

High View Care Services Limited

High View Care Services Limited - 9 High View Road

Inspection report

9 High View Road
Upper Norwood
SE19 3SS
Tel: 020 8653 2420
Website: www.highviewcare.co.uk

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Overall rating for this service

Is the service safe?

Is the service effective?

Is the service caring?

Is the service responsive?

Is the service well-led?

Overall summary

This inspection took place on the 27 January 2015 and was unannounced. At our previous inspection in August 2013, we found the provider was meeting the regulations inspected.

We are not rating substance misuse services that we inspected during the pilot phase for our approach to specialist substance misuse services.

High View Care Services Limited - 9 High View Road provides accommodation and support for up to five people with alcohol and drug related problems and /or cognitive impairment resulting from alcohol and drug misuse.

The registered provider Margaret Lakadi was the registered manager for 9 High View Road. She was being

assisted in the day to day running of the service by the registered manager of a nearby home run by High View Care Services Limited. 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.

People using the service told us they felt safe and well cared for at 9 High View Road. They were able to take part in activities and were supported to go out into the community. We saw people were supported to maintain relationships with family members and friends who were important to them.

Summary of findings

Staff were caring and treated people using the service with dignity and respect. They received training and support to help them carry out their role effectively.

There were clear procedures in place to recognise and respond to abuse and staff had been trained in how to follow these. Staffing numbers on each shift were sufficient to help make sure people were kept safe.

People were receiving their medicines as prescribed and we saw these were stored securely and safely.

Care plans were regularly reviewed to make sure the care was current and relevant to people's changing needs. People were supported to access other services to ensure their health needs were met.

The registered provider communicated a strong person centred ethos and communicated a clear vision about how the care and support was to be provided.

Summary of findings

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 safe. There were enough staff on duty to meet the needs of people using the service.

Risks to people's safety were being identified and managed appropriately.

Staff were recruited safely and knew how to recognise and report abuse to help keep people using the service safe.

Is the service effective?

The service was effective. People were supported by staff who had the necessary knowledge and skills and were supported by their line managers.

People were able to see health care professionals as required to ensure their health needs were met and had access to specialist advice and support as needed.

People were able to choose what they wished to eat and drink. They were encouraged to maintain their independence and participate in the preparation of food and drink.

People's rights were protected because the provider acted in accordance with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Is the service caring?

This service was caring. People were treated with respect and their privacy and dignity was maintained.

Staff knew people's individual communication skills, abilities and preferences.

People using the service and their family members were positive about the caring attitude of the staff.

Is the service responsive?

People using the service were involved in developing and reviewing their care plans.

People were involved in activities both in the home and out in the community. They were supported to maintain relationships with friends and family members.

There was a complaints process in place to ensure any complaints or concerns about the service were appropriately investigated.

Is the service well-led?

This service was well-led. The provider communicated a strong vision for the service providing people with a therapeutic environment focused on achieving positive outcomes for them.

Regular checks and audits were carried out to help ensure people received good quality care.

High View Care Services Limited - 9 High View Road

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.

This inspection took place on 27 January 2015 and was unannounced.

Prior to our visit we reviewed the information we held about the service. This included notifications we had received from the provider and other information we hold about the service.

This inspection was carried out by one inspector. We spoke with five people using the service, the registered provider, one manager and two members of staff. Feedback was received from four family members and one health professional who had involvement with the home following our visit.

We looked at records about people's care, including two files of people using the service. We reviewed how the provider safeguarded people, how they managed complaints and checked the quality of their service. We checked three staff files and the records kept for staff allocation, training and supervision. We looked around the premises and at records for the management of the service including quality assurance audits and health and safety records. We also looked at how medicines were managed.

Is the service safe?

Our findings

People told us they felt safe living at 9 High View Road. One person said, “The project is good, you can talk to the staff.” Another person commented, “I like it here, they’re alright to me.”

Family members told us, “very good”, “I’m not worried about [my relative], they are ok there” and “Generally I’m quite happy with the home.”

There were sufficient numbers of staff to meet people’s needs. Two staff were on duty during the day with the number of staff adjusted according to people’s needs and the activities they were taking part in. For example, people were supported by two support staff and a member of the organisation’s therapeutic team to go out shopping and to get something to eat on the day of our inspection. The therapeutic team included counsellors and rehabilitation coaches who worked across services operated by the organisation. One person using the service told us they went out for coffee regularly with the counsellors.

Staff said there were enough staff on shift to meet people’s needs. One person told us, “We have two staff on duty and there are additional therapies staff who come regularly.” At night there was one staff member awake and another staff member on a ‘sleep-in’ shift to support people if they required it during the night.

