

Horizon Homecare (Southern) Ltd

Horizon Home Care - 386a Ashley Road

Inspection report

386a Ashley Road
Poole BH14 0AA
Tel: 01202 737456
Website: www.horizonhomecare.co.uk

Date of inspection visit: 4, 8 & 11 September 2015
Date of publication: 05/11/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires improvement 

Is the service well-led?

Good 

Overall summary

This inspection was announced and took place on 4, 8 and 11 September 2015. We told the provider one day before our visit that we would be coming to ensure that the people we needed to talk to would be available. At the last inspection August 2013 the service was meeting the requirements of the regulations that were inspected at that time.

Horizon Homecare provides personal care and support to people who live in their own homes. At the time of our inspection they were providing personal care to more than 300 people.

Horizon Homecare has a registered manager in post. 'A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

People told us that their care and support needs were met and that care workers were kind, caring and respectful. People also said they felt safe and had confidence in their care workers.

The provider had implemented satisfactory systems to recruit and train care workers in a way that ensured that relevant checks and references were carried out and staff were competent to undertake the tasks required of them. The number of staff employed by Horizon Homecare and the skills they had were sufficient to meet the needs of the people they supported and keep them safe.

People were protected from harm and abuse wherever possible. There were systems in place to reduce and manage identified risks and to ensure medicines were managed and administered safely. People knew how to raise concerns and complaints and records showed that these were investigated and responded to.

Care workers knew people well and understood their needs although care plans were not always sufficiently detailed and up to date to provide information for care workers if they did not already know the person they were supporting.

There was a clear management structure. People and care staff said the manager was approachable and supportive. There were systems in place to monitor the safety and quality of the service.

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.

Systems were in place to protect people from harm and abuse. Care workers knew how to recognise and report any concerns.

Care workers were recruited safely and there were enough care workers to make sure people had the care and support they needed.

Medicines were managed safely and staff competence was checked.

Good



Is the service effective?

The service was effective

Care workers received induction and ongoing training to ensure that they were competent and could meet people's needs effectively. Supervision processes were in place to monitor care workers' performance and provide support and additional training if required.

People were supported to have access to healthcare as necessary.

People were supported to eat and drink if this was required.

Good



Is the service caring?

The service was caring.

Support was provided to people by care workers who were kind and caring.

Care workers understood how to support people to maintain their dignity and treated people with respect.

Good



Is the service responsive?

People's needs were met but care plans lacked information and changes in need were not always reassessed and planned for.

The service had a complaints policy and complaints were responded to appropriately.

Requires improvement



Is the service well-led?

The service was well led.

There was a clear management structure in place. People and care workers told us the registered manager and management team were approachable and supportive and they felt they were listened to.

Feedback was regularly sought from people and actions were taken in response to any issues raised.

Good



Summary of findings

<p>There were systems in place to monitor and assess the quality and safety of the service provided.</p>	
--	--

Horizon Home Care - 386a Ashley Road

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 checked 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 took place on 4,8 and 11 September 2015. One inspector undertook the inspection.

Before the inspection we reviewed the information we held about the service; this included incidents they had notified us about. We also contacted the local authority safeguarding and contract monitoring teams to obtain their views.

A Provider Information Return (PIR) had not been requested from the provider. This was because the

inspection was brought forward due to some concerns that were raised with us. The PIR 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.

We visited three people in their and homes and spoke with two other people on the telephone. We also spoke with five relatives and spoke with or had contact with six care workers and two professionals. We also spoke with the registered manager and office based staff who were involved in supporting people who used the service as well as the care workers. We looked at seven people's care and medicine records in the office and the records in their homes, with their permission, of the people we visited. We saw records about how the service was managed. This included four staff recruitment and monitoring records, staff schedules, audits and quality assurance records as well as a wide range of the provider's policies, procedures and records that related to the management of the service.

Is the service safe?

Our findings

All of the people who received care and support from Horizon Homecare told us that they felt safe with the care workers who supported them. One person told us, “I like my carers, they know I can’t have certain things on my skin and make sure I’m ok”.

