

Care Horizons Limited

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Inspection report

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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

Care Horizons Limited is a domiciliary care agency that provides personal care to people living in their own homes. At the time of our inspection seven adults with a range of needs including learning disabilities were receiving personal care.

This inspection took place on 3, 6 and 7 June 2016. Our last full inspection of this service took place on 26 March 2013. At that inspection we found the provider had not provided sufficient training for staff on keeping people safe. The provider sent us an action plan detailing the action they would take to improve this. We then visited the service on 24 June 2013 and saw the provider had taken the required action.

There was a registered manager at the service. 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 2008 and associated Regulations about how the service is run.

People received a service that was safe. People were safe from harm because staff were aware of their responsibilities and, knew how to report any concerns. There was enough skilled and experienced staff to safely provide care. Recruitment checks were carried out before staff worked with people to ensure they received care from suitable staff. Risks to people were assessed and action taken to manage these. Where people needed help with medicines they were protected from risks because medicines were safely managed.

The service provided was effective. Staff received the training, supervision and support required to effectively meet people's needs. The registered manager and staff understood the principles of the Mental Capacity Act (MCA) 2005 and, worked to ensure people's rights were respected. Where people required it, staff supported people to eat and drink. Staff ensured people received assistance from other health and social care professionals when required.

People received a service that was caring. People received care and support from caring and compassionate staff who knew them well. Staff provided the care and support people needed and treated them with dignity and respect. People and, where appropriate, their families were actively involved in making decisions about their care and support.

The service was responsive to people's needs. People received person centred care and support. The service listened to the views of people using the service and others and made changes as a result. People were supported to participate in a range of activities based upon their assessed needs and wishes.

The service was well-led. The registered manager and senior staff provided effective leadership and management. They had clear vision and values for the service and, had communicated these effectively to people, their relatives, staff and other health and social care professionals. Staff showed a good

understanding of the implications of providing care in people's own homes. Quality monitoring systems were used to further improve the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were kept safe from harm because staff were aware of their responsibilities and, knew how to report any concerns.

Risks to people were assessed and action taken to manage these.

There was enough skilled and experienced staff to safely provide care. Recruitment checks were carried out before staff worked with people to ensure they received care from suitable staff.

Where people needed help with medicines they were protected from risks because medicines were safely managed.

Is the service effective?

Good ●

The service was effective.

Staff received the training, supervision and support required to effectively meet people's needs.

The registered manager and staff understood the principles of the Mental Capacity Act (MCA) 2005 and, worked to ensure people's rights were respected.

Where people required it, staff provided the care and support needed to ensure they ate and drank enough.

Staff ensured people received assistance from other health and social care professionals when required.

Is the service caring?

Good ●

The service was caring.

People received care and support from small teams of caring and compassionate staff who knew them well.

Staff provided the care and support people needed and treated them with dignity and respect.

People and, where appropriate, their families were actively involved in making decisions about their care and support.

Is the service responsive?

Good ●

The service was responsive.

People received person centred care and support.

The service identified people's needs and provided a responsive service to meet those needs.

People were supported to participate in a range of activities based upon their assessed needs and wishes.

The service listened to the views of people using the service and others and made changes as a result.

Is the service well-led?

Good ●

The service was well-led.

The registered manager and senior staff provided effective leadership and management.

The service had clear vision and values and these had been communicated to people, their relatives, staff and other health and social care professionals.

Staff showed a good understanding of the implications of providing care in people's own homes.

Quality monitoring systems were used to further improve the service provided.

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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 took place on 3, 6 and 7 June 2016 and was announced. The provider was given 48 hours' notice because the service provided was domiciliary care in people's own homes and we wanted to make sure the registered manager and staff would be available to speak with us. The inspection was carried out by one adult social care inspector.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

We contacted four health and social care professionals who had been involved with the service. Including community nurses, social workers, commissioners and others. We asked them for some feedback about the service. We were provided with a range of feedback to assist with our inspection of the service. You can see what they said in the main body of this report.

We spoke to three people using the service by telephone. In addition, one person invited us to visit them at their home. We visited them and spoke with them, a relative of theirs and a staff member. We also spoke with two family members of people using the service by telephone.

