

Horizonz Care Ltd

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Inspection report

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Date of inspection visit:

08 October 2019

09 October 2019

15 October 2019

21 October 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Horizonz Care Limited is a domiciliary Care agency registered to provide personal care to people in their own homes in the community. It provides a service to a range of people including older people and younger adults. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection the service was providing personal care to 26 people.

People's experience of using this service

At the last inspection in August 2018 we rated the service requires improvement. We found two breaches of regulation, one relating to unsafe staff recruitment practices and one because governance systems were not effective. At this inspection we found improvements had been made to staff recruitment processes, however the registered provider did not always have effective systems of governance in place to maintain and improve the quality and safety of the service.

People and relatives provided good feedback about the service and people told us they felt safe. Staff had a good understanding of how to safeguard adults from abuse and who to contact if they suspected any abuse had taken place.

Incidents were usually recorded, and action taken to keep people safe, however missed visits were not always recorded as incidents and the registered provider did not have an effective overview of these incidents.

Staff knew what to do in the event of an emergency. Risk assessments were individualised and minimised risk whilst promoting independence.

People we spoke with told us staff were usually on time and they had not experienced any recent missed care visits.

Staff were supported with an induction, supervision and role specific training, which ensured they had the knowledge and skills to support people. People received support with their meals if this was part of their care plan.

People received support to maintain good health and were supported to access healthcare professionals and services if required.

People had maximum choice and control of their life and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People told us staff were caring and supported them in a way that maintained their dignity, privacy and

independence. People were involved in planning their care and were supported with social activities if this was part of their care package.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 13/10/2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of one regulation. The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

We have identified a breach in relation to governance of the service at this inspection. Please see the action we have told the provider to take at the end of this report.

Why we inspected

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up

We will request an action plan and meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will continue to monitor the service and re-inspect in line with the current rating. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.
Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our responsive findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.
Details are in our well-Led findings below.

Requires Improvement ●

Horizonz Care Ltd

Detailed findings

Background to this inspection

The 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.

Inspection team

The inspection took place on 9 and 15 October 2019 and was announced to ensure someone would be in the office to speak with us. The inspection was conducted by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. CQC does not regulate the premises; this inspection looked at people's personal care and support service.

Inspection activity started on 8 October 2019 and ended on 21 October 2019. We visited the office location on 9 and 15 October 2019.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was also the registered provider.

What we did before the inspection

Prior to our inspection we reviewed all the information we held about the service. This included information from notifications received from the registered provider, feedback from the local authority safeguarding team and commissioners. We reviewed all the information we had been provided with from third parties to fully inform our approach to inspecting this service.

On this occasion we did not ask the registered provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with two people who used the service and seven of their relatives on the telephone. We spent time looking at two people's care plans and other records. We looked at three records relating to staff recruitment, supervision and training, and various documents relating to the service's quality assurance systems. We spoke with the registered manager who was also the registered provider, one care coordinator and the training manager.

After the inspection

We spoke with four care staff on the telephone and received feedback from one community professional.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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 have in place safe systems of staff recruitment. This was a breach of regulation 19 (Fit and proper persons employed) 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 19.

- Recruitment procedures were safe, although evidence was not always easy to locate on the registered providers system to evidence this. The registered provider said they would ensure information was organised in a more accessible way.
- The registered provider deployed sufficient numbers of staff to meet people's needs. People told us they were usually supported by a consistent team of staff and no one complained about any recent missed care visits.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Staff had completed training in how to ensure people were safeguarded from abuse and knew the procedure to follow to report any incidents. We saw incidents had been reported and followed up when they occurred.

