

New Horizon Homecare Limited

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## Inspection report

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Date of inspection visit:  
12 June 2019

Date of publication:  
19 July 2019

### 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?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

About the service:

New Horizon is a domiciliary care agency. It provides personal care to people living in their own houses and flats. At the present time it provides a service for five people. Not everyone using the service receives 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.

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

People and relatives said they were happy with the service and support they received. Comments included, "The carers are very good indeed, they know what help I need and they ask me on the day if there is anything else I would like support with," "Staff come on time and they do a good job," "We are really very happy with the service we get. Staff seem to be very committed to their work," and "I am happy with it."

There were appropriate safeguarding processes in place to safeguard people from harm that included a comprehensive risk assessment for people and staff.

There were appropriate numbers of staff to meet people's needs and safe recruitment practices were in place.

The provider had appropriate policies and procedures in place to support people safely with medicines if required.

The registered manager and staff had relevant health and social care qualifications and completed training to ensure they were able to meet people's needs effectively. Support was provided appropriately for staff with regards to their professional roles.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Records showed people were supported to have their health needs met, with access to health professionals as required.

The registered manager and staff spoke about the people they supported with care and kindness. Assessments and care plans included details of their preferences and wishes for care and support. People told us they were fully involved in the assessment and care planning process.

There was sufficient detail and personalisation in the care plan to ensure the person's needs were met in a personalised way.

The provider had systems in place to ensure concerns and complaints were responded to in an appropriate way.

The provider had systems and processes in place to monitor the quality and safety of the service.

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:

At the first inspection of this service on 4 October 2018 [report published on 16 October 2018] the provider only had one person who was using the service. As a result, there was insufficient evidence to be able to rate the service.

Why we inspected:

This was a planned inspection in line with our inspection schedule. We found the service met the characteristics of a "Good" rating in all areas.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. 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 safe.

Details are in our Safe findings below.

Good ●

### 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 Caring 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 well-led.

Details are in our Well-Led findings below.

Good ●

# New Horizon Homecare Limited

## **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 to provide a rating for the service under the Care Act 2014.

#### Inspection team:

This inspection was carried out by one inspector.

#### Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own homes and flats.

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.

#### Notice of inspection:

The inspection took place on 13 May 2019 and was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure the provider or the registered manager would be in the office to support the inspection. Inspection activity started on 6 June and ended on 3 July 2019. We visited the office location on 12 June 2019.

#### What we did before the inspection:

We used the information the provider sent us in the provider information return. This is information we require providers to send us with key information about their service, what they do well and improvements they plan to make. This information helps support our inspections.

During the inspection:

We visited the office and spoke with one member of staff and the registered manager. We reviewed a range of records. This included four people's care records and four staff files as well as other records relating to how the service was managed.

After the inspection:

We spoke with three people who used the service and three relatives of people.

# 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 not rated because there was insufficient evidence to support a rating. At this inspection this key question was rated as good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse:

- People told us they felt safe with the support and care they received.
- Staff understood the different types of abuse that could occur and they were able to describe the indicators of abuse. Staff were clear about the actions they should take if they had any concerns.
- The registered manager and staff told us they had received recent training to do with the protection of vulnerable adults. We saw certificated evidence that supported this.
- The provider had appropriate policies and procedures in place that were linked with the local authority. Staff were required to sign the policies and procedures to indicate they had read and understood them.

Assessing risk, safety monitoring and management

- The provider carried out appropriate risk assessments for the people who used the service. This helped to minimise risks that people and staff faced in their work. Risk management plans were integrated with the person's support plans and staff told us they had clear guidance to follow.
- The provider had an appropriate whistleblowing policy and procedure in place that staff knew about and felt confident to follow if the need arose.

Staffing and recruitment

- Our inspection of staff records demonstrated the provider had appropriate recruitment procedures in place for the recruitment of all staff. These procedures included criminal record checks, identity checks and references from previous employers. This meant only staff deemed suitable by the provider were employed to keep people safe.
- There were appropriate staffing levels needed to meet people's assessed needs.

Using medicines safely

- The provider's policies and procedures for medicines helped to ensure people received them safely and as prescribed.
- The registered manager told us that only staff who had completed training in the safe administration of medicines were allowed to assist people with their medicines. Staff told us they had been trained in the safe administration of medicines which they had found useful. We saw certificated evidence that supported this.

Preventing and controlling infection

- Risks were minimised for people from the spread of infections.
- Training records evidenced that staff received training with food hygiene as a part of their induction

training and refresher training as part of their further development programme. This helped to prevent the spread of infection to people.

- The provider carried out 'spot checks' when staff delivered care and support to people. Part of the process included monitoring staff practices relating to infection control. Learning lessons when things go wrong
- The registered manager told us there had been no accidents or incidents reported to date. The recording format used to log any accident or incident was appropriate and included a section designed to enable improvements to be made to policies and practices where necessary.



# 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 not rated because there was insufficient evidence to support a rating. At this inspection this key question was rated as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's physical, mental health and social care needs were assessed and their care and support delivered in line with legislation, standards and evidenced based guidance to achieve effective outcomes.
- The provider carried out an initial assessment of people's needs to ensure all the information deemed necessary was collected so that those needs could be met. The registered manager said this assessment was used to develop the person's care and support plan and was agreed with people before care packages were delivered. People we spoke with confirmed this.

