

High View Care Services Limited - 161 Croydon Road

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- The service had enough staff to care for the number of clients and their level of need. Vacancy rates, turnover and sickness absence were all low. Clients did not have any activities or appointments cancelled because of lack of staff.
- The service assessed and managed risk to clients and staff. Staff developed full risk assessments for each client. The service encouraged staff to be vigilant and prevent incidents before they happened.
- The service reported and learned from incidents when they happened. Incidents resulted in an action plan, where necessary, and clients' care plans were updated with these action plans.
- The service arranged a medical, psychological and social assessment for every new client, which were kept in client folders.
- Staff developed client care plans which showed evidence of the client's point of view. The care plans included evidence of ongoing physical care, informed consent and ongoing capacity assessments where needed.

Summary of findings

- The service supported staff to gain training and qualifications in nationally recognised certificates. Staff had specialised training in response to the specific needs of the clients.
- Staff treated clients with respect and compassion. Clients felt safe and comfortable and told us that staff were always available.
- Clients discussed their care and treatment with staff and therapists, and their consent was recorded. Clients were asked their level of satisfaction with the service, which was documented in their care plans.
- The registered manager provided regular supervision, appraisal, induction and training to all the staff.

- The provider used this service to pilot innovation in therapy techniques and care delivery. The service introduced therapeutic support in April 2016 to provide rehabilitation support to clients and monitor outcomes.

However, we also found the following issues that the service provider needs to improve:

- Care plans were not available in easy read.
- There was nowhere for clients to receive visitors in private.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services		See overall summary.

Summary of findings

Contents

Summary of this inspection

	Page
Background to High View Care Services Limited - 161 Croydon Road	6
Our inspection team	6
Why we carried out this inspection	6
How we carried out this inspection	6
What people who use the service say	7
The five questions we ask about services and what we found	8

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards	12
Overview of ratings	12
Outstanding practice	21
Areas for improvement	21

High View Care Limited – 161 Croydon Road

Services we looked at

Substance misuse services.

Summary of this inspection

Background to High View Care Services Limited - 161 Croydon Road

161 Croydon Road was a rehabilitation service primarily for clients suffering from brain injury due to substance misuse. Clients had physical and mental health illnesses. Clients were not on a detoxification programme, but were supported to abstain from drugs and alcohol. Care was delivered through 24 hour staff and therapeutic input on most days.

161 Croydon Road was registered with the CQC in March 2014.

The service is registered to provide the following regulated activities;

- accommodation for persons who require nursing or personal care
- accommodation for persons who require treatment for substance misuse

The service provided care for up to five clients, three of whom had authorisations under the Deprivation of Liberty Safeguards.

Our inspection team

The team that inspected the service comprised of a CQC inspection lead, a CQC inspection manager, and a Specialist Advisor.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme to make sure health and care services in England meet the Health and Social Care Act 2008 (regulated activities) regulations 2014.

How we carried out this inspection

To understand the experience of people who use services, we ask the following five questions about every service:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well led?

Before the inspection visit, we reviewed information that we held about the location, asked other organisations for information, and gathered feedback from staff members in response to an email we asked the provider to send to them.

During the inspection visit, the inspection team:

- visited the service, looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with two clients and a carer
- spoke with the registered manager and the manager for the provider
- spoke with four other staff members employed by the provider, including support workers and therapists, who work at the service
- spoke with the clinical psychologist
- received feedback about the service from two commissioners
- looked at five care and treatment records, including medicines records, for clients
- observed medicines administration at lunchtime

Summary of this inspection

- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

Clients and carers stated that clients are well cared for at the site and they were happy with the service. Staff showed clients kindness, compassion, respect and were polite. Clients felt safe because staff were always visible. Clients said their physical needs were well looked after, and they had not had any appointments cancelled because of lack of staff. Clients said they had privacy and the range of activities was good.

A carer we spoke to said that since her relative came to the service it was the first time they could relax about the care their family member received.