The service had satisfactory policies and procedures in place to protect people from abuse. Care workers received regular training in safeguarding and whistleblowing and information about this was included in the staff handbook which was given to all staff. Staff knew the different signs and symptoms of abuse and told us they were confident about how to report any concerns they might have. The registered manager had made notifications to CQC of any concerns that they had reported to the local authority and discussed with us the lessons that had been learned from previous safeguarding investigations.

A system was in place to identify and manage risks so that people were protected from harm. Risk assessments were undertaken at the start of a package of care and included the person’s home environment, risk of falls, malnutrition, medicines, moving and handling and skin integrity. Some of the risk assessments had not been updated for more than 12 months and some equipment, such as bedrails had not always been included in risk assessments. The registered manager confirmed that they were already aware of this issue through their own monitoring processes and following a monitoring visit from local commissioners. They told us that senior staff had been allocated to review and update all risk assessments.

Care workers told us there were systems in place to enable them to respond to emergencies. For example, if they arrived at a visit and found someone was unwell or if a care worker was unable to complete their shift meaning that people would not receive their care. This usually involved managers and senior care workers providing additional support, contacting health professionals, arranging extra staff or providing additional care themselves.

There was an out of hours and on-call system in place so that people who used the service and care workers could contact the service in emergencies. The registered manager told us that due to the increase in the number of people

they care for, they had recognised that the current system was often too busy and calls were being missed so they were therefore trialling new systems to provide appropriate support.

The service had increased in size since the last inspection and therefore more care workers had been recruited. The registered manager told us that they always recruit more care workers than they need so that they can ensure full cover on the rota whilst training needs, sickness and annual leave can be also be planned for. Rotas for people who used the service during the week of our inspection showed that everyone had a named carer allocated for all calls. This meant that, even if the allocated care worker changed, people always received care from staff who had been recruited and trained by Horizon Homecare and there was no reliance on agency staff.

The service had a satisfactory system in place to ensure that recruitment practices were safe. Records for six people who had been recruited to work as care workers were checked. We found that procedures had been followed; each person’s file contained proof of identity including a recent photograph, a Disclosure and Barring Service check and evidence of people’s good character and satisfactory conduct in previous employment. They had also completed fitness to work questionnaires and provided evidence of their right to work in the United Kingdom where necessary. This made sure that people were protected as far as possible from individuals who were known to be unsuitable.

There were satisfactory systems in place for the management and administration of medicines. Care workers had been trained in the administration of medicines and records showed that their competency to administer medicines safely had been checked regularly. Care workers were knowledgeable about each person’s medicines and how to administer them. They were regularly “spot checked” whilst providing care to ensure that they were following the correct instructions for medicines and keeping suitable records.

People told us they received their medicines on time and as they required. Care plans and medicine administration records were checked and found to be detailed and up to date. We checked three medicine administration records (MAR) and found that they had been properly completed. The registered manager showed us how all completed MAR’s were returned to the office at the end of each month

Is the service safe?

and 10% of these were audited by a senior care worker. If any issues were found, the staff concerned were spoken with and record was made of this in their file. In some cases, additional training had been provided.

Is the service effective?

Our findings

People told us that they had confidence in their care workers because they were professional, kind and caring. Some people commented that the newer care workers were sometimes lacking in confidence but that they appeared well supported and quickly improved. One person said, "I would like my full 30 minutes. Most of the carers do stay but it does depend on who it is. They are always rushing and tell me it is because they don't have time to travel between calls".

People were generally happy with the service they received. However, a number of people raised the issue that care workers were sometimes not staying for the full amount of time allocated to each person. Some people said they felt that care workers were often rushed and this meant they felt rushed too. People told us that they believed this was because the care worker rotas did not always include travel time between appointments. People also said that the office did not often tell them when changes of care workers were made to their schedule or when care workers were going to be late.

