

High View Care Services Limited

High View Residential Unit

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 11 and 12 April 2018 and was unannounced.

Highview Residential Unit is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Highview Residential Unit accommodates up to 7 people in one adapted building. People using the home had primarily acquired brain injury related to substance misuse or alcohol and drug related problems. At the time of our inspection 6 people were residing at the home.

There was no registered manager in place at the time of our inspection as the manager was new in post. However, the service manager had applied for their registration and this process was in hand. 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.

At our previous inspection of 09 and 19 January 2017 the provider was inspected as a standalone substance misuse service. This focused inspection was conducted to assess and ensure that the provider had addressed the concerns raised in the warning notice and the requirement notices from the previous inspection of August 2016.

At the inspection of 09 and 19 January 2017 we found that improvements were required to ensure that people's consent to audio equipment in their rooms was recorded, and that incidents were routinely discussed in team meetings.

This inspection will be the first time that the service is rated. At this inspection we found that the provider had made improvements in relation to the above areas. However, there were some areas identified that would benefit from some improvements. We found one breach of regulations in relation to good governance. You can see the action we asked the provider to take at the back of this report.

The manager did not complete regular audits of care plans, and did not identify that there were some gaps in people's keyworker reviews. Medicines records did not always detail the reason for 'other' being recorded when someone did not take their medicine.

We also found some gaps in staff supervision records and training. Following inspection the manager promptly sent us records to show that people's training needs had been booked.

We will check on the provider's progress with the above at our next inspection.

People's risk assessments were comprehensive and provided clear guidance on how best to support people. Staff were clear on how to manage any suspected allegations of safeguarding and knew how to use the provider whistle blow policy. There were enough staff to meet the needs of people and the safety of the premises was regularly checked. Medicines were safely stored and administered to people.

People's needs were holistically assessed and people's consent to aspects of their treatment was sought where necessary. People were supported to access support from a range of healthcare professionals where required. People were encouraged to maintain a healthy and balanced diet.

Staff were clear on how to respect people's privacy and dignity, whilst promoting people to be as independent as possible. Staff treated people with kindness and compassion and knew people's needs well.

People's care was personalised to meet their needs and the provider was developing the implementation of individual activity schedules. A clear complaints policy was in place should the need arise, and people were supported to express their end of life choices should they wish to do so.

The manager was new in post and was keen to develop a transparent and supportive relationship with staff to ensure clear communication in the delivery of people's care. They understood their responsibilities and sought views and feedback to help 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?

The service was not as safe as it could have been. Risks to people were monitored and regularly assessed, however we found a gap for one person. People were protected from the risk of abuse and appropriate steps were taken to ensure staff were safe to work with people.

Medicines were stored and administered safely, however they were not always fully recorded. Steps were taken to prevent and control infection.

Requires Improvement ●

Is the service effective?

The service wasn't always effective. We highlighted some gaps in staff training; however these were booked following inspection. Staff felt supported through regular supervision and appraisal, however formal supervision was inconsistent. People were fully supported to access healthcare professionals and maintain a healthy balanced diet. People's capacity was appropriately assessed and decisions made in their best interests.

Requires Improvement ●

Is the service caring?

The service was caring. Staff knew the people they looked after well and respected people's privacy and dignity. People were supported with their independence.

Good ●

Is the service responsive?

The service was responsive. Care plans were person centred and regularly reviewed with the involvement of people and their relatives. A complaints policy was in place and adhered to.

Good ●

Is the service well-led?

The service was not as well-led as it could have been. Care plan audits were not regularly conducted by the manager, supervision and appraisal records were not always up to date and medicines records required further detail. Staff felt well supported by the manager and staff and people were invited to express their views.

Requires Improvement ●

High View Residential Unit

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 was planned to check 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.

At the time of our inspection we were aware that one person had recently absconded from the home. We had been made aware that the provider brought this incident to the attention of the Police, and the provider had made appropriate notifications to us about this incident.

This inspection took place on 11 and 12 April 2018 and was unannounced.

The inspection was carried out by one inspector. On the first day we visited the service, and made calls to staff and relatives on the second day. We spoke with one relative and two members of staff.

Prior to the inspection we reviewed information we held about the service. This included notifications the provider is required by law to send us about events that happen within the service. We also reviewed the information included in the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with the registered manager, the deputy manager and two members of staff.

We looked at three care records, three staff files and a range of other documents that related to the overall management of the service which included quality assurance audits and accident and incident reports.

Is the service safe?

Our findings

Risk assessments covered a range of areas including mobility, skin integrity, behaviours that the service may find challenging, nutrition and cognition. Records also showed that where people had a specific need, appropriate personalised risk assessments were put in place for them. Where one person had previously suffered with a pressure sore the provider had implemented appropriate risk assessments to manage and mitigate the risk to the person.

