

High View Care Services Limited

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Inspection report

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Date of inspection visit: 21 January 2015
Date of publication: 28/04/2015

Ratings

Overall rating for this service

Is the service safe?

Is the service effective?

Is the service caring?

Is the service responsive?

Is the service well-led?

Overall summary

This inspection took place on 21 January 2015 and was unannounced. At our previous inspection 16 June 2014, we found the provider was meeting the regulations in relation to outcomes we inspected.

High View Care Services Limited provides accommodation and support for people with acquired brain injuries or substance misuse. The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People using the service said they felt safe and that staff treated them well. Safeguarding adult's procedures were robust and staff understood how to safeguard the people they supported. The manager demonstrated a clear understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Appropriate recruitment checks took place before staff started work.

Summary of findings

Risks to people using the service were assessed; care plans and risk assessments provided clear information and guidance for staff on how to support people with their needs. People using the service had been fully involved in planning for their care needs. Medicine records showed that people were receiving their medicines as prescribed by health care professionals.

People said their views and opinions were valued by staff. Staff encouraged people to be as independent as possible. There were regular meetings where people were able to talk about things that were important to them

and about the things they wanted to do. They knew about the home's complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

The provider took into account the views of people using the service through surveys. They recognised the importance of regularly monitoring the quality of the service provided to people using the service. Staff said they enjoyed working at the home and they received good support from the manager. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. There were appropriate safeguarding adults procedures in place and staff had a clear understanding of these procedures. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

Appropriate recruitment checks took place before staff started work. People using the service, the manager and staff told us there were always enough staff on shift.

Medicine records showed that people were receiving their medicines as prescribed by health care professionals.

Is the service effective?

The service was effective. Staff had completed an induction when they started work and training relevant to the needs of people using the service.

The manager understood the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and acted according to this legislation.

People's care files included assessments relating to their dietary needs and preferences.

People had access to a GP and other health care professionals when they needed it.

Is the service caring?

The service was caring. Staff were caring and spoke to people using the service in a respectful and dignified manner. People were consulted about and involved in developing their care plans.

Staff encouraged people to be as independent as possible. There were regular residents meetings where people could talk about things that were important to them and about the things they wanted to do. People's privacy and dignity was respected.

Is the service responsive?

The service was responsive. People's needs were assessed and their care files included detailed information and guidance for staff about how their needs should be met.

People who use the service were supported to be as independent as possible. People said there were plenty of opportunities to do things both in and out of the home.

People knew about the homes complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

Is the service well-led?

The service was well-led. The provider took into account the views of people using the service through surveys. They recognised the importance of regularly monitoring the quality of the service provided to people using the service.

Staff said they enjoyed working at the home and they received good support from the manager.

High View Care Services Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was carried out on 21 January 2015 and was unannounced. The inspection team consisted of an inspector and a specialist nurse advisor. Before the inspection we looked at the information we held about the service including notifications the provider had sent us.

At the time of our inspection the home was providing care and support to twelve people. We spoke with four people using the service, five members of staff, the manager and the provider. We looked at records, including the care records of three people using the service, four staff members' recruitment and training records and records relating to the management of the service.

After the inspection we contacted a health care professional and the relatives of two people using the service about their views on the service.

Is the service safe?

Our findings

People using the service told us that they felt safe living at the home and that staff treated them well. One person said, “I don’t have any problems with the other people who live here or the staff, I feel safe living here.”

There were appropriate safeguarding adults procedures in place and staff understood these procedures. The home had a policy for safeguarding adults from abuse and a copy of the "London Multi Agencies Procedures on Safeguarding Adults from Abuse". The manager was the safeguarding lead for the home. We saw a safeguarding adult’s flow chart that included the contact details of the local authority safeguarding adult’s team and the police. Staff demonstrated a clear understanding of the types of abuse that could occur. They told us the signs they would look for, what they would do if they thought someone was at risk of abuse, and who they would report any safeguarding concerns to. The manager said they and all staff had received training on safeguarding adults from abuse. The training records confirmed this. Staff told us they were aware of the organisations whistle-blowing procedure and they would use it if they needed to.

Staff told us they were subject to a thorough recruitment and selection process before they started working at the home. They were interviewed and full employment checks were carried out. We looked at the personnel files of four staff that worked at the home. We saw completed application forms that included references to their previous health and social care experience, their qualifications, their full employment history and explanations for any breaks in employment. Each file included evidence that criminal record checks had been carried out, two employment references, health declarations and proof of identification.