We also spent time at the provider's office talking with staff and looking at written records. We spoke with six staff including the registered manager, senior operations manager, finance manager and three care and support workers.

We looked at the care records of five people using the service, three staff personnel files, training records for all staff, staff duty rotas and other records relating to the management of the service.

Is the service safe?

Our findings

People felt safe using the service. They said, "I'm really happy and feel safe with all the staff" and, "The staff help me feel safe. They know me really well, which helps". Relatives said they felt staff kept people safe. Health and social care professionals told us they felt people were kept safe.

Staff knew about the different types of abuse and what action to take when abuse was suspected. Staff described the action they would take if they thought people were at risk of abuse, or being abused. They were also able to give us examples of the sort of things that may give rise to concerns of abuse. There was a safeguarding procedure for staff to follow with contact information for the local authority safeguarding team. The staff knew about 'whistle blowing' to alert senior management about poor practice.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. These covered areas of daily living and activities the person took part in, encouraging them to be as independent as possible. Individual risk assessments were in place where people required help with moving and handling and also where people required assistance with mental health needs. Staff told us they had access to risk assessments in people's care records and ensured they used them.

For example, one person had been assessed as being at high risk of falling and injuring themselves. A plan had been agreed with the person and their relative to manage this risk. This included instructions for staff on making sure the environment was free of trip hazards and, the person had their walking aid within reach when staff left their home. Staff providing care to this person were aware of this plan.

People were protected from the recruitment of unsuitable staff. Recruitment records contained the relevant checks. These checks included a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers. Recruitment procedures were understood and followed by staff; this meant people using the service were not put at unnecessary risk.

People were supported with sufficient numbers of staff who had the appropriate skills, experience and knowledge to meet their needs. People confirmed there were enough staff. Care records detailed when they needed care and support. This had been agreed with people, their families and other health and social care professionals. The registered manager monitored the hours people received and we saw people were provided with the staff time allocated.

There were clear policies and procedures for the safe handling and administration of medicines. Some people required assistance to take prescribed medicines. Where this was the case the support the person required was clearly documented in their care plan, with medication administration records maintained and completed. Where people were prescribed medicines 'as required' to help with certain health conditions, clear guidance was in place for staff to follow.

Medication administration records demonstrated people's medicines were being managed safely. Where staff administered medicines to people they had signed to record they had been given. People received their

medicines as prescribed. Staff administering medicines had been trained to do so.

Staff providing care and support to people wore their own clothes and not a uniform. This was to avoid creating barriers between people and staff and not to draw attention to people when they were receiving support within their local community. When providing care staff were expected to use protective equipment to prevent and control the spread of infection. Staff told us they had access to equipment they needed to prevent and control infection. They said this included protective gloves and aprons.

Is the service effective?

Our findings

People said their needs were met. Comments included; "They do everything I need", "Staff are great, they do everything I want" and, "It's excellent, the staff come when I need them and I'm very happy with everything they do for me". Relatives said they felt staff were skilled and able to provide the care and support required.

We viewed the training records for staff which confirmed staff received training on a range of subjects. Training completed by staff included, first aid, safeguarding vulnerable adults, medication administration, lone working, risk assessment and moving and handling. Staff told us they had the training and skills they needed to meet people's needs.

Formal and 'on the job' supervision of staff was being used to improve performance. Formal supervisions are one to one meetings a staff member has with their supervisor. Staff said these meetings were useful and helped them provide care more effectively. They said their supervisors and senior managers were supportive. 'On the job' supervision is when a staff member's supervisor joins them when they are providing care to assess how effective they are. We saw records to show these checks were happening on a regular basis and the findings discussed with staff.

The provider had policies and procedures on the Mental Capacity Act 2005 (MCA). The MCA is legislation that provides a legal framework for acting and making decisions on behalf of adults who lack capacity to make specific decisions. The registered manager and senior care staff had a good understanding of the MCA. Staff understood their responsibilities with respect to people's choices. Staff were clear when people had the mental capacity to make their own decisions, and respected those decisions. People and, where appropriate relatives, were involved in care planning and their consent was sought to confirm they agreed with the care and support provided. A relative said, "(Person's name) makes his own decisions. The staff team help him to do this but don't take over. It works really well".