The provider worked with people that could display behaviours that the service may find challenging. Robust and thorough behaviour management plans were in place to de-escalate any presenting situations as well as providing guidance to ensure that people and staff were safe. Staff we spoke with were clear on ways of supporting people with their behaviour in ways that met their individual needs. We looked at records that included positive feedback from other professionals and relatives citing the positive impact Highview Residential Unit had on people's behaviour, and we saw that there had been a marked decrease in behaviour that challenges in comparison to people's experiences at previous placements.

Action was taken to mitigate risks to people and keep them safe. However, one person had previous forensic history, that although not current and known to staff had not been recorded in the person's risk assessment. There was a risk that potential concerns in this area had not been sufficiently reviewed by the provider to ensure that people and staff were safe in all aspects of their care. Following the inspection, the provider submitted thorough updated copies of risk assessments for this person which highlighted how best to support the person. We were satisfied with the updates from the provider.

Medicines were managed, stored and administered safely. Records showed that temperatures of the areas where medicines were stored were frequently checked, as well as being securely locked away. Only trained staff were able to administer medicines and their competencies were assessed on a regular basis. Medicines administration records (MAR) included a photograph of the person and staff told us they verified who people were before administering any medicines. Records we looked at were complete; however where the provider had recorded 'other' on people's MAR the definition of the reason for this was not always recorded. Therefore, the provider was not always able to identify any common reasons or trends to identify why medicines may not have been administered.

Staff were aware of the different possible types of abuse and knew the steps to take to safeguard people. One staff member said "I would tell my manager or alert the safeguarding team". The provider had a safeguarding policy in place to support staff should they need to raise any concerns. Records showed the provider fully investigated and recorded safeguarding incidents when they occurred.

Any incidents and accidents that occurred at the home were fully investigated by the provider. Full details were recorded along with liaison with other professionals, as well as any additional actions required. Appropriate recruitment processes were in place to ensure that staff were suitable to work with people. Staff were subject to disclosure and barring service checks (DBS) prior to commencing work and were required to provide a full employment history and satisfactory references.

There were enough staff to meet the needs of the people at the home. Records showed that staffing levels were planned to meet people's care needs, and where escorts were required for appointments additional staff from the provider's other units would attend.

There were appropriate infection control policies in place, and all hazardous cleaning materials were securely locked away. Staff utilised personal protective equipment (PPE) when supporting people with one staff member telling us, "We make sure we use new gloves for each task, we wear aprons as well".

Is the service effective?

Our findings

Staff were not always fully supported to carry out their roles through regular supervision, appraisal and training. We found that supervision was not always conducted regularly and there were some gaps in staff training. When we raised this with the manager they agreed that this is an area they need to improve on. Staff we spoke with were positive about the supervision process telling us, "I have supervision, they ask me how I feel about work, staff discussion, rota and we talk about the residents". Another staff member said "Supervision is every month, most of the time we talk about safeguarding and updates with any policies". Staff underwent annual appraisal and had key objectives set to improve their practice and staff felt they were supported in their roles. One staff member said "It's very helpful, helps me to learn more and improve the standard of work".

Staff were offered a range of training, covering topics such as brain injury, moving and handling, safeguarding, food hygiene, substance misuse, fire safety and infection control. Records showed that the majority of the compliment of staff were up to date with the provider's training requirements; however some staff were required to undergo refresher training. Following the inspection the provider sent us evidence that future training courses had been booked.

Staff that we spoke with were aware of their responsibilities under the Mental Capacity Act 2005 (MCA) and had received relevant training. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty 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 home was following the principles of the MCA and DoLS. Records showed that where required people's capacity had been assessed and decisions made in their best interests. Records showed that the DoLS application for one person had recently expired and we raised this with the registered manager at the time of inspection. Due to the circumstances surrounding this application the provider had sought appropriate advice from the local authority and submitted an updated request following inspection.

People's rooms were set up to enable them to personalise their space. We saw that rooms contained personal artefacts such as family photographs and other person belongings. One person had decorated their door with signage of their choice.

People were supported to maintain a healthy and balanced diet. A rolling menu was in place and people were invited to discuss their menu preferences at residents meetings. People's care plans contained information on people's food preferences and if they required any specialist foods. Where necessary kitchen risk assessments were completed to ensure people were safe to make their own foods, and we observed one person making their own lunch independently.

People's records contained medical files which detailed any upcoming appointments and outcomes of interventions from other healthcare professionals. These included appointments such as podiatry, diabetic

eye screening, opticians, dentist, GP and any hospital appointments or admissions. Clear guidance was provided to enable staff to adhere to any changes following these appointments and records showed that people were escorted where necessary for the duration of their appointment. The provider also had an in-house therapy team including psychologists and occupational therapists to ensure that people's needs were met promptly.

Is the service caring?

Our findings

Relatives felt that the service was caring and treated people well telling us, "Regarding the care [my loved one] gets at Highview I cannot fault it" and "[My loved one's] demeanour is in my opinion very good as some years ago he was very unhappy and just wanted to escape from where ever he was".

People received a service user guide upon entry to the home that covered the care management that could expect to receive, recovery and intervention plans, environment and people's rights.

