

High View Care Services Limited

High View Residential Unit

Inspection report

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Date of inspection visit:
13 March 2019

Date of publication:
04 April 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
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: Highview Residential Unit is a care home that accommodates up to seven people that had primarily acquired brain injury related to substance misuse or alcohol and drug related problems. At the time of our inspection seven people were residing at the home.

People's experience of using this service:

- At our last inspection we found that staff were not regularly supported through supervision, appraisal and regular training. Improvements had now been made in these areas with staff receiving regular support.
- At our last inspection quality assurance systems were not effective, areas for improvement were not promptly identified and care plans weren't reviewed regularly. The registered manager had implemented quality assurance systems, ensuring that quality of care was continually reviewed.
- At this inspection some improvements were needed to ensure that medicines were always managed safely. Controlled drugs administration was not always recorded accurately, in line with best practice guidance. Following the inspection the provider had commenced implementation of the required improvements.
- We also found that staff files did not always evidence staff full employment history and appropriate references. Following the inspection the provider sent us records to show that they had obtained the documentation for the files we viewed, and assured us they would commence a full staff file audit.
- People and relatives felt that staff were caring and compassionate towards people's needs. People's care needs were regularly reviewed to ensure the home was meeting their needs.
- The home was continually reviewing the activities they offered people, to ensure they were appropriate to meet people's individual needs.
- Comments about the management of the home were positive, with staff feeling well supported and the registered manager being proactive in making improvements across the service.

Rating at last inspection: At our last inspection of 11 and 12 April 2018 (published 29 May 2018) the service was rated 'requires improvement'. We found one breach of the regulations in relation to good governance. There were also gaps in staff training and supervision, and medicines administration was not always accurately recorded.

Why we inspected:

- All services rated "requires improvement" are re-inspected within one year of our prior inspection.
- This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

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

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

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 effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

High View Residential Unit

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

- This inspection was conducted by one inspector.

Service and service type:

- 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.
- 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.

Notice of inspection:

- This inspection was unannounced.

What we did:

- Our inspection was informed by evidence we already held about the service.
- We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.
- We spoke with two people who used the service and one relative.
- We spoke with the registered manager, a team leader and a rehabilitation assistant.
- We reviewed two people's care records, three staff personnel files, audits and other records relating to the management of the service.
- We observed the way staff interacted with people living in the home and performed their roles and responsibilities.

Is the service safe?

Our findings

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

RI: 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.

Using medicines safely

- At our last inspection we found that medicines administration records (MAR) did not always accurately reflect whether people had received their medicines. At this inspection these records had improved, with regular stock balance checks and a new improved storage cabinet.
- However, we did find that the receipt and stock balance check of controlled drugs was not recorded in the home's controlled drugs book. Whilst records reflected that the person received their medicines, by not recording the balance, there was no assurance that the medicine wasn't being diverted and misused.
- We raised this issue with the registered manager who told us they would commence accurate recording of controlled drugs with immediate effect. Following the inspection the registered manager wrote to us to confirm they had commenced the correct recording procedures.

Staffing and recruitment

- At this inspection we found that staff recruitment practices were not always carried out as required.
- Records showed that staff did not always supply their full employment history, nor were suitable references always obtained. We raised this with the registered manager who told us they would ensure a full audit was completed and that the required information was obtained. Following the inspection they wrote to us to show that they had started requesting the omitted paperwork from those staff already identified.
- Staff were subject to a Disclosure and Barring Service (DBS) check, and were not permitted to commence their role until this was received. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The registered manager told us the provider was looking to renew these checks every three years.

Assessing risk, safety monitoring and management

- At our last inspection one person did not have a risk assessment in place to reduce risk in relation to their forensic history. A comprehensive risk assessment was now in place.
- People had risk assessments to meet a range of presenting needs. Where one person suffered from a particular condition we saw that their risk assessment hadn't been updated following an incident. However we were satisfied those occasions had been well managed, and the registered manager told us they would ensure the risk assessment was reviewed following an incident. Following the inspection they sent us proof this had been reviewed.
- Since our last inspection episodes of behaviours that could be considered challenging had dramatically decreased. The registered manager believed this to be a result of improving the structure of people's day to day routines to ensure that the environment was safer for people and staff.
- The premises were safe and suitable for people. Where one person had mobility issues, appropriate adaptations had been made and we saw that staff suitably supported them to move around the home.