Care workers had a mixed view of this: some said that the office would allocate travel time or increase travel time if they said they needed it, others said they preferred not to have travel time allocated as this created too many gaps in their rota. Office staff responsible for scheduling visits explained that if care workers became unavailable once the rota had been compiled, they had to move other care workers around to ensure everyone had their care needs met and this could lead to travel time being reduced. The registered manager showed us staff meeting minutes and management meeting minutes where the issues surrounding rotas and travel time were discussed to try to ensure that people received the best possible service. The registered manager told us that they expected travel time to be allocated between all calls and would investigate cases where this was not the case.

People received support from care workers with suitable knowledge and skills to meet people's needs. Horizon Homecare had developed their own training department which was run by qualified trainers and care workers who had completed training courses to ensure their competence to teach others. Care workers confirmed that they received the training they needed in order to carry out their roles. Records showed that all staff had completed

induction training in accordance with national standards, undertook regular training updates in essential areas such as health and safety, moving and handling and infection control and first aid. They also had access to specialist areas of training dependent on the needs of the people they were caring for. These included understanding dementia, managing behaviour that challenges, stroke awareness and caring for people with diabetes, pressure sores, continence difficulties and end of life care. The registered manager told us how they had developed different training methods to suit the different ways that people learn and had also introduced spoken and written English lessons and driving theory lessons to support people for whom English is a second language and promote safety for those staff who were drivers. Two care workers commented that they had worked for other domiciliary care agencies and that the training they had received from Horizon Homecare was the best they had received.

Care workers received regular supervision either through spot checks, informal meeting and planned meetings in the office as well as an annual appraisal. Care workers told us that they always felt able to request additional support and training. Spot check and supervision records showed that these checks highlighted where additional training and support was required for care workers and the registered manager showed us how programmes of additional mentoring and monitoring were devised to support care workers where necessary. Records also showed where recognition had been given to care workers who had performed well.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to community services. The registered manager confirmed that they had completed training in this and was aware of the recent Supreme Court judgement which widened and clarified the definition of a deprivation of liberty.

Staff had been trained in the Mental Capacity Act (MCA) 2005 and those we spoke with demonstrated their understanding of this and of making decisions in people's best interests where necessary. We also found examples of their understanding where they were providing care for people who chose to make unwise decisions but their right to do this was respected by care workers.

Is the service effective?

People and relatives confirmed that care workers always checked with the person before providing care and gained their consent to provide the care needed. Care plans contained consent forms and these had been signed by the people receiving care or the person they had nominated to do this for them.

People were supported to maintain good health. People gave us examples of health professionals such as occupational therapists; GP's and district nurses being contacted by care workers on their behalf when they requested it or when their care worker identified a concern. One person told us how a care worker had identified a potential hazard with a piece of moving and handling equipment and a replacement was provided on the same day.

People told us that they were supported to have enough to eat and drink. They said that, where preparing food and drinks was part of their care package, care workers would offer them choices and ensure that they had any necessary support to eat their meals. One person commented that care workers had differing levels of skill when it came to food preparation. They said that some care workers were able to make them "lovely hot meals" while others were unable even to cook an omelette which meant they would only ever ask for a sandwich if those care workers were visiting.

Is the service caring?

Our findings

People told us they were treated with kindness and respect. They said that they were able to develop a relationship with regular carers which made them feel comfortable and cared for when receiving personal care. One person told us, "It's nice to see a face I know. I can rely on the regulars (meaning care workers)."

People who used the service and their relatives told us that their care workers were friendly and caring as well as considerate of people's choices and preferences. One person told us how their care workers did little extra things for them such as checking on the dog, another person appreciated the time care workers spent with them choosing clothes and styling their hair.

Care plans included information about people's preferences, likes and dislikes. Discussions with the

registered manager and care workers evidenced that they were aware of people's needs and described in detail how they provided the care to suit the individual. For example, one person had some behaviours which were often challenging to others. Care workers had worked with social services staff and had developed plans to try to ensure the person received the care they needed with as little distress caused to either themselves or to their care workers.

All of the people and relatives that we spoke with confirmed that they had been consulted about their care plans and were involved in making decisions about their care. They also said their needs were met by their care workers.

Care workers confirmed that they knew about requirements to keep people's personal information confidential. People confirmed that care workers did not share private information about other people with them.

Is the service responsive?

