

High View Care Services Limited

High View Care Services Limited - 9 High View Road

Inspection report

9 High View Road
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

High View Care Services Limited - 9 High View Road is a care home providing personal care to up to 5 people. The service provides support to people with mental health conditions, some with a history of substance abuse. At the time of our inspection there were 4 people living at the service but only 1 was receiving personal care. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

People received the right support in relation to risks, such as those relating to mental health conditions and substance abuse. However, the provider had not always assessed these risks in line with best practice. People were not always supported to have maximum choice and control of their lives so staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice. Health and safety checks were carried out of the premises to make sure they were safe. However, a risk assessment relating to water borne infections had not been carried out in line with best practice, and we found the same concern at our last inspection. The provider checked staff were suitable to work with people through recruitment checks although gaps in employment histories were not always explored. All these issues meant the provider's oversight of the service required improvement.

The premises were clean, tidy and hygienic and staff followed current infection control and hygiene practice to reduce the risk of infections. Staff received training in infection control practices, including the safe use of personal protective equipment (PPE). Staff were trained in safeguarding to keep their knowledge of their responsibilities up to date. There were enough staff to support people safely and staff knew people well. People received the right support in relation to their medicines.

The registered manager communicated with people and staff to gather their feedback as part of improving the service. Staff felt well supported. Care was provided in a person-centred way. The provider had a team of psychologists and occupational therapists who worked with people to improve their lives. The provider also worked with local health and social care services to ensure people received the care they needed.

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

Rating at last inspection

At the last inspection the service was rated good (report published September 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service. This report only covers our findings in relation to the key questions safe and well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement

We have identified a breach in relation to good governance. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

High View Care Services Limited - 9 High View Road

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by 1 inspector.

Service and service type

High View Care Services Limited - 9 High View Road is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. High View Care Services Limited - 9 High View Road is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 1 person using the service, a rehabilitation team leader and the operations manager. We asked them for their views about the safety and quality of care and support provided at the service. We reviewed a range of records. This included 1 person's care records, records relating to medicines management, 2 staff recruitment files, and other records relating to the management of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people were not always safely managed. Individual risks to people were not always assessed in line with best practice and several risk assessments were lacking in key area including medicines, behaviour which shows distress and mobility. However, there was no evidence people came to any harm due to this and care plans were in place to guide staff in relation to the risks, despite the risks not being assessed properly. Some risk assessments were in place but contained inaccurate information as they had not been kept under review, such as that relating to finances. Staff understood risks in people's care and 'risk meetings' were held weekly to discuss the risks. The operations manager told us the issues we identified were an oversight and they would promptly improve.
- Health and safety checks of the premises were carried out as expected but with one concern. Systems were in place to reduce the risks relating to fire, electrics, hot water, falls from height and of water borne infections. However, the provider had not commissioned a Legionella risk assessment in line with best practice since 2018. The provider told us they would commission this promptly. We identified this as a concern at the last inspection and so the provider told us they would ensure better oversight of health and safety checks.

Staffing and recruitment

- There were enough staff to support people and the provider did not need to use agency staff. Any additional shifts were filled with bank or overtime. A person told us, "There's always enough staff. Staff are really good and know me well."
- Staff were recruited through safe processes. These included checks of any criminal records, right to work in the UK, references and health conditions. The provider checked staff employment histories but checks of gaps between employment could be improved. The provider told us they would improve going forwards.

Using medicines safely

- People received their medicines as prescribed. Our checks of medicines stocks and administration records confirmed this. A person told us, "I get my medicines on time."
- Records of administration were clear and in line with best practice. However, the provider told us they would review recording systems and checks for a person who frequently took a dose of one medicine late, to ensure a sufficient gap between each dose.
- People's records contained information about their medicines and how staff should support them to take them in the way they preferred. However, a medicines risk assessment was lacking, as recommended in national guidance, although a care plan was in place to guide staff.
- Medicines were stored safely, and the provider checked for any out of date medicines which may require

disposal.

- Only staff who had been trained and assessed as competent administered medicines to people.