People who required assistance to help them communicate effectively had plans in place for staff to follow. Staff were knowledgeable of these and able to explain how they helped people to make their views known and, develop their independence. When visiting one person we were struck by how effectively staff assisted the person to communicate with us.

Communication books had been introduced to assist in passing information between staff and relatives. People, relatives and staff all said these were helpful. Staff said, "It's important to work closely with family to provide the best service we can to people".

Where people needed assistance with eating and drinking this was documented in people's care records. This detailed the support people required and how their food and fluid intake was to be monitored. We saw records were maintained and regularly reviewed.

People's changing needs were monitored to make sure their health needs were responded to promptly. Care staff had identified when people were unwell and contacted people's GP's and other health and social

care professionals when required. As a result people had received assistance from a variety of professionals. We saw support plans had been put in place as a result of this. Staff said they provided care and support in accordance with these plans.

Is the service caring?

Our findings

People told us staff were caring. Comments included, "I have regular staff, they know me well know and they're very caring" and, "Yes, I think they're very kind and caring". Relatives also said staff were caring.

On day one of our inspection, we spoke by telephone with a person who had been admitted to hospital. They told us their staff were staying with them whilst they were in hospital. They said they appreciated this. The person's family member confirmed this arrangement and said, "They wouldn't leave him, this is an example of how caring they are".

Throughout our inspection we were struck by the caring and compassionate approach of staff. When speaking with staff it was clear they valued the people they cared for and understood their responsibility to treat people in a kind, caring manner that demonstrated and promoted dignity and respect. This was also evident when speaking with the registered manager and senior operations manager. Both provided care and support to people in addition to carrying out their management roles. People, relatives and staff all commented the managers were caring and provided good role models for staff.

People were involved in planning their care and support. The service provided to people was based on their individual needs. People's records included information about their personal circumstances and how they wished to be cared for. Care records documented how people and, where appropriate, their families had been involved in agreeing to the care and support they received.

The service promoted people's independence. Care plans stressed the importance of encouraging people to do as much for themselves as possible. Staff said they felt this was an important principle, particularly when people were using the service for a short time. One said, "We try to support people to do as much for themselves as they can".

Staff had received training on equality and diversity and understood the importance of identifying and meeting people's needs. The care planning system used included an assessment of people's needs regarding, culture, language, religion and sexual orientation. We saw for one person this had resulted in a plan being agreed to meet their needs. This involved staff learning key phrases in another language for them to communicate effectively with the person. The person and their family had been involved in drawing up this plan.

Care plans documented people's preferences regarding staff providing care. For example, one person had said they wanted male staff to provide care and support. Their plan recorded this and stated, 'I prefer male staff but I'm OK with a female if necessary'. This person had recently been involved in recruiting a new member of their care team. Another person's records stated, 'I like my staff to be easy to talk to and chatty'. This person and a relative of theirs confirmed this was taken into account when the provider allocated staff.

People and relatives told us they would recommend the service to others. Care staff spoke with pride about the service provided. They said, "Where we excel is in providing a caring and flexible service, we adapt to

people's needs" and, "We work in small teams, this helps in getting to know people well". Each person receiving care was provided with a personalised rota. This showed which staff would be providing care and included a photograph of the staff member. People and relatives commented they appreciated these and thought this an example of how caring the service was. Staff we spoke with all said they would be happy for a relative of theirs to use the service.

Is the service responsive?

Our findings

The service provided was person centred and was, wherever possible, based on care plans agreed with people. People's needs were assessed and care plans were completed to support them. Staff said the care plans held in people's homes contained the information needed to provide care and support. Care records were person centred and included information on people's likes, dislikes, hobbies and interests.

Plans included; emergency information and contact sheet, an assessment of need, a document called 'my support plan' written from the person's perspective and detailed plans on how the person was to be supported in all aspects of their lives. For example, one person's plan stated, 'In my house I have lots of family 'photos and I like staff to ask me about them'. The same person's plan detailed how they preferred to call their care staff 'nurses'. Another person's plan identified that it was very important to them to always have a copy of their weekly rota. A third person's plan detailed their individual skin care regime. We checked with people, families and staff and were told these plans were all implemented by staff.