Staff knew how to recognise the signs of abuse and said they felt confident in reporting these to the manager or other responsible agencies to ensure people were kept safe. One staff member told us “I would go to the manager, if nothing was done I would go to the CQC.” At the time of our inspection there were no safeguarding concerns. We saw there were processes to protect people from financial abuse with accurate balances and records maintained of individual financial transactions.

Staff could reference an organisational policy and procedure for safeguarding adults from abuse and the

applicable London Multi Agency Procedure on Safeguarding Adults from Abuse. The contact details of the local authority safeguarding adults team and the police were displayed in the hallway for people using the service.

People were protected from unsuitable staff because the provider had effective recruitment and selection processes in place. Files checked included a criminal records check, references, proof of identity and details of previous employment.

Care files included risk assessments completed for each person using the service. These addressed areas such as self-neglect, alcohol abuse, fire evacuation and other possible risks to themselves and others. Each assessment included information about action to be taken to reduce the chance of the risk occurring.

Incident and accident forms were completed by staff and reviewed by the registered manager. One example was seen where an incident had been reviewed with the people involved and the learning used to make changes to procedures within the home. The person’s care plan and risk assessments had been reviewed to help keep them and others safe in the future.

Regular health and safety checks took place to keep people safe including those for the fire alarm, hot water outlets and fridge/freezer temperatures. Up to date servicing and maintenance records for the premises and utilities such as gas and electricity were also available.

We saw the arrangements for the management of people’s medicines were safe. People told us that staff helped them with their medicines. One person told us “Staff give me my tablet every day.” One person raised an issue about the time they received their medicines and this was discussed with senior staff at the time of inspection. Medicines were stored and administered safely and regular audits took place to check people had received their medicines as prescribed.

Is the service effective?

Our findings

People using the service said they were happy with the support provided to them. One person told us, "The staff are ok". Other people commented, "I get on alright with people here, the staff and residents" and "Being here made me not get ill again."

One family member told us "Generally I'm quite happy" and said the managers and staff were easy to get on with. Another relative reported that the food was good and commented "The staff are treating them alright."

A health professional commented that the service had a done 'a good job' and communicated well with them.

People were supported by staff with appropriate skills and experience. The staff told us they received the training and support they needed to help them carry out their work role. One staff member confirmed they had just completed safeguarding training and had previously completed courses on mental health, health and safety and first aid.

Records showed that staff completed mandatory training such as safeguarding adults, infection control and communication. Other training provided included sessions around distressed behaviour and alcohol awareness more specific to the needs of people using the service. There were systems to record the training that staff had completed and to identify when training needed to be repeated. A matrix recorded when each member of staff had last completed a training course and colour coding was used to identify when this training needed to be repeated. This enabled the registered manager to easily see if staff had completed all the required training.

Staff told us they were supported by their line managers through regular staff meetings, supervision meetings and annual appraisals. Staff we spoke with said they had regular one to one supervision and felt able to approach their manager should they require further support.

Staff had received training around the Mental Capacity Act (MCA) 2005 and recognised that some people did not have

the capacity to consent to some aspects of their care. The MCA 2005 sets out what must be done to ensure the human rights of people who lack capacity to make decisions are protected. One staff member told us "We support them and try to work in their best interests." Care plans addressed the principles of the MCA and reminded staff to always look for the least restrictive option. Assessments of capacity were decision specific however we saw more detailed evidence could be provided relating to each person's individual ability to understand, retain or weigh information and any steps taken to assist them in doing this.

Where required, applications had been made to the responsible local authority for Deprivation of Liberty Safeguards (DoLS) authorisations for people using the service. The home had recognised that these applications were required because some people were not free to leave the home by themselves and required continuous supervision by staff. The DoLS authorisations were time limited and we saw steps had been taken to remind the local authority that new authorisations were now required.

One person told us "The staff do the cooking, the food is nice, we had a nice dinner yesterday." Another person said they planned and cooked their own meals and menu records kept confirmed this. We saw people were able to choose what they wanted to eat and were encouraged to help prepare the evening meal. People's care plans included sections on their nutritional needs with weight monitoring also taking place. Care plans addressed people's likes and dislikes, any special dietary requirements and the support they needed with cooking and meal planning.

People using the service were registered with a local GP practice and could access a range of other health care professionals such as dentists and opticians. One person told us they were supported to attend regular appointments at a local health centre and saw a community mental health professional regularly. People's care files included a record of any appointments with health care professionals.

Is the service caring?

Our findings

People told us the staff were caring and treated them with dignity and respect. One person commented, “The staff are ok, they’re respectful”. Another person told us, “Kind? Yes they are.”

Family members commented “Yes, they take care of [my relative]”, “The staff are quite patient” and “It’s a smaller home, run more like a family setting.” One person said that staff were always familiar to their relative.

The atmosphere was calm and relaxed throughout our inspection. Our observation was that staff treated people with dignity and respect. It was evident they knew individuals well, speaking to them in a kind and caring manner.