The service recorded one complaint from a client in the last year, which was dealt with appropriately and the client said that they were happy with the outcome.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The service had enough staff to care for the number of clients and their level of need. Vacancy rates, turnover and sickness absence were all low. Clients did not have any activities or appointments cancelled because of lack of staff. No bank or agency staff were used in the three months prior to the inspection.
- There were up to date health and safety risk assessments. Each shift had a staff member trained in first aid present.
- The service assessed and managed risk to clients and staff. Staff developed full risk assessments for each client. The service encouraged staff to be vigilant and prevent incidents before they happened. The staff used de-escalation techniques in line with the service's policy on de-escalation.
- Only staff who were trained in medication management supported clients to take their medication. The medication administration records were reviewed and showed that there were appropriate procedures to store and administer medication to clients.
- The service used an appropriate method of reporting incidents and supported learning from incidents when they happened. Incidents resulted in an action plan, where necessary, and client's care plans were updated with these action plans.
- Staff had appropriate debriefings after every incident both on the day it happened, as well as in monthly team meetings. Serious incidents were escalated appropriately to the provider.
- Staff were trained in safeguarding and the service had a safeguarding policy.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The service arranged a medical, psychological and social assessment for every new client, which were kept in client folders.
- Staff worked with the clients' GPs and obtained physical assessments before strenuous activity was introduced to the clients' activity plans. Staff developed individual support programmes for clients with physical disabilities.

Summary of this inspection

- Staff developed client care plans which showed evidence of the client's point of view. The care plans included evidence that on-going physical care was considered, informed consent and ongoing capacity assessments were included where needed.
- The service provided clinical psychological support and each client had psychological assessments and treatment plans. Therapists and staff discussed these treatment plans with each client and documented their consent.
- The service had monthly meetings which included the therapy team. Staff could also access the therapy team by telephone if needed, and the therapy team provided training to staff members.
- Staff supported clients with social care needs, such as getting a freedom pass or following up benefits entitlements.
- Commissioners of the service said they had confidence in the service's ability to support clients with complex care needs.
- The service supported staff to gain training and qualifications in nationally recognised certificates. Staff had specialised training in response to the specific needs of the clients. Staff had regular supervision and appraisals.

However, we also found the following issues that the service provider needs to improve:

- We saw that clients' care plans were not available in easy read format to support clients with a brain injury or cognitive functioning to read and understand their care plans.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff treated clients with respect and compassion. Clients felt safe and told us that there were always staff available.
- There was a relaxed and homely atmosphere in the service and the clients said that they were comfortable.
- Clients said the food was good and they were supported to cook their own meals.
- Clients discussed their care and treatment with staff and therapists. Clients were asked their level of satisfaction with the service, which was documented in their care plans.
- Clients had residents' meetings every week where they could discuss concerns; activity schedules were agreed at these meetings before being displayed at the service.

Are services responsive?

We do not currently rate standalone substance misuse services.

Summary of this inspection

We found the following areas of good practice:

- The registered manager assessed potential clients before they came to the service, taking into account the preferences and needs of the clients already living at the service before deciding to admit anyone new.
- Staff gave clients a guide with the provider's charter which was based on the principles of choice, dignity, respect and independence.
- Commissioners of the service said that the referral process was straightforward and there were no issues in relation to transferring clients to the service.
- The service was homely and comfortable; bedrooms were personalised and had their own key; the kitchen was used by some clients to prepare their own meals with support.
- Clients had information about advocacy and how to make a complaint; and two clients had used the services of an advocate.
- The service had a room which was accessible to someone with a disability, which was en suite.

However, we also found the following issues that the service provider needs to improve:

- There was nowhere for clients to receive visitors in private.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The provider manager and registered manager were both regularly at the service and all the staff knew them.
- The registered manager provided adequate supervision, appraisal, induction and training to all the staff. The service had low sickness and absence rates and low turnover of staff. The staff knew how to raise concerns with the registered manager and received whistle-blowing training as part of their induction. The registered manager had put into place appropriate and effective systems to assess risk, learn from incidents, do regular audits and make sure that Deprivation of liberty procedures were carried out appropriately.
- Staff said they enjoyed working at the service and were well supported by the registered manager. Staff felt that the service was well led and monthly team meetings were well attended.
- The provider manager used this service to pilot innovation in therapy techniques and care delivery. The service introduced

Summary of this inspection

therapeutic support in April 2016 to provide rehabilitation support to clients and monitor outcomes. The service also recorded the type of support each client received each day in order to tailor the care in a more effective way.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff were all trained in the Mental Capacity Act (MCA) as part of their induction. They also received external training in the MCA and Deprivation of Liberties Safeguards (DoLS). People providing care and support at the service (staff) offered choices to clients in all matters, except for the area where the client has had their liberty restricted as part of a DoLS authorisation.
- Clients under a DoLS authorisation had been assessed as not having capacity to decide where to live. Three clients at the service were under a DoLS authorisation.

