

High View Care Services Limited

No 66 - High View Care Services

Inspection report

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13 January 2020
15 January 2020

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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

About the service

No 66 - High View Care Services is a care home that provides accommodation and personal care support for up to eleven adults with acquired brain injuries and mental health conditions. At the time of our inspection seven people were using the service.

People's experience of using this service

Appropriate recruitment checks had taken place before staff started work and there were enough staff available to meet people's care and support needs. The service had safeguarding and whistleblowing policies and procedures in place and staff had a clear understanding of these procedures. Risks to people had been assessed to ensure their needs were safely met. People's medicines were managed safely. The service had procedures in place to reduce the risk of infections.

People's care and support needs were assessed before they started using the service. Staff had the skills, knowledge and experience to support people appropriately. They were supported through an induction, training and regular supervision. People were supported to maintain a healthy balanced diet and had access to health care professionals when they needed them. They were also 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.

The service had a complaints procedure in place. People and their relatives (where appropriate) had been consulted about their care and support needs. There were also procedures to make sure people had access to end of life care and support if it was required.

The home had systems to monitor the quality and safety of the service and any identified learning was acted on. The provider worked in partnership with health and social care providers to plan and deliver an effective service. They took the views of people and their relatives into account through satisfaction surveys. Staff enjoyed working at the service and said they received good support from the registered manager.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 31 January 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

A single inspector carried out this inspection.

Service and service type

No 66 - High View Care Services 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

This inspection was carried out on the 13 and 15 January 2020 and was unannounced.

What we did

Before the inspection we looked at all the information we had about the service. This included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We used this information to help inform our inspection planning. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

During the inspection

We spoke with three people who used the service and two relatives about their experience of the care provided. We also spoke with three members of staff and the registered manager about how the service ran and what it was like to work there. We looked at three people's care records, three staff recruitment records, and records relating to the management of the service such as medicines administration records (MARs), quality assurance checks and policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. A relative said, "I feel my [loved one] is safe. I can go home knowing they are being looked after."
- The home had a safeguarding policy in place and training records confirmed that all staff had received up to date training on safeguarding adults from abuse.
- Staff demonstrated a clear understanding of the types of abuse that could occur, the signs they would look for and what they would do if they thought someone was at risk of abuse.
- We saw information displayed on notice boards for people using the service relating to keeping safe and raising concerns.

Assessing risk, safety monitoring and management

- Risks to people had been assessed to ensure their needs were safely met. Assessments included the levels of risk to people in areas such as choking, falls and smoking. They included information for staff about the action they should take to minimise the chance of accidents occurring.
- For example, where a person had been assessed as being at risk of choking records showed a health care professional had provided staff with guidance to support the person to eat and drink safely.
- People had individual emergency evacuation plans which highlighted the level of support they required to evacuate the building safely. Staff training records confirmed they had received training in first aid fire safety.
- We saw records confirming the fire alarm system was being tested weekly and fire drills were regularly being carried out at the home. There were also systems to manage portable appliances, electrical, gas and water safety.

Staffing and recruitment

- We observed that staffing levels at the service were meeting people's needs. One person told us, "I feel safe because there are plenty of staff here all the time." A relative said, "There are always plenty of staff on duty when I visit."
- The registered manager told us staffing levels were arranged according to people's needs. If extra support was required for supporting people to attend health care appointments or social activities, then additional staff cover was arranged.
- Robust recruitment procedures were in place. Staff recruitment records included completed application forms, employment histories and references, evidence that a criminal record checks had been carried out, health declarations and proof of identification. This information helped demonstrate that staff were of good character and suitable for the roles they had applied for.

Using medicines safely

- People received their medicines as prescribed by health care professionals. A relative told us, "My [loved one] is receiving very good support with their medicines. This was a problem for them before they moved here and there's no doubt their health has improved."
- People had individual medication administration records (MAR) that included their photographs, details of their GP and any allergies they had. They also included the names, signatures and initials of staff trained and assessed as competent to administer medicines. MAR had been completed in full and there were no gaps in recording. They confirmed that people had received their medicines as prescribed.
- There was individual guidance in place for staff on when to offer people 'as required' medicines which also helped ensure people received their medicines at appropriate intervals.
- Medicines including controlled drugs were stored securely. Staff carried out daily checks on the temperature of the medicine's fridge and storage room. Their records showed that medicines were stored within the appropriate range to ensure they remained effective for use.
- Senior staff carried out medicine audits on a regular basis. We saw evidence that the outcomes from these audits had been shared with staff and areas for improvement had been identified and acted upon.