- People had personal emergency evacuation plans in place, with regular fire checks conducted to review how people could leave the premises promptly and safely.

Systems and processes to safeguard people from the risk of abuse

- Staff were clear on how to safeguard people from the potential risk of abuse. One staff member said, "We're safeguarding people from abuse, we need to report it to the manager. If it goes on here we have to inform the authorities and commissioners."
- The provider had a clear safeguarding procedure in place to ensure that staff knew how to report any concerns raised. There had been no occurrences since our last inspection.

Learning lessons when things go wrong

- The registered manager had ensured that any incidents or accidents were fully investigated.
- Any learning from incidents, that then resulted in changes in need were communicated with staff through team meetings and supervisions.

Preventing and controlling infection

- Staff ensured that premises were kept clean, and people were supported to clean their rooms.
- Where one person chose to clean independently, appropriate risk assessments were in place to support self management of cleaning products.
- Staff knew to wear personal protective equipment (PPE) when supporting people with personal care and ensured this was disposed of appropriately.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- At our last inspection we found that staff supervision was inconsistent and there were gaps in staff training. These areas had now improved.
- Staff received a range of training, relevant to the needs of people living at the home. Training was offered as both e-learning and face to face trainings, with regular refresher training as necessary. The registered manager had identified those staff that required refresher sessions and had booked these courses as appropriate.
- Specific training in relation to areas such as brain injury and substance misuse and addictions was provided to staff so that they were equipped to respond to people's presenting needs.
- Regular supervision was provided to staff to ensure they were supported in their roles. A staff member told us, "I do get enough support, otherwise I wouldn't still be here now."
- Records showed that staff had regular one to one support meetings with their line manager, and that were subject to a robust induction process prior to commencing their roles.

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

- At the time of inspection the registered manager informed us that redecoration plans were in place to freshen up the home. We will review their progress with this at our next inspection.
- People had personal artefacts in their rooms, that reflected things that were important to them. This included family photographs, football memorabilia and other personal items.

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

- People received their care in line with best practice guidance. Where one person had reduced mobility full guidance had been sought from an occupational therapist.
- People's weights were routinely monitored in line with the Malnutrition Universal Screening Tool (MUST) to help staff ensure they were within a safe range.
- The provider had access to an in-house therapeutic team, that staff were able to contact for support should people's needs change. This team was routinely utilised to support reviews of people's care needs following an episode of behaviour that could be considered challenging, or other important life events.

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

- People were supported to get enough to eat and drink, with two people telling us they liked the food that was made available to them.
- Records kept in the kitchen area reflected people's food likes and dislikes, so that this was accessible to staff when preparing and planning people's meals.
- Staff told us how they supported people with any dietary requirements, such as recommending

alternatives such as sweeteners where people required a reduced sugar intake.

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

- People were well supported to access other healthcare professionals. Each person had a healthcare file that provided a full overview of the person's mental and physical healthcare needs.
- Staff completed up to date visits records whenever someone attended a healthcare appointment, including any actions the home needed to take in order to accurately support the person.
- Staff held monthly checks with people to review their healthcare needs and whether any additional support was required from other agencies.

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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Records showed that applications had been made to the local authority in a timely manner. Any conditions pertaining to people's authorisations were clearly recorded for staff to access them.
- Staff were clear on how to support people to make decisions for themselves, and provided us with examples of how they did this on a day to day basis. One staff member said, "A person will be assessed to decide if they can make a decision" and "In terms of meals someone might not be able to explain what they want, we show them the menu to help them make the decision about what they want to eat."

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were supported by staff that knew them well, with a cohort of staff that had worked at the home for many years. A relative said, "I'm quite happy with the care he [person] gets there, I've no concerns."
- Staff took steps to support people to practice any religious or cultural needs. A relative said, "[Staff] takes him to church on a Sunday, he'll [staff] take him out when he's there." One person said, "It's ok, yeah the staff are nice."
- One person's recent monthly keywork report reflected that they had expressed their desire to eat out at a restaurant that provided their cultural cuisine. The staff member had agreed to help the person source a local restaurant.
- A relative said, "People [staff] are only ever nice to him [person]."