Assessing risk, safety monitoring and management

- Evidence of an overview of action following missed visits was not always available. The registered manager told us the computer system in use did not have an 'event' option for missed visits and we saw the action taken was recorded in a variety of places, such as staff records and service user records. The registered manager told us they would review their incident recording system to improve this.
- Due to internet connectivity problems incident records were printed out for the second day of our inspection and showed what follow up action had been taken to keep people safe and prevent future incidents. The registered manager told us they were moving offices and problems with internet connectivity and access to the computer system would be rectified.
- Electronic call monitoring had been implemented, however records indicated this was not always working effectively due to connectivity issues and lack of uptake by staff. Written daily records showed the times that care was delivered and the registered manager was providing incentives for staff to use the electronic system.
- Risks were minimised by detailed risk assessments, with clear directions for staff. They included

environmental risks, falls, mobility and personal safety. One person said, "I feel safe, there is a key safe outside."

- Staff knew what to do in the event of an emergency, for example, if they were unable to gain access to a person's home or found a person on the floor.

Using medicines safely

- In the main people were protected against the risks associated with medicines because the provider had appropriate arrangements in place.
- Medicines administration records (MARs) were audited, however the reason for gaps in two of the records we reviewed did not correspond to the daily records. Daily records indicated the medicine or cream had been applied and the gaps in the records were because care staff had not always completed the MAR. The registered manager said they would follow this up to ensure records were completed.
- Staff had completed regular medicines training and some competence assessments as part of spot checks. The registered manager intended to begin separate medicines competence assessments in line with good practice guidelines.

Preventing and controlling infection

- People told us they were protected from the spread of infections by good staff practice and staff told us there was a good supply of personal protective equipment available.

Learning lessons when things go wrong

- Care plans evidenced the registered provider had taken action to implement learning from incidents and reduce future risks, for example putting measures in place to prevent future falls. An effective overview of all incidents was not available to evidence lessons learned.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and feedback confirmed this.

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

- Prior to providing care the service completed an assessment of people's needs to ensure appropriate support could be provided. One staff member said, "With a new client we go to meet them at their house and read their care plan."
- Physical, mental health and social needs had been assessed and care plans included guidance and information to provide direction for staff, for example details of how people liked to be supported and how to support individuals living with dementia. One relative said, "The team that come out in the evening to care for [my relative] they chat with [them], make sure [they] are ok, if [they] need a drink, they would make [them] one. Well trained, well skilled yes."

Staff support: induction, training, skills and experience

- Staff were provided with an induction, training, supervision, spot checks and appraisal to ensure they were able to meet people's needs effectively. One person said, "All of them are brilliant, they are well trained." One relative said, "They know what they are doing. If they have any concerns they do phone me."
- Staff told us they felt supported and the training was good.

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

- People were supported with their meals if this was required. Staff recorded the support they provided with meals and drinks to ensure people's nutritional needs were met.

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

- The service promoted good relationships with community health professionals to achieve best practice and help people to achieve good outcomes.
- The service supported people with access to health care if they were unable to do this independently and liaised with family members where agreed. People were supported to live healthier lives. One person said, "The carers help me with my exercise as I'm a bit stiff on my arms, they put cream on my back."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The staff members we spoke with had a good understanding of the MCA and told us most people currently using the service made their own decisions. People had consented to their care plans and told us staff always asked their permission before delivering care. Where people's capacity was in doubt mental capacity assessments had been completed. Evidence of best interest decisions was not always available. The registered manager showed us historic paper documents and said she would reinstate these to record best interest decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were caring. One person said, "The best thing about the service is you are not just a number on the door." A relative said, "I can't fault them [staff]. They are caring towards [my relative]".
- Positive caring relationships were developed through staff understanding people's needs and their personality. One staff member said, "My clients are lovely. I am really enjoying working there. I go to help people." A second staff member said, "I like my service users. I like going there." A third staff member said, "I've loved every minute."
- We heard caring, warm and respectful interactions between office staff and people on the telephone. All staff we spoke with said they would recommend the service to a member of their own family if they needed this kind of support.
- Equality was promoted within the service and staff knew how to support the cultural needs of people from different ethnic and religious backgrounds.

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

- People told us they made decisions about their care and we saw from records this was the case.
- Each person's care plan contained information about people's preferred gender of carer and this was respected.