People using the service, the manager and staff told us there were always enough staff on shift. One person using the service said, “There is always plenty of staff around. I go to bed late and I get up early. I have a cup of tea with the night staff every morning a 6am without fail.” The manager showed us a staffing rota and told us that staffing levels

were arranged according to the needs of the people using the service. If extra support was needed for people to attend social activities or health care or hospital appointments then additional staff cover was arranged.

Assessments were undertaken to assess any risks to people using the service. We looked in care files and found that risk assessments had been completed for each person using the service. This included, for example, self neglect, alcohol abuse, fire evacuation, risks to themselves and others and medication. The risk assessments included information about action to be taken to minimise the chance of the risk occurring. We saw a folder that included a fire risk assessment for the home and records of weekly fire alarm testing, servicing of the alarm system and reports from fire drills. Training records confirmed that staff had received training in fire safety.

People said staff helped them with their medicines and reminded them when they needed to attend health care appointments. One person had been supported to administer their own medicines through a self-medication programme. We saw they had a medication risk assessment in their care file and a medication protocol in the medicines folder. This person said “I take my own medicine but staff just check that I am doing it right.” We saw that staff had carried out regular checks to make sure this person had taken their medicines. Another person using the service said, “At the moment staff help me with my medicine, I am working towards doing this independently.”

Medicine was stored securely in a locked cupboard. We saw records of medicines received into the home, medicines returned to the pharmacist and reports from weekly medication audits. We looked at the medicines folder. The folder included the homes medication policy and the names, signatures and initials of staff trained to administer medication. The folder also included people using the services photographs, individual medication care plans, protocols for supporting people with specific medicines and medicine administration records. We checked the medicine administration records for five people using the service. These showed that people were receiving their medicines as prescribed by health care professionals.

Is the service effective?

Our findings

People using the service said staff knew them well and knew what they needed help with. One person said, “I feel the staff are very understanding, professional and well trained. This is a drink and drug free home and staff know how to help people with that.”

Staff had the knowledge and skills required to meet the needs of people who used the service. Training records showed that all care staff had completed an induction programme and training that the provider considered mandatory. This training included first aid, food hygiene, fire safety, safeguarding adults, infection control and the Control of Substances Hazardous to Health. Staff had also completed training on brain injury, diabetes, epilepsy mental, alcohol dependency and the Mental Capacity Act 2005.

People using the service were also supported by the organisations therapeutic team. This team consisted of mental health professionals, counsellors, rehabilitation coaches, an addiction support lead and a literacy and numeracy tutor. The manager said therapeutic team worked closely with the care team and provided advice to staff on how to support people using the service with their care and support needs. We saw a weekly program of activities carried out at the home by the therapeutic team. This showed that people received regular support from that team.

Staff told us they had completed an induction when they started work and they were up to date with their training. One member of staff said, “I have worked here for three years. I have received a lot of training and I have built up a lot of skills. The training we get is one of the best things about working here.” They said they received regular supervision and an annual appraisal of their work performance. Another member of staff said, “I started work four months ago. I work here two days a week. I had an induction and I think I have completed a lot of training.” Staff were supplied with an employee handbook when they started working at the home. The handbook included information such as general terms of employment and various policies and procedures, for example, health and safety, whistle blowing, equal opportunities and discipline

and grievance. Staff said they were well supported by the manager and there was an out of hours on call system in operation that ensured management support and advice was always available when they needed it.

The manager demonstrated a clear understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). They said that all of the people using the service had capacity to make most decisions about their own care and treatment. We saw that capacity assessments were completed and retained in care files. Where the manager had concerns regarding a person’s ability to make specific decisions they had worked with them, their relatives [if appropriate], and the relevant health and social care professionals in making decisions for them in their ‘best interest’ in line with the Mental Capacity Act 2005. The manager told us that, since the recent supreme-court judgement in respect of DoLS, the service had started to assess whether any people would need applications made to deprive them of their liberty and had made applications to the local authority under the Deprivation of Liberty safeguards for nine people using the service. Three of these applications had been authorised by the local authority. We saw that all of the paperwork was in place and kept under review.

People were able to access food and drink as they wanted. We saw bowls of fruit in the dining area and snacks in the kitchen. At lunchtime we saw people choose what they wanted to eat. Staff told us they prompted people towards independence by encouraging them to prepare drinks and snacks and cook meals for themselves. One person using the service said, “The staff help me to become independent. They help me with basic cooking skills and to attend a cooking course at college.” People’s care plans included sections on their dietary needs. These care plans indicated people’s likes and dislikes, food allergies, specific dietary requirements in relation to their health care needs and the support they needed for example with cooking and meal planning. Where those individuals had specific dietary requirements we saw that protocols were in place for staff to follow so that they could support people in a safe manner.