These three clients had clear care plans in relation to their DoLS authorisation, and the paperwork in relation to DoLS authorisation was complete. There was evidence that clients were involved in reviews of DoLS authorisations and supported to ask questions and understand the process.

- Commissioners said that service linked well with the DoLS procedures.
- Staff talked to the registered manager if they had questions about a client's capacity to make a decision.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Substance misuse services	N/A	N/A	N/A	N/A	N/A	N/A

Notes

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Summary of findings

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- The service had enough staff to care for the number of clients and their level of need. Vacancy rates, turnover and sickness absence were all low. Clients did not have any activities or appointments cancelled because of lack of staff.
- The service assessed and managed risk to clients and staff. Staff developed full risk assessments for each client. The service encouraged staff to be vigilant and prevent incidents before they happened.
- The service reported and learned from incidents when they happened. Incidents resulted in an action plan, where necessary, and clients' care plans were updated with these action plans.
- The service arranged a medical, psychological and social assessment for every new client, which were kept in client folders.
- Staff developed client care plans which showed evidence of the client's point of view. The care plans included evidence of ongoing physical care, informed consent and ongoing capacity assessments where needed.
- The service supported staff to gain training and qualifications in nationally recognised certificates. Staff had specialised training in response to the specific needs of the clients.
- Staff treated clients with respect and compassion. Clients felt safe and comfortable and told us that staff were always available.

- Clients discussed their care and treatment with staff and therapists, and their consent was recorded. Clients were asked their level of satisfaction with the service, which was documented in their care plans.
- The registered manager provided regular supervision, appraisal, induction and training to all the staff.
- The provider used this service to pilot innovation in therapy techniques and care delivery. The service introduced therapeutic support in April 2016 to provide rehabilitation support to clients and monitor outcomes.

However, we also found the following issues that the service provider needs to improve:

- Care plans were not available in easy read.
- There was nowhere for clients to receive visitors in private.

Substance misuse services

Are substance misuse services safe?

Safe and clean environment

- We found the service clean and tidy. The cleaning roster was completely appropriate.
- The clinic room was also the staff office. There was a locked cabinet with the clients' medications in it. All clients' medication was in individual blister packs which had been delivered by the pharmacy. There were two staff members present in the staff room when clients' came to collect their medication.
- The service had 27 quality visits to assess the quality of the care provision in the previous 12 months. These quality visits were undertaken by senior managers and/or internal quality auditors not directly located at the service. Staff had done an up to date health and safety assessment and actions identified had been followed up. The fire risk assessment was done on 7 October 2015 and all actions were followed up. The list of fire marshals for the service was visible. Staff responsible for first aid were trained and identified on the shift planner for the service, so there was always a trained staff member on shift.

Safe staffing

- The staff requirement at the service was dependent on the needs of the clients. The minimum staffing levels was three staff members during the day and one during the night. During the day the staff to client ratio was three to five. The service did not use agency staff; if any extra staff were needed, they were pulled from the sister service across the road. The registered manager said that all the staff at the sister service were familiar with the clients at 161 Croydon Road. Therapists were hired by the provider to support clients across four services operated by the provider. They also supported clients during the day with rehabilitation therapy.
- There were six full time staff members, and four part time staff members at the service. There were no staff vacancies. Clients did not have their activities cancelled because of lack of staff during the previous three months.

- Staff sickness levels were generally low at the service. There were four days of sickness taken by staff during the past year, and a longer period of sickness by one member of staff, who had been supported by the service management.
- One full time member of staff left during the last year, and the position was filled.

