

# Jiva Healthcare Limited

# The Highviews

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

The Highviews is a residential care home providing personal care to up to 6 people in an adapted house in a residential area. The service provides support to people with learning disabilities or autistic spectrum disorder, people with mental health conditions, physical disabilities, sensory impairment, dementia, older people and younger adults. At the time of our inspection there were 6 people using the service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

**Right Support:** People were being supported by staff to pursue their interests and to achieve their aspirations and goals. People told us their quality of life had improved since the last inspection. One person said, "I go out more now, it's much better." Improvements in the quality of risk assessments and care plans meant staff had the information they needed to support people effectively.

**Right Care:** The service had enough appropriately skilled staff to meet people's needs and keep them safe. People were benefitting from a more personalised approach since the last inspection. Staff told us they could spend more time with people.

**Right Culture:** The service enabled people, and those important to them, to work with staff to develop the service. Staff valued and acted upon people's views. The registered manager was working with staff to develop an enabling culture based on best practice for supporting people with learning disabilities and/or autism.

The registered manager had implemented a service improvement plan to make changes following the last inspection. New systems were in place and progress was evident, but it was too soon to say improvements were fully embedded and sustained.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

**Rating at last inspection and update:** The last rating for this service was inadequate (published 6 June 2023) and there were breaches of regulation. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 5 June 2023. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or

in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

We undertook this focussed inspection to check whether the Warning Notices we previously served in relation to Regulations 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well- led which contain those requirements.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Highviews on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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 responsive?**

The service was not always responsive.

Details are in our responsive 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** ●

# The Highviews

## 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

The inspection was carried out by 1 inspector.

#### Service and service type

The Highviews 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. The Highviews 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

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out, and we wanted to be sure there would be people at home to speak with us.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. 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 5 people about their experience of the service. We observed staff interacting with people and supporting them and we spoke with the registered manager, the operations manager and 2 staff. We looked at records relating to people's care and the management of the service. Following the inspection, we asked for further information to be sent to us, including, risk assessments, the service improvement plan and training information.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating 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.

### Staffing and recruitment

At our last inspection the provider had failed to ensure there were enough suitable staff employed to meet people's needs. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The service had enough staff, including one-to-one support for people to take part in activities and visits out in the community.
- Staffing levels had improved and there were enough suitable staff to provide safe care to people. The improvement in people's quality of life was evident.
- Since the last inspection there had been improvements in systems for recruitment of staff. The registered manager had undertaken Disclosure and Barring System (DBS) checks for all staff. This meant the provider could be assured that staff were suitable to work with people.
- The provider continued to recruit new staff. This remains an area of practice that needs to improve to ensure that suitable staffing levels are sustained over time.
- People told us having more staff on duty had led to better quality of life. One person told us, "I can go out again now, it's made such a difference."
- Staff described feeling under less pressure when working because they were able to provide more individual support for people. A staff member told us, "It's so much better than it was, there are more new staff starting and people are much happier because they can go out more often."

Assessing risk, safety monitoring and management; Using medicines safely; Learning lessons when things go wrong

At our last inspection, systems for assessing and managing risks to people, for managing medicines and learning lessons were not robust. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. Systems for assessing and managing risks were not yet fully embedded and sustained. This remained an area of practice that needs to improve.

- Only staff who were trained and assessed as competent were able to administer medicines to people.

Some people were prescribed PRN (as and when) medicines. Staff who worked at night had not all been trained and assessed as competent in administering medicines. This meant that if someone needed a PRN medicine during the night, the staff on duty might not be able to administer this medicine. There was a temporary system in place to support people with PRN medicines at night if the staff on duty were not able to administer the medicine. The registered manager explained that new night staff had been recruited and would be trained to administer all medicines

- Systems for ordering medicines had been improved to ensure people had access to their prescribed medicines. People had their own medicine cabinets in their bedrooms to store their medicines.
- People received supported from staff to make their own decisions about medicines wherever possible. We observed how a person described having a headache and staff offered them the option of taking a pain killer, which the person accepted.
- The service helped keep people safe through formal and informal sharing of information about risks. Risks to people were identified and assessed. Care and support plans provided guidance for staff in how to support people safely to mitigate risks.
- Some people had risks associated with eating and drinking, assessments and care plans reflected advice from a Speech and Language Therapist (SaLT). We observed staff were aware of these measures and were supporting people in line with their care plans.
- Improvements were seen in how environmental risks were identified and managed. For example, storage for oxygen tanks had been improved in line with risk assessments.
- A system for recording and monitoring incidents and accidents had been implemented. Records showed how patterns and trends relating to medicine errors had been identified and additional training had been provided to ensure staff did not repeat the error.

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 Mental Capacity Act (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 .

- Staff empowered people to make their own decisions about their care and support .
- Staff understood their responsibility to consider issues of consent in line with MCA. People told us, and we observed, how staff checked with people before supporting them.
- The registered manager explained they had identified some inconsistent records relating to matters of consent and this was included in a service improvement plan to ensure records were reviewed and updated.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Improvements in systems for recording incidents had led to more effective monitoring of incidents that might indicate abuse. This meant people were better protected from risks of abuse.
- Staff were aware of their responsibilities for safeguarding people and described how they would recognise and report any concerns.



