

# High View Residential Unit

## Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

### Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

### Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- The provider had made improvements to their day-to-day practice since the last inspection in August 2016. The improvements ensured safe care and treatment was being delivered to clients. The issues identified in the requirement notice and warning notice from August 2016 had been addressed.
- Staff completed risk assessments and risk management plans for all clients. Risk assessments were regularly reviewed and updated after an incident.
- Medicines were being managed safely. Staff completed medicine administration records (MARs) appropriately and there were no gaps in the charts. Six out of 14 members of staff had completed the new in-house medicine administration training. The medicine cupboard keys were stored in a lockable cabinet in the administration office.

# Summary of findings

- Staff had received up to date training in how to administer medicines to clients who were diagnosed with epilepsy and had seizures.
- The service had put appropriate systems and processes in place to ensure that the quality and safety of the care and treatment provided was monitored and improved upon. The service had put a clinical risk register in place to address areas of risk.
- Care plans were personalised and tailored to individual client's needs.
- The service had ensured they had obtained the correct information from staff prior to employment.

We found the following issues that the service provider needs to improve:

- The service had introduced audio monitors for clients who had epilepsy. However, staff had not recorded that client's consented to the audio equipment that had been installed in their bedrooms.
- We did not always see evidence that staff routinely discussed incidents in the team. The lack of discussion meant staff may not receive full feedback and learning from incidents.

# Summary of findings

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# High View Residential Unit

**Services we looked at**

Substance misuse/detoxification

# Summary of this inspection

## Background to High View Residential Unit

High View Residential Unit is a seven-bedded unit that provides residential care to adults with acquired brain injury and histories of substance misuse. The service is set within a town house arranged over four floors. During this inspection, there were six clients at the service who were all male. Residents were referred by local authorities', clinical commissioning groups and community mental health teams.

Staff provide day-to-day support to clients in order to ensure clients have a good quality of life. The service employs a therapeutic team, which included neuro-rehabilitation coaches, literacy and numeracy coaches, counsellors and activities coordinators. Staff facilitate social groups, which include taking clients out to the local café and for walks. The service did not provide a detoxification programme, as all of the clients are abstinent.

High view residential unit is registered to provide the following regulated activities:

- Accommodation for persons who require nursing or personal care
- Accommodation for persons who require treatment for substance misuse

The service has been registered with the CQC since 2011. The service has been inspected in September 2012, August 2013 and comprehensively in August 2016. The inspection in August 2016 found the provider was not delivering safe care and treatment to people who used the service and did not have effective systems in place to monitor the quality and safety of the care provided. Due to the concerns identified, we issued the provider with a warning notice under Section 29 of the Health and Social Care Act 2008. Separate requirement notices was issued to the provider requiring them to improve on their reporting of notifiable incidents to the CQC, to ensure the service completed adequate recruitment checks on staff and to improve how they protected clients' privacy and dignity. There is a registered manager in place.

## Our inspection team

The team that inspected the service comprised of two CQC inspectors, a specialist advisor (a nurse with a background in mental health) and a pharmacy inspector who attended the inspection on 11 January. One CQC inspector revisited the service on 19 January.

## Why we carried out this inspection

We carried out an unannounced focussed inspection to High view residential unit. Our inspection was to assess and ensure that the provider had addressed the concerns raised in the warning notice and the requirement notices from the previous inspection.

## How we carried out this inspection

To understand the experience of people who use services, we ask the following five questions about every service:

- Is it safe?
- Is it effective?

# Summary of this inspection

- Is it caring?
- Is it responsive to people's needs?
- Is it well led?

Before the inspection visit, we reviewed information that we held about the location and reviewed the action plans that the provider had sent to us in relation to how they were meeting the warning notice.

During the inspection visit, the inspection team:

- looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with the registered manager

- spoke with two other staff members employed by the service provider including the deputy unit manager and support workers.
- spoke with two clients who were staying at the service
- looked at six care and treatment records, including medicines records for clients
- looked at how the service managed medicines
- looked at policies, procedures and other documents relating to the running of the service

## What people who use the service say

Clients told us that they felt safe and happy at the service. Clients felt able to raise any concerns to staff.

# Summary of this inspection

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Since the last inspection in August 2016, the provider had improved their systems to ensure that people who used the service were being risk assessed appropriately. Staff completed risk assessments and risk management plans for all six clients. Staff regularly reviewed risk assessments and updated them after an incident had taken place.
- Staff managed medicines safely. Six members of staff had completed the new in-house medicine administration training.
- Staff received training in how to administer medicines and support clients with seizures.

We found the following issues that the service provider needs to improve:

- Whilst staff reported incidents, they did not always receive feedback. The lack of discussion meant staff may not receive all the learning identified in response to incidents.

### Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients had a variety of care plans in place to support their needs. Although care plans were in place, care plans were not always personalised and tailored to the individual client.
- Staff received training in epilepsy management and medicine management.

We found the following issues that the service provider needs to improve:

- Staff did not always record that clients had consented to having monitoring equipment in their bedrooms.

### Are services caring?

We did not inspect this domain at this inspection.