Care plans were personalised to each individual and staff were knowledgeable about their strengths and needs. It was clear they knew each person well and were able to talk knowledgeably about their background, life history and the important people in their life. One plan reminded staff to ‘please talk slowly to me’ and reflected the person’s appreciation of Afro-Caribbean food. We saw this individual was supported to shop for these items.

The plans included information about how staff should support the person to uphold their privacy and dignity. For example, the personal care guidance for one person reminded staff to uphold the person’s privacy and dignity at all times, giving them as much privacy as possible when in the bathroom whilst monitoring their safety. Staff gave us examples of how they ensured the privacy and dignity of people using the service by knocking on doors and making sure the person received support with personal care in private. A staff member told us, “We treat them well, give them respect and give them privacy when they are in their room or the bath.”

People told us they had been consulted about their care and support needs. One person said, “I had a key working session yesterday and they asked me to sign my care plan.” Each care file included an agreement for how people were to engage with care planning and these had been signed by the person using the service. Records showed that each person met regularly with their key worker to discuss their plan and progress toward their goals. These reports addressed specific areas of the person’s life including their health, activities and interaction with others. Goals were set with people and these were reviewed at each key worker meeting.

Is the service responsive?

Our findings

Family members told us that the home communicated well and kept them up to date with any changes to their relative's health or wellbeing. They said they could visit at any time and were made to feel welcome. One person commented "[My relative] looks healthy, they call me if they have a doctor's appointment." Another family member said "They phone us and we see [our relative] regularly."

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We saw that assessments were carried out to look at people's support needs before they moved into the home. Care plans were then developed outlining how these needs were to be met

The care plans we looked at were detailed and provided information and guidance to staff about how people's needs and preferences should be met. They covered areas such as, personal care, eating and drinking, behavioural needs, social activities, medication and their physical, psychological and emotional support needs. The care plans had been signed by people using the service and were regularly reviewed by their key workers.

Progress reports from members of the therapeutic team were kept on each person file. They visited the home on a weekly basis taking people out into the community and talking to them outside of the home environment. A rehabilitation coach was present at 9 High View Road on the day we visited and they assisted staff in taking people out into the community.

Daily records were kept to help make sure people's individual needs were met and these confirmed regular activities and family contact for people using the service. One person told us "I've been going out to see my family" and another person said "we go to McDonalds to get something to eat each week." A family member said that their relative went out regularly in the available house transport.

People using the service felt able to make any concerns or complaints known to the registered manager or staff team. One person told us "I can talk to the manager" and another person said "You can talk to the staff." Family members said they had no concerns about the service and had not needed to make a complaint. A complaints procedure was made available to people along with information about how to contact the CQC. We saw one complaint had been raised about the heating and this had been resolved to the satisfaction of the person involved.

Is the service well-led?

Our findings

One person told us, "I'd talk to [the manager] if I was upset, he does that, he sorts thing out" and another person commented "The manager is quite nice."

Family members told us that the home communicated well with them and they felt able to speak to the manager or other staff to raise any issues or ask for further information. One person told us "I would go to the manager. If they did not listen, I would go to the local authority." Another relative said "It's quite well run."

A health professional told us that the home communicated well with them and would keep them up to date via email. They felt the service was effective and had produced good outcomes for their client.

The provider was also registered as manager of High View Care Services Limited - 9 High View Road. The registered manager of another home located nearby assisted the provider in managing this service and they took responsibility for day to day decisions in the providers absence. We discussed the possibility of this manager being registered for 9 High View Road in the future as they were effectively in day to day control of the service.

People using the service spoke positively about both the provider and the manager working at 9 High View Road. One person said "They're alright." Another person said "There are a lot of people here who will talk to you if you need to." The office door was kept open throughout our

visit and we saw the provider and manager spent time speaking with people, responding to their queries or requests for information. The provider communicated a strong vision for the service in providing people with a therapeutic environment focused on achieving positive outcomes for them. They spoke about the changes being made within the organisation to ensure consistency by standardising the systems in use. For example, we saw new written policies and procedures had recently been introduced along with senior management meetings to discuss and share best practice.

The registered provider undertook monthly monitoring visits to the home looking at compliance with the regulations. An improvement plan was written following each visit and we saw that identified improvements had been made. For example, it had been noted that staff were receiving six one to one supervision sessions annually and the provider had recommended this be increased to 10 which had been actioned. We saw regular internal audits were being carried out addressing areas such as health and safety, fire safety and care planning. Satisfaction surveys had also been supplied to people using the service asking for their feedback about areas such as staffing, food and privacy and dignity.

The provider had arrangements to support line managers with senior staff meetings and one to one supervisions taking place regularly. The registered manager had undertaken training to help them manage the service effectively and keep up to date with best practice.