Staff monitored people’s mental and physical health and wellbeing daily and at keyworker meetings and where there were concerns people were referred to appropriate health professionals. People using the service were registered with a local GP practice and they had access a

Is the service effective?

range of other health care professionals such as dentists, opticians and chiropodists the community mental health team if and when required. One person using the service said “The staff help me with my medicines and I can go and see my GP or dentist when I want to.” Another people said

“My GP is just up the road, I can see him when I need to. I see my dentist every six months for a check-up and the optician once a year.” People’s care files included a record of their appointments with health care professionals.

Is the service caring?

Our findings

Throughout the course of our inspection we observed staff speaking to and treating people in a respectful and dignified manner. People who use the service were smiling and animated, telling jokes and injecting humour into conversations. Staff would often initiate conversation or activities in which people who use the service would participate. One person using the service said, "It's always relaxed here. The staff know me well and they understand my needs." Another person said, "The staff talk to me about what I need. They ask me if I need any help. They don't ask me any silly questions." Another person said, "The staff always listen to what I have to say and they know what they need to do to help me." A relative of a person using the service said, "I am happy with the support my relative receives. The staff are welcoming when I go there. I think they are good at helping people to get well, my relative has made some good improvements. When they moved there they asked me about the things [my relative] liked and didn't like. This went in their care plan. The staff keep me informed about how my relative is keeping." Another relative said, "My relative is comfortable living at the home. Their needs are being met. The staff there are lovely and they look after people well."

People using the service told us they had been consulted about their care and support needs. One person said, "I have a keyworker who I can talk to about my care needs. I have a care plan we talk about that. We talk about my support needs and if I am anxious about anything and what I want to do in the future." Another person said, "I have a care plan and a keyworker. I meet with them when I need to." People told us they were provided with a service user's guide when they moved into the home. This included important information such as the complaints procedure, fire procedure, residents meetings, activities, visitor's information, people's health and medical care, people's rights and health and safety.

People told us about regular residents meetings where they were able to talk about things that were important to them and about the things they wanted to do. The manager told us that residents meetings took place every three months. Extra meetings were held if need be to communicate particular issues to people using the service. We saw that one such meeting took place in November 2014 when the need for people to keep their doors locked during the night was discussed. The manager showed the minutes from the last three residents meeting. We saw these meeting were well attended by people using the service and their comments and suggestions had been recorded. Items discussed at the last meeting in December included different options for Christmas dinner, a Christmas party, Christmas gifts, people going on home visits and trips out with staff. One person using the service said, "I think the residents meetings are good. We all talk about the home and the things we want. We had one before Christmas and we all said what we wanted and we got what we wanted." We saw that people using the service's individual needs were discussed at regular staff team meetings and individual staff supervision.

One person using the service said, "We all have our own room keys. The staff respect my privacy and dignity. They would never walk into my room without asking me first and they always knock the door gently. They might just do that to check if I am okay." Another person said, "Staff always knock on the door and ask me if they can come into my room."

Staff told us how they made sure people's privacy and dignity was respected. They said they knocked on people's doors before entering their rooms and they made sure personal information about people using the service was locked away and confidentiality was maintained at all times. A member of staff said that all of the people using the service were independent and did not require any support with personal care; however on occasions they might remind people to shave or change their clothing.

Is the service responsive?

Our findings

A person using the service told us, "The staff are great. I would give them 10 out of 10. I have never had a problem with them or a disagreement." Another person said, "The staff are alright, they know what they need to do for me." A relative of a person using the service said, "When my relative moved there the staff asked me about the things they liked and didn't like. This went in their care plan. The staff keep me informed about how my relative is keeping."

A health care professional told us that their client had made very good progress since they moved into the home. Staff were supporting this person to attend regular health care appointments, activities in the community and maintain links with family members. They said they had very good communication with the manager and staff and they received regular email updates on their client's progress.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at the care records of three people. We saw that assessments were undertaken by the manager and a member of the therapeutic team to identify people's support needs before they moved into the home. Care plans were developed outlining how these needs were to be met. This ensured that the service was able to meet people's needs in terms of support and developing their skills. The care records also included essential information about the person using the service such as, referral information, their personal history, care plans, support protocols and risk assessments. The care plans we looked at were detailed and provided information and guidance to staff about how people's needs and preferences should be met. They covered areas such as, personal care, eating and drinking, behavioural needs, social and domestic activities, medication and their physical, psychological and emotional support needs. The care plans had been signed by people using the service and were reviewed every month by key workers. We saw records from keyworker meetings and progress reports from members of the therapeutic team. Individual risk assessments had been

completed for areas such as alcohol abuse, fire evacuation, abuse from others, self-neglect and medication. The risk assessments we looked at had been reviewed and updated monthly and reflected any changing needs.

