to recognise abuse and how to report concerns following the provider's procedures.

There were sufficient number of staff on duty to meet people's needs. Proper checks were conducted on staff who worked with people.

People received their medicines safely. Staff followed procedures to control the risk of infection. Health and safety systems were up to date. Lessons were learned from incidents and accidents.

Is the service effective?

Good

The service was safe. Risk assessments were completed and management actions put in place to mitigate harm to people. Staff understood how to recognise abuse and how to report concerns following the provider's procedures.

There were sufficient number of staff on duty to meet people's needs. Proper checks were conducted on staff who worked with people.

People received their medicines safely. Staff followed procedures to control the risk of infection. Health and safety systems were up to date. Lessons were learned from incidents and accidents.

Is the service caring?

Good

The service was caring. People were treated with dignity and their privacy was respected by staff. Staff understood the needs of people and how to support them. People were involved in planning their care and support and their wishes respected.

Is the service responsive?

Good

The service was responsive. People were supported and achieved positive outcomes. People were supported to be as independent as possible.

People were supported to do the things they enjoyed and develop new skills for daily living. People maintained regular contacts with the friends and relatives. Equality and diversity was promoted across the service. Care plans noted people's Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) status and staff knew about them.

People knew how to complain if they were unhappy the service.

Is the service well-led?

Good

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

People and staff told us that the registered managers were approachable and supportive. Staff told us they had the leadership they needed to do their jobs. Staff understood their roles and responsibilities.

The registered managers understood their roles and complied with the requirements of their registration.

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

People's views were sought to improve on the service.

The service worked in partnership with other organisations to deliver an effective service to people.

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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 unannounced inspection took place on 23 May 2018 and was carried out by one inspector. 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 two people, two support workers, an activities coordinator and two registered managers. We observed how staff supported and interacted with people. We looked at four people's care records and this included their medicines administration records (MAR), four staff files and records relating to the management of the service such as health and safety and quality assurance systems.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service and with staff. One person said, "I have no concern with my safety here. The staff are very nice to us. I feel safe." Another person told us, "I am very safe here. My personal items are safe too. I keep them in my room and nobody takes them."

The provider had procedures in place to safeguard people from the risk of abuse. Staff had completed training in safeguarding adults from abuse and could recognise the signs of abuse and knew of actions to take to report any concerns of abuse. One staff member stated, "If I suspect abuse, I will record my concerns factually and report it to the manager. The manager will deal with it. They will investigate it and involve social services. I know how to whistle blow if management fail to act properly." The registered manager understood their responsibilities to safeguard people from abuse including liaising with the local authority, cooperating with investigation and notifying CQC.

The service had effective systems to safeguard people's money. Records and receipts of financial transactions were maintained. Regular audits and checks were conducted to ensure accounts tallied. We observed staff reconcile accounts during changeover of shifts and the accounts were balanced.

Risks to people were managed to improve their health and well-being. The service conducted assessments to identify risks to people's physical and mental health; behaviours and activities that may cause harm to people. The provider worked closely with mental health professionals who were involved in assessing and drawing up risk management plans for people. Triggers to people's mental health conditions, signs of relapse and actions for staff to take were included in people's management plans. Where people had a history, or were assessed and identified to be at risk of abusing substances, their management plans provided guidance for staff on how to manage this risk. One person's management plan informed staff to do regular random search of their room to support them manage their behaviour of using substances. We also reviewed management plans for people who displayed behaviour that could put them and others at risk. Their management plans included giving them reassurance and space when needed, talking to them about their concerns, engaging them in activities and reminding them of the consequences of the behaviour.

Staff understood people's behaviours and knew of actions to take to manage any potential risks to them. Staff told us they had the support of the registered manager and in-house therapy team to manage risks appropriately. Multidisciplinary team meetings took place every fortnight to discuss concerns and risks and how these could be managed. People's progress was monitored and documented. Daily notes and monthly progress reports showed that staff followed the management plans.