Assessing and managing risk to clients and staff

- Staff developed clear risk assessments in care records which was clear and in date for each client at the service. These assessments specified what staff needed to do in response to different challenges that clients might face. These risk assessments were updated in response to incidents and action plans were attached to care plans.
- A protocol was in place to escalate a concern about a client's welfare if they were absent from the unit for a long period of time. Risk assessments had an information sheet to give to the police if any of the clients went absent without leave. The provider had a missing person's policy and procedure which staff were aware of.
- The staff knew the clients very well, they were able to address clients' concerns before they become incidents in the majority of cases. The registered manager encouraged staff to be vigilant and to do preventative work before clients became too distressed. This prevention was based on communication and engagement with clients. There was no restraint policy because staff did not restrain clients. The staff used de-escalation instead, in line with the provider's policy on de-escalation. The clinical psychologist for the service developed specific guidelines for each client's challenging behaviour which staff followed.
- Staff stored medicines for the clients in a secure locked cabinet. When clients first came to the service, they arrived with a two weeks' supply of medicine, which gave staff time to register the client with the local GP. Clients' prescriptions were taken to the local pharmacy which then delivered the medications to the service. Staff supported clients to take their medication. Five staff members were medication trained and only trained staff members gave clients their medication. No clients were on controlled drugs and no controlled drugs were stored on the premises. The provider had a policy for the storage and administration of controlled drugs in the event that they were brought to the service.

Substance misuse services

- We reviewed the medicine charts of all clients at the service: they were all completed accurately and allergies were noted. Photographic identification for each client was appended to their medication folder along with medication details, personal information and GP details. Two clients were self administering their own medication and both of their records were documented adequately.

Track record on safety

- There were three serious incidents recorded in the last year at the service. One related to a client being aggressive towards another client. These incidents were responded to appropriately, in line with policy. Safeguarding concerns were followed up with the local authority, investigations were written and reports were in relevant client files along with action plans where appropriate.

Reporting incidents and learning from when things go wrong

- Staff logged incidents in the incident and accident folder. Incidents were logged under each client's name so that trends could be identified. Staff created action plans against each incident and updated care plans to reflect the action plans. We observed this to be the case in client folders. The provider's accident and incident reporting policy was in accordance with the reporting of injuries, diseases and dangerous occurrences regulations 2013. We reviewed six incidents between May 2016 and July 2016; they were all minor incidents and were all appropriately written up with action plans.
- We read the case reviews of the serious incidents and found them adequate.
- Staff filled in a communication book with information about incidents and learning from incidents. The rest of the staff members read and signed the communication book when they came on shift. Staff members involved in incidents had a debrief session with other staff and the registered manager on the same day of the incident. Staff attended monthly team meetings, where learning from incidents was also shared. The registered manager would bring team meetings forward if there were serious incidents which needed to be discussed. The registered manager encouraged staff to view incidents from the point of view of the client involved. This meant that reflective learning occurred in relation to incidents.

- All staff were trained in safeguarding adults which was delivered as part of their induction to the service. The safeguarding policy incorporated the pan London safeguarding policy and referral process.
- Staff reported safeguarding concerns with the registered manager. Staff knew that if the safeguarding concern involved the registered manager, they could go to a more senior manager within the organisation. This was in line with the provider's safeguarding policy and procedure.
- There was one safeguarding concern at the service in the last year which was reported appropriately to the local authority.

Duty of candour

- The service manager and provider understood the duty of candour. They said that it applied to everyone and that it involved acknowledging and admitting when things go wrong. They said that this was necessary so that learning could happen from incidents.

Are substance misuse services effective? (for example, treatment is effective)

Assessment of needs and planning of care

- All new clients had a full medical, psychological and social needs assessment on admission. Assessments were comprehensive and thorough reflecting the complex needs of the clients in the service. Assessments were stored in easy to find client folders. These client folders were kept in the staff office, which was kept locked when not in use.
- Staff checked with the client's GP before the client engaged in strenuous physical activities. If a client had difficulty walking, the staff produced guidance on how to best support the client during activities and when going into the community.

Best practice in treatment and care

- We reviewed five client care plans. They were all complete and included the client's point of view. The care plans included evidence of on-going physical care, informed consent and assessment of mental capacity. There were narratives in the care plan reviews which reflected the discussion that the team had with clients around the benefits and risks of different options and

Substance misuse services

treatments, with the client's view and choice recorded. Where the client refused to participate or make a choice or comment, this was also recorded in some of the care plan reviews.