Preventing and controlling infection

- The service was clean, free from odours and had infection control procedures in place. Hand wash and paper towels were available for use in communal toilets. Staff had access to personal protective equipment such as gloves and aprons when they needed them.
- Training records confirmed that staff had completed training on infection control and food hygiene.

Learning lessons when things go wrong

- Staff understood the importance of reporting and recording accidents and incidents.
- The registered manager had systems for monitoring and investigating accidents and incidents. They told us that they reviewed the details of each incident to look for any possible trends. For example, they had updated one person's care plan and risk assessments in response to a review of a safeguarding allegation, to help reduce the risk of similar concerns from occurring again.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular 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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager demonstrated a good understanding of the MCA and DoLS. They told us the people they currently supported had capacity to make some decisions about their own care and treatment. Where they lacked capacity to make specific decisions we saw that the registered manager had worked with the person, their relatives and social care professionals to ensure appropriate mental capacity assessments were undertaken and decisions were made in the persons 'best interests', in line with the MCA.
- The registered manager had sought authorisation to deprive people of their liberty, in their best interests under DoLS. Where authorisation had been granted to deprive people of their liberty for their protection, we found that the authorisation paperwork was in place and kept under review.
- Staff told us they sought consent from people when supporting them and they respected people's decisions.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider employed a multi-disciplinary team consisting of psychologists, occupational therapists and social workers. The team carried out assessments of people's care needs to determine whether the service could support them safely. These assessments were used to draw-up care plans, risk assessments and behaviour plans.
- People, their relatives and appropriate health and social care professionals had contributed to these assessments, to ensure people's individual needs were considered and addressed.
- People's care plans, risk assessments and behaviour plans were kept under regular review.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support

- The provider's multi-disciplinary team worked in partnership with GPs and other health and social care professionals to plan and deliver an effective service.

- People's care records showed they had regular contact with a range of health care professionals including a GP, dietitians and speech and language therapists. Their care plans included details of the individual health care appointments they'd attended, the reason for the visit, the outcome and any recommendations on how they should be supported.
- A relative told us, "The service has put a lot of things in place for my loved one. They have received support from a physio, occupational therapist, speech and language therapist and a dietitian. The service doing their best to rehabilitate my loved one."
- A health care professional told us, "The staff are very friendly; they look after the patients to the best of their ability. They are organised and always keen to listen and follow any advice I give them."

Staff support: induction, training, skills and experience

- Staff completed an induction when they started to work at the service. The registered manager told us that all staff had qualifications in care. If any staff were recruited without care qualifications, they would be required to complete the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers.
- Training records confirmed that staff had completed training relevant to people's needs. This training included safeguarding adults, epilepsy awareness, understanding brain injury, substance misuse, health and safety, food hygiene, fire safety, infection control, medicines awareness, equality and diversity and the MCA.
- A member of staff told us, "I am up to date with all my training. I thought the training on acquired brain injury helped me to better understand people's needs. I can communicate and support people more effectively."
- Records also confirmed that staff received regular supervision from the registered manager.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a balanced diet. Their care records included assessments of their dietary requirements and information about their food likes and dislikes. They were encouraged to eat healthy meals.
- A relative commented, "My [loved one] was underweight when they came here, but they are eating very well now. They have put weight on which is really good to see."
- We observed how people were being supported and cared for at lunchtime. People ate independently and received encouragement when required from staff. Some people preferred to eat their meals in their rooms. One person told us, "I like the food and we get choices." Another person said, "The food is very nice, and we can choose what we like to eat."