Care plans were regularly reviewed at set times and also when people's needs changed. People and, where appropriate, their families were involved in these reviews. Reviews of people's needs were clearly documented in people's care plans.

The service had responded to people's changing needs and ensured these were met. For example, one person had been supported by staff to move to another home. This person received a 24 hour a day care package. Their accommodation was their own. However, staff had worked with the person, their family and housing provider to secure a move to another home in a different area. This was because the home the person lived in was no longer meeting their needs. Staff had assisted the person in identifying this, finding an appropriate new home and moving. This person and their relative spoke positively about this experience and how it had significantly improved their life. This showed staff had responded to the person's individual needs and helped them to realise their wishes.

People's care was planned to meet their needs. For some people this involved providing mainly personal care and support with healthcare appointments. For others this involved supporting people to engage in a variety of activities. Where this was the case activities were planned and took into account people's hobbies and interests. Activities people undertook were recorded in their care records along with a brief summary of how it had gone. Staff said this helped them learn what went well for people and what didn't go so well, so they could plan more effectively. The service had also worked with one person and their family to plan holidays. This person spoke with enthusiasm about holidays they had gone on with staff and, about their future plans.

An up to date policy on comments and complaints was in place. A record of comments and complaints received was kept at the agency's office. One complaint had been received in July 2015. We looked at the records of this and saw it had been appropriately investigated, with the outcome recorded and feedback provided to the complainant.

The registered manager told us they valued comments and complaints and saw them as a way to improve the service provided to people. They said they analysed concerns and complaints for any themes to enable them to make any required improvements. Care staff told us they were able to raise concerns with managers. They said they were confident any concerns they expressed would be dealt with appropriately.

The registered manager also kept a record of compliments received. We saw these were recorded and had been fed back to the appropriate staff members. Staff told us they valued being told when people had given compliments.

Is the service well-led?

Our findings

The service had a positive culture that was person-centred, open, inclusive and empowering. It had a well-developed understanding of equality, diversity and human rights and put these into practice. Throughout our inspection we found the registered manager and senior staff demonstrated a commitment to providing effective leadership and management. They were keen to ensure a high quality service was provided, care staff were well supported and managed and the service promoted in the best possible light.

The registered manager and senior staff had a good understanding of the principles underpinning providing care in people's own homes. They explained to us their role in managing the personal care provided to people and, where required, supporting people to manage their own accommodation for which they had their own tenancies. They said this required an approach from staff that recognised and promoted the fact they were working in people's own homes. Care staff were clear regarding their roles and responsibilities.

Every person and relative we spoke with said they were cared for in a person centred manner. People received good care and support when they wanted it and were encouraged to be as independent as possible. This showed the vision and values of the service were being achieved.

People and relatives spoke positively about the leadership and managements of the service. Comments included; "The boss of the company is great" and, (Registered Manager's name) supports me really well".

Staff also spoke positively about the leadership and management of the service. Comments included, "(Registered Manager's name is good, really person centred and (Operation's Manager's name) has improved things even more" and "They are really good, (Registered Manager's name) is part of the team even though he's in charge and it's his business". They said the registered manager and senior staff were approachable and could be contacted for advice at any time.

The registered manager knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received appropriate notifications from the service.

Accidents, incidents and complaints or safeguarding alerts were reported by the service. The manager investigated accidents, incidents and complaints. This meant the service was able to learn from such events. The registered manager had a good understanding of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and ensured they kept up to date with best practice and service developments.

The policies and procedures we looked at were regularly reviewed. Staff we spoke to knew how to access these policies and procedures. This meant clear advice and guidance was available to staff.

Quality assurance systems were in place to monitor the quality of service being delivered. The process used to audits involved asking people's views and opinions, looking at written records and seeking the views of others involved with the service. Where this audit had identified areas for improvement, these had been written into action plans which were monitored by staff and managers.

At the end of our inspection feedback was given to senior staff including the registered manager. They listened to our feedback and were clearly committed to providing a high quality service valued by people and families. They spoke with us about their future plans. They said they were seeking to expand the service provided. However, they wished to do so in a carefully planned way. They also said they wanted to ensure they could meet people's needs before making any commitments and, were keen to avoid providing short (15 minute) calls where they said, "It would be difficult to meet people's needs in a person centred way".