- People told us they felt safe living at The Highviews. One person said, "The staff are all kind, they have got to know me and I feel very safe and happy here."

#### Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements for keep premises clean and hygienic.
- 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 Personal Protective Equipment (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.
- 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.

#### Visiting in care homes

- There were no restrictions on visiting at the time of the inspection. This was in line with current guidance.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection the provider had failed to provide a personalised service that was responsive to people's needs and preferences. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection there had been improvements in the personalised care people received and there was no longer a breach of regulation. These improvements were not yet fully embedded and sustained overtime, this remains an area of practice that needs to improve.

- The registered manager had begun to introduce person-centred planning tools and approaches to discuss and plan with people how to reach their goals and aspirations.
- Staff discussed ways of ensuring people's goals were meaningful and spent time with people understanding how they could be achieved.
- One person spoke proudly about being supported to manage their own medicines. They told us, "I can be independent now, I know what I am doing, and the staff check I am getting it right." There were effective systems in place to provide assurance the person was managing their medicines safely.
- People described having more opportunities to go out in the local community. One person said, "I am going out at least twice a week, it's much better now there are more staff." Another person said, "We have been going out in the evening too."
- Staff described the positive impact of the changes since the last inspection. One staff member said, "People are going out more and everyone is a lot happier."
- Records showed the types of activities that people were being offered. Staff described how they had been seeking people's views on activities and trips out, saying, "They have lots of ideas including going bowling in the evening, that's been very good." We observed people were being supported with activities they had chosen including arts and crafts as well as being supported with trips out in the local community.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Some people had communication needs identified in risk assessments and care plans. For example, a

person's visual loss was included within their care plan. There was clear guidance in how best to support the person, including using simple verbal phrases as well as pictures to support their understanding.

#### Improving care quality in response to complaints or concerns

- Since the last inspection the provider had introduced a system for recording and reviewing complaints.
- No complaints had been received but people told us they would feel comfortable to raise any concerns.
- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them. A staff member said, "We check if people are happy, ask them if they don't appear happy so we can make improvements."

#### End of life care and support

- Consideration had been given to planning for end of life care. Some people had information relating to their wishes including Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) forms.
- The registered manager described this as work in progress and plans to improve end of life care plans were included on the service improvement plan.

# 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 our last inspection we rated this key question inadequate. At this inspection the rating 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; Continuous learning and improving care; 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

At our last inspection the provider had failed to establish effective systems and processes to ensure the safety of the service, to maintain accurate records, and to evaluate and improve practice. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection there had been improvements and there was no longer a breach of regulation. The improvements were not yet fully embedded and sustained, this remains an area in need of improvement.

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the service. They described how cultural change was needed at the service to support a more personalised approach. Plans were in place for staff training and development to enable them to support people through recognised models of care for people with a learning disability and /or autistic people.
- The provider had developed systems to monitor the safety of the service including a number of checks and audits. This meant there was an improvement in governance and oversight by the registered manager and the provider.
- The registered manager had developed a service improvement plan. This identified how progress was being made and changes were having a positive impact on the safety of the service and people's quality of life.
- The operations manager completed reviews of the service to support the registered manager. When issues were identified this was included in the service improvement plan to ensure there was a consistent approach to continued progress and development.

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

At our last inspection the provider had failed to establish effective systems to assess, monitor and improve the quality of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection there had been improvements and there was no longer a breach of regulation. The improvements were not yet fully embedded and sustained, this remains an area that needs to improve.

- The registered manager had begun to set a culture that valued reflection, learning and improvement. For example, a quality of life report provided reflections on how staff had supported a person to improve their independence. This identified barriers and challenges that had been overcome, strategies that were helpful and included a statement from the person about their experience.
- The provider had invested in the service, and this was delivering improvements to the fabric of the building, including people's rooms. One person told us about plans to decorate and personalise their space with a musical theme they loved. Another person showed us pictures of new furniture they had been involved in choosing for the lounge area. Staff told us there was also new garden furniture on order.
- Staff told us they felt able to raise concerns with the registered manager and that morale had improved. One staff member said, "We can discuss anything as a team or with the manager, it's an open atmosphere. (Registered manager) knows what they are doing, and they are very fair. Staff are happy."

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

- Staff encouraged people to be involved in developments at the service. Notes from meetings showed how people were engaged. For example, people were encouraged to take turns to chair the meetings. People said they were able to talk about any complaints or concerns. We noted that a person raised a concern about the TV in the lounge area not being in a good position for some people who used wheelchairs. It was agreed the TV would be moved and notes from the next meeting showed this had been completed.
- People told us they were hoping to have a holiday and plans were in progress for this. People were being supported to make choices about what they would like to do. Staff described using photos of places to help people to make a choice.

Working in partnership with others

- The provider had been working with the local authority to ensure improvements in staffing arrangements would be sustained.
- Staff were supporting people to engage with advocacy organisations which helped to give people using the service a voice.
- Staff had developed relationships with local organisations and supported people to be involved in the local community.