Adapting service, design, decoration to meet people's needs

- The service was suitably adapted to meet people's needs. For example, some people had raised toilet seats and grab rails in their bathrooms and other people used a lowered kitchen work surface for preparing their meals.
- People were encouraged and supported to decorate their own rooms with items specific to their individual tastes and interests.
- The home had a large garden for people to enjoy in the summer months.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People's care plans included sections that referred to their cultural and religious backgrounds, and details of the relationships there were important to them. A relative told us, "Staff are very caring and respectful of my loved one's needs."
- Training records confirmed that staff had received training on equality and diversity. Staff said they were happy to support people with their diverse needs. One staff member told us, "The service promotes a person-centred focus. Everyone is different, and we are always mindful of peoples backgrounds and we will support them to do what they want."
- The registered manager told us that a person using the service did not speak English. They ensured that a member of staff that could speak the person's language was on duty each day to offer them effective care and support.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives, where appropriate, had been consulted about the care and support they received. One person told us, "The staff asked me about all the things I liked and wanted, and about everything I needed. They have put everything in place for me."
- A relative said, "We planned for my loved one's care together. They [staff] asked me what my loved one's likes and dislikes were. They started from scratch and they are doing everything we agreed they would do." Another relative commented, "I have been fully involved in planning for my loved one's care. My loved one likes art and going on trips out. The service is getting them involved with these activities."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One person told us, "The staff respect me. They help me with a shower. They close the bedroom door pull down the blinds and make sure no one comes into my room."
- Staff told us they made sure people's privacy and dignity were respected by knocking on doors and asking them for their permission before entering their rooms. When providing people with personal care they explained what they were planning to do and asked people to confirm that they were happy for them to continue. We saw staff knocking on people's doors before entering their rooms and speaking with them in a respectful and engaging manner.
- We observed a person being supported to prepare a meal that reflected their cultural background. They were supported by one of the provider's occupational therapists and an independent interpreter. Through the interpreter the person told us they were making potato cakes and had been to the local supermarket to purchase the ingredients they needed. The registered manager told us the aim was to support this person to regain their independent living skills including shopping and cooking so they could eventually move out of

the service.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had care plans that described their health care and support needs. For example, one person's care plan included information for staff on how to support them to manage a specific medical condition. Another person's care plan included guidance for staff on the support they needed when eating and drinking.
- Care plans referred to people's behaviours [where appropriate] and detailed how staff should respond in support. For example, there were guidelines in place advising staff how to support people out in the community and with daily living tasks within their home.
- Staff had a very good understanding of people's needs. We observed staff supporting a person with their mobility. Staff showed great patience and understanding of the person's needs and gave appropriate encouragement. The support they offered reflected the methods described in the person's care plan.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager understood the AIS. People's communication needs were identified, recorded and highlighted in their care files.
- One person's care file included care plans, risk assessments and behaviour guidelines that were recorded in English and the person's native language for the staff and the person's easy understanding.
- We saw information had been provided to people in different formats to meet their needs, for example in larger print and photographs to help support people's understanding.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The registered manager told us the aim of the service was to build people's confidence and provide them with meaningful activities that were relevant to their needs and wishes. They encouraged people to attend these activities on a regular basis.
- One person told us, "There's definitely plenty of things to do here. I like doing my artwork." A relative commented, "The staff are very good at encouraging my loved one to take part in activities and to go out more."
- People had individual activity checklists. These included household tasks such as tidying rooms and preparing meals. The plans also detailed people's preferred recreational activities. One person regularly attended a church group and another person attended a local gym. A third person went for a 20 minute walk

each day; their goal was to get fit enough to attend the gym. People also accessed local community facilities such as a local barber, the headway dance group, swimming pool, cafés and the local shopping centre.

- People had access to a minibus. This was used to take them on individual and group activities and excursions, as well as to appointments and to visit their relatives.
- People had access to indoor activities such as art sessions, a pool table, a magnetic dart board, DVD's and board games. We observed people playing cards and board games with staff members.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which was available in formats that people could understand.
- One person told us, "If I wasn't happy I would tell my keyworker, or the manager and they would sort things out for me." A relative said, "If I needed to complain I would speak with the registered manager. I have confidence in her."
- Records showed that any complaints that had been raised had been investigated by the registered manager and responded to appropriately. Discussions were held with the complainant to ensure they were satisfied with how their complaint was handled.