Our findings

People told us that they received schedules once a week telling them when their care workers would arrive and which care worker they could expect. Some people said that there were frequent changes to the care workers on the rota that they were not always told about but all confirmed that they were confident that they would receive the care they needed.

People's care needs were not always fully assessed and planned for. For example, people with diabetes, epilepsy, Parkinson's disease and multiple sclerosis did not have care plans outlining what the condition meant to the person, how it affected them, how it may progress and any risks or possible complications that may occur. For a person with diabetes the care plan stated they were at risk of hypo or hyper glycaemia but there was no information about the signs or symptoms of these and the action to take if this occurred, or any other risks associated with diabetes. For a person with epilepsy there was no information about what to do if they experienced a seizure, any emergency medicines that may be required or when to call for urgent assistance. Information leaflets about some conditions were included in people's care plans. However, one person told us how they experience almost continuous pain due to their health condition but this was not recognised in their care plan or in the information leaflet about their condition.

Most care plans and risk assessments were up to date. However, some were in need of review due to changes in people's needs or personal circumstances. Discussions with care workers confirmed that they were aware of the changes and worked in accordance with people's current needs. It was also apparent that in many cases, reviews had been undertaken but the information was written on the original form and it was not always clear when the information had been added or which was the current care plan for care workers to follow should they not be familiar with the person they were attending to.

This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because proper steps had not been taken to ensure that people received the care, treatment and support they required to meet their needs.

There was a complaints policy and procedure that was given to people when they began receiving a service from the agency. People told us they knew how to complain and were confident that they would be listened to should the need complain arise. The registered manager told us that they tried to work closely with people to try to resolve any issues and explained how they used any concerns or complaints that arose as an opportunity to learn and improve the service as well as to try to prevent further occurrences. There was a clear system for receiving, investigating and responding to complaints. We looked at two recent complaints and found that they had been responded to appropriately.

Is the service well-led?

Our findings

Feedback from the people, relatives and care workers showed us that Horizon Homecare had an open, positive and caring culture. This was because there were regular opportunities for people and care workers to contribute to the day to day running of the service through informal discussions, meetings and surveys. The registered manager showed us how the surveys were analysed and used to identify any areas for improvement.

Horizon Homecare was started by the registered manager who still owns the company and is in day to day charge of the service. The company had grown considerably since its start. The registered manager had recognised that an increase in people using the service meant that care workers needed to be supported by a strong team of managers and administration functions such as training, human resources and finance and had developed a structure and team of people to put this in place. The registered manager told us that this was relatively new as the size of the company had increase rapidly within the last 12 months. They said they recognised that there were problems sometimes but hoped that these would be reduced as new systems and staff became embedded.

There was a stable staff team with many people having worked for Horizon Homecare for a number of years. Due to the recent increase in the number of people the agency was providing care for, there were also a high number of people who were newer to the company. All of the care workers and office staff that we spoke with confirmed that they were well supported and felt able to raise any issues or

concerns. They also felt that they provided a good service to people although they recognised that they did not always, as one care worker put it, and “get it right”. They also said that whilst many people and care workers were sometimes frustrated by amendments and additions to rotas as well as not always having a regular set care workers or people to care for, they believed that the registered manager and management team were trying hard to resolve the issues and improve situations for both people receiving the service and people working for the agency. One person told us, “I don’t complain about the changes, I know it must be difficult to coordinate so many people and if I ever need a bit extra, they are always there for me”.

Two care workers told us they appreciated that all of the management team had all once been care workers themselves and were still happy to help provide care whenever the need arose.

There were satisfactory arrangements in place to monitor the quality and safety of the service provided. There were audits of various areas including medication, infection prevention and control, accidents and incidents, care plans, complaints and health and safety. The audits clearly documented any shortfalls, the action to be taken and the date it was completed.

All of the staff we spoke to knew how to raise concerns and whistle blow. They told us that they had regular reminders in meetings and training about the whistleblowing policy and their rights under it. They were confident that any issues they raised would be addressed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>Proper steps had not been taken to ensure that people's needs were assessed, and planned for, to provide the care, treatment and support they required to meet their needs.</p>