- A full time clinical psychologist with a specialty in neuropsychology and two assistant neuropsychology therapists provided individualised therapeutic support to work with clients with brain injuries. The psychologist carried out neuro psychological assessments on clients using recognised assessment tools including Addenbrooke's cognitive examination and Rivermead behavioural memory test. The outcomes of these assessments were kept in the therapy computers and used to inform the treatments suggested for clients. The clinical psychologist used these assessments to develop therapy and plan outcomes for each client, as well as to plan interventions and review the effectiveness of interventions. Staff members and therapists discussed these plans with clients and documented their consent to their care plans.
- The clinical psychologist and therapists attended the monthly team meetings to contribute to the service and to feedback outcomes from interventions and client progress. Staff could also access them by telephone if they needed additional support for the clients. The clinical psychologist and therapists provided training to staff members in how to best use the therapeutic interventions developed for each client.
- The service printed out National Institute for Clinical Excellence (NICE) guidance for staff and put it in folders on the site. Staff were aware of the relevant NICE guidelines
- Staff carried out internal audits, for example daily auditing of box medication (medications that are not in blister packs) and monthly health and safety checks. The registered manager discussed audits with staff during supervision and team meetings. Outside services, like the local pharmacy, carried out audits on the service. The registered manager also discussed audits at managers meetings.
- Staff supported clients with accessing support in the wider community, such as getting a freedom pass and following up benefits entitlements with the Department of Works and Pensions.
- Staff recorded the support that was given to each client. This helped staff to arrange support better so that clients had the kind of support they were using the most, and to plan support for the future. This

information was displayed in pie charts and put in clients' folders, so that it was easy to see what kind of support each client needed each day. The categories were personal care, escorted community leave, medical/professional appointments, managing behaviour, activities of daily living and cognitive support.

- Some clients were asked to undertake an alcohol breath test when they came back from leave. This was to make sure they had not drunk alcohol when they were on leave. This was part of their care plan and these clients had signed a contract to state that they knew that the service was alcohol free. This was reflected in the provider's policy on alcohol and substance misuse consumption.
- Commissioners of the service said they had confidence in the service's ability to support clients with complex care needs.

Skilled staff to deliver care

- Staff said they were supported by management to improve their skills and gain qualifications. Two of the staff members at the site were attending college to complete their NVQ2 and NVQ3 training and had their shifts rearranged to accommodate this.
- The registered manager said that recruitment took into account the values and temperament of staff to ensure the best matches were made for the service. Staff came from a range of ethnicities, ages and gender.
- Staff supervision and appraisal documentation was complete and up to date. The manager had identified areas of concern for staff, updated annual leave forms, training and personal development logs. The registered manager delivered annual appraisals for all staff, and set individual objectives. The registered manager delivered weekly supervision to the staff. All staff had Disclosure Barring Service checks completed.
- The clinical psychologist gave clinical supervision to the therapists every six weeks, and she received clinical supervision from an independent consultant psychologist.
- All staff, including the therapists, had a preliminary two week induction process. This induction included training on health and safety; equality, diversity and whistle blowing; care plans and planning; brain injury awareness; addiction and therapeutic support; and safety and security. Full induction took six months during which staff were expected to complete the rest of

Substance misuse services

their training. The service provided the core training which followed the national health and social care training certificate programme Qualifications and Credit Framework's Skills for Care.

- Staff went onto specialist training in response to the different needs of clients. For example, a client at the service had epilepsy, so all the staff at the site had epilepsy management training.
- The registered manager was a registered social worker and continued her professional development by attending relevant courses and conferences. She also completed a national vocational qualification in leadership.

Multidisciplinary and inter-agency team work

- The service was providing support for people with a brain injury though there was not a full time occupation therapist employed. If clients needed occupation therapy input, they accessed it from the community following a referral from the service.
- The registered manager said that sometimes the clients were not assigned a care coordinator and were not within a community mental health team. This meant that there could be delays in following up safeguarding concerns as there was not care coordination involvement in some of the clients' care.
- When a multi disciplinary team meeting did take place for a client, staff would update the client's care plan.
- Staff made appropriate links with the clients' GPs, their local pharmacist, their dentist and social services. These links were documented in client's files and then outcomes of recent appointments or reviews were recorded in the clients' files.
- Staff made links with services in the community so that each client had the specialised support needed. This included speech and language, visual impairment, and specialised medical services.
- Commissioners said that the service had good links with community services.