Staff support: induction, training, skills and experience

- Staff received appropriate training and support to carry out their roles effectively
- The registered manager showed us the induction records used with all new staff. This evidenced all staff had received a comprehensive induction. Staff told us this helped them to carry out their roles effectively. Staff said other training they received helped them to develop their skills and knowledge appropriately for their roles. Training was refreshed annually and delivered by a variety of methods including e-learning and classroom-based learning.
- Regular one to one supervision sessions were held with staff. We saw the records the provider used to carry out spot checks on staff whilst they were providing support to people in their homes. During the checks they obtained the views of people who used the service about the staff working with them. Any issues were raised with staff in supervision so improvements could be made.

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

- People told us they were supported by staff appropriately with the preparation of their meals. They said their help and support was agreed with them when their care plan was drawn up. They were happy with this support.

Supporting people to live healthier lives, access healthcare services and support.

- The provider worked in conjunction with other health services to make sure the person's needs were met
- The care plans we inspected included details of health professionals and there were procedures for staff to follow in reporting any health emergencies and summoning assistance when required.

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 .

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- The registered manager knew what they were responsible for under these principles.
- All the people receiving support had capacity to make their own decisions, this was confirmed by the staff.

# 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 not rated because there was insufficient evidence to support a rating. At this inspection this key question was rated as good. 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; Supporting people to express their views and be involved in making decisions about their care

- Staff received training in equality and diversity. Staff were able to speak the languages of people who used the service and they understood and respected people's different cultures. People told us this enabled them to have an effective and responsive working relationship with staff.
- People and relatives told us staff were caring and kind to them.
- People's comments included, "The carers are very good indeed, they know what help I need and they ask me on the day if there is anything else I would like support with", "Staff come on time and they do a good job", "We are really very happy with the service we get. Staff seem to be very committed to their work" and "I am happy with it."
- People's records included detail about their personal history, their likes and dislikes.
- The registered manager told us staff were able to speak a number of languages. They said this enabled staff to communicate with people in a way they understood when providing care and support so people could make informed decisions about their care. Relatives of people we spoke with confirmed this.

Respecting and promoting people's privacy, dignity and independence

- Staff respected the person's privacy and maintained their dignity.
- People and relatives confirmed that staff provided them with support in a way they were comfortable with and felt respected by staff.

# 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 not rated because there was insufficient evidence to support a rating. At this inspection this key question was rated as good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us that staff provided them with the care and support they required. Relatives said they were happy with the service being provided to their family members and the registered manager was responsive to any requests made of them.
- People's needs were assessed before they started receiving support. Their care plan was developed based on the assessments completed by the registered manager and was agreed by the person. A copy of the care plan was kept in the person's home for reference and another in the agency office.
- The care plan provided staff with detailed information about people's preferences, needs and the tasks staff were expected to carry out to meet people's needs. Staff completed a daily record after each visit recording a summary of the care and support provided as well as any significant observations or issues.

Improving care quality in response to complaints or concerns

- The provider had an appropriate policy and procedure in place that set out the steps someone would need to take if they had a complaint. This included an appropriate timescale within which they might expect a response to their concerns.
- The registered manager told us they had not received any complaints since the service was registered.
- People and their relatives told us they would talk with staff or the registered manager if they had any complaints although they told us they had not had any reason to complain since they started receiving a service.
- Staff were aware of how to assist people if they had a concern or a complaint to make. This meant any feedback received would be used to develop and improve the services.

End of life care and support

- The registered manager told us they were not providing end of life care for anyone at present. However, they said they were developing an appropriate policy and procedure to put in place for when this became necessary. Staff training would also be arranged.

# 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 not rated because there was insufficient evidence to support a rating. At this inspection this key question was rated as good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- The agency had an effective management and staffing structure in place that promoted person-centred care and transparency. The registered manager understood their duty of candour responsibility and to notify CQC appropriately of significant incidents including allegations of abuse and serious injuries.
- People and their relatives spoke positively about the service they received from staff. They said the registered manager and staff were committed to providing good, high quality care. Comments we received reflected this and included, "The managers and the staff want to provide excellent care and that comes across," and "This is a good service. The manager and staff are really helpful."
- People said they felt listened too and were able to approach the registered manager and other staff about any concerns they may have. They said there was an open and transparent culture at the service that met the needs of the people they supported.

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

- Quality assurance systems helped to ensure areas for improvement were identified and action taken to continuously improve the quality of the service provided.
- The registered manager told us they were focussed on delivering an effective service that met people's needs in a caring and person-centred way.
- Staff were well supported with good training and one to one supervision. Regular spot checks of staff practice were undertaken by the registered manager that monitored how staff were working practically with the person as well as monitoring their performance. In this way they were able to ensure improvements were made where necessary.
- The registered manager told us all new staff were expected to work towards a vocational qualification as they believed in investing in staff to ensure a good quality service was being delivered.

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

- Staff regularly spoke with people to ensure they were happy with the service they received.
- Feedback questionnaires were sent out to people who used services, their relatives and to staff. The registered manager told us the 2019 survey questionnaires were recently sent out and we saw some positive feedback that was already returned. The feedback was analysed, and a summary report produced together with an action plan that identified areas where improvements could be made.

- People received a service from staff who were happy in their work and told us so. They said they worked in an open and friendly culture. One staff member told us, "I really enjoy my work. We are well supported by the manager and there is a friendly teamwork approach here that really helps us with what we do." Staff told us the registered manager dealt effectively with any concerns if they were raised.

#### Continuous learning and improving care

- Staff team meetings evidenced staff were provided opportunities to build a coherent team approach and to discuss their work. The minutes showed that best practice areas were discussed as well as issues relating to health and safety and working with other agencies.
- Staff were able to discuss work they did with people at these meetings, share any worries they had about individuals and seek advice. They told us they felt they were listened to.