The service maintained a safe environment for people. Risk assessments were conducted to identify hazards to the environment, such as, fire risk, gas safety, water and electricity safety. Records showed that health and safety systems were checked and serviced regularly and these were up to date. Staff also conducted regular health and safety checks such as weekly fire alarm test to ensure equipment were in good conditions. Staff also practiced fire evacuation procedures regularly to ensure both people and staff knew of actions to take in the event of a fire

People's medicines were managed safely. All staff were trained in the safe management of medicines. The provider had a medicines management policy and procedures available. People were assessed and supported to take their medicines when required and medicines administration records were in place (MAR). We checked MARs for people who received support from staff to manage their medicines and it was accurately signed and fully completed. People who received PRN (as when required) medicines had guidance in place regarding how and when they should be administered. We saw record which showed staff followed this guidance.

Medicines were stored safely and securely. Medicines were kept in a locked cabinet in the office and only staff had access to the cabinet. Medicines were organised neatly and clearly labelled. Staff knew actions to take if there was a medicine error. They told us they would contact the provider, GP and pharmacist for advice. Unused medicines were returned to the pharmacist for disposal.

At the time we visited, some people were being supported to start 'self-administration' of medicines. The registered manager had completed risk assessments and developed management plans to ensure it was safe for the person to do so. Healthcare professionals were involved in devising a management plan for this person to ensure they administered and managed their own medicines safely.

Staffing levels were sufficient to meet the needs of people. People told us there were always staff available during the day and night to support them if needed. Staff we spoke with expressed no concern with the number on duty to support people. One member of staff said, "We are enough everyday with the way the rota is planned. The registered managers are around and provide support if we are struggling." Another staff member said, "We are able to support people with their needs adequately. We can get support from the other service across the road or from the therapy team." The rota showed that all shifts were covered with regular staff to ensure consistency. The provider told us that they provided additional staff if required based on the needs of people, or if people had appointments. Planned and unplanned staff absence was covered by staff as extra shift or by bank staff.

The service had adequate systems to reduce the risk of infection. Staff had received training in infection control and food hygiene. They used personal protective equipment (PPE) such as gloves where required.

The service maintained records of incidents and accidents. Staff knew how to report incidents and accidents. The registered manager reviewed these and considered ways to prevent them from happening again. We saw that a person's risk assessment and care plan had been updated following an incident. A member of the therapy team was involved in developing a management plan to reduce further risks for this person. Handover and team meetings were used to discuss incidents and actions or lessons learned.

Good

Is the service effective?

Our findings

People's needs were assessed initially before they were accepted to use the service. The assessment conducted established people's needs, daily living skills, therapy goals; and their potential to follow programmes agreed. Needs assessment also covered people's physical, mental and social health needs and keeping safe. The provider had a team of rehabilitation and therapeutic professionals which included psychologists, occupational therapists and psychiatrists who were involved where necessary in the assessment process of people's needs and how these would be met. 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.

People told us staff understood their needs and how to support them. One person commented, "[Staff] know what I want and help me with it. They are helping me prepare to move into independent living." Staff told us and records showed that staff were trained in their roles. New members of staff completed an induction when they first started work; and various training topics specific to the needs of people they supported. Staff without previous social care experience completed the Care Certificate Induction programme. 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 completed by staff included safeguarding, medicine 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 could request for additional training when required.

Staff told us they felt well supported in their roles. One staff member said, "We have one-to-one with the registered manager monthly. I had one not long ago. Anything I'm not sure about I can discuss with the team or the register managers. They give me the guidance I need." Another staff member mentioned, "Supervision is monthly here. Supervision makes me aware of my strengths and weaknesses; and how I can improve in my line of work. I find supervisions very useful and I feel supported through it." Records showed that staff received regular one to one supervisions. Notes of meetings showed discussions about the support people received, team work and working with health and social care professionals. Appraisals were conducted annually. These were used to give feedback to staff on their performance. Training needs were discussed too.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

People told us staff always sought their consent before supporting them. We observed people had freedom to go out and return as they wished. People's decisions about their care and support were respected.

Staff and the registered manager understood their responsibilities in relation to Deprivation of Liberty safeguards (DoLS) and MCA. One staff member told us, "We always let people make their own decisions." Mental capacity assessment was carried out if there was a doubt about a person's capacity to make specific decisions for themselves. Where required, the registered manager involved people and their relatives and relevant professionals to make best interest decision to ensure it was to the person's advantage. Three people were under DoLS when we visited and their conditions were being met.