Systems and processes to safeguard people from the risk of abuse

- People were safe at the service. People told us they felt safe and comfortable with staff. A person said, "I do feel safe here and staff are respectful to me."
- Staff understood how to recognise abuse and how to report their concerns about this and staff received training to keep their knowledge up to date. Staff were also trained to understand people's mental health conditions and the best ways to keep them safe in relation to those.
- The registered manager understood their responsibility to report all safeguarding allegations to the local authority and to take action to reduce the risk of harm to people.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. However, storage of mops outside the home could be improved to provide better protection from contamination. A person told us, "It's always clean."
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- All relevant staff had completed food hygiene training and followed correct procedures for preparing and storing food. We observed hygiene standards in the kitchen were good.

Visiting in care homes

- The provider made sure visiting arrangements at this service were in line with government guidance.

Learning lessons when things go wrong

- The provider had systems to explore any lessons to be learned when things went wrong. The registered manager and senior managers had systems to review accidents and incidents, safeguarding's, complaints or concerns and so forth and to ensure learning from these.

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 MCA 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. 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. 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Systems to assess a person's capacity to make decisions about their care and to make decisions in their best interests could be improved. 'Best interests decision meetings' were held involving family members and other representatives, the registered manager and healthcare professionals. However, these meetings were not always recorded in line with the MCA. Assessments were not always kept under regular review to ensure the person was always received the right support.
- Applications to deprive people of their liberty had been properly made and authorised by the appropriate body. The provider was complying with the conditions applied to the DoLS authorisations. Authorisations were regularly reviewed to check that they were still appropriate by the registered manager.
- Staff had received training in the MCA and associated codes of practice and understood their responsibilities under this Act with refresher training ongoing to keep their knowledge current.

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.

At the last inspection this key question was rated as good. At this inspection this key question has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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 oversight of the provider required improvement. Despite frequent checks of people's records and weekly risk meetings, the provider's oversight systems had failed to ensure risk assessments were always carried out and kept up to date where necessary. At our last inspection we identified a Legionella risk assessment had not been carried out and the provider promptly arranged one. However, the provider failed to learn from this finding and incorporate regular checks of this into their oversight systems. Systems were not in place to ensure the MCA was always followed with accurate records. Systems to monitor recruitment processes and records required improvement as gaps in employment records had not always been explored. We also found minor areas for improvement relating to medicines and storage of mops which the provider had not identified and resolved through their own governance systems.

These issues form a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

- The registered manager and staff understood their roles and responsibilities, although oversight could be improved. They were supported by a team of rehabilitation officers and team leaders, senior managers and quality checkers. A person told us, "It all works spot on. [The registered manager] is good, she listens to me."
- Staff delivered good quality care. Staff understood people's individual needs well and we observed they were unhurried and engaged well with people. A person told us, "Everything works brilliantly."
- The provider understood their responsibilities in relation to the Duty of Candour.
- The registered manager submitted notifications to CQC of significant incidents as required.
- The provider displayed their rating in the reception area and on their website as required.

Continuous learning and improving care; working in partnership with others

- The provider worked closely with other health and social care professionals to meet people's needs. These included the GP, local mental health services and hospital specialists.
- We found the provider was keen to improve the service and was open to any suggestions we made.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager promoted a person-centred culture where care was tailored to individual needs.

People were encouraged to develop their independent living skills and so planned their own menus and were involved in food shopping and meal preparation. An occupational therapist supported people to improve their daily living skills. A psychologist worked with people to improve their emotional wellbeing in relation to their mental health conditions.

- People were encouraged to do activities they were interested in with individual and group activities on offer. Most people managed their own activity schedules. People could choose how they spent their time, coming and going as they pleased or leaving with staff if they required supervision.
- The service was open and inclusive. The registered manager had an open-door policy and people, visitors and staff could speak with them at any time to discuss issues or make suggestions. Staff told us they felt listened to and any issues they raised were acted on. Staff received training on equality and diversity and the registered manager told us they aimed for a workplace that was inclusive for all.
- The registered manager engaged with people and staff with various meetings to gather their feedback and keep them informed of service developments.

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 registered person had not established systems or processes which operated effectively to ensure the provider could effectively assess, monitor and improve the quality and safety of the service; assess, monitor and mitigate risks to the health, safety and welfare of people and maintain securely an accurate, complete and contemporaneous record of each person, including decisions taken in relation to their care, and records relating to staff.</p>