### Are services responsive?

We do not currently rate standalone substance misuse services.

# Summary of this inspection

We found the following areas of good practice:

- Staff used unique identifiers when discussing clients with the team during handovers, which was to ensure that clients could not be identified.

## Are services well-led?

We found the following areas of good practice:

- The provider had introduced systems and processes to ensure they continuously monitored and improved the quality and safety of the care and treatment provided. For example the service had created a clinical risk register, which included risks such as environment and infection control.
- The provider had improved their systems to ensure that they obtained the correct information prior to a person beginning employment.
- The team manager had reported all notifiable incidents to the CQC.



# Detailed findings from this inspection

## Mental Health Act responsibilities

The service was not registered to provide care and treatment for people detained under the Mental Health Act 1983.

## Mental Capacity Act and Deprivation of Liberty Safeguards

- Five clients were subject to Deprivation of Liberty Safeguards (DoLS) authorisations. The manager had completed a referral for an assessment for a DoLS authorisation for one other client.
- We saw examples of where the staff had appropriately assessed the capacity of clients to undertake specific tasks in the service.

# Substance misuse/detoxification

|            |  |
|------------|--|
| Safe       |  |
| Effective  |  |
| Caring     |  |
| Responsive |  |
| Well-led   |  |

## Are substance misuse/detoxification services safe?

**This inspection was a focused inspection to follow up identified concerns. We did not undertake a comprehensive review of the service.**

### Safe and clean environment

- During our last inspection in August 2016, the provider had not made reasonable adjustments to meet the needs of clients using the service in order to ensure their safety. Following the inspection in August 2016, we found that the provider had made reasonable adjustments. An external physiotherapist assessed all clients using the stairs. The service had installed handrails on the first floor stairs and stairs that led down to the garden. The service had installed moveable ramps to the main entrance of the building to assist people who used a wheelchair.
- At the last inspection in August 2016, staff did not safely store the medicine cupboard keys. Staff stored them on a hook in the administration office. During our recent inspection, we found that the medicine keys were now safely stored in a lockable safe that was located in the office.
- At our inspection in August 2016, there were no panic alarms installed within the building and staff did not carry personal panic alarms. Staff carried portable phones with them when working in other parts of the house. This meant that staff could alert others in an emergency. Two clients with epilepsy and seizures had audio monitors in their bedrooms, which staff monitored for any changes in noise and behaviour.

### Safe staffing

- The service ensured that two support workers were on shift at all times. At our previous inspection in August 2016 there was a vacancy for a deputy manager. This vacancy had been filled. In total, the service employed 14 staff. Three new support workers and an occupational therapist had joined the service in the past five months.

### Assessing and managing risk to clients and staff

- During our last inspection in August 2016, staff did not complete risk assessments that adequately assessed a client's individual risk and did not always update risk assessments following risk incidents. At this inspection, staff completed comprehensive risk assessments and risk management plans for all six clients. Staff regularly reviewed risk assessments and updated them after an incident had taken place.
- At our last inspection in August 2016, staff administered medicines without specific training. This was unsafe practice and posed a risk to the client's safety. During this inspection, all staff had received training in how to administer medicines rectally and how to manage a seizure.
- During our last inspection in August 2016, the service did not manage medicines appropriately. Staff had not received training in how to complete (MARs) charts, staff had not signed for medicines that had been administered and prescribed medicines had not been transcribed onto the MAR charts. At this inspection, the service had improved how they managed medicines. Six members of staff had completed the new in-house medicine administration training. The service planned to deliver this training to other staff but there was no set date for this.
- At our last inspection in 2016, the provider did not have a clear policy in place to guide staff in how to manage a seizure and support clients. During this inspection, we

# Substance misuse/detoxification

reviewed the records of two clients who had diagnoses of epilepsy. Each record now had a clear guide in how to put a client in the recovery position, different types of seizures and when to call for help. Staff could refer to the guide in an emergency. This meant they could manage urgent situations more safely.

## Track record on safety

- There had been no serious incidents at the service since our last inspection.

## Reporting incidents and learning from when things go wrong

- During our inspection in August 2016, we found that the provider's incident reporting system was ineffective, as staff did not report all incidents and the service did not investigate incidents appropriately. At this inspection, we found that staff reported incidents and the service had investigated them. The provider had updated their incident form and it now included prompts for staff to update the clients risk assessment and indicated to staff which relevant parties required a notification of the incident, such as the health and safety executive (HSE) and CQC. We reviewed the provider's records of incidents between September 2016 and January 2017 and found that staff had reported eight incidents appropriately. However, the provider still did not have an effective system in place to ensure that learning from incidents was shared. The manager told us that incidents were shared in the team meetings and client review meetings. However, the minutes of the meetings did not include four incidents that had taken place between October and November 2016. This meant that staff that did not attend the meeting would not be aware of the learning that had taken place locally in response to an incident.