Respecting and promoting people's privacy, dignity and independence

- People we spoke with said their privacy, dignity and independence were respected by staff. One relative said, "They are respectful and treat my [relative] with dignity, they know what they are doing." One staff member said, "I ask permission before supporting with personal care. Close the door and curtains. Keep people covered up. If it's safe to leave I then give them privacy." We saw people's confidential information was securely stored.
- The service had an enabling ethos which promoted people's independence.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- We looked at two people's care plans and found they were person-centred and explained in detail how people liked to be supported. People told us they could choose their time and if staff were going to be late they would telephone to let them know. One relative said, "They put [my relative] to bed at the time [my relative] wants and make sure [they] are tucked up and secure."
- People were involved in reviews and care plans were updated regularly, or when needs changed. One relative said, "The care plan was reviewed end of last year or early this year, not sure. They are good. [My relative] has problems with their teeth and [name of manager] is very caring and offered to go and get [name of medicine]" A second relative said, "Yes, the head person is involved with the care plan."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service met the AIS. People's communication needs were recorded in care plans and Information was available in large print and community languages should this be required, which supported good communication. One staff member said, "I speak Urdu and Punjabi. I support one person with language if needed."

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

- Staff supported people to remain in their community and to complete activities and outings if this was part of their care package. One relative told us their relation was supported with monthly facials and pamper days.

Improving care quality in response to complaints or concerns

- Complaints had been recorded and responded to appropriately when they arose.
- A complaints procedure was shared with people when they began using the service. One person said, "If I was not happy I would ring up, and no I haven't had to."
- Staff we spoke with said if a person wished to make a complaint they would facilitate this and inform the manager. Compliments were also recorded and shared with staff.

End of life care and support

- End of life care was not currently being delivered at the service. Discussions about people's end of life plans and wishes were recorded if people wished to do so.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership did not always support the delivery of high-quality care.

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

At our last inspection the registered provider was in breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the registered provider did not have an effective system of governance in place to maintain and improve the quality and safety of the service. At this inspection we found further improvements had been made, however issues with good governance remained.

- Audits had been completed on daily records and MARs, however these were not accurate, and this had not been checked or identified by the registered provider.
- An effective overview of missed visits was not in place to ensure future risks were monitored and reduced.

The above was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because the registered provider did not have an effective system of governance in place to maintain and improve the quality and safety of the service.

- The registered provider accepted they had not checked audits and would ensure these were checked in the future.
- The registered provider had completed the actions in their action plan to improve recruitment processes and ensure staff recruitment was safe.
- The management team completed staff observations to ensure compliance with the registered providers policies.

Continuous learning and improving care; Working in partnership with others

- The registered provider did not always review information to improve the quality and safety of the service.
- They attended training and good practice events to keep up to date with good practice.
- The management team usually worked in partnership with community healthcare professionals, for example, occupational therapists and community nurses to improve people's outcomes. We received feedback from one community professional that the registered manager did not always respond to requests for information in a timely way.

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

outcomes for people; 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

- People we spoke with told us the service was well led. One relative said, "[My relative] had teething troubles and a few people didn't understand [their] needs. [Name of care coordinator] was very helpful, very good."
- Staff told us they felt supported by the management team. One staff member said, "They are really supportive and understanding." A second staff member said, "The manager is brilliant. I can't fault her."
- The registered provider was aware of the duty of candour. The CQC had received notifications that providers must send to us in a timely manner. The current rating was displayed on the registered providers website.

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

- The registered manager had an in-depth knowledge of the needs and preferences of the people they supported and made adjustments for people's equality characteristics, such as disability or religion.
- The registered manager sought feedback from people and relatives using surveys, telephone calls and visits and the responses were positive.
- The registered manager held regular staff meetings to share information and discuss staff practice.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider did not have an effective system of governance in place to maintain and improve the quality and safety of the service.</p> <p>Regulation 17 (2) (a) (f).</p>