Throughout the inspection we observed staff speaking with people in a calm and friendly manner, managing people well. Staff knew the needs of the people they cared for and how individuals preferred to be responded to. One staff member was aware of one person's family relationships and activities they enjoyed, and were well versed in another person's nutritional likes and dislikes.

People's privacy and dignity was respected by staff supporting them. When speaking of delivering personal care one staff member said, "I would close the door, and tell the person why I'm there to supervise. I let people refuse if they want to, but stay in the area and remain available". Another staff member told us of ways they would encourage one person to engage in their personal care routine if they were reluctant to do so.

People were supported to be as independent as possible. Where people did not require support in the community they were enabled to leave the unit at times of their choosing. Relatives were also permitted to visit at times that suited them. On the day of inspection we observed that people had free movement around the unit and external areas of the home, with people visiting the outside area and going to the local shops.

Staff understood the importance of confidentiality and important documents were securely stored away. When speaking with staff they were clear on the importance of not discussing people's personal information without their permission.

Is the service responsive?

Our findings

People's care plans clearly detailed the support people required, with clear guidance for staff to follow. Care plans covered areas such as developing social relationships, spiritual needs, challenging behaviours and integrated care plans were implemented where people's needs changed. For example, where one person's mobility now required a higher level of support records showed that there was clear direction on how to safely support them on the stairs. Care plans were personalised to people's individual needs and preferences, including instructions on how people preferred to receive their personal care for example .

Each care plan included a section for any comments or thought's from the individual in relation to their proposed care. Staff were also required to sign off on each care plan to confirm that they had read and understood the contents.

Keyworker checklists were required to be completed monthly and included a review of people's quality of life and wellbeing, activities, health, finances and set goals for the following month. Records we looked at showed that for some people these monthly reviews had not always been completed, one person had not had a review since February 2018 and another person's last review was January 2018. We raised this with the manager, who told us they would ensure that keyworker meetings were conducted monthly as required.

People were supported to engage in activities that met their interests. Records showed that one person liked to go out in the car, and their daily records confirmed that this was an activity they were regularly supported with. The home was equipped with a pool table, a selection of board games and one staff member told us that people regularly attended bowling if they wished. The manager informed us that the provider had recognised that activities and engagement were an area they had wanted to improve. The provider was in the process of recruiting a full complement of rehabilitation assistants, whose primary role would be to enable people's integrated care, plans to become more activity focused and support the development of individualised weekly activity schedules for each person. We will check on the provider's progress with this at the next inspection.

The provider had a complaints policy in place. Staff were clear on how they would manage any presenting complaints with one staff member telling us, "I would discuss a solution where possible", and they knew how to raise any concerns with management. Records we looked at showed that no complaints had been received since the last inspection.

At the time of our inspection there was no one at the home receiving end of life care. However, care plans included details of people's preferences should the need arise.

Is the service well-led?

Our findings

The manager completed monthly audits of medicines and health and safety. We also looked at the monthly quality assurance audit completed by the provider's quality assurance manager. Records we looked at showed that an action plan was completed following each audit and the manager was responsible for ensuring these actions were completed. We were satisfied that the manager was in the process of taking appropriate action. However, the manager did not conduct regular care plans audits, which could have identified the irregularity of keyworker reviews as reported under 'Responsive.' The quality assurance systems in place were not always effective in monitoring and improving the quality and safety of the service.

The registered manager told us that supervisions were carried out on a quarterly basis. Records we looked at showed that where staff had been due supervision this had not always taken place. We raised this with the registered manager who recognised this needed improving and told us this would be scheduled in.

The registered manager had not identified that keyworker reviews did not always take place monthly as required. Medicines records did not always include full details as to the reason that someone may not have taken their medicine, and one person did not have a risk assessment in place to reflect their forensic history.

The above issues are a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff felt well supported by the new manager and reported that it was a transitional process and that they were developing their relationship. One staff member said "He's accessible at any time, always there during the week and otherwise he's on call" and another told us "They are very well prepared and well organised".

The manager had a clear vision for the direction in which he wanted to take the service, telling us of the importance of ensuring practice was evidenced and that guidance was clearly disseminated to ensure that people were fully supported.

The manager was clear on their responsibilities to the CQC, including the submission of notifications when significant events occurred. To date they had ensured that full and detailed reports were submitted when required. The manager had also implemented an information and guidance folder for staff that clearly defined key information when managing individuals and included any changes to policy or national guidance.

The provider had built good working relationships with other agencies including social services, emergency services and district nurses.

Staff meetings were held regularly to enable discussions around best practice. Areas discussed included learning from any incidents, policies and included input from the therapy team where the needs of individual people were discussed. Staff were also supported through reflective practice sessions to enable learning to be shared.

Residents meetings took place on a monthly basis and records showed that topics were invited from people at the home. Recent minutes showed that people had been encouraged to assist with the food shop and thanked for their input in maintaining the cleanliness of the home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not conducted regular audits in order to assess, monitor and improve the quality of services. Action had not always been promptly taken to ensure staff training was up to date and issues we found at inspection had not been identified by the provider to ensure records were accurate and complete.</p>