## Are substance misuse/detoxification services effective?

(for example, treatment is effective)

**This inspection was a focused inspection to follow up identified concerns. We did not undertake a comprehensive review of the service.**

**Assessment of needs and planning of care** (including assessment of physical and mental health needs and existence of referral pathways)

- During our inspection in August 2016, we found that the provider had not ensured that staff updated clients' care plans after an incident and put in place plans for specific physical health conditions such as catheter care, diabetes or epilepsy. At this inspection, we found staff had completed a full range of care plans. These included activities of daily living, finances, communication, nutrition and physical health. However, staff did not always personalise the care plans to reflect the clients' individual needs. For example, staff had developed a care plan for one client for eating and drinking when this did not reflect their needs.

## Best practice in treatment and care

- During our inspection in August 2016, we found that one client was prescribed medication to manage their distressed behaviour but staff did not clearly monitor and document the effectiveness of this in a consistent manner. At this inspection, we found that staff regularly discussed clients and the therapeutic team reviewed clients on a monthly basis. The service used client behaviour charts. At this inspection, we found staff used these more effectively to monitor changes in behaviour.
- At our last inspection in 2016, the medicines audits had not highlighted the medicine concerns we found during the inspection, which demonstrated that the audits were not robust. During this inspection, the service had introduced a daily 'boxed medication' audit to ensure staff administered medications correctly. This meant any errors or discrepancies could be quickly identified. Staff discussed medicines management at the team meetings.
- The service had an exclusion scoring system in place within the provider's 'pre-admission screening assessment' that outlined the clients who would not be suitable for the service. However, the provider's 'guide to the service' policy did not clearly outline clients who would not be suitable for the service. This information was important to staff when they were required to assess clients and their individual needs.

## Skilled staff to deliver care

# Substance misuse/detoxification

- At our inspection in August 2016, staff had not been trained in the management and administration of epilepsy and seizure medications. Staff had not received specialist catheter care training although the service had clients who required support with their catheter. During this inspection, we found that most staff had received epilepsy training. Staff had not been trained in catheter care management, as there were no clients at the service who required a catheter. The manager told us that if this was needed, training would be provided to staff. Six members of staff had completed the in-house medicine administration training. The team manager trained staff in how to administer and manage medicines safely.

## Good practice in applying the MCA

- Five clients were subject to Deprivation of Liberty Safeguards (DoLS) authorisations and the manager had requested an assessment for a further DoLS authorisation from the local authority.
- Staff did not record that client's consented to being monitored by audio devices. Staff had put audio monitors in clients' bedrooms that had been diagnosed with epilepsy. This was so that they could monitor and respond to a change in clients' behaviour. The manager told us that clients had verbally consented and had the capacity to do so but this was not formally documented in the care records. This meant that there was a risk that information about recording had not been understood clearly by all clients.

## Are substance misuse/detoxification services caring?

**This inspection was a focused inspection to follow up identified concerns. We did not undertake a comprehensive review of the service.**

## Are substance misuse/detoxification services responsive to people's needs? (for example, to feedback?)

**This inspection was a focused inspection to follow up identified concerns. We did not undertake a comprehensive review of the service.**

## The facilities promote recovery, comfort, dignity and confidentiality

- During the inspection in August 2016, we observed a handover meeting in which staff held the meeting in the lounge area with the door open whilst clients were present. This practice did not ensure clients' privacy. At this inspection, we found staff made efforts to ensure they discussed clients in private, but due to the lack of rooms it was difficult for staff to carry out handover in a space where clients could not access. When this happened, staff used unique number identifiers for each client. However, this did not entirely protect clients privacy as the individual being discussed could be worked out by the other clients.
- At the last inspection in August 2016, the service did not store client records securely. Individual client records were stored on a shelf in the administration office. Staff did not always lock the door to this office and clients' files and names were visible to others. At this inspection, the service stored records securely. Client files had been moved to another office, which could not be accessed without a key.

## Are substance misuse/detoxification services well-led?

### Good governance

- At the last inspection in August 2016, the provider had not ensured that there were appropriate systems and processes in place to enable the service to identify where quality and safety was being compromised. During this inspection, we found that there had been an improvement. The manager carried out daily medication audits to ensure that there were no discrepancies and staff were completing MARs charts correctly. Team meeting minutes demonstrated that staff regularly discussed safe medicine management.
- The provider had set up a clinical risk register to monitor risks at the service. The register included possible risks to individual clients and wider risks such as the environment and infection control. The risk register demonstrated how the service had mitigated risks. The provider used their business continuity plan to monitor risks.

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- At our previous inspection in August 2016, the service was unaware of safety incidents that were required to be reported to the CQC. During our recent inspection, the manager had ensured that notifiable incidents had been reported to the CQC.
- At our last inspection in August 2016, the service had not ensured they had obtained the correct information from staff prior to employment. At our recent inspection, this had significantly improved. We reviewed six records and they contained the required documents such as criminal background checks, references and full employment histories.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider **SHOULD** take to improve

- The provider should ensure that clients consent to interventions and that this is recorded accordingly.
- The provider should ensure that learning from incidents is shared with staff to improve the safety and quality of the care provided.
- The provider should ensure that the handover arrangement is reviewed in order to protect clients' privacy and dignity.