Good practice in applying the Mental Capacity Act (if people currently using the service have capacity, do staff know what to do if the situation changes?)

- Staff were all trained in the Mental Capacity Act (MCA) as part of their induction. They also received external

training in the MCA and Deprivation of Liberties Safeguards (DoLS). Staff offered choices to patients in all matters, except for the area where the client has had their liberty restricted as part of a DoLS authorisation.

- Clients under a DoLS authorisation had been assessed as not having capacity to decide where to live. Three clients at the service were under a DoLS authorisation. These three clients had clear care plans in relation to their authorisations, and the paperwork was done appropriately. There was evidence that clients were involved in reviews of these authorisation decisions and supported to ask questions and understand the process.
- Commissioners said that service linked well with the DoLS procedure.
- Clients were supported to understand and abide by a contract to use a breathalyser when they came back from unescorted leave, as part of the provider's policy on abstinence.
- Staff talked to the registered manager if they had questions about a client's capacity to make a decision.

Equality and human rights

- The service provided training in equality and diversity in line with its equality and diversity policy, and hired staff from a range of backgrounds to support clients.

Management of transition arrangements, referral and discharge

- One client had been discharged to the community in the last year. This client had continued support from the service in order to make their transition to the community successful.

Are substance misuse services caring?

Kindness, dignity, respect and support

- We observed that staff talked respectfully to clients and were very positive. Clients told us that they liked living at the service. Carers said the staff made every effort to know the clients and the feedback from the carers was that they were happy with the service.
- There was a relaxed atmosphere in the home and the environment was warm and comfortable, which made the environment homely.

The involvement of clients in the care they receive

Substance misuse services

- Clients were informed of the different services which were proposed for them, and staff discussed care planning with them. Clients worked with staff around how much money they withdrew from their accounts, how much time they had for leave, and how much freedom they could have on leave. We saw how clients' feedback to their care plan was documented using easy read symbols which they circled to indicate their level of satisfaction, and that this was done monthly. The feedback was generally positive. However, the care plans were not in easy read format.
- Clients had a residents' meeting every week. We reviewed the minutes of these meetings between June 2015 and July 2016. Residents discussed and raised issues during these meetings around things that concerned them. The agendas for these meetings were flexible in response to clients' priorities and needs. These meetings presented the activities timetable for the week for discussion and agreement; after the meeting the timetable would be displayed in the service.
- Clients were supported to develop an end of life plan which was kept with their care plan.

Are substance misuse services responsive to people's needs?
(for example, to feedback?)

Access and discharge

- Clients accessed the service through their care coordinators at the time after receiving intensive care for their brain injury and mental health needs. The service had not accepted clients who were detained under the Mental Health Act.
- The registered manager assessed potential clients before they were invited to live at the service. There was no specific timeframe or target time to assess new clients. The registered manager took into account the personalities and needs of the clients already living at the service before making a decision to admit anyone new.
- Staff gave clients a guide with the provider's charter which was based on the principles of choice, dignity,

respect and independence. Staff told clients that they would not be able to drink alcohol or imbibe substances while in the service. This was part of a therapeutic contract which clients agreed to adhere to.

- Only one client had been discharged into the community from the service since it opened in 2014 and the service was unable to say what the average length of stay in the service was as it was still relatively new.
- Commissioners of the service said that the referral process was straightforward and there were no issues in relation to transferring clients to the service.

The facilities promote recovery, comfort, dignity and confidentiality

- Clients said they felt safe at the service. Clients said staff were always available, and there were a variety of activities available.
- Clients said that the food was good and that they were supported to cook their own food, which they enjoyed.
- This service provided care for clients within a home environment with bedrooms, a kitchen and a lounge, and a garden out back. There were no obvious signs out front to distinguish itself from the residents' homes along the street. Clients lived at the service for up to two years, and it had a comfortable and homely atmosphere.
- Bedrooms were personalised and each client had their own key, so their belongings were safe. However, there was no visiting room so clients could not receive visitors in a private space, unless they went to their bedroom. We observed from records, as well as on the inspection, that clients had visitors.
- Most clients, who were all male, shared bathrooms, there were two bathrooms for four clients; the fifth client had an ensuite bathroom. Four clients shared one shower and one bath.
- The kitchen area promoted recovery; it was comfortable and felt like home due to its layout and decor. Clients served themselves cold drinks and snacks through the day. Staff supported clients to make hot drinks when clients wanted them. Staff supported clients to make their own meals.
- Clients went outside to the garden behind the house when they wanted fresh air.
- Staff supported clients with prompting, personal care, and choice of meals. Staff supported clients to go out clothes shopping and to local shops.