People's nutritional needs were met. The service provided food, drinks, fresh fruits and snacks so people could help themselves as they wished. Staff supported people to prepare their meals. People were also encouraged and given the support they needed to cook for themselves as part of their rehabilitation programme. People told us they had enough to eat and drink.

People received well-co-ordinated support across different services. Each person had a personal profile sheet which contained their personal details, diagnosis, list of medication, medical history, care and support needs. This sheet was taken along when a person moved between services. For example, when they went into hospital. The registered manager told us they also ensured 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, pharmacist, district nursing teams 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. Staff supported people to attend appointments if required. Staff told us that they contacted 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 and furnished bedroom. People had personalised their rooms as they chose. There was a large communal area for people to socialise and relax and the home was well maintained.

Good

Is the service caring?

Our findings

Staff supported people in a caring and considerate way. People told us that staff were kind to them. One person said, "The staff are very good to us. You can talk to them and they listen to you." Another person said, "They [Staff] are my friends. They are friendly and nice to me." Staff and people interacted in an open and respectful manner. People seemed comfortable with staff. People approached staff freely and staff responded to them in considerate manner.

Care records held information about people's histories and background including education, family, social network, culture, religion and individual preferences. We heard staff address people by their preferred names. Staff knew how people's lifestyle choices affected their mental and physical health and their activities of daily living. People were given a 'service user' guide which contained information about the service when they first moved in. This ensured people understand the purpose of the service and what to expect.

Staff knew how to communicate with people appropriately. Care records detailed people's communication needs and provided staff with guidance on how to support people appropriately. For example, we observed staff listening to one person who had speech impairment. The staff member was patient and never interrupted or try to guess what the person was trying to say. The staff member followed the instructions in the person's care plan.

People were consulted about the care and support they received. People told us they were involved in developing their support plans. Care records demonstrated that people had been asked for their views on how they should be supported. People's relatives were also involved in planning their care and their views were listened to. If people wished to have an independent advocate to represent their views, staff arranged for this. Record showed that an advocate had supported people in the past.

People had keyworkers. A keyworker is a member of staff who was responsible for monitoring people's well-being and progress. Keyworkers also supported people to express their views during meetings. 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 to share openly their concerns and discuss any support they required from staff. Staff also used these meetings to highlight the impact of people's behaviour and lifestyle choices on their well-being and recovery programme.

People's privacy and dignity was respected. People told us staff maintained their dignity and privacy. One person said, "They [staff] respect you and treat you like human being." People told us staff always knocked on their doors and waited for a response before entering their rooms. Staff told us that they carried out personal care tasks behind closed doors and they encouraged people to be involved as much as possible.

People's personal records were kept secured and confidential. Staff understood the need to respect people's privacy including information about them. People's personal matters were discussed in the office behind closed doors to avoid others from overhearing.

Good

Is the service responsive?

Our findings

People received support tailored to meet their individual needs and achieve positive outcomes. One person told us, "The staff are helping me to learn to see the other side of my life. They are helping me become independent so I can live in my own flat. It sounds exciting and I'm focusing on it. I am learning to cook and manage my money. I can now go out on my own." Each person had a support plan which detailed how their individual needs and goals would be achieved. Support plans were developed jointly with the support team and the therapy team which was made up of neuro psychologists and occupational therapists. The plan focused on improving people's physical and mental health well-being; reducing isolation and maximising people's independence.

As part of people's rehabilitation programmes, they were supported to develop daily living and life skills such as maintaining personal hygiene, cooking, budgeting, finance management, safety awareness, literacy and numeracy. Rehabilitation programmes were developed by the in-house therapy team which was aimed at improving people's well-being, skills for daily living and gaining skills to live with minimal support. The support team worked with people to implement the agreed programme for people. One person was supported to manage their finances and had saved up for a holiday abroad to spend time with their relatives. This experienced improved their mood and they had started saving up towards their next holiday. Another person, was being supported to self-administer their medicines, improve their cooking and finance management skills to promote their independence for their move to a semi-independent living service.