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

- Staff expressed to us how they encouraged people to discuss their needs and make decisions about their care. A staff member said, "We are the core people who will identify their needs. The care planning with improve the daily life of the individual. If needs change, we have to update them."
- People were invited to attend monthly keyworker reviews with staff, enabling them to express any wants or desires in relation to their care needs. This included discussions around people's wellbeing and any additional support they required.
- Another staff member said, "Risk assessments and care plans, it's like a Bible, you refer to it in your job."

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their privacy and dignity, including being able to lock their rooms with staff knocking and asking permission prior to entering.
- Staff knew how to ensure people's dignity was maintained when receiving personal care. A staff member said, "I always make sure I close the door, give them [people] a choice of what they would like to wear. You have to get their permission and let them know what you're doing with them."
- Another staff member said, "We see how we can enable people to be more independent, to do more things by themselves, make their own decisions and looking to find solutions rather than it being done for them."

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were offered activities across the home, this was an area that the registered manager was continuing to develop. Rehabilitation assistants had now been employed at the home, to focus on increasing people's range of social activities.
- The registered manager told us, "In the community we're looking to source what will improve activities. It's trying to see what we can find in the locality, to know what will benefit them [people] and improve socialisation."
- A relative said, "He's [person] taken out most days to get the paper, or to the shops."
- On the day of inspection we saw that two people were supported to access the local community coffee shop whilst another person utilised the home's pool table. One person was regularly supported to visit their family member. People had activity timetables, however they required further development to reflect a wider range of activities that met people's individual needs. We will review the provider's progress with this at our next inspection.

Improving care quality in response to complaints or concerns

- The registered manager ensured that any complaints were suitably recorded and responded to.
- Two complaints had been received since our last inspection, with one resulting in a best interests meeting to support both the person concerned and their relative.

End of life care and support

- People were supported to express their end of life wishes, where this was deemed appropriate.
- People were invited to provide details of who they wished to be contacted in the event that their health deteriorated, and any preferences they may have in relation to their care or funeral arrangements.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At our last inspection the manager had not ensured that quality assurance systems were effective in identifying improvements, nor had staff received regular support to review their capability and wellbeing within their roles.
- At this inspection the registered manager had implemented quality assurance systems that ensured regular monitoring of service delivery was tracked and accounted for. A staff member said, "A lot of new things have been introduced, like a track method, for example for supervision to know who's been done or not. Medicines competencies and when they're due, to me I think it's been helpful to know where we are, it's planning ahead."
- Quality assurance systems were effective in identifying areas for improvement, with each audit followed by an improvement plan.
- Staff told us, "The management look after us very well" and "One thing about him [registered manager], he's very transparent and open."

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager was clear on his responsibilities to the home telling us, "I need to make sure we provide a service in a safe environment for people we support, to recognise their needs and take appropriate action."
- Our records showed that the registered manager notified us of important incidents as they occurred, and responded promptly to our requests.
- The registered manager told us, "I need to be transparent, report them [incidents] and say what we've done. When people come in we can demonstrate our transparency. To develop a relationship and confidence, know a support mechanism is in place."

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

- People, relatives and staff were engaged in developments across the home. People were invited to attend regular residents meetings where they could discuss aspects of their day to day living, such as activity provision and food choices.
- An annual staff survey was conducted to enable staff to express their satisfaction in the workplace and how involved they felt in organisational developments.
- People were supported to complete a pictorial satisfaction survey, with any actions arising then reviewed

by management to ensure people's views were acted upon.

Continuous learning and improving care

- The provider had an in-house therapy team as their first point of call to address any issues arising, with these team then directing the home to additional support if required.
- Reflective practices were held with the therapy team on a monthly basis where any issues could be presented and addressed.
- Each month people and staff would visit other homes across the organisation to not only improve people's social interaction, but also to allow staff to share best practice and learning.

Working in partnership with others

- The registered manager told us they were continuing to work alongside the mental health teams in order to support individuals and get an understanding of resources outside of the organisation.
- Records showed that staff continued to liaise with a range of healthcare professionals to ensure that people's holistic needs were met.