Substance misuse services

Meeting the needs of all clients

- Clients made use of advocacy services. Information on advocacy was available and two clients saw an advocate in the month before the inspection.
- There was a disabled room available with ensuite bathroom and toilet which could be used for clients who had mobility difficulties. At the time of the inspection there were no clients with mobility requirements or who required support with personal care.
- Clients' needs and preferences were addressed through their care plans, which outlined each client's background, family and cultural needs. The care plans reviewed showed that individual needs for the clients were considered and the care was holistic.

Listening to and learning from concerns and complaints

- There was a box at the service which the clients could put complaints or concerns into. There had been one complaint from a client in the last year. The complaint was investigated, resolved and feedback to the client, according to the complaints procedure. It recorded that the client was happy with the outcome to their complaint.

Are substance misuse services well-led?

Vision and values

- We observed through the interaction of staff with clients that the service valued empathy, compassion and delivering care in a non-judgemental manner. The registered manager said the service works on a recovery model. The clients who used the service were typically at the end of their treatment for their brain injury. The provider said the service aims to support clients to recover their independence as much as possible and be discharged either into the community or to a care home.
- The provider manager and registered manager were both qualified social workers and said that the service was underpinned by a philosophy of promoting social inclusion and recovery. The registered manager worked full time and covered both this service and the sister

service across the street. The provider manager was also at the service regularly and all the staff knew who she was. The staff said that both managers were very supportive.

Good governance

- High View Care Limited was a small business so managers are on hand to provide support. There was also a business manager and clinical manager for the provider who provided oversight and expertise.
- The registered manager provided supervision, appraisal, induction and training to all the staff. The service had low sickness and absence rates and low turnover of staff. The staff knew how to raise concerns with the manager and received whistle-blowing training as part of their induction. The provider had put into place appropriate and effective systems to assess risk, learn from incidents, do regular audits, and make sure that deprivation of liberties safeguard procedures were referred to the local authorities appropriately.
- The service had team meetings, manager's meetings and case reviews every month. Comments and issues raised at team meetings and case reviews were fed into the manager meeting for discussion and action. The records also documented feedback from staff and discussion about service issues, as well as a summary of action plans leading from the staff feedback.

Leadership, morale and staff engagement

- Staff said they enjoyed working at the service. They told us that they found the monthly meetings helpful. Staff said they were well supported by the manager. They said the manager was very accessible. Staff felt that the service was well led. We reviewed the minutes from the monthly staff meetings from October 2014 to July 2016; they showed that attendance was good and the agenda reflected the needs and priorities of the service at the time. The minutes also showed that team discussed client reviews and updates to client needs.
- The registered manager demonstrated a good understanding of the communication needs and personal preferences of clients.

Commitment to quality improvement and innovation

- The provider used this service to pilot innovation in therapy techniques and care delivery, which then were introduced to other services for the provider. The service introduced therapeutic support in April 2016. The

Substance misuse services

therapists were given the same two week induction that regular staff received, and were required to work on shifts at the site alongside staff members. Staff members worked alongside clinical staff to record outcomes for clients. Staff set goals for clients every month based on realistic targets so that clients were not set up to fail.

- The service had also introduced a monitoring and evaluating tool which tracked the type of support each client received each day. This was displayed in pie

charts to show where the majority of time was spent in care delivery. This informed each client's care plan, so that more staff time could be allocated to support the specific needs of each client. This also informed the therapeutic work of the therapists, to develop approaches to client self care or challenging behaviour.

- The priorities for the service were to increase team working between the therapeutic staff and the keyworkers and to introduce occupational therapy into the service.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure that care plans are made available to clients in easy read format.
- The provider should consider providing clients with a confidential meeting space where they can receive visitors.