People's progress, goals, intervention and support needs were reviewed fortnightly to ensure their support needs were met and they were making progress in line with their recovery plans. Any concerns about people were discussed and actions put in place to support people with their recovery. Key worker's reports and daily care notes we reviewed showed staff supported people in line with their support plans and agreed rehabilitation plans. People's care coordinators and consultants were involved in bi-annual reviews of their care or when their needs had changed under the care programme approach (CPA) to ensure appropriate support was in place for them.

People took part in various activities to socialise and relax. Each person had an individualised activity plan which staff supported them to follow. Activities included attending social clubs, classes and using community centres such as libraries, shops, fitness centres, as they wished. People had embarked on trips to places of interests and amusements. One person had recently returned from their holiday abroad. Staff also engaged people in indoor activities such as puzzles and games. We observed staff and people play cards together.

People were supported to maintain relationships which mattered to them. People had friends within and outside the service that they regularly contacted and visited. People's relatives were also involved in their care and support. People also visited and spent time with family in the community. One person often attended their family celebrations and spent weekends with their family. Another person was contacted by their relative on the phone.

The registered managers told us they were committed to meeting people's needs with regards to their age, disability, gender, race, religion or sexual orientation. These areas were covered in their care plans. Staff understood the importance of respecting people's diversity. One person regularly participated in religious and cultural celebrations with their relatives. They enjoyed the support and involvement of members of their ethnic community. People's cultural and ethnic food was included in the menu and staff supported people to prepare them. Care plans noted people's Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) status and staff knew about them.

The provider had a complaint procedure which was displayed in communal areas. People told us they knew how to raise their concerns and complaints about the service. People felt their concerns would be taken seriously and addressed. One person said, "If I have any concern I will go to the senior care staff, if they don't settle it I will go to management but I don't have any concerns yet." There had not been any complaint in the last 12 months. The registered manager knew to acknowledge, investigate and respond to any complaint in line with the organisation's procedure.

Good

Is the service well-led?

Our findings

The service was well-managed and organised. One person said, "This place is very good. The management put a lot of things here to make it run okay. We have different professionals to support to achieve your goals. You see the management and they have a chat with you. You can speak to them and they listen. The service does a lot for us."

There were two registered managers in post. One had been in post for several years and was due to change their role to a service manager. The new registered manager was undergoing their induction and would then take over the role fully. Both registered managers understood their roles 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 under this Act. They also notified us (CQC) of incidents as required.

There was visible leadership and management support available to staff. Staff told us they knew who to go to for guidance and direction and they felt well supported. One staff member told us, "If I encounter any difficulty in my work or I am not sure how to tackle a problem I may have with people, I will go to the registered manager or therapy team. They always listen. We work as part of a team." Another staff member commented, "The organisation has good structure and management support for staff. I feel I am given the support I need." Both registered managers were available during the day to give support and direction to staff. There was on-call duty system in place to ensure staff had out of hours support when needed.

The registered managers held regular meetings with the staff team to discuss issues regarding people and the service. Staff told us they contributed at meetings and their suggestions were listened to. Team meetings were also used as an opportunity to share experience and reflect on their practice. Staff told us they found these helpful in improving their learning and how they worked with people. Staff showed they understood their job roles and the aims of the service. They told us how they worked with people and other professionals to improve people's physical and mental well-being.

The service had various systems in place to regularly assess and monitor the quality of service provided. Audits completed included health and safety and medicine management. An internal management audit was carried out at management level quarterly. The audit checked the environment, staff files, care records, DoLS, health and safety, medicine management, complaints and safeguarding. The director of the organisation conducted internal inspection of the service annually. They checked if the service was safe, effective, caring, responsive and well managed. They produced a report of actions to be completed by registered managers. We reviewed reports of quality audits completed and there were no outstanding actions. The service had recently changed their medicine management system following issues identified from audits.

People's views were sought to improve the service. The provider completed annual satisfaction surveys to gather people's views about the service. We reviewed the results of the last survey completed in February 2018. People were satisfied with the service they received.

The service worked with a team of health and social care professionals to meet the needs of people and to achieve positive outcomes for people. The provider had in-house team of therapy professionals who worked with people and provided guidance to staff on how programmes should be delivered to achieve positive outcomes for people. We saw that the service delivered to people was well coordinated. The provider also worked with service commissioners such as the local authority to plan and develop the service and with training providers to improve staff skills and knowledge.