End of life care and support

- People's views on how they wished to be cared for at the end of their lives was sought and recorded in their care files.
- The registered manager told us no one currently using the service required support with end of life care. They told us they would work with people, their family members and health professionals to make sure people were supported to have a dignified death.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager told us the ethos of the service was to build people's self-esteem and improve their quality of life and wellbeing. The service supported people where possible to regain their independent living skills and return to living in the community.
- Throughout the inspection we observed many examples of people being included and empowered to make decisions and express their wishes and preferences. For example, we saw a person working with the occupational therapist to regain their independence with the support of an interpreter. One staff member encouraged another person to walk unaided to improve their mobility and another staff member asked people to make choices about what food they wanted to eat and where they wanted to go out.
- A member of staff told us, "Staff are encouraged by the registered manager to spend time interacting with people using the service. There is plenty of time for us to do this."
- A relative told us, "The staff are working in a person-centred way on building activities with [my loved one]. Because of their condition this will take time, but I have confidence they can achieve this. My loved one has been going out for walks and to get the newspaper which is a very good improvement."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service had a registered manager in post. They had a detailed knowledge of people's needs and the needs of the staff team. The provider had an organisational structure in place so that staff understood their individual responsibilities and contributions to the service delivery.
- Staff spoke positively about the leadership provided by the registered manager. They told us management support was always available for them out of hours when they needed it. One member of staff told us, "Teamwork is very good; the staff are nice, and the registered manager is very helpful and supportive."
- A relative commented, "I think the service is well run. If there are any issues they [registered manager or staff] will give me a call. I am very happy with the service from what I have seen so far."
- A health care professional told us, "When I visit, the staff present are friendly, interactive and supportive. I have been impressed with the layout of the service and the friendly nature of staff. My client indicated to me they were being well looked after and the care and support they received was meeting their needs."
- The registered manager understood their responsibility under the duty of candour and were open, honest and took responsibility when things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider sought the views of people, their relatives and staff through bi-annual surveys. They had developed action plans in response to the findings of surveys carried out with people in June and December 2019. Following the June survey areas for improvement were identified in relation to staff communication. The provider subsequently updated the communication guidelines for two clients to improve the service they received. Following the December survey, the provider worked with a person to improve their mobility around the service. The registered manager told us feedback from the relatives and staff surveys was currently being analysed and would be used to make further improvements at the service.
- Regular monthly residents' meetings were held to plan for the month ahead. At the December 2019 meeting people discussed issues such as the Christmas party and menu, health and safety and the fire alarm system.
- Records showed that regular staff meetings were held to discuss the running of the service and to reinforce areas of good practice with staff. Areas for discussion at the most recent meeting included people's care and support needs, communication, new staff, training, learning from incidents, accidents, complaints and safeguarding. A staff member told us team meetings encouraged them to discuss their opinions about the service and they felt the staff team are listened to.

Continuous learning and improving care

- The provider recognised the importance of regularly monitoring the quality of the service. The registered manager undertook regular monthly monitoring audits. These audits covered areas such as medicines, health and safety, infection control, incidents and accidents, safeguarding, complaints, care plans and risk assessments, key working reports and staff meetings and supervisions. The audits were up to date and showed actions were taken when shortfalls were identified.
- The registered manager carried out unannounced 'spot checks' to check on staff practice. These showed that remedial actions were taken with staff when necessary to ensure that care was provided in the right way.
- The service had an annual quality improvement plan. Actions included improving how staff were completing key working records. The registered manager told us they had seen improvements in this area. Another action was for people to access meaningful activities in the community. One person recently started to attend a church group, another person started attending a gym and the provider had been in contact with a mental health charity for advice on activities.

Working in partnership with others

- The provider worked effectively with other organisations to ensure staff followed best practice. The registered manager told us they had regular contact with health and social care professionals and they welcomed their views on service delivery.
- The registered manager regularly attended provider forums run by the local authority where they learned about, and shared, good practice. They had introduced some of what they had learned into the service. For example, following a recent forum they had implemented a sign-posting programme for accessing emergency support networks such as a pharmacist, GP, the rapid response team, community nursing and mental health and palliative care teams.