People were supported to be as independent as possible. People were encouraged to carry out daily living such as preparing food, doing their own laundry, cleaning their bedrooms and budgeting. One person lived semi independently in an apartment with their own cooking facilities. They said they had worked with staff to identify the particular skills they needed to develop before moving on to a more independent living setting. Another person said, "The staff are really helping me with my independence. I have a feeling that I can move on from here. I can manage my own money, do my own shopping and my room it is very clean and tidy."

A person using the service said there were plenty of opportunities to do things both in and out of the home. They said there was a pool competition, board games and movies nights for people to take part in if they wished. They said we all got away on a holiday last year. Another person said a member of staff accompanied them to 60's music revival nights and they had recently been on a holiday to their homeland. They really enjoyed being there because they met with family members who they had not seen for many years.

We saw copies of the complaints procedure were located in communal areas throughout the home. The complaints procedure was also included the service users guide. People said they knew about the complaints procedure and said they would tell staff or the manager if they were not happy or if they needed to make a complaint. The relatives of people using the service said they knew how to make a complaint if they needed to. They all said they were confident they would be listened to and their complaints would be fully investigated and action taken if necessary. The manager showed us a complaints file. The file included a copy of the complaints procedure and forms for recording and responding to complaints. Two complaints had been received by the home in the last twelve months. One complaint had been resolved to the satisfaction of the complainant. We saw that the manager was part way through investigating the other complaint.

Is the service well-led?

Our findings

The home had a registered manager in post. Throughout the course of this inspection it was clear from the manager, staff, people using the service we spoke with that the ethos of the home was to improve people's confidence in their own abilities. One member of staff said, "We have a very good team, the aim of this service is to build on peoples independence and confidence. We are all doing our best to give people what they need. We try to open doors for people so that they can move forward with their lives." Another member of staff said, "No matter how small the improvement a person using the service makes we always praise and encourage them. I enjoy working here for that."

Staff said they could express their views at team meetings and in supervisions. Members of the therapeutic team also attended part of the meetings to discuss specific topics relating to the needs of people using the service. A member of staff said, "Staff can talk about anything at team meetings, we can be honest with each other. The manager and the provider listen to what we have to say and they are really supportive. Another member of staff said, "It's nice working here. If I don't know about something I can ask other staff or the manager. The manager is good to work with and is very supportive. They deliver instructions in a calm yet assertive manner." We saw that staff meetings were held every month. These were well attended by staff and their comments and suggestions had been recorded. Items discussed at the December 2014 meeting included new key working documents, the medication policy, handovers, room checks, care plans and the needs of people using the service. The manager showed us that staff were using the new key working documents and room checks were being carried out with people using the service.

The provider took into account the views of people using the service through surveys. People using the service said their views and opinions were valued by staff. People who use the service, their family members and health and social care professionals were asked for their views about the

quality of care provided at the home. Comments from people using the service on a recent satisfaction survey included, "I think it's all right here" and "I think there should be a male and female on every shift." A social care professional commented, they enjoyed visiting the home, the staff were friendly, approachable and very professional. The manager told us that once all of the surveys had been received back they would produce and publish a report and an action plan. They said they would use feedback from the surveys to make improvements at the home.

The manager showed us reports from the registered provider's monthly monitoring visits to the home. These reports monitored the homes compliance with the Care Quality Commissions regulations and included an improvement plan agreed as a result of each visit. For example actions recorded in the December 2014 report included repairing the cooker and cleaning rooms. The manager told us these improvements had been made. We saw that the cooker was now working properly and people using the service told us they were encouraged to keep their rooms tidy. Other issues recorded in the providers report included visiting the GP practice to discuss a better way of working. We saw a report from a meeting with GP's from the practice where the deputy manager had discussed areas where improvements could be made and resolutions had been agreed between the home and the practice.

The manager showed us records that demonstrated regular audits were being carried out at the home. These included health and safety; medicine records, incidents and accidents, complaints, petty cash, meetings, fire safety and care file audits. We saw reports from incidents and accidents. The manager told us incidents and accidents were recorded in the homes communication book and discussed at team meetings. They provided us with a recent example where an incident had occurred at the home. A meeting was held residents and staff and measures were put in place to reduce the risk of the incident happening again.